

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 57-336)

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

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

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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; 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
2 cover services provided through telehealth, except for services provided through
3 audio-only interaction, in the same amount as services provided in person or by
4 other means. (NRS 422.2721, 689A.0463, 689B.0369, 689C.195, 695A.265,
5 695B.1904, 695C.1708, 695D.216, 695G.162) However, existing law provides for
6 the expiration of the requirement: (1) as it applies to services other than mental
7 health services, 1 year after the termination of the emergency declared for COVID-
8 19 or on June 30, 2023, whichever is earlier; and (2) as it applies to mental health
9 services, on June 30, 2023. (Chapter 479, Statutes of Nevada 2021, at page 3046)
10 The Declaration of Emergency for COVID-19 was terminated on May 20, 2022.
11 (Proclamation Terminating Declaration of Emergency Related to COVID-19,
12 May 18, 2022) Therefore, the requirement for certain third-party payers to cover
13 services provided through telehealth, except for services provided through audio-
14 only interaction, in the same amount as services provided in person or by other



15 means expires: (1) as it applies to services other than mental health services, on
16 May 20, 2023; and (2) as it applies to mental health services, on June 30, 2023.
17 (Section 17 of chapter 479, Statutes of Nevada 2021, at page 3046) **Sections 2 and**
18 **4** of this bill retain the requirement that a third-party payer who is not an industrial
19 insurer cover services provided through telehealth, except for services provided
20 through audio-only interaction, in the same amount as services provided in person
21 or by other means until July 1, 2023. On that date, **sections 1-1.9** of this bill retain
22 that requirement with respect to: (1) services delivered through means other than
23 audio-only interaction to patients at certain originating sites located in rural areas or
24 by certain facilities; and (2) counseling or treatment relating to a mental health
25 condition or substance use disorder. **Sections 1-1.9** additionally require an insurer
26 to provide reimbursement for counseling or treatment relating to a mental health
27 condition or substance use disorder provided through an audio-only telehealth
28 interaction in the same amount as if the counseling or treatment was provided in
29 person or through other means.

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

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

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

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

11 *(a) If the services:*

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

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

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

21 ~~[2.]~~ 3. An insurer shall not:

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

27 (b) Require a provider of health care to demonstrate that it is
28 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 ~~{3}~~ *or the reimbursement described in*
4 *subsection 2;*

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

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

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

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

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

16 ~~{3}~~ 4. A policy of health insurance must not require an insured
17 to obtain prior authorization for any service provided through
18 telehealth that is not required for the service when provided in
19 person. A policy of health insurance may require prior authorization
20 for a service provided through telehealth if such prior authorization
21 would be required if the service were provided in person or by other
22 means.

23 ~~{4}~~ 5. The provisions of this section do not require an insurer
24 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}~~ 6. A policy of health insurance subject to the provisions of
33 this chapter that is delivered, issued for delivery or renewed on or
34 after ~~{October}~~ July 1, ~~{2021}~~ 2023, has the legal effect of
35 including the coverage required by this section, and any provision of
36 the policy or the renewal which is in conflict with this section is
37 void.

38 ~~{6}~~ 7. As used in this section:

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

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

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

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



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

3 ~~[(d)]~~ (f) “Telehealth” has the meaning ascribed to it in
4 NRS 629.515.

5 **Sec. 1.2.** NRS 689B.0369 is hereby amended to read as
6 follows:

7 689B.0369 1. A policy of group or blanket health insurance
8 must include coverage for services provided to an insured through
9 telehealth to the same extent ~~[and, except for services provided~~
10 ~~through audio-only interaction, in the same amount]~~ as though
11 provided in person or by other means.

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

15 (a) *If the services:*

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

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

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

25 3. An insurer shall not:

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

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 ~~[(1)]~~ *or the reimbursement described in*
36 *subsection 2;*

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

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

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

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



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

~~[3.]~~ **4.** A policy of group or blanket health insurance must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for that service when provided in person. A policy of group or blanket health insurance may require prior authorization for a service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

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

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

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

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

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

~~[6.]~~ **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(l)(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).***

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

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

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

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



1 (a) *If the services:*

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

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

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

11 3. A carrier shall not:

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

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

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

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

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

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

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

34 ~~§~~ 4. A health benefit plan must not require an insured to
35 obtain prior authorization for any service provided through
36 telehealth that is not required for the service when provided in
37 person. A health benefit plan may require prior authorization for a
38 service provided through telehealth if such prior authorization
39 would be required if the service were provided in person or by other
40 means.

41 ~~§~~ 5. The provisions of this section do not require a carrier
42 to:

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



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

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

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

11 ~~[6.]~~ 7. As used in this section:

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

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

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

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

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

21 ~~[(d)]~~ (f) "Telehealth" has the meaning ascribed to it in
22 NRS 629.515.

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

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

29 2. *A benefit contract must provide reimbursement for services*
30 *described in subsection 1 in the same amount as though provided*
31 *in person or by other means:*

32 (a) *If the services:*

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

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

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

42 3. A society shall not:

43 (a) Require an insured to establish a relationship in person with
44 a provider of health care or provide any additional consent to or
45 reason for obtaining services through telehealth as a condition to



1 providing the coverage described in subsection 1 ~~[3]~~ *or the*
2 *reimbursement described in subsection 2;*

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

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

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

14 (2) The technology used to provide the services;
15 (d) Require covered services to be provided through telehealth
16 as a condition to providing coverage for such services; or

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

20 ~~[3]~~ 4. A benefit contract must not require an insured to obtain
21 prior authorization for any service provided through telehealth that
22 is not required for the service when provided in person. A benefit
23 contract may require prior authorization for a service provided
24 through telehealth if such prior authorization would be required if
25 the service were provided in person or by other means.

26 ~~[4]~~ 5. The provisions of this section do not require a society
27 to:

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

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

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

35 ~~[5]~~ 6. A benefit contract subject to the provisions of this
36 chapter that is delivered, issued for delivery or renewed on or after
37 ~~[October]~~ July 1, ~~[2021]~~ 2023, has the legal effect of including the
38 coverage required by this section, and any provision of the contract
39 or the renewal which is in conflict with this section is void.

40 ~~[6]~~ 7. As used in this section:

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

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

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



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

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

5 ~~[(d)]~~ (f) "Telehealth" has the meaning ascribed to it in
6 NRS 629.515.

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

9 695B.1904 1. A contract for hospital, medical or dental
10 services subject to the provisions of this chapter must include
11 services provided to an insured through telehealth to the same extent
12 ~~[and, except for services provided through audio-only interaction, in~~
13 ~~the same amount]~~ as though provided in person or by other means.

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

17 (a) *If the services:*

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

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

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

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

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

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 ~~[(a)]~~ *or the reimbursement described in*
39 *subsection 2;*

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

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

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



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

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

6 ~~[3-]~~ 4. A contract for hospital, medical or dental services must
7 not 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. A contract for hospital, medical or dental
10 services may require prior authorization for a service provided
11 through telehealth if such prior authorization would be required if
12 the service were provided in person or by other means.

13 ~~[4-]~~ 5. The provisions of this section do not require a medical
14 services corporation that issues contracts for hospital, medical or
15 dental services to:

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

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

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

23 ~~[5-]~~ 6. A contract for hospital, medical or dental services
24 subject to the provisions of this chapter that is delivered, issued for
25 delivery or renewed on or after ~~[October]~~ July 1, ~~[2021-]~~ 2023, has
26 the legal effect of including the coverage required by this section,
27 and any provision of the contract or the renewal which is in conflict
28 with this section is void.

29 ~~[6-]~~ 7. As used in this section:

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

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

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

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

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

39 ~~[(d)]~~ (f) "Telehealth" has the meaning ascribed to it in
40 NRS 629.515.

41 **Sec. 1.6.** NRS 695C.1708 is hereby amended to read as
42 follows:

43 695C.1708 1. A health care plan of a health maintenance
44 organization must include coverage for services provided to an
45 enrollee through telehealth to the same extent ~~and, except for~~



1 ~~services provided through audio only interaction, in the same~~
2 ~~amount~~ as though provided in person or by other means.

3 2. *A health care plan of a health maintenance organization*
4 *must provide reimbursement for services described in subsection 1*
5 *in the same amount as though provided in person or by other*
6 *means:*

7 (a) *If the services:*

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

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

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

17 3. A health maintenance organization shall not:

18 (a) Require an enrollee 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 ~~{ }~~ *or the*
22 *reimbursement described in subsection 2;*

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

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

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

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

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

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

40 ~~{ }~~ 4. A health care plan of a health maintenance organization
41 must not require an enrollee to obtain prior authorization for any
42 service provided through telehealth that is not required for the
43 service when provided in person. Such a health care plan may
44 require prior authorization for a service provided through telehealth



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

3 ~~[4.]~~ 5. The provisions of this section do not require a health
4 maintenance organization to:

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

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

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

12 ~~[5.]~~ 6. Evidence of coverage subject to the provisions of this
13 chapter that is delivered, issued for delivery or renewed on or after
14 ~~[October]~~ July 1, ~~[2021.]~~ 2023, has the legal effect of including the
15 coverage required by this section, and any provision of the plan or
16 the renewal which is in conflict with this section is void.

17 ~~[6.]~~ 7. As used in this section:

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

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

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

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

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

27 ~~[(d)]~~ (f) "Telehealth" has the meaning ascribed to it in
28 NRS 629.515.

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

31 695D.216 1. A plan for dental care must include coverage for
32 services provided to a member through telehealth to the same extent
33 ~~[and, except for services provided through audio-only interaction, in~~
34 ~~the same amount]~~ as though provided in person or by other means.

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

38 (a) *Are received at an originating site described in 42 U.S.C. §*
39 *1395m(m)(4)(C) or furnished by a federally-qualified health*
40 *center or a rural health clinic; and*

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

42 3. An organization for dental care shall not:

43 (a) Require a member to establish a relationship in person with a
44 provider of health care or provide any additional consent to or
45 reason for obtaining services through telehealth as a condition to



1 providing the coverage described in subsection 1 ~~[3]~~ *or the*
2 *reimbursement described in subsection 2;*

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

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

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

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

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

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

20 ~~[3]~~ 4. A plan for dental care must not require a member to
21 obtain prior authorization for any service provided through
22 telehealth that is not required for the service when provided in
23 person. A plan for dental care may require prior authorization for a
24 service provided through telehealth if such prior authorization
25 would be required if the service were provided in person or by other
26 means.

27 ~~[4]~~ 5. The provisions of this section do not require an
28 organization for dental care to:

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

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

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

36 ~~[5]~~ 6. A plan for dental care subject to the provisions of this
37 chapter that is delivered, issued for delivery or renewed on or after
38 ~~[October]~~ *July* 1, ~~[2021]~~ *2023*, has the legal effect of including the
39 coverage required by this section, and any provision of the plan or
40 the renewal which is in conflict with this section is void.

41 ~~[6]~~ 7. As used in this section:

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

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



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

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

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

7 ~~[(d)]~~ (f) "Telehealth" has the meaning ascribed to it in
8 NRS 629.515.

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

11 695G.162 1. A health care plan issued by a managed care
12 organization for group coverage must include coverage for services
13 provided to an insured through telehealth to the same extent ~~and,~~
14 ~~except for services provided through audio-only interaction, in the~~
15 ~~same amount~~ as though provided in person or by other means.

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

20 (a) *If the services:*

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

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

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

30 3. A managed care organization shall not:

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

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

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



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

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

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

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

10 ~~3.3~~ 4. A health care plan of a managed care organization must
11 not require an insured to obtain prior authorization for any service
12 provided through telehealth that is not required for the service when
13 provided in person. Such a health care plan may require prior
14 authorization for a service provided through telehealth if such prior
15 authorization would be required if the service were provided in
16 person or by other means.

17 ~~4.4~~ 5. The provisions of this section do not require a managed
18 care organization to:

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

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

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

26 ~~5.5~~ 6. Evidence of coverage that is delivered, issued for
27 delivery or renewed on or after ~~October~~ July 1, ~~2021,~~ 2023, has
28 the legal effect of including the coverage required by this section,
29 and any provision of the plan or the renewal which is in conflict
30 with this section is void.

31 ~~6.6~~ 7. As used in this section:

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

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

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

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

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

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

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

44 422.2721 1. The Director shall include in the State Plan for
45 Medicaid:



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

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

10 (1) *If the services:*

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

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

16 (2) *For counseling or treatment relating to a mental health*
17 *condition or a substance use disorder, including, without*
18 *limitation, when such counseling or treatment is provided through*
19 *audio-only interaction; and*

20 (c) A provision prohibiting the State from:

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

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

35 (3) Refusing to pay for services as described in paragraph (a)
36 *or (b)* because of:

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

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

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



1 (5) Categorizing a service provided through telehealth
2 differently for purposes relating to coverage or reimbursement than
3 if the service had 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 629.515.

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

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

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

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

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

26 **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
29 passage and approval.

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

32 (a) Upon passage and approval for the purpose of
33 performing any preparatory administrative tasks that are
34 necessary to carry out the 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~~
37 ~~16.1 of this act become effective 1 year after the date on~~
38 ~~which the Governor terminates the emergency described in~~
39 ~~the Declaration of Emergency for COVID-19 issued on~~
40 ~~March 12, 2020, only if the Governor terminates that~~
41 ~~emergency before July 1, 2022.~~

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



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

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

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

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

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

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

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

