



Fact Sheet

TELEHEALTH IN NEVADA

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In 2015, the Nevada Legislature passed [Assembly Bill 292](#) (Chapter 153, *Statutes of Nevada*), declaring it the public policy of the State to encourage and facilitate the provision of health care services through telehealth to improve public health and the quality of health care while also lowering the cost. But what is telehealth? Who can provide it, and how can it help Nevadans?

OVERVIEW

Telehealth involves the use of various technologies to remotely deliver health care services, public health, and health-related education for patients and health professionals. Although forms of telehealth have existed for decades, it is increasingly gaining traction as a tool for the federal government and states to extend existing health care services and improve access to care. Studies show that telehealth can increase the availability of and access to quality medical care, improve population health, and lower the cost of health care.

Currently, telehealth falls into four broad categories:

1. **Live video**, or synchronous, services involve real-time, two-way interaction, similar to an office visit but with the patient and provider communicating through a live stream from different locations.
2. **Store-and-forward**, or asynchronous, telehealth involves the transmission of recorded health information—such as an x-ray or prerecorded video—through electronic communications systems to a provider who evaluates the information and provides a service, but not in real time.
3. **Remote patient monitoring** uses technology to collect personal or health data from a person in one location and transmits it to a health care provider in another location, allowing the provider to track a patient's health status.
4. **Mobile health** involves the use of mobile communication devices—such as smart phones and tablets—to support health care, public health, and education. Mobile health applications can help people manage chronic conditions, track sleep patterns or fitness, schedule medical appointments, or send public health alerts via text message, among other uses.

Specific definitions of telehealth vary across states, agencies, and organizations. In A.B. 292 of 2015, the Nevada Legislature defined telehealth as “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.”

BENEFITS OF TELEHEALTH

One-third of Nevadans live in areas with a shortage of dental and primary care providers, and 38 percent of residents live in areas with a shortage of mental health providers. In rural areas, more than half of residents live in dental and primary care shortage areas, and all rural residents face a shortage of mental health providers. Telehealth offers an innovative approach to address these issues by remotely providing health care services to people in communities who otherwise do not have access to such care.

Telehealth presents an opportunity for patients—especially those in rural and underserved areas—to receive

services at or closer to home, reducing the amount of lost work and travel time as well as the associated costs of traveling to and from traditional health care appointments in distant locations.

Overall, studies show that telehealth can save patients and health care providers and payers money compared to traditional methods of providing health care services. Telehealth can also improve care by remotely monitoring patients with chronic conditions, enabling patients in rural areas to access primary and specialty care, and allowing health professionals to expand their services to larger regions than otherwise possible. Finally, telehealth technology also supports communication between and among health care providers—allowing, for example, primary care providers in remote areas to consult or interact with specialists in distant locations.

TELEHEALTH SERVICE PROVIDERS

In order to provide telehealth services in Nevada—whether providing a diagnosis, treatment order, or prescription, or directing or managing a patient’s care—a provider of health care must have a valid Nevada license or certificate, unless he or she is providing services within the scope of employment or contract with an urban Indian organization. As with all health care services a health professional provides, telehealth services must be within the health professional’s scope of practice and must meet required standards of care.

As long as a health care provider is licensed in Nevada—and therefore subject to State laws and regulations—he or she can provide telehealth services to people in Nevada, regardless of the provider’s location.

In 2015, Nevada was one of 12 states to join the Federation of State Medical Boards’ Interstate Medical Licensure Compact for physicians, allowing physicians and osteopathic physicians licensed in participating states to apply for an expedited State medical license. The Compact aims to “strengthen access to health care” and will likely make it easier for out-of-state physicians to obtain Nevada licensure and provide telehealth services to Nevada residents.

HEALTH INSURANCE COVERAGE

Nevada law requires Medicaid and any policy of health or industrial insurance to cover telehealth services to the same extent as services provided in person. Providers of such insurance may not require the insured to obtain prior authorization for telehealth services if prior authorization is not required when the service is provided in person, to establish a relationship in person with a provider, or to provide any additional consent or reason for obtaining services through telehealth as a condition of paying for services.

In addition, Nevada’s Commissioner of Insurance must consider health care services provided through telehealth when determining the adequacy of a network plan proposed by a health insurance company.

CHALLENGES TO TELEHEALTH

Despite the various benefits of telehealth in Nevada, challenges remain. Telehealth technology often requires significant investments of both time and money. Rural areas, in particular, may have neither the monetary resources nor the infrastructure to adopt telehealth. For example, some rural areas of Nevada still lack basic access to broadband Internet. Greater reliance on technology for health care also raises security and privacy concerns over improperly exposing patient information. In addition, some express concern over the decline of in-person interaction between health professionals and patients, as well as the breakdown of patient-provider relationships. Whether these issues emerge, and how they are addressed in Nevada, remains to be seen. As with any legislation, policymakers will monitor implementation of telehealth and evaluate whether steps can be taken to build on the foundation established by A.B. 292.

TELEHEALTH RESOURCES

Center for Connected Health Policy: <http://cchpca.org/what-is-telehealth>

Telehealth Resource Centers: <http://www.telehealthresourcecenter.org>

American Telemedicine Association: <http://www.americantelemed.org/home>