

Amendment No. 231

Senate Amendment to Senate Bill No. 119	(BDR S-336)
Proposed by: Senate Committee on Health and Human Services	
Amends: Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to S.B. 119 (§§ 1.2, 2).

ASSEMBLY ACTION		Initial and Date		SENATE ACTION		Initial and Date
Adopted <input type="checkbox"/>	Lost <input type="checkbox"/>	_____		Adopted <input type="checkbox"/>	Lost <input type="checkbox"/>	_____
Concurred In <input type="checkbox"/>	Not <input type="checkbox"/>	_____		Concurred In <input type="checkbox"/>	Not <input type="checkbox"/>	_____
Receded <input type="checkbox"/>	Not <input type="checkbox"/>	_____		Receded <input type="checkbox"/>	Not <input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

CBN/EWR



Date: 4/24/2023

S.B. No. 119—Provides for the continuation of certain requirements governing insurance coverage of telehealth services. (BDR S-336)



SENATE BILL NO. 119—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE JOINT INTERIM STANDING COMMITTEE
ON HEALTH AND HUMAN SERVICES)

FEBRUARY 8, 2023

Referred to Committee on Health and Human Services

SUMMARY—Provides for the continuation of certain requirements governing insurance coverage of telehealth services. (BDR ~~§ 336~~ **57-336**)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE ~~§ 1~~ (**§§ 1.2, 2**)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~§ 1~~ is material to be omitted.

AN ACT relating to health care; ~~providing for the continuation of a requirement that certain third-party payers cover services provided through telehealth, except for services provided through audio-only interaction;~~ **revising provisions governing the circumstances under which certain insurers are required to provide reimbursement for services provided through telehealth** in the same amount as services provided in person or through other means; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires a third-party payer who is not an industrial insurer to cover services
2 provided through telehealth, except for services provided through audio-only interaction, in
3 the same amount as services provided in person or by other means. (NRS 422.2721,
4 689A.0463, 689B.0369, 689C.195, 695A.265, 695B.1904, 695C.1708, 695D.216, 695G.162)
5 However, existing law provides for the expiration of ~~that~~ **the** requirement: (1) as it applies to
6 services other than mental health services, 1 year after the termination of the emergency
7 declared for COVID-19 or on June 30, 2023, whichever is earlier; and (2) as it applies to
8 mental health services, on June 30, 2023. (Chapter 479, Statutes of Nevada 2021, at page
9 3046) The Declaration of Emergency for COVID-19 was terminated on May 20, 2022.
10 (Proclamation Terminating Declaration of Emergency Related to COVID-19, May 18, 2022)
11 Therefore, the requirement for certain third-party payers to cover services provided through
12 telehealth, except for services provided through audio-only interaction, in the same amount as
13 services provided in person or by other means expires: (1) as it applies to services other than
14 mental health services, on May 20, 2023; and (2) as it applies to mental health services, on
15 June 30, 2023. (Section 17 of chapter 479, Statutes of Nevada 2021, at page 3046) ~~This~~

16 Sections 2 and 4 of this bill ~~repeals that expiration, thereby making permanent the~~
 17 ~~provisions of existing law requiring~~ retain the requirement that a third-party payer who is
 18 not an industrial insurer ~~to~~ cover services provided through telehealth, except for services
 19 provided through audio-only interaction, in the same amount as services provided in person or
 20 by other means ~~to~~ until July 1, 2023. On that date, sections 1-1.9 of this bill retain that
 21 requirement with respect to: (1) services delivered through means other than audio-only
 22 interaction to patients at certain originating sites located in rural areas or by certain
 23 facilities; and (2) counseling or treatment relating to a mental health condition or
 24 substance use disorder. Sections 1-1.9 additionally require an insurer to provide
 25 reimbursement for counseling or treatment relating to a mental health condition or
 26 substance use disorder provided through an audio-only telehealth interaction in the
 27 same amount as if the counseling or treatment was provided in person or through other
 28 means.

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

Section 1. NRS 689A.0463 is hereby amended to read as follows:

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

6 2. A policy of health insurance must provide reimbursement for services
 7 described in subsection 1 in the same amount as though provided in person or by
 8 other means:

9 (a) If the services:

10 (1) Are received at an originating site described in 42 U.S.C. §
 11 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural
 12 health clinic; and

13 (2) Except for services described in paragraph (b), are not provided
 14 through audio-only interaction; or

15 (b) For counseling or treatment relating to a mental health condition or a
 16 substance use disorder, including, without limitation, when such counseling or
 17 treatment is provided through audio-only interaction.

18 ~~to~~ 3. An insurer shall not:

19 (a) Require an insured to establish a relationship in person with a provider of
 20 health care or provide any additional consent to or reason for obtaining services
 21 through telehealth as a condition to providing the coverage described in subsection
 22 1 ~~to~~ or the reimbursement described in subsection 2;

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

28 (c) Refuse to provide the coverage described in subsection 1 or the
 29 reimbursement described in subsection 2 because of:

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

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

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

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

4 ~~4.3~~ 4. A policy of health insurance must not require an insured to obtain
5 prior authorization for any service provided through telehealth that is not required
6 for the service when provided in person. A policy of health insurance may require
7 prior authorization for a service provided through telehealth if such prior
8 authorization would be required if the service were provided in person or by other
9 means.

10 ~~4.4~~ 5. The provisions of this section do not require an insurer to:

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

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

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

17 ~~5.5~~ 6. A policy of health insurance subject to the provisions of this chapter
18 that is delivered, issued for delivery or renewed on or after ~~October 1,~~ July 1,
19 ~~2021,~~ 2023, has the legal effect of including the coverage required by this section,
20 and any provision of the policy or the renewal which is in conflict with this section
21 is void.

22 ~~6.6~~ 7. As used in this section:

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

24 (b) "Federally-qualified health center" has the meaning ascribed to it in 42
25 U.S.C. § 1396d(l)(2)(B).

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

27 ~~6.6~~ (d) "Provider of health care" has the meaning ascribed to it in NRS
28 439.820.

29 (e) "Rural health clinic" has the meaning ascribed to it in 42 U.S.C. §
30 1395x(aa)(2).

31 ~~6.6~~ (f) "Telehealth" has the meaning ascribed to it in NRS 629.515.

32 Sec. 1.2. NRS 689B.0369 is hereby amended to read as follows:

33 689B.0369 1. A policy of group or blanket health insurance must include
34 coverage for services provided to an insured through telehealth to the same extent
35 ~~[and, except for services provided through audio-only interaction, in the same~~
36 ~~amount]~~ as though provided in person or by other means.

37 2. A policy of group or blanket health insurance must provide
38 reimbursement for services described in subsection 1 in the same amount as
39 though provided in person or by other means:

40 (a) If the services:

41 (1) Are received at an originating site described in 42 U.S.C. §
42 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural
43 health clinic; and

44 (2) Except for services described in paragraph (b), are not provided
45 through audio-only interaction; or

46 (b) For counseling or treatment relating to a mental health condition or a
47 substance use disorder, including, without limitation, when such counseling or
48 treatment is provided through audio-only interaction.

49 3. An insurer shall not:

50 (a) Require an insured to establish a relationship in person with a provider of
51 health care or provide any additional consent to or reason for obtaining services
52 through telehealth as a condition to providing the coverage described in subsection
53 1, ~~or~~ or the reimbursement described in subsection 2;

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

6 (c) Refuse to provide the coverage described in subsection 1 or the
 7 reimbursement described in subsection 2 because of:

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

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

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

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

17 ~~4~~ 4. A policy of group or blanket health insurance must not require an
 18 insured to obtain prior authorization for any service provided through telehealth
 19 that is not required for that service when provided in person. A policy of group or
 20 blanket health insurance may require prior authorization for a service provided
 21 through telehealth if such prior authorization would be required if the service were
 22 provided in person or by other means.

23 ~~4~~ 5. The provisions of this section do not require an insurer to:

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

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

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

30 ~~5~~ 6. A policy of group or blanket health insurance subject to the provisions
 31 of this chapter that is delivered, issued for delivery or renewed on or after ~~October~~
 32 July 1, 2021, 2023, has the legal effect of including the coverage required by this
 33 section, and any provision of the policy or the renewal which is in conflict with this
 34 section is void.

35 ~~6~~ 7. As used in this section:

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

37 (b) "Federally-qualified health center" has the ascribed to it in 42 U.S.C. §
 38 1396d(l)(2)(B).

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

40 ~~(c)~~ (d) "Provider of health care" has the meaning ascribed to it in NRS
 41 439.820.

42 (e) "Rural health clinic" has the meaning ascribed to it in 42 U.S.C. §
 43 1395x(aa)(2).

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

45 Sec. 1.3. NRS 689C.195 is hereby amended to read as follows:

46 689C.195 1. A health benefit plan must include coverage for services
 47 provided to an insured through telehealth to the same extent ~~and, except for~~
 48 ~~services provided through audio only interaction, in the same amount~~ as though
 49 provided in person or by other means.

50 2. A health benefit plan must provide reimbursement for services described
 51 in subsection 1 in the same amount as though provided in person or by other
 52 means;

53 (a) If the services:

1 (1) Are received at an originating site described in 42 U.S.C. §
2 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural
3 health clinic;

4 (2) Except for services described in paragraph (b), are not provided
5 through audio-only interaction; or

6 (b) For counseling or treatment relating to a mental health condition or a
7 substance use disorder, including, without limitation, when such counseling or
8 treatment is provided through audio-only interaction.

9 3. A carrier shall not:

10 (a) Require an insured to establish a relationship in person with a provider of
11 health care or provide any additional consent to or reason for obtaining services
12 through telehealth as a condition to providing the coverage described in subsection
13 1 ~~4~~ or the reimbursement described in subsection 2;

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

19 (c) Refuse to provide the coverage described in subsection 1 or the
20 reimbursement described in subsection 2 because of:

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

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

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

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

30 ~~3~~ 4. A health benefit plan must not require an insured to obtain prior
31 authorization for any service provided through telehealth that is not required for the
32 service when provided in person. A health benefit plan may require prior
33 authorization for a service provided through telehealth if such prior authorization
34 would be required if the service were provided in person or by other means.

35 ~~4~~ 5. The provisions of this section do not require a carrier to:

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

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

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

42 ~~5~~ 6. A plan subject to the provisions of this chapter that is delivered, issued
43 for delivery or renewed on or after ~~October~~ July 1, 2021, 2023, has the legal
44 effect of including the coverage required by this section, and any provision of the
45 plan or the renewal which is in conflict with this section is void.

46 ~~6~~ 7. As used in this section:

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

48 (b) "Federally-qualified health center" has the ascribed to it in 42 U.S.C. §
49 1396d(l)(2)(B).

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

51 ~~(c)~~ (d) "Provider of health care" has the meaning ascribed to it in NRS
52 439.820.

1 (e) "Rural health clinic" has the meaning ascribed to it in 42 U.S.C. §
 2 1395x(aa)(2).

3 ~~(e)(f)~~ (f) "Telehealth" has the meaning ascribed to it in NRS 629.515.

4 **Sec. 1.4. NRS 695A.265 is hereby amended to read as follows:**

5 695A.265 1. A benefit contract must include coverage for services provided
 6 to an insured through telehealth to the same extent ~~and, except for services~~
 7 ~~provided through audio-only interaction, in the same amount~~ as though provided in
 8 person or by other means.

9 2. A benefit contract must provide reimbursement for services described in
 10 subsection 1 in the same amount as though provided in person or by other
 11 means:

12 (a) If the services:

13 (1) Are received at an originating site described in 42 U.S.C. §
 14 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural
 15 health clinic; and

16 (2) Except for services described in paragraph (b), are not provided
 17 through audio-only interaction; or

18 (b) For counseling or treatment relating to a mental health condition or a
 19 substance use disorder, including, without limitation, when such counseling or
 20 treatment is provided through audio-only interaction.

21 3. A society shall not:

22 (a) Require an insured to establish a relationship in person with a provider of
 23 health care or provide any additional consent to or reason for obtaining services
 24 through telehealth as a condition to providing the coverage described in subsection
 25 1 ~~(f)~~ or the reimbursement described in subsection 2;

26 (b) Require a provider of health care to demonstrate that it is necessary to
 27 provide services to an insured through telehealth or receive any additional type of
 28 certification or license to provide services through telehealth as a condition to
 29 providing the coverage described in subsection 1 ~~(f)~~ or the reimbursement
 30 described in subsection 2;

31 (c) Refuse to provide the coverage described in subsection 1 or the
 32 reimbursement described in subsection 2 because of:

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

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

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

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

42 ~~(3)~~ 4. A benefit contract must not require an insured to obtain prior
 43 authorization for any service provided through telehealth that is not required for the
 44 service when provided in person. A benefit contract may require prior authorization
 45 for a service provided through telehealth if such prior authorization would be
 46 required if the service were provided in person or by other means.

47 ~~(4)~~ 5. The provisions of this section do not require a society to:

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

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

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

~~5.1~~ 6. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after ~~October 1, 2021~~ July 1, 2023, has the legal effect of including the coverage required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.

~~6.1~~ 7. As used in this section:

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

(b) "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(1)(2)(B).

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

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

(e) "Rural health clinic" has the meaning ascribed to it in 42 U.S.C. § 1395x(aa)(2).

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

Sec. 1.5. NRS 695B.1904 is hereby amended to read as follows:

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

2. A contract for hospital, medical or dental services must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means:

(a) If the services:

(1) Are received at an originating site described in 42 U.S.C. § 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural health clinic; and

(2) Except for services described in paragraph (b), are not provided through audio-only interaction; or

(b) For counseling or treatment relating to a mental health condition or a substance use disorder, including, without limitation, when such counseling or treatment is provided through audio-only interaction.

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

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

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

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

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

(2) The technology used to provide the services;

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

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

4 ~~13~~ 4. A contract for hospital, medical or dental services must not require an
5 insured to obtain prior authorization for any service provided through telehealth
6 that is not required for the service when provided in person. A contract for hospital,
7 medical or dental services may require prior authorization for a service provided
8 through telehealth if such prior authorization would be required if the service were
9 provided in person or by other means.

10 ~~14~~ 5. The provisions of this section do not require a medical services
11 corporation that issues contracts for hospital, medical or dental services to:

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

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

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

18 ~~15~~ 6. A contract for hospital, medical or dental services subject to the
19 provisions of this chapter that is delivered, issued for delivery or renewed on or
20 after ~~October~~ July 1, 2021 ~~2021~~ 2023, has the legal effect of including the coverage
21 required by this section, and any provision of the contract or the renewal which is in
22 conflict with this section is void.

23 ~~16~~ 7. As used in this section:

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

25 (b) "Federally-qualified health center" has the meaning ascribed to it in 42
26 U.S.C. § 1396d(l)(2)(B).

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

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

30 (e) "Rural health clinic" has the meaning ascribed to it in 42 U.S.C. §
31 1395x(aa)(2).

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

33 Sec. 1.6. NRS 695C.1708 is hereby amended to read as follows:

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

38 2. A health care plan of a health maintenance organization must provide
39 reimbursement for services described in subsection 1 in the same amount as
40 though provided in person or by other means:

41 (a) If the services:

42 (1) Are received at an originating site described in 42 U.S.C. §
43 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural
44 health clinic; and

45 (2) Except for services described in paragraph (b), are not provided
46 through audio-only interaction; or

47 (b) For counseling or treatment relating to a mental health condition or a
48 substance use disorder, including, without limitation, when such counseling or
49 treatment is provided through audio-only interaction.

50 3. A health maintenance organization shall not:

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

1 through telehealth as a condition to providing the coverage described in subsection
2 ~~1.~~ or the reimbursement described in subsection 2;

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

8 (c) Refuse to provide the coverage described in subsection 1 or the
9 reimbursement described in subsection 2 because of:

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

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

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

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

19 ~~3.~~ 4. A health care plan of a health maintenance organization must not
20 require an enrollee to obtain prior authorization for any service provided through
21 telehealth that is not required for the service when provided in person. Such a
22 health care plan may require prior authorization for a service provided through
23 telehealth if such prior authorization would be required if the service were provided
24 in person or by other means.

25 ~~4.~~ 5. The provisions of this section do not require a health maintenance
26 organization to:

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

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

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

33 ~~5.~~ 6. Evidence of coverage subject to the provisions of this chapter that is
34 delivered, issued for delivery or renewed on or after ~~October~~ July 1, 2021, 2023,
35 has the legal effect of including the coverage required by this section, and any
36 provision of the plan or the renewal which is in conflict with this section is void.

37 ~~6.~~ 7. As used in this section:

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

39 (b) “Federally-qualified health center” has the meaning ascribed to it in 42
40 U.S.C. § 1396d(l)(2)(B).

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

42 ~~(c)~~ (d) “Provider of health care” has the meaning ascribed to it in NRS
43 439.820.

44 (e) “Rural health clinic” has the meaning ascribed to it in 42 U.S.C. §
45 1395x(aa)(2).

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

47 **Sec. 1.7. NRS 695D.216 is hereby amended to read as follows:**

48 695D.216 1. A plan for dental care must include coverage for services
49 provided to a member through telehealth to the same extent ~~and, except for~~
50 ~~services provided through audio only interaction, in the same amount~~ as though
51 provided in person or by other means.

1 2. *A plan for dental care must provide reimbursement for services described*
 2 *in subsection 1 in the same amount as though provided in person or by other*
 3 *means if the services:*

4 (a) *Are received at an originating site described in 42 U.S.C. §*
 5 *1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural*
 6 *health clinic; and*

7 (b) *Are not provided through audio-only interaction.*

8 3. An organization for dental care shall not:

9 (a) Require a member to establish a relationship in person with a provider of
 10 health care or provide any additional consent to or reason for obtaining services
 11 through telehealth as a condition to providing the coverage described in subsection
 12 1, ~~(f)~~ *or the reimbursement described in subsection 2;*

13 (b) Require a provider of health care to demonstrate that it is necessary to
 14 provide services to a member through telehealth or receive any additional type of
 15 certification or license to provide services through telehealth as a condition to
 16 providing the coverage described in subsection 1, ~~(f)~~ *or the reimbursement*
 17 *described in subsection 2;*

18 (c) Refuse to provide the coverage described in subsection 1 *or the*
 19 *reimbursement described in subsection 2* because of:

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

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

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

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

29 ~~(3)~~ 4. A plan for dental care must not require a member to obtain prior
 30 authorization for any service provided through telehealth that is not required for the
 31 service when provided in person. A plan for dental care may require prior
 32 authorization for a service provided through telehealth if such prior authorization
 33 would be required if the service were provided in person or by other means.

34 ~~(4)~~ 5. The provisions of this section do not require an organization for dental
 35 care to:

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

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

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

42 ~~(5)~~ 6. A plan for dental care subject to the provisions of this chapter that is
 43 delivered, issued for delivery or renewed on or after ~~(October)~~ July 1, ~~(2021)~~ 2023,
 44 has the legal effect of including the coverage required by this section, and any
 45 provision of the plan or the renewal which is in conflict with this section is void.

46 ~~(6)~~ 7. As used in this section:

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

48 (b) *"Federally-qualified health center" has the meaning ascribed to it in 42*
 49 *U.S.C. § 1396d(l)(2)(B).*

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

51 ~~(e)~~ (d) "Provider of health care" has the meaning ascribed to it in NRS
 52 439.820.

1 (e) "Rural health clinic" has the meaning ascribed to it in 42 U.S.C. §
 2 1395x(aa)(2).

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

4 **Sec. 1.8. NRS 695G.162 is hereby amended to read as follows:**

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

9 2. A health care plan issued by a managed care organization for group
 10 coverage must provide reimbursement for services described in subsection 1 in
 11 the same amount as though provided in person or by other means:

12 (a) If the services:

13 (1) Are received at an originating site described in 42 U.S.C. §
 14 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural
 15 health clinic; and

16 (2) Except for services described in paragraph (b), are not provided
 17 through audio-only interaction; or

18 (b) For counseling or treatment relating to a mental health condition or a
 19 substance use disorder, including, without limitation, when such counseling or
 20 treatment is provided through audio-only interaction.

21 3. A managed care organization shall not:

22 (a) Require an insured to establish a relationship in person with a provider of
 23 health care or provide any additional consent to or reason for obtaining services
 24 through telehealth as a condition to providing the coverage described in subsection
 25 1 ~~(f)~~ or the reimbursement described in subsection 2;

26 (b) Require a provider of health care to demonstrate that it is necessary to
 27 provide services to an insured through telehealth or receive any additional type of
 28 certification or license to provide services through telehealth as a condition to
 29 providing the coverage described in subsection 1 ~~(f)~~ or the reimbursement
 30 described in subsection 2;

31 (c) Refuse to provide the coverage described in subsection 1 or the
 32 reimbursement described in subsection 2 because of:

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

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

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

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

42 ~~(3)~~ 4. A health care plan of a managed care organization must not require an
 43 insured to obtain prior authorization for any service provided through telehealth
 44 that is not required for the service when provided in person. Such a health care plan
 45 may require prior authorization for a service provided through telehealth if such
 46 prior authorization would be required if the service were provided in person or by
 47 other means.

48 ~~(4)~~ 5. The provisions of this section do not require a managed care
 49 organization to:

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

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

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

3 ~~§ 6.~~ Evidence of coverage that is delivered, issued for delivery or renewed
4 on or after ~~October 1, 2021,~~ July 1, 2023, has the legal effect of including the
5 coverage required by this section, and any provision of the plan or the renewal
6 which is in conflict with this section is void.

7 ~~§ 7.~~ As used in this section:

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

9 (b) “Federally-qualified health center” has the meaning ascribed to it in 42
10 U.S.C. § 1396d(l)(2)(B).

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

12 ~~(c)~~ (d) “Provider of health care” has the meaning ascribed to it in NRS
13 439.820.

14 (e) “Rural health clinic” has the meaning ascribed to it in 42 U.S.C. §
15 1395x(aa)(2).

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

17 Sec. 1.9. NRS 422.2721 is hereby amended to read as follows:

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

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

24 (b) A requirement that the State shall pay the nonfederal share of expenses
25 for services described in paragraph (a) in the same amount as though provided in
26 person or by other means:

27 (I) If the services:

28 (I) Are received at an originating site described in 42 U.S.C. §
29 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural
30 health clinic; and

31 (II) Except for services described in subparagraph (2), are not
32 provided through audio-only interaction; or

33 (2) For counseling or treatment relating to a mental health condition or
34 a substance use disorder, including, without limitation, when such counseling or
35 treatment is provided through audio-only interaction; and

36 (c) A provision prohibiting the State from:

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

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

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

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

- 1 (II) The technology used to provide the services.
 2 (4) Requiring services to be provided through telehealth as a condition to
 3 paying for such services.
 4 (5) Categorizing a service provided through telehealth differently for
 5 purposes relating to coverage or reimbursement than if the service had been
 6 provided in person or through other means.
 7 2. The provisions of this section do not:
 8 (a) Require the Director to include in the State Plan for Medicaid coverage of
 9 any service that the Director is not otherwise required by law to include; or
 10 (b) Require the State or any political subdivision thereof to:
 11 (1) Ensure that covered services are available to a recipient of Medicaid
 12 through telehealth at a particular originating site; or
 13 (2) Provide coverage for a service that is not included in the State Plan for
 14 Medicaid or provided by a provider of health care that does not participate in
 15 Medicaid.
 16 3. As used in this section:
 17 (a) "Distant site" has the meaning ascribed to it in NRS 629.515.
 18 (b) *"Federally-qualified health center" has the meaning ascribed to it in 42*
 19 *U.S.C. § 1396d(l)(2)(B).*
 20 *(c)* "Originating site" has the meaning ascribed to it in NRS 629.515.
 21 ~~(c)~~ *(d)* "Provider of health care" has the meaning ascribed to it in NRS
 22 439.820.
 23 *(e)* *"Rural health clinic" has the meaning ascribed to it in 42 U.S.C. §*
 24 *1395x(aa)(2).*
 25 ~~(d)~~ *(f)* "Telehealth" has the meaning ascribed to it in NRS 629.515.
 26 ~~[Section 1-]~~ **Sec. 2.** Section 17 of chapter 479, Statutes of Nevada 2021, at
 27 page 3046, is hereby amended to read as follows:
 28 Sec. 17. 1. This section becomes effective upon passage and
 29 approval.
 30 2. Sections 1 to 4, inclusive, 5 to 9, inclusive, 10, 11, 12, 13, 14, 15,
 31 16 and 16.5 of this act become effective:
 32 (a) Upon passage and approval for the purpose of performing any
 33 preparatory administrative tasks that are necessary to carry out the
 34 provisions of this act; and
 35 (b) On October 1, 2021, for all other purposes.
 36 3. ~~[Sections 4.3, 9.3, 10.3, 11.3, 12.3, 13.3, 14.3 and 16.1 of this act~~
 37 ~~become effective 1 year after the date on which the Governor terminates the~~
 38 ~~emergency described in the Declaration of Emergency for COVID-19~~
 39 ~~issued on March 12, 2020, only if the Governor terminates that emergency~~
 40 ~~before July 1, 2022.~~
 41 ~~—4.— Sections 4.6, 9.6, 10.6, 11.6, 12.6, 13.6, 14.6 and 16.2 of this act~~
 42 ~~become effective on July 1, 2023, only if the Governor terminates the~~
 43 ~~emergency described in the Declaration of Emergency for COVID-19~~
 44 ~~issued on March 12, 2020, before July 1, 2022.~~
 45 ~~—5.— Sections 4.9, 9.9, 10.9, 11.9, 12.9, 13.9, 14.9 and 16.3 of this act~~
 46 ~~become effective on June 30, 2023, only if the Governor terminates the~~
 47 ~~emergency described in the Declaration of Emergency for COVID-19~~
 48 ~~issued on March 12, 2020, on or after July 1, 2022.~~
 49 ~~[6.— Section 15.5 of this act becomes effective on June 30, 2023, or 1~~
 50 ~~year after the date on which the Governor terminates the emergency~~
 51 ~~described in the Declaration of Emergency for COVID-19 issued on March~~
 52 ~~12, 2020, whichever is earlier.]~~

1 ~~Sec. 2.~~ *Sec. 3.* The provisions of NRS 354.599 do not apply to any
2 additional expenses of a local government that are related to the provisions of this
3 act.

4 ~~Sec. 3.~~ *Sec. 4. 1.* This ~~act~~ **section and section 3 of this act become**
5 **effective upon passage and approval.**

6 **2. Section 2 of this act** becomes effective upon passage and approval and
7 applies retroactively on and after May 20, 2023.

8 **3. Sections 1 to 1.9, inclusive, of this act become effective on July 1, 2023.**