

Senate Bill No. 119–Committee on
Health and Human Services

CHAPTER.....

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:

Existing law requires a third-party payer who is not an industrial insurer to cover services provided through telehealth, except for services provided through audio-only interaction, in the same amount as services provided in person or by other means. (NRS 422.2721, 689A.0463, 689B.0369, 689C.195, 695A.265, 695B.1904, 695C.1708, 695D.216, 695G.162) However, existing law provides for the expiration of the requirement: (1) as it applies to services other than mental health services, 1 year after the termination of the emergency declared for COVID-19 or on June 30, 2023, whichever is earlier; and (2) as it applies to mental health services, on June 30, 2023. (Chapter 479, Statutes of Nevada 2021, at page 3046) The Declaration of Emergency for COVID-19 was terminated on May 20, 2022. (Proclamation Terminating Declaration of Emergency Related to COVID-19, May 18, 2022) Therefore, the requirement for certain third-party payers to cover services provided through telehealth, except for services provided through audio-only interaction, in the same amount as services provided in person or by other means expires: (1) as it applies to services other than mental health services, on May 20, 2023; and (2) as it applies to mental health services, on June 30, 2023. (Section 17 of chapter 479, Statutes of Nevada 2021, at page 3046) **Sections 2 and 4** of this bill retain the requirement that a third-party payer who is not an industrial insurer cover services provided through telehealth, except for services provided through audio-only interaction, in the same amount as services provided in person or by other means until July 1, 2023. On that date, **sections 1-1.9** of this bill retain that requirement with respect to: (1) services delivered through means other than audio-only interaction to patients at certain originating sites located in rural areas or by certain facilities; and (2) counseling or treatment relating to a mental health condition or substance use disorder. **Sections 1-1.9** additionally require an insurer to provide reimbursement for counseling or treatment relating to a mental health condition or substance use disorder provided through an audio-only telehealth interaction in the same amount as if the counseling or treatment was provided in person or through other means.



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

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

689A.0463 1. A policy of health insurance 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 policy of health insurance must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means:

(a) If the services:

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

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

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

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

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

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

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

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

(2) The technology used to provide the services;



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

(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.

~~3.1~~ **4.** A policy of health insurance must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. A policy of health insurance may require prior authorization for a service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

~~4.1~~ **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.

~~5.1~~ **6.** A policy of 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.

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

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

(b) *"Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(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. 1.2. NRS 689B.0369 is hereby amended to read as follows:

689B.0369 1. A policy of group or blanket health insurance 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 policy of group or blanket health insurance must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means:*

(a) *If the services:*

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

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

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

3. An insurer shall not:

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

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

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

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

(2) The technology used to provide the services;

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

(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:*

(a) *If the services:*

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



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

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

3. A carrier shall not:

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

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

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

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

(2) The technology used to provide the services;

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

(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 health benefit plan must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. A health benefit plan 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 a carrier 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 carrier is not otherwise required by law to do so.

~~§ 6.~~ **6.** A plan 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 plan or the renewal which is in conflict with this section is void.

~~§ 7.~~ **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. 1.4. NRS 695A.265 is hereby amended to read as follows:

695A.265 1. A benefit contract 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 benefit contract must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means:***

(a) ***If the services:***

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

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

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

3. A society shall not:

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



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

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

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

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

(2) The technology used to provide the services;

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

(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 benefit contract must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. A benefit contract 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 a society 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 society is not otherwise required by law to do so.

~~[5]~~ **6.** A benefit contract 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 contract 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(1)(2)(B).*



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

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

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

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

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

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

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

(a) If the services:

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

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

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

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

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

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

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



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

(2) The technology used to provide the services;

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

(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.

~~§~~ 4. A contract for hospital, medical or dental services must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. A contract for hospital, medical or dental services 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.

~~§~~ 5. The provisions of this section do not require a medical services corporation that issues contracts for hospital, medical or dental services 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 medical services corporation is not otherwise required by law to do so.

~~§~~ 6. A contract for hospital, medical or dental services 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 contract or the renewal which is in conflict with this section is void.

~~§~~ 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. 1.6. NRS 695C.1708 is hereby amended to read as follows:

695C.1708 1. A health care plan of a health maintenance organization must include coverage for services provided to an enrollee 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 care plan of a health maintenance organization must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means:*

(a) *If the services:*

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

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

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

3. A health maintenance organization shall not:

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

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

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

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

(2) The technology used to provide the services;

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



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

~~§ 4.~~ **4.** A health care plan of a health maintenance organization must not require an enrollee to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. Such a health care plan 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.

~~§ 5.~~ **5.** The provisions of this section do not require a health maintenance organization to:

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

~~§ 6.~~ **6.** Evidence of coverage 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 plan or the renewal which is in conflict with this section is void.

~~§ 7.~~ **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. 1.7. NRS 695D.216 is hereby amended to read as follows:

695D.216 1. A plan for dental care must include coverage for services provided to a member 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 plan for dental care must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means if the services:*

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

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

3. An organization for dental care shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

~~[3-]~~ 4. A plan for dental care must not require a member to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. A plan for dental care 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 organization for dental care to:

(a) Ensure that covered services are available to a member 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 organization for dental care is not otherwise required by law to do so.

~~{5.}~~ **6.** A plan for dental care 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 plan 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. 1.8. NRS 695G.162 is hereby amended to read as follows:

695G.162 1. A health care plan issued by a managed care organization for group coverage 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 care plan issued by a managed care organization for group coverage must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means:***

(a) ***If the services:***

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

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

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

3. A managed care organization shall not:



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

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

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

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

(2) The technology used to provide the services;

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

(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 health care plan of a managed care organization must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. Such a health care plan 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 a managed care organization 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 managed care organization is not otherwise required by law to do so.

~~[5-]~~ **6.** Evidence of coverage 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 plan 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. 1.9. NRS 422.2721 is hereby amended to read as follows:

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

(a) A requirement that the State ~~[, and, to the extent applicable, any of its political subdivisions,]~~ shall pay for the nonfederal share of expenses for services provided to a person 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; ~~and]~~

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

(1) *If the services:*

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

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

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

(c) A provision prohibiting the State from:

(1) Requiring a person to obtain prior authorization that would not be required if a service were provided in person or through other means, establish a relationship with a provider of health care or provide any additional consent to or reason for obtaining services through telehealth as a condition to paying for services as described in paragraph (a) ~~]~~ *or (b).* The State Plan for Medicaid 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 through other means.

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

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

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

(II) The technology used to provide the services.

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

(5) Categorizing 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.

2. The provisions of this section do not:

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

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

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

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

3. 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. 2. Section 17 of chapter 479, Statutes of Nevada 2021, at page 3046, is hereby amended to read as follows:

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

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

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

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

3. ~~[Sections 4.3, 9.3, 10.3, 11.3, 12.3, 13.3, 14.3 and 16.1 of this act become effective 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, only if the Governor terminates that emergency before July 1, 2022.~~

~~—4.— Sections 4.6, 9.6, 10.6, 11.6, 12.6, 13.6, 14.6 and 16.2 of this act become effective on July 1, 2023, only if the 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.

