

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

(ON BEHALF OF THE PATIENT PROTECTION COMMISSION)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Health and Human Services

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

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

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

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

**Legislative Counsel’s Digest:**

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



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

39 Existing law imposes certain requirements concerning coverage of telehealth  
40 services by insurers and certain other third-party payers. Those requirements: (1)  
41 include a requirement that an insurer or other third-party payer must cover services  
42 provided through telehealth to the same extent as if provided in person or by other  
43 means, regardless of the site at which the provider or patient is located; and (2)  
44 apply to health coverage, including Medicaid and health plans for state and local  
45 government employees, and workers' compensation coverage. (NRS 287.010,  
46 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265,  
47 695B.1904, 695C.1708, 695D.216, 695G.162) Because **section 8** includes services  
48 provided through audio-only interaction within the definition of "telehealth" for the  
49 purposes of those requirements, **section 8** makes those requirements applicable to  
50 services provided through audio-only interaction. However, **section 7** excludes  
51 services provided through audio-only interaction from the definition of "telehealth"  
52 for the purposes of industrial insurance, thereby excluding industrial insurance from  
53 those requirements governing coverage of services provided through audio-only  
54 interaction. **Sections 4 and 9-16** additionally prohibit a third-party payer who is not  
55 an industrial insurer from: (1) refusing to pay for services provided through  
56 telehealth because of the technology used to provide the services; or (2)  
57 categorizing a service provided through telehealth differently for purposes relating  
58 to coverage or reimbursement than if the service had been provided in person or  
59 through other means. **Sections 4 and 9-16** also require a third-party payer who is  
60 not an industrial insurer to cover services provided through telehealth, except for  
61 services provided through audio-only interaction, in the same amount as services  
62 provided in person or by other means.



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

18 3. As used in this section:

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

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

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

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

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

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

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

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

39 5. Examine hospitals to:

40 (a) Increase cooperation among hospitals;

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

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

45 6. Examine medical malpractice.



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



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

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

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

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

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

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

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

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

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

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

35 (b) A provision prohibiting the State from:

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



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

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

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

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

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

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

19 2. The provisions of this section do not:

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

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

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

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

29 3. As used in this section:

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

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

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

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

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

37 433.314 1. The Commission shall:

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





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

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

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

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

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

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

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

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

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

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

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

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

36 433.4295 1. Each policy board shall:

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

38 (1) The behavioral health needs of adults and children in the  
39 behavioral health region;

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



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

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

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

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

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

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

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

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

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

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

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

41 (h) Identify and coordinate with other entities in the behavioral  
42 health region and this State that address issues relating to behavioral  
43 health to increase awareness of such issues and avoid duplication of  
44 efforts.



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

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

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

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

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

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

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

22 616C.730 1. Every policy of insurance issued pursuant to  
23 chapters 616A to 617, inclusive, of NRS must include coverage for  
24 services provided to an employee through telehealth to the same  
25 extent as though provided in person or by other means.

26 2. An insurer shall not:

27 (a) Require an employee to establish a relationship in person  
28 with a provider of health care or provide any additional consent to  
29 or 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 employee 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 the distant site from which a provider of health care  
38 provides services through telehealth or the originating site at which  
39 an employee receives services through telehealth; or

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

42 3. A policy of insurance issued pursuant to chapters 616A to  
43 617, inclusive, of NRS must not require an employee to obtain prior  
44 authorization for any service provided through telehealth that is not  
45 required for the service when provided in person. Such a policy of



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

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

5 (a) Ensure that covered services are available to an employee  
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 insurer is not otherwise required by law to  
11 do so.

12 5. A policy of insurance subject to the provisions of chapters  
13 616A to 617, inclusive, of NRS that is delivered, issued for delivery  
14 or renewed on or after July 1, 2015, has the legal effect of including  
15 the coverage required by this section, and any provision of the  
16 policy or the renewal which is in conflict with this section is void.

17 6. As used in this section:

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

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

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

23 (d) "Telehealth" ~~[has the meaning ascribed to it in NRS~~  
24 ~~629.515.]~~ *means the delivery of services from a provider of health*  
25 *care to a patient at a different location through the use of*  
26 *information and audio-visual communication technology, not*  
27 *including standard telephone, facsimile or electronic mail. The*  
28 *term includes, without limitation, the delivery of services from a*  
29 *provider of health care to a patient at a different location through*  
30 *the use of synchronous interaction or an asynchronous system of*  
31 *storing and forwarding information.*

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

33 629.515 1. Except as otherwise provided in this subsection,  
34 before a provider of health care who is located at a distant site may  
35 use telehealth to direct or manage the care or render a diagnosis of a  
36 patient who is located at an originating site in this State or write a  
37 treatment order or prescription for such a patient, the provider must  
38 hold a valid license or certificate to practice his or her profession in  
39 this State, including, without limitation, a special purpose license  
40 issued pursuant to NRS 630.261. The requirements of this  
41 subsection do not apply to a provider of health care who is  
42 providing services within the scope of his or her employment by or  
43 pursuant to a contract entered into with an urban Indian  
44 organization, as defined in 25 U.S.C. § 1603.



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

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

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

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

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

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

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

25 5. As used in this section:

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

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

32 (c) "Telehealth" means the delivery of services from a provider  
33 of health care to a patient at a different location through the use of  
34 information and audio-visual communication technology, not  
35 including ~~standard telephone,~~ facsimile or electronic mail. *The  
36 term includes, without limitation, the delivery of services from a  
37 provider of health care to a patient at a different location through  
38 the use of:*

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

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

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

44 689A.0463 1. A policy of health insurance must include  
45 coverage for services provided to an insured through telehealth to



1 the same extent *and, except for services provided through audio-*  
2 *only interaction, in the same amount* as though provided in person  
3 or by other means.

4 2. An insurer shall not:

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

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

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

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

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

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

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

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

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

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

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

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

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

45 6. As used in this section:



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

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

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

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

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

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

14 2. An insurer shall not:

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

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

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

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

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

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

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

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

42 4. The provisions of this section do not require an insurer 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 insurer is not otherwise required by law to  
5 do so.

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

12 6. As used in this section:

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

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

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

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

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

20 689C.195 1. A health benefit plan must include coverage for  
21 services provided to an insured through telehealth to the same extent  
22 *and, except for services provided through audio-only interaction,*  
23 *in the same amount* as though provided in person or by other  
24 means.

25 2. A carrier 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;

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

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

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

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

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

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





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

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

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

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

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

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

20 6. As used in this section:

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

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

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

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

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

28 695A.265 1. A benefit contract must include coverage for  
29 services provided to an insured through telehealth to the same extent  
30 *and, except for services provided through audio-only interaction,*  
31 *in the same amount* as though provided in person or by other  
32 means.

33 2. A society shall not:

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

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

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



1           (1) *The* distant site from which a provider of health care  
2 provides services through telehealth or the originating site at which  
3 an 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. A benefit contract must not require an insured to obtain prior  
11 authorization for any service provided through telehealth that is not  
12 required for the service when provided in person. A benefit contract  
13 may require prior authorization for a service provided through  
14 telehealth if such prior authorization would be required if the service  
15 were provided in person or by other means.

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

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

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

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

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

29          6. As used in this section:

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

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

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

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

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

38          695B.1904 1. A contract for hospital, medical or dental  
39 services subject to the provisions of this chapter must include  
40 services provided to an insured through telehealth to the same extent  
41 *and, except for services provided through audio-only interaction,*  
42 *in the same amount* as though provided in person or by other  
43 means.

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



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

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

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

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

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

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

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

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

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

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

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

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

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

44 6. As used in this section:

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



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

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

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

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

8 695C.1708 1. A health care plan of a health maintenance  
9 organization must include coverage for services provided to an  
10 enrollee through telehealth to the same extent *and, except for*  
11 *services provided through audio-only interaction, in the same*  
12 *amount* as though provided in person or by other means.

13 2. A health maintenance organization shall not:

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

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

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

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

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

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

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

11 6. As used in this section:

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

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

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

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

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

19 695D.216 1. A plan for dental care must include coverage for  
20 services provided to a member through telehealth to the same extent  
21 *and, except for services provided through audio-only interaction,*  
22 *in the same amount* as though provided in person or by other  
23 means.

24 2. An organization for dental care shall not:

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

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

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

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

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

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

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



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

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

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

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

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

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

21 6. As used in this section:

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

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

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

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

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

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

34 2. A managed care organization shall not:

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

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

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



1           (1) *The* distant site from which a provider of health care  
2 provides services through telehealth or the originating site at which  
3 an 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. A health care plan of a managed care organization must not  
11 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. The provisions of this section do not require a managed care  
18 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. Evidence of coverage that is delivered, issued for delivery or  
27 renewed on or after ~~July 1, 2015,~~ *October 1, 2021*, has the legal  
28 effect of including the coverage required by this section, and any  
29 provision of the plan or the renewal which is in conflict with this  
30 section is void.

31          6. As used in this section:

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

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

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

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

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

42          2. As used in this section, “regulatory body” has the meaning  
43 ascribed to it in NRS 622.060.

44          **Sec. 17.** This act becomes effective:



- 1        1. Upon passage and approval for the purpose of performing
- 2 any preparatory administrative tasks that are necessary to carry out
- 3 the provisions of this act; and
- 4        2. On October 1, 2021, for all other purposes.

