
ASSEMBLY BILL NO. 198—ASSEMBLYMAN ORENTLICHER

FEBRUARY 20, 2023

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing health care.
(BDR 54-446)

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; providing for the registration of providers of health care who are not licensed in this State to provide services through telehealth to patients located in this State and for the regulation of such providers; establishing proper venue for a civil action arising out of the provision of a service through telehealth; revising the circumstances under which a provider of health care is authorized to provide services through telehealth to a patient located in this State; abolishing certain licensure to practice medicine; providing for the licensure of certified registered nurse anesthetists as advanced practice registered nurses; authorizing such an advanced practice registered nurse to order and select controlled substances, poisons and dangerous drugs under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law: (1) requires a provider of health care to be licensed in this State in
2 order to use telehealth to direct or manage the care or render a diagnosis of a patient
3 who is located at an originating site in this State or write a treatment order or
4 prescription for such a patient; and (2) provides that a provider of health care who
5 uses telehealth for those purposes is subject to the laws and jurisdiction of this
6 State. Existing law additionally authorizes the establishment of a provider-patient
7 relationship through telehealth. (NRS 629.515)
8 **Sections 2-19** of this bill enact the Uniform Telehealth Act. **Section 2** of this
9 bill labels the Uniform Act as such. **Sections 3-10** of this bill define certain terms
10 for the purposes of the Uniform Act. **Section 11** of this bill provides that the



11 provisions of this bill apply to the provision of services through telehealth to a
12 patient who is located in this State exclusively.

13 **Section 19** of this bill removes existing provisions requiring a provider of
14 health care to be licensed in this State in order to direct or manage care or issue a
15 prescription or treatment order. Instead, **section 19** authorizes a provider of health
16 care to provide services through telehealth to a patient who is located in this State if
17 the provider: (1) is licensed in this State; (2) is registered with the appropriate
18 licensing board to provide services through telehealth to patients in this State; or (3)
19 provides services through telehealth on certain limited bases. **Section 12** of this bill
20 deems a provider of health care who is registered with the appropriate licensing
21 board to provide services through telehealth to patients in this State to be licensed
22 in this State if he or she practices only within the scope of the registration. **Section**
23 **12** also provides that such registration satisfies certain requirements relating to
24 supervision and the control of entities that provide health care. **Section 13** of this
25 bill prescribes the requirements to obtain such registration, which include: (1)
26 holding an active, unrestricted license to practice the relevant profession in another
27 state; (2) not being subject to pending discipline; (3) not having been disciplined for
28 certain infractions in the immediately preceding 5 years, or certain other infractions
29 at any time; and (4) having professional liability insurance that covers the provision
30 of services through telehealth. **Section 13** also requires a licensing board to make
31 information concerning registrants publicly available in the same manner as
32 information concerning licensees.

33 **Section 14** of this bill: (1) authorizes a licensing board to adopt regulations to
34 carry out the Uniform Act; and (2) prohibits a licensing board from adopting certain
35 regulations that restrict the use of telehealth. **Section 15** of this bill prescribes the
36 grounds for disciplinary action against a registrant and the disciplinary actions that
37 a licensing board is authorized to impose. **Section 16** of this bill requires a
38 registrant to: (1) notify the relevant licensing board of any pending investigation or
39 any restriction or disciplinary action imposed against the registrant in another state;
40 and (2) maintain liability insurance that covers the provision of services through
41 telehealth. **Section 16** also prohibits a registrant from opening or maintaining an
42 office in this State or providing in-person services to patients in this State.

43 **Section 17** of this bill provides that: (1) the provision of a telehealth service is
44 deemed to occur at the location of the patient at the time the service is provided;
45 and (2) in a civil action arising out of the provision of a telehealth service, venue is
46 proper in the patient's county of residence in this State or in another county
47 authorized by law. **Section 18** of this bill requires a court, in applying and
48 construing the provisions of the Uniform Act, to consider the promotion of
49 uniformity of law among the jurisdictions that enact the Uniform Act. **Sections 21,**
50 **25, 29, 31, 34-40 and 43-51** of this bill make conforming changes to revise
51 references to certain definitions moved by this bill.

52 Existing law creates a special purpose license to practice medicine only using
53 equipment that transfers information electronically, telephonically or by fiber
54 optics. (NRS 630.261) **Sections 22 and 23** of this bill abolish this license because it
55 is duplicative of registration to provide services through telehealth under the
56 Uniform Act.

57 Existing law provides for the certification of certified registered nurse
58 anesthetists, who are registered nurses who: (1) have completed a nationally
59 accredited program in the science of anesthesia; and (2) administer anesthetic
60 agents to a person under the care of a licensed physician, a licensed dentist or a
61 licensed podiatric physician. (NRS 632.014) Existing law also provides for the
62 licensure of advanced practice registered nurses, who are registered nurses who: (1)
63 have completed certain training regarding medical diagnosis, therapeutic or
64 corrective measures and prescribing controlled substances, poisons, dangerous
65 drugs and devices; and (2) meet certain other requirements. (NRS 632.237)



66 **Section 24** of this bill provides for the licensure of certified registered nurse
67 anesthetists as a type of advanced practice registered nurse. **Sections 24, 30, 32, 33,**
68 **41 and 42** of this bill authorize such an advanced practice registered nurse to order
69 controlled substances, poisons and dangerous drugs only for use during the period
70 surrounding an operation or birth. **Sections 24 and 27** of this bill provide that
71 certain provisions of existing law governing advanced practice registered nurses do
72 not apply to an advanced practice registered nurse who practices as a certified
73 registered nurse anesthetist. **Sections 20, 26 and 54** of this bill remove references
74 to certification or approval as a certified registered nurse anesthetist. **Section 28** of
75 this bill requires the State Board of Nursing to disseminate a technical advisory
76 bulletin concerning the prescribing of controlled substances to advanced practice
77 registered nurses who practice as certified registered nurse anesthetists if that
78 bulletin is not available on the Internet.

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

1 **Section 1.** Chapter 629 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 to 18, inclusive, of this
3 act.

4 **Sec. 2.** *NRS 629.510 and 629.515 and sections 2 to 18,*
5 *inclusive, of this act may be cited as the Uniform Telehealth Act.*

6 **Sec. 3.** *As used in NRS 629.510 and 629.515 and sections 2*
7 *to 18, inclusive, of this act, unless the context otherwise requires,*
8 *the words and terms defined in sections 3 to 10, inclusive, of this*
9 *act have the meanings ascribed to them in those sections.*

10 **Sec. 4.** *“Distant site” means the location of the site where a*
11 *telehealth provider of health care is providing telehealth services*
12 *to a patient located at an originating site.*

13 **Sec. 5.** *“Health care licensing board” means:*

14 1. *A board created pursuant to chapter 630, 630A, 631, 632,*
15 *633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C,*
16 *640D, 640E, 641, 641A, 641B, 641C or 641D of NRS.*

17 2. *The Division of Public and Behavioral Health of the*
18 *Department of Health and Human Services.*

19 **Sec. 6.** *“License” means any license, certificate, registration,*
20 *permit or similar type of authorization issued by a health care*
21 *licensing board.*

22 **Sec. 7.** *“Originating site” means the location of the site*
23 *where a patient is receiving telehealth services from a provider of*
24 *health care located at a distant site.*

25 **Sec. 8.** *“Provider of health care” has the meaning ascribed*
26 *to it in NRS 629.031, and additionally includes persons who are*
27 *licensed as providers of health care in other states.*

28 **Sec. 9.** *“State” means a state of the United States, the*
29 *District of Columbia, Puerto Rico, the United States Virgin*
30 *Islands or any territory or possession subject to the jurisdiction of*



1 *the United States. The term includes a federally recognized Indian*
2 *tribe.*

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

10 1. *Synchronous interaction or an asynchronous system of*
11 *storing and forwarding information; and*

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

14 **Sec. 11.** *The provisions of NRS 629.510 and 629.515 and*
15 *sections 2 to 18, inclusive, of this act:*

16 1. *Apply to the provision of health care services through*
17 *telehealth to a patient located at an originating site in this State.*

18 2. *Do not apply to the provision of health care services*
19 *through telehealth to a patient located at an originating site*
20 *outside this State.*

21 **Sec. 12.** 1. *A provider of health care who is not licensed in*
22 *this State shall be deemed to hold a license to practice his or her*
23 *profession in this State if the provider of health care:*

24 (a) *Is registered to provide services through telehealth to*
25 *patients located at originating sites in this State pursuant to*
26 *section 13 of this act; and*

27 (b) *Restricts his or her practice to the profession for which the*
28 *registration was issued, under the conditions authorized by the*
29 *provisions of NRS 629.510 and 629.515 and sections 2 to 18,*
30 *inclusive, of this act.*

31 2. *A requirement in this title or any regulations adopted*
32 *pursuant thereto that a provider of health care must be licensed,*
33 *certified or registered if the provider of health care:*

34 (a) *Supervises a provider of health care who is not licensed in*
35 *this State and is providing services through telehealth may be*
36 *satisfied through registration pursuant to section 13 of this act.*

37 (b) *Controls or is otherwise associated with an entity that*
38 *provides services through telehealth to a patient located in this*
39 *State may be satisfied through registration pursuant to section 13*
40 *of this act if the entity does not provide in-person services to a*
41 *patient located in this State.*

42 **Sec. 13.** 1. *A health care licensing board shall register, for*
43 *the purpose of providing services through telehealth to patients*
44 *located at originating sites in this State, a provider of health care*
45 *who is not licensed in this State if the provider of health care:*



1 (a) Submits a completed application in the form prescribed by
2 the health care licensing board.

3 (b) Holds an active, unrestricted license or certification in
4 another state that is substantially equivalent to the registration for
5 which the applicant is applying.

6 (c) Is not subject to a pending disciplinary investigation or
7 action by an occupational licensing board in this State or any
8 other state.

9 (d) Except as otherwise provided in this paragraph, has not
10 been disciplined by an occupational licensing board in this State
11 or any other state during the 5 years immediately preceding the
12 submission of the application. The provisions of this paragraph do
13 not apply to discipline relating to the payment of a fee or
14 requirement for continuing education that was addressed to the
15 satisfaction of the occupational licensing board that took the
16 disciplinary action.

17 (e) Has never been disciplined on a ground that the health
18 care licensing board determines would be a basis for denying a
19 license in this State.

20 (f) Consents to personal jurisdiction in this State for an action
21 arising out of the provision of services through telehealth to a
22 patient located at an originating site in this State.

23 (g) Appoints a registered agent for service of process in this
24 State and identifies the agent in the form prescribed by the health
25 care licensing board.

26 (h) Has professional liability insurance as required by section
27 16 of this act.

28 (i) Pays any registration fee prescribed pursuant to
29 subsection 2.

30 2. A health care licensing board may establish by regulation
31 a registration fee that reflects the expected cost of registration
32 pursuant to this section and the cost of undertaking investigations,
33 disciplinary actions and other activity relating to providers of
34 health care who are registered with the health care licensing
35 board pursuant to this section.

36 3. A health care licensing board shall make available to the
37 public information about providers of health care who are
38 registered pursuant to this section in the same manner the board
39 makes available to the public information about licensed providers
40 of health care who are authorized to provide comparable services
41 in this State.

42 **Sec. 14.** 1. A health care licensing board may adopt any
43 regulations necessary to carry out the provisions of NRS 629.510
44 and 629.515 and sections 2 to 18, inclusive, of this act with respect
45 to the providers of health care that the board regulates.



1 2. A health care licensing board or other agency in this State
2 may not adopt or enforce a regulation that:

3 (a) Establishes a different standard of practice for services
4 provided through telehealth; or

5 (b) Limits the telecommunication technology that may be used
6 to provide services through telehealth.

7 **Sec. 15.** 1. A health care licensing board may take
8 disciplinary action against a provider of health care registered
9 pursuant to section 13 of this act who:

10 (a) Violates any provision of NRS 629.510 and 629.515 and
11 sections 2 to 18, inclusive, of this act, including, without
12 limitation, the provisions of paragraph (b) of subsection 4 of
13 NRS 629.515;

14 (b) Holds a license that is restricted in any state; or

15 (c) Except as otherwise provided in this paragraph, is
16 disciplined by an occupational licensing board in any state. The
17 provisions of this paragraph do not apply to discipline relating to
18 the payment of a fee or requirement for continuing education that
19 was addressed to the satisfaction of the board that took the
20 disciplinary action.

21 2. A health care licensing board may take an action pursuant
22 to subsection 1 that the health care licensing board is authorized
23 to take against a licensed provider of health care who provides
24 comparable services in this State.

25 **Sec. 16.** A provider of health care who is registered pursuant
26 to section 13 of this act:

27 1. Shall notify the health care licensing board with which the
28 provider of health care is registered not later than 10 days after an
29 occupational licensing board in another state notifies the provider
30 of health care that the occupational licensing board in the other
31 state has:

32 (a) Initiated an investigation;

33 (b) Placed a restriction on the license of the provider of health
34 care; or

35 (c) Taken a disciplinary action against the provider of health
36 care.

37 2. Shall maintain professional liability insurance that
38 includes coverage for services provided through telehealth to
39 patients located at originating sites in this State in an amount not
40 less than the amount required for a licensed provider of health
41 care who provides the same services in this State.

42 3. Shall not:

43 (a) Open an office physically located in this State for the
44 purpose of providing services to which the registration applies; or



1 (b) Provide in-person services of the type to which the
2 registration applies to a patient located in this State.

3 **Sec. 17.** 1. The provision of services through telehealth
4 pursuant to the provisions of NRS 629.510 and 629.515 and
5 sections 2 to 18, inclusive, of this act is deemed to occur at the
6 location of the patient at the time the service is provided.

7 2. In a civil action arising out of the provision of services
8 through telehealth to a patient pursuant to NRS 629.510 and
9 629.515 and sections 2 to 18, inclusive, of this act, venue is proper
10 in the county of residence of the patient or in another county
11 authorized by law if the civil action is brought by:

12 (a) The patient;

13 (b) The personal representative, conservator or guardian of
14 the patient; or

15 (c) A person who is entitled to bring a claim for the wrongful
16 death of the patient.

17 **Sec. 18.** In applying and construing this Uniform Telehealth
18 Act, consideration must be given to the need to promote uniformity
19 of the law with respect to its subject matter among the states that
20 enact it.

21 **Sec. 19.** NRS 629.515 is hereby amended to read as follows:

22 629.515 1. Except as otherwise provided in ~~[this]~~ subsection
23 ~~[-, before] 2~~, a provider of health care ~~[who is located at a distant site~~
24 ~~may use telehealth to direct or manage the care or render a diagnosis~~
25 ~~of a patient who is located at an originating site in this State or write~~
26 ~~a treatment order or prescription for such a patient, the provider~~
27 ~~must hold a valid license or certificate to practice his or her~~
28 ~~profession in this State, including, without limitation, a special~~
29 ~~purpose license issued pursuant to NRS 630.261.] may provide~~
30 ~~services through telehealth to a patient located at an originating~~
31 ~~site in this State if the provider of health care:~~

32 (a) Holds a license required to provide the services in this State
33 or is otherwise authorized to provide the services in this State,
34 including through a multistate compact of which this State is a
35 member;

36 (b) Registers pursuant to section 13 of this act with the health
37 care licensing board responsible for licensing providers of the type
38 of services that the provider of health care provides; or

39 (c) Provides the services:

40 (1) In consultation with a provider of health care who has
41 an established provider-patient relationship with the patient;

42 (2) In the form of a specialty assessment, diagnosis or
43 recommendation for treatment; or

44 (3) Pursuant to a previously established provider-patient
45 relationship if the services are provided not later than 1 year after



1 *the provider of health care with whom the patient has a*
2 *relationship last provided services to the patient.*

3 2. The requirements of ~~{this}~~ subsection 1 do not apply to a
4 provider of health care who is providing services within the scope of
5 his or her employment by or pursuant to a contract entered into with
6 an urban Indian organization, as defined in 25 U.S.C. § 1603.

7 ~~{2.}~~ 3. The provisions of this section must not be interpreted or
8 construed to:

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

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

14 ~~{3.}~~ 4. A provider of health care who is located at a distant site
15 and uses telehealth to direct or manage the care or render a
16 diagnosis of a patient who is located at an originating site in this
17 State or write a treatment order or prescription for such a patient:

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

23 (b) Shall comply with all federal and state laws , *regulations*
24 *and standards of practice* that would apply if the provider were
25 located at a distant site in this State.

26 ~~{4.}~~ 5. A provider of health care may establish a relationship
27 with a patient using telehealth when it is clinically appropriate to
28 establish a relationship with a patient in that manner. The State
29 Board of Health may adopt regulations governing the process by
30 which a provider of health care may establish a relationship with a
31 patient using telehealth.

32 ~~{5.—As used in this section:~~

33 ~~—(a) “Distant site” means the location of the site where a~~
34 ~~telehealth provider of health care is providing telehealth services to~~
35 ~~a patient located at an originating site.~~

36 ~~—(b) “Originating site” means the location of the site where a~~
37 ~~patient is receiving telehealth services from a provider of health care~~
38 ~~located at a distant site.~~

39 ~~—(c) “Telehealth” means the delivery of services from a provider~~
40 ~~of health care to a patient at a different location through the use of~~
41 ~~information and audio visual communication technology, not~~
42 ~~including facsimile or electronic mail. The term includes, without~~
43 ~~limitation, the delivery of services from a provider of health care to~~
44 ~~a patient at a different location through the use of:~~



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

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

Sec. 20. NRS 630.021 is hereby amended to read as follows:

630.021 “Practice of respiratory care” includes:

1. Therapeutic and diagnostic use of medical gases, humidity and aerosols and the maintenance of associated apparatus;

2. The administration of drugs and medications to the cardiopulmonary system;

3. The provision of ventilatory assistance and control;

4. Postural drainage and percussion, breathing exercises and other respiratory rehabilitation procedures;

5. Cardiopulmonary resuscitation and maintenance of natural airways and the insertion and maintenance of artificial airways;

6. Carrying out the written orders of a physician, physician assistant ~~[, certified registered nurse anesthetist]~~ or an advanced practice registered nurse relating to respiratory care;

7. Techniques for testing to assist in diagnosis, monitoring, treatment and research related to respiratory care, including the measurement of ventilatory volumes, pressures and flows, collection of blood and other specimens, testing of pulmonary functions and hemodynamic and other related physiological monitoring of the cardiopulmonary system; and

8. Training relating to the practice of respiratory care.

Sec. 21. NRS 630.0257 is hereby amended to read as follows:

630.0257 “Telehealth” has the meaning ascribed to it in ~~[NRS 629.515.]~~ *section 10 of this act.*

Sec. 22. NRS 630.261 is hereby amended to read as follows:

630.261 1. Except as otherwise provided in NRS 630.161, the Board may issue:

(a) A locum tenens license, to be effective not more than 3 months after issuance, to any physician who is licensed and in good standing in another state, who meets the requirements for licensure in this State and who is of good moral character and reputation. The purpose of this license is to enable an eligible physician to serve as a substitute for another physician who is licensed to practice medicine in this State and who is absent from his or her practice for reasons deemed sufficient by the Board. A license issued pursuant to the provisions of this paragraph is not renewable.

(b) A special license to a licensed physician of another state to come into this State to care for or assist in the treatment of his or her own patient in association with a physician licensed in this State. A special license issued pursuant to the provisions of this paragraph is



1 limited to the care of a specific patient. The physician licensed in
2 this State has the primary responsibility for the care of that patient.

3 (c) A restricted license for a specified period if the Board
4 determines the applicant needs supervision or restriction.

5 (d) A temporary license for a specified period if the physician is
6 licensed and in good standing in another state and meets the
7 requirements for licensure in this State, and if the Board determines
8 that it is necessary in order to provide medical services for a
9 community without adequate medical care. A temporary license
10 issued pursuant to the provisions of this paragraph is not renewable.

11 ~~[(e) A special purpose license to a physician who is licensed in
12 another state to perform any of the acts described in subsections 1
13 and 2 of NRS 630.020 by using equipment that transfers
14 information concerning the medical condition of a patient in this
15 State electronically, telephonically or by fiber optics, including,
16 without limitation, through telehealth, from within or outside this
17 State or the United States. A physician who holds a special purpose
18 license issued pursuant to this paragraph:~~

19 ~~—(1) Except as otherwise provided by specific statute or
20 regulation, shall comply with the provisions of this chapter and the
21 regulations of the Board; and~~

22 ~~—(2) To the extent not inconsistent with the Nevada
23 Constitution or the United States Constitution, is subject to the
24 jurisdiction of the courts of this State.~~

25 ~~—2. For the purpose of paragraph (e) of subsection 1, the
26 physician must:~~

27 ~~—(a) Hold a full and unrestricted license to practice medicine in
28 another state;~~

29 ~~—(b) Not have had any disciplinary or other action taken against
30 him or her by any state or other jurisdiction; and~~

31 ~~—(c) Be certified by a specialty board of the American Board of
32 Medical Specialties or its successor.~~

33 ~~—3.]~~ 2. Except as otherwise provided in this section, the Board
34 may renew or modify any license issued pursuant to subsection 1.

35 **Sec. 23.** NRS 630.268 is hereby amended to read as follows:

36 630.268 1. The Board shall charge and collect not more than
37 the following fees:

38		
39	For application for and issuance of a license to	
40	practice as a physician, including a license by	
41	endorsement	\$600
42	For application for and issuance of a temporary,	
43	locum tenens, limited, restricted, authorized	
44	facility, special [special purpose] or special event	
45	license.....	400



1	For renewal of a limited, restricted, authorized	
2	facility or special license.....	\$400
3	For application for and issuance of a license as a	
4	physician assistant, including a license by	
5	endorsement	400
6	For application for and issuance of a simultaneous	
7	license as a physician assistant.....	200
8	For biennial registration of a physician assistant.....	800
9	For biennial simultaneous registration of a physician	
10	assistant	400
11	For biennial registration of a physician	800
12	For application for and issuance of a license as a	
13	perfusionist or practitioner of respiratory care	400
14	For biennial renewal of a license as a perfusionist.....	600
15	For biennial registration of a practitioner of	
16	respiratory care.....	600
17	For biennial registration for a physician who is on	
18	inactive status	400
19	For written verification of licensure	50
20	For a duplicate identification card.....	25
21	For a duplicate license.....	50
22	For computer printouts or labels.....	500
23	For verification of a listing of physicians, per hour	20
24	For furnishing a list of new physicians.....	100
25		

26 2. Except as otherwise provided in subsections 4 and 5, in
27 addition to the fees prescribed in subsection 1, the Board shall
28 charge and collect necessary and reasonable fees for the expedited
29 processing of a request or for any other incidental service the Board
30 provides.

31 3. The cost of any special meeting called at the request of a
32 licensee, an institution, an organization, a state agency or an
33 applicant for licensure must be paid for by the person or entity
34 requesting the special meeting. Such a special meeting must not be
35 called until the person or entity requesting it has paid a cash deposit
36 with the Board sufficient to defray all expenses of the meeting.

37 4. If an applicant submits an application for a license by
38 endorsement pursuant to:

39 (a) NRS 630.1607, and the applicant is an active member of, or
40 the spouse of an active member of, the Armed Forces of the United
41 States, a veteran or the surviving spouse of a veteran, the Board
42 shall collect not more than one-half of the fee set forth in subsection
43 1 for the initial issuance of the license. As used in this paragraph,
44 "veteran" has the meaning ascribed to it in NRS 417.005.



1 (b) NRS 630.2752, the Board shall collect not more than one-
2 half of the fee set forth in subsection 1 for the initial issuance of the
3 license.

4 5. If an applicant submits an application for a license by
5 endorsement pursuant to NRS 630.1606 or 630.2751, as applicable,
6 the Board shall charge and collect not more than the fee specified in
7 subsection 1 for the application for and initial issuance of a license.

8 **Sec. 24.** Chapter 632 of NRS is hereby amended by adding
9 thereto a new section to read as follows:

10 *1. The Board may issue a license to practice as an advanced
11 practice registered nurse for the purpose of practicing as a
12 certified registered nurse anesthetist to a registered nurse who:*

13 *(a) Has completed a nationally accredited program in the
14 science of anesthesia; and*

15 *(b) Meets any other requirements established by the Board for
16 such licensure.*

17 *2. If authorized pursuant to NRS 639.2351 and subject any
18 limitations prescribed by the Board, an advanced practice
19 registered nurse licensed pursuant to this section may:*

20 *(a) Order and select controlled substances, poisons and
21 dangerous drugs only for use during the perioperative period or
22 the peribstretical period; and*

23 *(b) Administer anesthetic agents to a person under the care of
24 a licensed physician, a licensed dentist or a licensed podiatric
25 physician.*

26 *3. Unless an advanced practice registered nurse licensed
27 pursuant to this section is also licensed pursuant to NRS 632.237,
28 the advanced practice registered nurse shall not:*

29 *(a) Prescribe, order or select controlled substances, poisons,
30 dangerous drugs and devices for use outside a medical facility or
31 in circumstances other than those authorized by subsection 2; or*

32 *(b) Engage in activity that is outside the scope of practice
33 prescribed by the Board pursuant to subsection 5.*

34 *4. The provisions of NRS 632.237 to 632.239, inclusive, do
35 not apply to an advanced practice registered nurse who is licensed
36 pursuant to this section unless the advanced practice registered
37 nurse is also licensed pursuant to NRS 632.237.*

38 *5. The Board shall adopt regulations:*

39 *(a) Specifying any additional training, education and
40 experience necessary for licensure as an advanced practice
41 registered nurse pursuant to this section.*

42 *(b) Delineating the authorized scope of practice of an
43 advanced practice registered nurse licensed pursuant to this
44 section.*



1 (c) *Establishing the procedure for application for licensure as*
2 *an advanced practice registered nurse pursuant to this section.*

3 6. *As used in this section:*

4 (a) *“Perioperative period” means the period surrounding an*
5 *operation during which:*

6 (1) *The patient is prepared or evaluated for the*
7 *administration of anesthesia;*

8 (2) *Anesthesia is induced or maintained;*

9 (3) *The patient emerges from anesthesia; and*

10 (4) *The patient receives care after emerging from*
11 *anesthesia.*

12 (b) *“Periobstetrical period” means the period surrounding a*
13 *birth during which:*

14 (1) *The patient is prepared or evaluated for the*
15 *administration of anesthesia;*

16 (2) *Anesthesia is induced or maintained;*

17 (3) *The patient emerges from anesthesia; and*

18 (4) *The patient receives care after emerging from*
19 *anesthesia.*

20 **Sec. 25.** NRS 632.237 is hereby amended to read as follows:

21 632.237 1. The Board may issue a license to practice as an
22 advanced practice registered nurse to a registered nurse:

23 (a) Who is licensed by endorsement pursuant to NRS 632.161 or
24 632.162 and holds a corresponding valid and unrestricted license to
25 practice as an advanced practice registered nurse in the District of
26 Columbia or any other state or territory of the United States; or

27 (b) Who:

28 (1) Has completed an educational program designed to
29 prepare a registered nurse to:

30 (I) Perform designated acts of medical diagnosis;

31 (II) Prescribe therapeutic or corrective measures; and

32 (III) Prescribe controlled substances, poisons, dangerous
33 drugs and devices;

34 (2) Except as otherwise provided in subsection 7, submits
35 proof that he or she is certified as an advanced practice registered
36 nurse by the American Board of Nursing Specialties, the National
37 Commission for Certifying Agencies of the Institute for
38 Credentialing Excellence, or their successor organizations, or any
39 other nationally recognized certification agency approved by the
40 Board; and

41 (3) Meets any other requirements established by the Board
42 for such licensure.

43 2. An advanced practice registered nurse may:

44 (a) Engage in selected medical diagnosis and treatment;

45 (b) Order home health care for a patient;



1 (c) If authorized pursuant to NRS 639.2351 and subject to the
2 limitations set forth in subsection 3, prescribe controlled substances,
3 poisons, dangerous drugs and devices; and

4 (d) Provide his or her signature, certification, stamp, verification
5 or endorsement when a signature, certification, stamp, verification
6 or endorsement by a physician is required, if providing such a
7 signature, certification, stamp, verification or endorsement is within
8 the authorized scope of practice of an advanced practice registered
9 nurse.

10 ↪ An advanced practice registered nurse shall not engage in any
11 diagnosis, treatment or other conduct which the advanced practice
12 registered nurse is not qualified to perform.

13 3. An advanced practice registered nurse who is authorized to
14 prescribe controlled substances, poisons, dangerous drugs and
15 devices pursuant to NRS 639.2351 shall not prescribe a controlled
16 substance listed in schedule II unless:

17 (a) The advanced practice registered nurse has at least 2 years or
18 2,000 hours of clinical experience; or

19 (b) The controlled substance is prescribed pursuant to a protocol
20 approved by a collaborating physician.

21 4. An advanced practice registered nurse may perform the acts
22 described in paragraphs (a), (b) and (c) of subsection 2 by using
23 equipment that transfers information concerning the medical
24 condition of a patient in this State electronically, telephonically or
25 by fiber optics, including, without limitation, through telehealth, as
26 defined in ~~NRS 629.515,~~ *section 10 of this act*, from within or
27 outside this State or the United States.

28 5. Nothing in paragraph (d) of subsection 2 shall be deemed to
29 expand the scope of practice of an advanced practice registered
30 nurse who provides his or her signature, certification, stamp,
31 verification or endorsement in the place of a physician.

32 6. The Board shall adopt regulations:

33 (a) Specifying any additional training, education and experience
34 necessary for licensure as an advanced practice registered nurse.

35 (b) Delineating the authorized scope of practice of an advanced
36 practice registered nurse, including, without limitation, when an
37 advanced practice registered nurse is qualified to provide his or her
38 signature, certification, stamp, verification or endorsement in the
39 place of a physician.

40 (c) Establishing the procedure for application for licensure as an
41 advanced practice registered nurse.

42 7. The provisions of subparagraph (2) of paragraph (b) of
43 subsection 1 do not apply to an advanced practice registered nurse
44 who obtains a license before July 1, 2014.



1 **Sec. 26.** NRS 632.345 is hereby amended to read as follows:
2 632.345 1. The Board shall establish and may amend a
3 schedule of fees and charges for the following items and within the
4 following ranges:

	Not less than	Not more than
Application for license to practice professional nursing (registered nurse), including a license by endorsement	\$45	\$100
Application for license to practice practical nursing, including a license by endorsement	30	90
Application for temporary license to practice professional nursing or practical nursing pursuant to NRS 632.300, which fee must be credited toward the fee required for a regular license, if the applicant applies for a license	15	50
Application for a certificate to practice as a nursing assistant or medication aide - certified.....	15	50
Application for a temporary certificate to practice as a nursing assistant pursuant to NRS 632.300, which fee must be credited toward the fee required for a regular certificate, if the applicant applies for a certificate	5	40
Biennial fee for renewal of a license	40	100
Biennial fee for renewal of a certificate.....	20	50
Fee for reinstatement of a license	10	100
Application for a license to practice as an advanced practice registered nurse, including a license by endorsement	50	200
Application for recognition as a certified registered nurse anesthetist.....	50	200



	Not less than	Not more than
1		
2		
3		
4		
5		
6		
7	\$50	\$200
8		
9	20	100
10		
11	10	90
12		
13	20	100
14		
15	10	90
16	5	30
17	5	30
18		
19	25	150
20		
21	10	50
22		
23		
24	5	30
25		
26		
27	100	500
28		
29	60	100
30	10	90
31		
32	50	100
33		
34	20	50
35	150	250
36		
37	5	25
38		

39 2. If an applicant submits an application for a license by
40 endorsement pursuant to NRS 632.162 or 632.282, the Board shall
41 collect not more than one-half of the fee set forth in subsection 1 for
42 the initial issuance of the license.

43 3. The Board may collect the fees and charges established
44 pursuant to this section, and those fees or charges must not be
45 refunded.



1 **Sec. 27.** NRS 632.347 is hereby amended to read as follows:

2 632.347 1. The Board may deny, revoke or suspend any
3 license or certificate applied for or issued pursuant to this chapter, or
4 take other disciplinary action against a licensee or holder of a
5 certificate, upon determining that the licensee or certificate holder:

6 (a) Is guilty of fraud or deceit in procuring or attempting to
7 procure a license or certificate pursuant to this chapter.

8 (b) Is guilty of any offense:

9 (1) Involving moral turpitude; or

10 (2) Related to the qualifications, functions or duties of a
11 licensee or holder of a certificate,

12 ↳ in which case the record of conviction is conclusive evidence
13 thereof.

14 (c) Has been convicted of violating any of the provisions of
15 NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440,
16 inclusive.

17 (d) Is unfit or incompetent by reason of gross negligence or
18 recklessness in carrying out usual nursing functions.

19 (e) Uses any controlled substance, dangerous drug as defined in
20 chapter 454 of NRS, or intoxicating liquor to an extent or in a
21 manner which is dangerous or injurious to any other person or
22 which impairs his or her ability to conduct the practice authorized
23 by the license or certificate.

24 (f) Is a person with mental incompetence.

25 (g) Is guilty of unprofessional conduct, which includes, but is
26 not limited to, the following:

27 (1) Conviction of practicing medicine without a license in
28 violation of chapter 630 of NRS, in which case the record of
29 conviction is conclusive evidence thereof.

30 (2) Impersonating any applicant or acting as proxy for an
31 applicant in any examination required pursuant to this chapter for
32 the issuance of a license or certificate.

33 (3) Impersonating another licensed practitioner or holder of a
34 certificate.

35 (4) Permitting or allowing another person to use his or her
36 license or certificate to practice as a licensed practical nurse,
37 registered nurse, nursing assistant or medication aide - certified.

38 (5) Repeated malpractice, which may be evidenced by claims
39 of malpractice settled against the licensee or certificate holder.

40 (6) Physical, verbal or psychological abuse of a patient.

41 (7) Conviction for the use or unlawful possession of a
42 controlled substance or dangerous drug as defined in chapter 454 of
43 NRS.

44 (h) Has willfully or repeatedly violated the provisions of this
45 chapter. The voluntary surrender of a license or certificate issued



1 pursuant to this chapter is prima facie evidence that the licensee or
2 certificate holder has committed or expects to commit a violation of
3 this chapter.

4 (i) Is guilty of aiding or abetting any person in a violation of this
5 chapter.

6 (j) Has falsified an entry on a patient's medical chart concerning
7 a controlled substance.

8 (k) Has falsified information which was given to a physician,
9 pharmacist, podiatric physician or dentist to obtain a controlled
10 substance.

11 (l) Has knowingly procured or administered a controlled
12 substance or a dangerous drug as defined in chapter 454 of NRS that
13 is not approved by the United States Food and Drug Administration,
14 unless the unapproved controlled substance or dangerous drug:

15 (1) Was procured through a retail pharmacy licensed
16 pursuant to chapter 639 of NRS;

17 (2) Was procured through a Canadian pharmacy which is
18 licensed pursuant to chapter 639 of NRS and which has been
19 recommended by the State Board of Pharmacy pursuant to
20 subsection 4 of NRS 639.2328;

21 (3) Is cannabis being used for medical purposes in
22 accordance with chapter 678C of NRS; or

23 (4) Is an investigational drug or biological product prescribed
24 to a patient pursuant to NRS 630.3735 or 633.6945.

25 (m) Has been disciplined in another state in connection with a
26 license to practice nursing or a certificate to practice as a nursing
27 assistant or medication aide - certified, or has committed an act in
28 another state which would constitute a violation of this chapter.

29 (n) Has engaged in conduct likely to deceive, defraud or
30 endanger a patient or the general public.

31 (o) Has willfully failed to comply with a regulation, subpoena or
32 order of the Board.

33 (p) Has operated a medical facility at any time during which:

34 (1) The license of the facility was suspended or revoked; or

35 (2) An act or omission occurred which resulted in the
36 suspension or revocation of the license pursuant to NRS 449.160.

37 ➤ This paragraph applies to an owner or other principal responsible
38 for the operation of the facility.

39 (q) Is an advanced practice registered nurse *licensed pursuant*
40 *to NRS 632.237* who has failed to obtain any training required by
41 the Board pursuant to NRS 632.2375.

42 (r) Is an advanced practice registered nurse who has failed to
43 comply with the provisions of NRS 453.163, 453.164, 453.226,
44 639.23507, 639.23535 and 639.2391 to 639.23916, inclusive, and



1 any regulations adopted by the State Board of Pharmacy pursuant
2 thereto.

3 (s) Has engaged in the fraudulent, illegal, unauthorized or
4 otherwise inappropriate prescribing, administering or dispensing of
5 a controlled substance listed in schedule II, III or IV.

6 (t) Has violated the provisions of NRS 454.217 or 629.086.

7 (u) Has performed or supervised the performance of a pelvic
8 examination in violation of NRS 629.085.

9 (v) Has failed to comply with the provisions of NRS 441A.315
10 or any regulations adopted pursuant thereto.

11 2. For the purposes of this section, a plea or verdict of guilty or
12 guilty but mentally ill or a plea of nolo contendere constitutes a
13 conviction of an offense. The Board may take disciplinary action
14 pending the appeal of a conviction.

15 3. A licensee or certificate holder is not subject to disciplinary
16 action solely for administering auto-injectable epinephrine pursuant
17 to a valid order issued pursuant to NRS 630.374 or 633.707.

18 4. As used in this section, "investigational drug or biological
19 product" has the meaning ascribed to it in NRS 454.351.

20 **Sec. 28.** NRS 632.352 is hereby amended to read as follows:

21 632.352 1. The Executive Director of the Board or his or her
22 designee shall review and evaluate any complaint or information
23 received from the Investigation Division of the Department of
24 Public Safety or the State Board of Pharmacy, including, without
25 limitation, information provided pursuant to NRS 453.164, or from
26 a law enforcement agency, professional licensing board or any other
27 source indicating that:

28 (a) A licensee has issued a fraudulent, illegal, unauthorized or
29 otherwise inappropriate prescription for a controlled substance listed
30 in schedule II, III or IV;

31 (b) A pattern of prescriptions issued by a licensee indicates that
32 the licensee has issued prescriptions in the manner described in
33 paragraph (a); or

34 (c) A patient of a licensee has acquired, used or possessed a
35 controlled substance listed in schedule II, III or IV in a fraudulent,
36 illegal, unauthorized or otherwise inappropriate manner.

37 2. If the Executive Director of the Board or his or her designee
38 receives information described in subsection 1 concerning the
39 licensee, the Executive Director or his or her designee must notify
40 the licensee as soon as practicable after receiving the information.

41 3. A review and evaluation conducted pursuant to subsection 1
42 must include, without limitation:

43 (a) A review of relevant information contained in the database
44 of the program established pursuant to NRS 453.162; and



1 (b) A request for additional relevant information from the
2 licensee who is the subject of the review and evaluation.

3 4. If, after a review and evaluation conducted pursuant to
4 subsection 1, the Executive Director or his or her designee
5 determines that a licensee may have issued a fraudulent, illegal,
6 unauthorized or otherwise inappropriate prescription for a controlled
7 substance listed in schedule II, III or IV, the Board must proceed as
8 if a written complaint had been filed against the licensee. If, after
9 conducting an investigation and a hearing in accordance with the
10 provisions of this chapter, the Board determines that the licensee
11 issued a fraudulent, illegal, unauthorized or otherwise inappropriate
12 prescription, the Board must impose appropriate disciplinary action.

13 5. When deemed appropriate, the Executive Director of the
14 Board may:

15 (a) Refer information acquired during a review and evaluation
16 conducted pursuant to subsection 1 to another professional licensing
17 board, law enforcement agency or other appropriate governmental
18 entity for investigation and criminal or administrative proceedings.

19 (b) Postpone any notification, review or part of such a review
20 required by this section if he or she determines that it is necessary to
21 avoid interfering with any pending administrative or criminal
22 investigation into the suspected fraudulent, illegal, unauthorized or
23 otherwise inappropriate prescribing, dispensing or use of a
24 controlled substance.

25 6. The Board shall:

26 (a) Adopt regulations providing for disciplinary action against a
27 licensee for inappropriately prescribing a controlled substance listed
28 in schedule II, III or IV or violating the provisions of NRS 639.2391
29 to 639.23916, inclusive, and any regulations adopted by the State
30 Board of Pharmacy pursuant thereto. Such disciplinary action must
31 include, without limitation, requiring the licensee to complete
32 additional continuing education concerning prescribing controlled
33 substances listed in schedules II, III and IV.

34 (b) Develop and disseminate to each advanced practice
35 registered nurse licensed pursuant to NRS 632.237 *or section 24 of*
36 *this act* or make available on the Internet website of the Board an
37 explanation or a technical advisory bulletin to inform those
38 advanced practice registered nurses of the requirements of this
39 section and NRS 632.353, 639.23507 and 639.2391 to 639.23916,
40 inclusive, and any regulations adopted pursuant thereto. The Board
41 shall update the explanation or bulletin as necessary to include any
42 revisions to those provisions of law or regulations. The explanation
43 or bulletin must include, without limitation, an explanation of the
44 requirements that apply to specific controlled substances or
45 categories of controlled substances.



1 **Sec. 29.** NRS 633.711 is hereby amended to read as follows:
2 633.711 1. The Board, through an officer of the Board or the
3 Attorney General, may maintain in any court of competent
4 jurisdiction a suit for an injunction against any person:

5 (a) Practicing osteopathic medicine or practicing as a physician
6 assistant without a valid license to practice osteopathic medicine or
7 to practice as a physician assistant; or

8 (b) Providing services through telehealth, as defined in ~~NRS~~
9 ~~629.515.~~ *section 10 of this act*, without a valid license

10 2. An injunction issued pursuant to subsection 1:

11 (a) May be issued without proof of actual damage sustained by
12 any person, this provision being a preventive as well as a punitive
13 measure.

14 (b) Must not relieve such person from criminal prosecution for
15 practicing without such a license.

16 **Sec. 30.** NRS 639.0015 is hereby amended to read as follows:

17 639.0015 “Advanced practice registered nurse” means a
18 registered nurse who holds a valid license as an advanced practice
19 registered nurse issued by the State Board of Nursing pursuant to
20 NRS 632.237 ~~H~~ *or section 24 of this act.*

21 **Sec. 31.** NRS 639.01535 is hereby amended to read as
22 follows:

23 639.01535 “Telehealth” has the meaning ascribed to it in ~~NRS~~
24 ~~629.515.~~ *section 10 of this act.*

25 **Sec. 32.** NRS 639.1375 is hereby amended to read as follows:

26 639.1375 1. Subject to the limitations set forth in NRS
27 632.237 ~~H~~ *or section 24 of this act, as applicable*, an advanced
28 practice registered nurse may dispense controlled substances,
29 poisons, dangerous drugs and devices if the advanced practice
30 registered nurse:

31 (a) Passes an examination administered by the State Board of
32 Nursing on Nevada law relating to pharmacy and submits to the
33 State Board of Pharmacy evidence of passing that examination;

34 (b) Is authorized to do so by the State Board of Nursing in a
35 license issued by that Board; and

36 (c) Applies for and obtains a certificate of registration from the
37 State Board of Pharmacy and pays the fee set by a regulation
38 adopted by the Board. The Board may set a single fee for the
39 collective certification of advanced practice registered nurses in
40 the employ of a public or nonprofit agency and a different fee for
41 the individual certification of other advanced practice registered
42 nurses.

43 2. The State Board of Pharmacy shall consider each application
44 from an advanced practice registered nurse separately, and may:

45 (a) Issue a certificate of registration limiting:



1 (1) The authority of the advanced practice registered nurse to
2 dispense controlled substances, poisons, dangerous drugs and
3 devices;

4 (2) The area in which the advanced practice registered nurse
5 may dispense;

6 (3) The kind and amount of controlled substances, poisons,
7 dangerous drugs and devices which the certificate permits the
8 advanced practice registered nurse to dispense; and

9 (4) The practice of the advanced practice registered nurse
10 which involves controlled substances, poisons, dangerous drugs and
11 devices in any manner which the Board finds necessary to protect
12 the health, safety and welfare of the public;

13 (b) Issue a certificate of registration without any limitation not
14 contained in the license issued by the State Board of Nursing; or

15 (c) Refuse to issue a certificate of registration, regardless of the
16 provisions of the license issued by the State Board of Nursing.

17 3. If a certificate of registration issued pursuant to this section
18 is suspended or revoked, the Board may also suspend or revoke the
19 registration of the physician for and with whom the advanced
20 practice registered nurse is in practice to dispense controlled
21 substances.

22 4. The Board shall adopt regulations setting forth the maximum
23 amounts of any controlled substance, poison, dangerous drug and
24 devices which an advanced practice registered nurse who holds a
25 certificate from the Board may dispense, the conditions under which
26 they must be stored, transported and safeguarded, and the records
27 which each such nurse shall keep. In adopting its regulations, the
28 Board shall consider:

29 (a) The areas in which an advanced practice registered nurse
30 who holds a certificate from the Board can be expected to practice
31 and the populations of those areas;

32 (b) The experience and training of the advanced practice
33 registered nurse;

34 (c) Distances between areas of practice and the nearest hospitals
35 and physicians;

36 (d) Whether the advanced practice registered nurse is authorized
37 to prescribe a controlled substance listed in schedule II pursuant to a
38 protocol approved by a collaborating physician;

39 (e) Effects on the health, safety and welfare of the public; and

40 (f) Other factors which the Board considers important to the
41 regulation of the practice of advanced practice registered nurses who
42 hold certificates from the Board.

43 **Sec. 33.** NRS 639.2351 is hereby amended to read as follows:

44 639.2351 1. An advanced practice registered nurse may
45 prescribe, in accordance with NRS 454.695 and 632.237 **or**



1 *section 24 of this act, as applicable*, controlled substances, poisons,
2 dangerous drugs and devices if the advanced practice registered
3 nurse:

4 (a) Is authorized to do so by the State Board of Nursing in a
5 license issued by that Board; and

6 (b) Applies for and obtains a certificate of registration from the
7 State Board of Pharmacy and pays the fee set by a regulation
8 adopted by the Board.

9 2. The State Board of Pharmacy shall consider each application
10 from an advanced practice registered nurse separately, and may:

11 (a) Issue a certificate of registration; or

12 (b) Refuse to issue a certificate of registration, regardless of the
13 provisions of the license issued by the State Board of Nursing.

14 **Sec. 34.** NRS 422.2721 is hereby amended to read as follows:

15 422.2721 1. The Director shall include in the State Plan for
16 Medicaid:

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

21 (b) A provision prohibiting the State from:

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

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

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

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

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

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



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

4 2. The provisions of this section do not:

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

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

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

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

14 3. As used in this section:

15 (a) "Distant site" has the meaning ascribed to it in ~~NRS~~
16 ~~629.515.] section 4 of this act.~~

17 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
18 ~~629.515.] section 7 of this act.~~

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

21 (d) "Telehealth" has the meaning ascribed to it in ~~NRS~~
22 ~~629.515.] section 10 of this act.~~

23 **Sec. 35.** NRS 433.314 is hereby amended to read as follows:

24 433.314 1. The Commission shall:

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

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

37 (c) If a data dashboard is established pursuant to NRS 439.245,
38 use the data dashboard to review access by different groups and
39 populations in this State to behavioral health services provided
40 through telehealth, as defined in ~~NRS 629.515.] section 10 of this~~
41 ~~act,~~ and evaluate policies to make such access more equitable;

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

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



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

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

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

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

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

17 (f) Review and make recommendations concerning regulations
18 submitted to the Commission for review pursuant to NRS 641.100,
19 641A.160, 641B.160 and 641C.200.

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

23 **Sec. 36.** NRS 433.4295 is hereby amended to read as follows:

24 433.4295 1. Each policy board shall:

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

26 (1) The behavioral health needs of adults and children in the
27 behavioral health region;

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

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

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

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

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

43 (c) Coordinate and exchange information with the other policy
44 boards to provide unified and coordinated recommendations to the



1 Department, Division and Commission regarding behavioral health
2 services in the behavioral health region.

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

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

13 (f) To the extent feasible, track and compile data concerning
14 persons placed on a mental health crisis hold pursuant to NRS
15 433A.160, persons admitted to mental health facilities and hospitals
16 under an emergency admission pursuant to NRS 433A.162, persons
17 admitted to mental health facilities under an involuntary court-
18 ordered admission pursuant to NRS 433A.200 to 433A.330,
19 inclusive, and persons ordered to receive assisted outpatient
20 treatment pursuant to NRS 433A.335 to 433A.345, inclusive, in the
21 behavioral health region, including, without limitation:

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

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

26 (g) If a data dashboard is established pursuant to NRS 439.245,
27 use the data dashboard to review access by different groups and
28 populations in this State to behavioral health services provided
29 through telehealth, as defined in ~~NRS 629.515,~~ *section 10 of this*
30 *act*, and evaluate policies to make such access more equitable.

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

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

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

40 (2) A description of the methods used by the policy board to
41 collect and analyze data concerning the behavioral health needs and
42 problems of the behavioral health region and gaps in behavioral
43 health services which are available in the behavioral health region,
44 including, without limitation, a list of all sources of such data used
45 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 (h) and the
3 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 (i) of subsection 1 may be
7 submitted more often than annually if the policy board determines
8 that a specific behavioral health issue requires an additional report
9 to the Commission.

10 **Sec. 37.** NRS 439.245 is hereby amended to read as follows:

11 439.245 1. To the extent that money is available for this
12 purpose, the Department shall:

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

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

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

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

28 2. As used in this section:

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

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

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

35 (b) "Telehealth" has the meaning ascribed to it in ~~NRS~~
36 ~~629.515.]~~ *section 10 of this act.*

37 **Sec. 38.** NRS 439.916 is hereby amended to read as follows:

38 439.916 1. The Commission shall systematically review
39 issues related to the health care needs of residents of this State and
40 the quality, accessibility and affordability of health care, including,
41 without limitation, prescription drugs, in this State. The review must
42 include, without limitation:

43 (a) Comprehensively examining the system for regulating health
44 care in this State, including, without limitation, the licensing and
45 regulation of health care facilities and providers of health care and



1 the role of professional licensing boards, commissions and other
2 bodies established to regulate or evaluate policies related to health
3 care.

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

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

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

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

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

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

22 (h) If a data dashboard is established pursuant to NRS 439.245,
23 using the data dashboard to review access by different groups and
24 populations in this State to services provided through telehealth and
25 evaluating policies to make such access more equitable.

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

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

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

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

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

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

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

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



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

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

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

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

18 2. The Commission may request that any state or local
19 governmental entity submit not more than two reports each year
20 containing or analyzing information that is not confidential by law
21 concerning the cost of health care, consolidation among entities that
22 provide or pay for health care or other issues related to access to
23 health care. To the extent that a governmental entity from which
24 such a report is requested has the resources to compile the report
25 and the disclosure of the information requested is authorized by the
26 Health Insurance Portability and Accountability Act of 1996, Public
27 Law 104-191, the governmental entity shall provide the report to the
28 Executive Director of the Commission and submit a copy of the
29 report to the Attorney General.

30 3. If a data dashboard is established pursuant to NRS 439.245,
31 the Commission shall make available on an Internet website
32 maintained by the Commission a hyperlink to the data dashboard.

33 4. As used in this section:

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

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

37 (c) "Telehealth" has the meaning ascribed to it in ~~NRS~~
38 ~~629.515.~~ **section 10 of this act.**

39 **Sec. 39.** NRS 439B.220 is hereby amended to read as follows:
40 439B.220 The Committee may:

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

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



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

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

10 5. Examine hospitals to:

11 (a) Increase cooperation among hospitals;

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

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

16 6. Examine medical malpractice.

17 7. Examine the system of education to coordinate:

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

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

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

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

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

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

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

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

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

43 13. Review the actions of the Director in administering the
44 provisions of NRS 439B.160 to 439B.500, inclusive, and adopting
45 regulations pursuant to those provisions. The Director shall report to



1 the Committee concerning any regulations proposed or adopted
2 pursuant to NRS 439B.160 to 439B.500, inclusive.

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

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

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

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

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

17 15. Evaluate, with the assistance of an advisory group, the
18 feasibility of obtaining a waiver from the Federal Government to
19 integrate and coordinate acute care services provided through
20 Medicare and long-term care services provided through Medicaid in
21 this State.

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

27 17. If a data dashboard is established pursuant to NRS 439.245,
28 use the data dashboard to review access by different groups and
29 populations in this State to services provided through telehealth, as
30 defined in ~~NRS 629.515~~, *section 10 of this act*, and evaluate
31 policies to make such access more equitable.

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

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

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

40 21. Recommend to the Legislature as a result of its review any
41 appropriate legislation.

42 **Sec. 40.** NRS 449.1925 is hereby amended to read as follows:
43 449.1925 A hospital may grant staff privileges to a provider of
44 health care who is at another location for the purpose of providing
45 services through telehealth, as defined in ~~NRS 629.515~~, *section 10*



1 *of this act*, to patients at the hospital in the manner prescribed in 42
2 C.F.R. §§ 482.12, 482.22 and 485.616.

3 **Sec. 41.** NRS 453.023 is hereby amended to read as follows:

4 453.023 “Advanced practice registered nurse” means a
5 registered nurse who holds a valid license as an advanced practice
6 registered nurse issued by the State Board of Nursing pursuant to
7 NRS 632.237 **H** *or section 24 of this act.*

8 **Sec. 42.** NRS 454.0015 is hereby amended to read as follows:

9 454.0015 “Advanced practice registered nurse” means a
10 registered nurse who holds a valid license as an advanced practice
11 registered nurse issued by the State Board of Nursing pursuant to
12 NRS 632.237 **H** *or section 24 of this act.*

13 **Sec. 43.** NRS 616C.730 is hereby amended to read as follows:

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

18 2. An insurer shall not:

19 (a) Require an employee to establish a relationship in person
20 with a provider of health care or provide any additional consent to
21 or 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 employee 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 the distant site from which a provider of health care
30 provides services through telehealth or the originating site at which
31 an employee receives services through telehealth; or

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

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

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

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

9 6. As used in this section:

10 (a) "Distant site" ~~[has the meaning ascribed to it in NRS~~
11 ~~629.515.]~~ *means the location of the site where a telehealth*
12 *provider of health care is providing telehealth services to a patient*
13 *located at an originating site.*

14 (b) "Originating site" ~~[has the meaning ascribed to it in NRS~~
15 ~~629.515.]~~ *means the location of the site where a patient is*
16 *receiving telehealth services from a provider of health care located*
17 *at a distant site.*

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

20 (d) "Telehealth" means the delivery of services from a provider
21 of health care to a patient at a different location through a
22 synchronous interaction using information and audio-visual
23 communication technology, not including audio-only technology,
24 facsimile or electronic mail.

25 **Sec. 44.** NRS 687B.490 is hereby amended to read as follows:

26 687B.490 1. A carrier that offers coverage in the small
27 employer group or individual market must, before making any
28 network plan available for sale in this State, demonstrate the
29 capacity to deliver services adequately by applying to the
30 Commissioner for the issuance of a network plan and submitting a
31 description of the procedures and programs to be implemented to
32 meet the requirements described in subsection 2.

33 2. The Commissioner shall determine, within 90 days after
34 receipt of the application required pursuant to subsection 1, if the
35 carrier, with respect to the network plan:

36 (a) Has demonstrated the willingness and ability to ensure that
37 health care services will be provided in a manner to ensure both
38 availability and accessibility of adequate personnel and facilities in a
39 manner that enhances availability, accessibility and continuity of
40 service;

41 (b) Has organizational arrangements established in accordance
42 with regulations promulgated by the Commissioner; and

43 (c) Has a procedure established in accordance with regulations
44 promulgated by the Commissioner to develop, compile, evaluate
45 and report statistics relating to the cost of its operations, the pattern



1 of utilization of its services, the availability and accessibility of its
2 services and such other matters as may be reasonably required by
3 the Commissioner.

4 3. The Commissioner may certify that the carrier and the
5 network plan meet the requirements of subsection 2, or may
6 determine that the carrier and the network plan do not meet such
7 requirements. Upon a determination that the carrier and the network
8 plan do not meet the requirements of subsection 2, the
9 Commissioner shall specify in what respects the carrier and the
10 network plan are deficient.

11 4. A carrier approved to issue a network plan pursuant to this
12 section must file annually with the Commissioner a summary of
13 information compiled pursuant to subsection 2 in a manner
14 determined by the Commissioner.

15 5. The Commissioner shall, not less than once each year, or
16 more often if deemed necessary by the Commissioner for the
17 protection of the interests of the people of this State, make a
18 determination concerning the availability and accessibility of the
19 health care services of any network plan approved pursuant to this
20 section.

21 6. The expense of any determination made by the
22 Commissioner pursuant to this section must be assessed against the
23 carrier and remitted to the Commissioner.

24 7. When making any determination concerning the availability
25 and accessibility of the services of any network plan or proposed
26 network plan pursuant to this section, the Commissioner shall
27 consider services that may be provided through telehealth, as
28 defined in ~~NRS 629.515,~~ *section 10 of this act*, pursuant to the
29 network plan or proposed network plan to be available services.

30 8. As used in this section:

31 (a) "Network plan" has the meaning ascribed to it in
32 NRS 689B.570.

33 (b) "Small employer" has the meaning ascribed to it in
34 NRS 689C.095.

35 **Sec. 45.** NRS 689A.0463 is hereby amended to read as
36 follows:

37 689A.0463 1. A policy of health insurance must include
38 coverage for services provided to an insured through telehealth to
39 the same extent as though 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 than if the service had been
16 provided in person or through other means.

17 3. A policy of health insurance must not require an insured to
18 obtain prior authorization for any service provided through
19 telehealth that is not required for the service when provided in
20 person. A policy of health insurance may require prior authorization
21 for a service provided through telehealth if such prior authorization
22 would be required if the service were provided in person or by other
23 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 health insurance subject to the provisions of this
33 chapter that is delivered, issued for delivery or renewed on or after
34 October 1, 2021, has the legal effect of including the coverage
35 required by this section, and any provision of the policy or the
36 renewal which is in conflict with this section is void.

37 6. As used in this section:

38 (a) "Distant site" has the meaning ascribed to it in ~~NRS~~
39 ~~629.515.]~~ *section 4 of this act.*

40 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
41 ~~629.515.]~~ *section 7 of this act.*

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~~
45 ~~629.515.]~~ *section 10 of this act.*



1 **Sec. 46.** 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 as though provided in person or by
6 other means.

7 2. An insurer 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:

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 than if the service had been
27 provided in person or through other means.

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

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

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

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

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

43 5. A policy of group or blanket health insurance subject to the
44 provisions of this chapter that is delivered, issued for delivery or
45 renewed on or after October 1, 2021, has the legal effect of



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

4 6. As used in this section:

5 (a) "Distant site" has the meaning ascribed to it in ~~NRS~~
6 ~~629.515.] section 4 of this act.~~

7 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
8 ~~629.515.] section 7 of this act.~~

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~~
12 ~~629.515.] section 10 of this act.~~

13 **Sec. 47.** NRS 689C.195 is hereby amended to read as follows:

14 689C.195 1. A health benefit plan must include coverage for
15 services provided to an insured through telehealth to the same extent
16 as 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; or

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

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

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



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

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

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

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

13 6. As used in this section:

14 (a) "Distant site" has the meaning ascribed to it in ~~NRS~~
15 ~~629.515.] section 4 of this act.~~

16 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
17 ~~629.515.] section 7 of this act.~~

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

20 (d) "Telehealth" has the meaning ascribed to it in ~~NRS~~
21 ~~629.515.] section 10 of this act.~~

22 **Sec. 48.** NRS 695A.265 is hereby amended to read as follows:

23 695A.265 1. A benefit contract must include coverage for
24 services provided to an insured through telehealth to the same extent
25 as though provided in person or by other means.

26 2. A society 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; or



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

4 3. A benefit contract must not require an insured to obtain prior
5 authorization for any service provided through telehealth that is not
6 required for the service when provided in person. A benefit contract
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 by other means.

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

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

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

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

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

23 6. As used in this section:

24 (a) "Distant site" has the meaning ascribed to it in ~~NRS~~
25 ~~629.515.~~ *section 4 of this act.*

26 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
27 ~~629.515.~~ *section 7 of this act.*

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

30 (d) "Telehealth" has the meaning ascribed to it in ~~NRS~~
31 ~~629.515.~~ *section 10 of this act.*

32 **Sec. 49.** NRS 695B.1904 is hereby amended to read as
33 follows:

34 695B.1904 1. A contract for hospital, medical or dental
35 services subject to the provisions of this chapter must include
36 services provided to an insured through telehealth to the same extent
37 as though provided in person or by other means.

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

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

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



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

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

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

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

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

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

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

22 4. The provisions of this section do not require a medical
23 services corporation that issues contracts for hospital, medical or
24 dental services 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 medical services corporation is not
31 otherwise required by law to do so.

32 5. A contract for hospital, medical or dental services subject to
33 the 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 contract 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~~
40 ~~629.515.]~~ *section 4 of this act.*

41 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
42 ~~629.515.]~~ *section 7 of this act.*

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



1 (d) "Telehealth" has the meaning ascribed to it in ~~NRS~~
2 ~~629.515.]~~ *section 10 of this act.*

3 **Sec. 50.** NRS 695C.1708 is hereby amended to read as
4 follows:

5 695C.1708 1. A health care plan of a health maintenance
6 organization must include coverage for services provided to an
7 enrollee through telehealth to the same extent as though provided in
8 person or by other means.

9 2. A health maintenance organization shall not:

10 (a) Require an enrollee 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 enrollee 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 enrollee 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; or

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

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

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

39 (a) Ensure that covered services are available to an enrollee
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 health maintenance organization is not
45 otherwise required by law to do so.



1 5. Evidence of coverage 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~~
8 ~~629.515.] section 4 of this act.~~

9 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
10 ~~629.515.] section 7 of this act.~~

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

13 (d) "Telehealth" has the meaning ascribed to it in ~~NRS~~
14 ~~629.515.] section 10 of this act.~~

15 **Sec. 51.** NRS 695D.216 is hereby amended to read as follows:

16 695D.216 1. A plan for dental care must include coverage for
17 services provided to a member through telehealth to the same extent
18 as though provided in person or by other means.

19 2. An organization for dental care shall not:

20 (a) Require a member to establish a relationship in person with a
21 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 a member 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 a member 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 than if the service had been
39 provided in person or through other means.

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



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

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

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

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

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

15 6. As used in this section:

16 (a) "Distant site" has the meaning ascribed to it in ~~NRS~~
17 ~~629.515.~~ *section 4 of this act.*

18 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
19 ~~629.515.~~ *section 7 of this act.*

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~~
23 ~~629.515.~~ *section 10 of this act.*

24 **Sec. 52.** NRS 695G.162 is hereby amended to read as follows:

25 695G.162 1. A health care plan issued by a managed care
26 organization for group coverage must include coverage for services
27 provided to an insured through telehealth to the same extent as
28 though provided in person or by other means.

29 2. A managed care organization shall not:

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

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

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

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

44 (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.

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

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

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

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

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

22 5. Evidence of coverage that is delivered, issued for delivery or
23 renewed on or after October 1, 2021, has the legal effect of
24 including the coverage required by this section, and any provision of
25 the plan or the 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~~
28 ~~629.515.] section 4 of this act.~~

29 (b) "Originating site" has the meaning ascribed to it in ~~NRS~~
30 ~~629.515.] section 7 of this act.~~

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

33 (d) "Telehealth" has the meaning ascribed to it in ~~NRS~~
34 ~~629.515.] section 10 of this act.~~

35 **Sec. 53.** 1. Notwithstanding the amendatory provisions of
36 sections 19 and 22 of this act, a physician who, on October 1, 2023,
37 holds a special purpose license to practice medicine issued pursuant
38 to paragraph (e) of subsection 1 of NRS 630.261, as that section
39 exists on September 30, 2023, shall be deemed to hold a registration
40 to provide services through telehealth issued pursuant to section 13
41 of this act until the license expires.

42 2. Notwithstanding the provisions of section 24 of this act, a
43 registered nurse who, on October 1, 2023, is certified by the State
44 Board of Nursing as a certified registered nurse anesthetist pursuant
45 to NRS 632.014, as that section exists on September 30, 2023, shall



1 be deemed to hold a license as an advanced practice registered nurse
2 issued pursuant to section 24 of this act until the certificate expires.

3 **Sec. 54.** NRS 632.014 is hereby repealed.

4 **Sec. 55.** 1. This section becomes effective upon passage and
5 approval.

6 2. Sections 1 to 52, inclusive, of this act become effective:

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

10 (b) On October 1, 2023, for all other purposes.

TEXT OF REPEALED SECTION

632.014 “Certified registered nurse anesthetist” defined.

“Certified registered nurse anesthetist” means a registered nurse who:

1. Has completed a nationally accredited program in the science of anesthesia; and

2. Is certified by the Board to administer anesthetic agents to a person under the care of a licensed physician, a licensed dentist or a licensed podiatric physician.

