

FOR DISCUSSION PURPOSES ONLY

Patient Protection Commission, State of Nevada

August 31, 2020

Potential Bill Draft Request for the 2021 Legislative Session

Deadline: BDRs must be submitted by no later than **September 1, 2020**.

Goal of Proposed Bill Draft 1: Telehealth

Promote increased patients' access to high-quality care, while reducing costs and improving patient and provider safety, through the inclusion of clear, effective and sustainable telemedicine language in the Nevada Revised Statutes (NRS).

Legislative Intent of Proposed Bill

This bill seeks to enact legislation to codify telehealth flexibilities granted during the COVID-19 public health emergency into law.

Including but not limited to the following COVID-19 state of emergency changes:

- Can be provided by a non-HIPAA compliant platform such as Skype, FaceTime, Audio only.
- Lifting the telephonic restrictions per Centers for Medicare & Medicaid Services (CMS) guidance.
- Placing no restrictions on the use of telehealth for group therapy.
- Allowing telehealth to be utilized for physical therapy (PT), occupational therapy (OT) and speech therapy (ST) while maintaining visual sight of the recipient.
- Applied Behavior Analysis (ABA) supervision, assessment and parent training can be conducted via telehealth in addition to one-on one Adaptive Behavior Treatment.
- Allowing Home Health Agencies and Hospice Agencies to conduct initial and recertification assessment in addition to waiving the requirement for a nurse to conduct an on-site visit every two weeks. Services provided via telehealth must maintain audio and visual modalities, telephone only is not allowed.
- Psychosocial Rehabilitation (PSR) services will be permitted for individuals under the age of 18 using audio and visual communication.

Expansion of Service

All telehealth service type expansion and reimbursement models during COVID-19 state of emergency should be continued (unless otherwise noted

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and shall be limited to covered services) and allowable going forward (limited to covered services by providers of health care as defined in [NRS 629.031](#)).

Patient location

Health care providers may offer telehealth services to patients located in their homes and outside of designated rural areas. Patients can connect from home or any location, even across state lines, and these will be considered originating sites for such services. However, practicing across state lines is subject to requirements set by the states involved.

Expand originating site

Include patient's home and distance site to include Rural Health Clinics to align with federal emergency declaration.

All Payer Parity

Service Parity. Health plans must reimburse "on the same basis" if the service were delivered in-person. A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in-person.

Payment Parity. The amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall not be less than the amounts allowed for healthcare services provided in-person to each the distant site and the originating site.

Exception: exclude phone call service from payment parity but preserve phone call access for service.

Equitable access

Enact legislation that addresses digital technology, literacy, and coverage. Including but not limited to the following:

- Increased broadband access to vulnerable populations
- Assess current access and encourage current bandwidth providers to explore options and collaborate with community providers such as schools, hospitals, and healthcare/ behavioral health treatment providers to strengthen bandwidth system

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- Require DHHS to produce and maintain a data dashboard
 - Require Commission on Behavioral Health and Regional Behavioral Health Boards to include a review of data dashboard in their duties

If known, list any existing state law that is sought to be changed or which is affected by the measure

[Chapter 629](#) of NRS

[Chapter 630](#) of NRS

[Chapter 689A](#) of NRS

Any additional information that may be helpful in drafting the bill or resolution

Effective Date:

- Default (October 1, 2021)
- July 1, 2021
- January 1, 2022
- Upon Passage and Approval
- Other

Description of any known cost to the State or a local government that would result from carrying out the changes in the measure if enacted:
