



Connecting People to Policy

TELEHEALTH IN NEVADA

PATIENT PROTECTION COMMISSION

JUNE 22, 2020

OVERVIEW

- Key Telehealth Legislation in Nevada
- Policy Options
- Considerations Post-COVID-19

SB 327 (2013)

- Revises the definition of “practice of medicine” to apply without regard to whether the practitioner is physically located in the state
- Authorizes physicians with a special purpose license and licensed advanced practice registered nurses to practice without regard to whether they are located in this state
 - “By using equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics from within or outside this State or the United States.”
- Makes various changes governing the practice of telemedicine by osteopathic physicians
- Revises provisions related to telepharmacy

ASSEMBLY BILL 292 (2015)

CONTEXT

- Recent implementation of the Affordable Care Act
- Challenges accessing health care services
- Shortage and inadequate distribution of health care providers
- Difficulty attracting and retaining providers

PROVISIONS

- Legislative findings and declarations
- Requirements for health care providers
- Requirements for health insurance policies

ASSEMBLY BILL 292 (2015)

LEGISLATIVE FINDINGS AND DECLARATIONS—NRS 629.510

The Legislature hereby finds and declares that:

1. Health care services provided through telehealth are often as effective as health care services provided in person;
2. The provision of services through telehealth does not detract from, and often improves, the quality of health care provided to patients and the relationship between patients and providers of health care; and
3. It is the public policy of this state to:
 - a) Encourage and facilitate the provision of services through telehealth to improve public health and the quality of health care provided to patients and to lower the cost of health care in this state; and
 - b) Ensure that services provided through telehealth are covered by policies of insurance to the same extent as though provided in person or by other means.

ASSEMBLY BILL 292 (2015)

DEFINITIONS—NRS 629.515

- **Telehealth** – the delivery of services from a **provider of health care** to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile, or electronic mail
- **Distant Site** – location of health care professional providing telehealth services
- **Originating Site** – location of patient receiving telehealth services

ASSEMBLY BILL 292 (2015)

TELEHEALTH REQUIREMENTS FOR PROVIDERS—NRS 629.515

- Requires a provider of health care using telehealth to hold a valid license or certificate to practice in Nevada in order to:
 - Direct or manage care;
 - Render a diagnosis; or
 - Write a treatment order or prescription for patients in Nevada.*
- Health care providers using telehealth from a distant site:
 - Are subject to Nevada laws and regulations; and
 - Must comply with federal and state laws that would apply if services were provided from a location in the state.
- Does not expand the scope of practice or authorize a provider to offer services in a setting not authorized by law or in a manner that violates standards of care.

*Exempts employees or contractors of certain nonprofit organizations that administer health programs for American Indians.

“PROVIDER OF HEALTH CARE” DEFINED—NRS 629.031

- Alcohol and drug counselors
- Athletic trainers
- Audiologists
- Chiropractors
- Dentists
- Licensed dietitians
- Doctors of Oriental medicine
- EMTs, Advanced EMTs, Paramedics
- Medical laboratory directors or technicians
- Music therapists
- Licensed nurses
- Occupational therapists
- Dispensing opticians
- Optometrists
- Perfusionists
- Pharmacists
- Practitioners of respiratory care
- Problem gambling counselors
- Licensed physical therapists
- Physicians licensed pursuant to [Chapters 630, 630A, or 633](#) of NRS
- Physician assistants
- Podiatric physicians
- Licensed psychologists, marriage and family therapists, clinical professional counselors
- Speech-language pathologists
- Social workers
- Medical facilities as the employer of any person specified above.

ASSEMBLY BILL 292 (2015)

INSURANCE COVERAGE REQUIREMENTS

- Requires state-regulated health insurance, including Medicaid and industrial insurance (workers' compensation), to cover telehealth services to the same extent as services provided in person.
- Prohibits an insurer from requiring, as a condition of providing coverage for telehealth services:
 - An insured to establish a relationship in person with a health care provider or to provide any additional consent or reason for obtaining telehealth services;
 - A health care provider to demonstrate that it is necessary to provide services via telehealth to an insured or to receive any additional certification or license to provide services through telehealth; or
 - Covered services to be provided through telehealth.
- Prohibits an insurer from refusing to provide coverage for telehealth services based on the distant site or originating site.

ASSEMBLY BILL 292 (2015)

INSURANCE COVERAGE REQUIREMENTS, CONT.

- Prior Authorization (PA)
 - Prohibits insurers from requiring PA for telehealth if not required for in-person services; and
 - Authorizes PA for telehealth if required for in-person services.
- Clarifies that insurers are not required to:
 - Ensure covered services are available through telehealth at a particular originating site;
 - Provide coverage for a service that is not a covered service or not provided by a covered health care provider; or
 - Enter into a contract with any provider or cover any service if not otherwise required by law.
- Requires the commissioner of insurance to consider telehealth services in making network adequacy determinations.

POLICY OPTIONS

- Reduce unnecessary barriers to licensure
 - Health professional licensing compacts:
 - Interstate Medical Licensure Compact ([SB 251](#), 2015)
 - Psychology Interjurisdictional Compact ([AB 429](#), 2017)
- Require payment parity for telehealth services
 - E.g. [AR](#), [CA](#), [CO](#), [DE](#), [GA](#), [HI](#), [KY](#), [MN](#), [NJ](#), [NM](#)
- Limit or eliminate cost-sharing requirements for telehealth services
 - E.g. [AZ](#), [CA](#), [CO](#), [IL](#), [MO](#)

POLICY OPTIONS, CONT.

- Improve broadband access
 - Nevada Broadband Telemedicine Initiative
 - [Senate Bill 53](#) (2017)—Office of Science, Innovation and Technology emphasis on broadband and telehealth services
- Invest in telecommunications infrastructure for providers with fewer resources
- Collect data to inform postpandemic telehealth policies and support

CONSIDERATIONS

- Balance coverage, reimbursement, and medical management practices
- Reduce, rather than exacerbate, inequities in health care and access to care

RESOURCES

- [Opportunities and Barriers for Telemedicine in the U.S. During the COVID-19 Emergency and Beyond](#), Kaiser Family Foundation
- [Center for Connected Health Policy](#), The National Telehealth Policy Resource Center
- [Rethinking Telehealth Policy After the First COVID-19 Surge](#), State Health and Value Strategies
- [Telehealth and COVID-19, Policy Considerations to Improve Access to Care](#), Center for the Study of Latino Health and Culture, UCLA Health
- [Removing Regulatory Barriers to Telehealth Before and After COVID-19](#), The Brookings Institution and John Locke Foundation

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