
SENATE BILL NO. 56—COMMITTEE ON COMMERCE AND LABOR

(ON BEHALF OF THE CLARK REGIONAL
BEHAVIORAL HEALTH POLICY BOARD)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing insurance coverage of behavioral health services. (BDR 57-124)

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

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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 insurance; imposing certain requirements governing coverage of behavioral health services; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law defines the term “telehealth” to mean the delivery of services from
2 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. (NRS 629.515) Existing law imposes
5 certain requirements concerning coverage of telehealth services by insurers and
6 certain other third-party payers. Those requirements: (1) include a requirement that
7 an insurer or other third-party payer must cover services provided through
8 telehealth to the same extent as if provided in person or by other means; and (2)
9 apply to health coverage, including Medicaid and health plans for state and local
10 government employees, and workers’ compensation coverage. (NRS 287.010,
11 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265,
12 695B.1904, 695C.1708, 695F.090, 695G.162) This bill: (1) extends those
13 requirements to also apply to behavioral health services provided by standard
14 telephone; and (2) requires coverage of behavioral health services provided by
15 telehealth in the same amount as if those services were provided in person or by
16 other means. Additionally, this bill prohibits a third party from issuing coverage of
17 behavioral health services provided in a person’s home that depends on the location
18 of the home.



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

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

3 689A.0463 1. A policy of health insurance must include
4 coverage for :

5 (a) *Behavioral health services provided to an insured through*
6 *telehealth or by standard telephone to the same extent and in the*
7 *same amount as though provided in person or by other means;*
8 *and*

9 (b) *Other* services provided to an insured through telehealth to
10 the same extent as though provided in person or by other means.

11 2. An insurer shall not:

12 (a) Require an insured to establish a relationship in person with
13 a provider of health care or provide any additional consent to or
14 reason for obtaining *behavioral health services through telehealth*
15 *or by standard telephone or other* services through telehealth as a
16 condition to providing the coverage described in subsection 1;

17 (b) Require a provider of health care to ~~[demonstrate]~~ :

18 (1) *Demonstrate* that it is necessary to provide *behavioral*
19 *health services to an insured through telehealth or by standard*
20 *telephone or other* services to an insured through telehealth *as a*
21 *condition to providing the coverage described in subsection 1;* or
22 ~~[receive]~~

23 (2) *Receive* any additional type of certification or license to
24 provide *behavioral health services through telehealth or by*
25 *standard telephone or other* services through telehealth as a
26 condition to providing the coverage described in subsection 1;

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

29 (1) *The* distant site from which a provider of health care
30 provides *behavioral health services through telehealth or by*
31 *standard telephone or other* services through telehealth ; or ~~[the]~~

32 (2) *The* originating site at which an insured receives
33 *behavioral health services through telehealth or by standard*
34 *telephone or other* services through telehealth; or

35 (d) Require *covered behavioral health services to be provided*
36 *through telehealth or by standard telephone or require other*
37 covered services to be provided through telehealth as a condition to
38 providing coverage for such services.

39 3. A policy of health insurance must not require an insured to
40 obtain prior authorization for any *behavioral health service*
41 *provided through telehealth or by standard telephone or any other*
42 service provided through telehealth that is not required for the



1 service when provided in person. A policy of health insurance may
2 require prior authorization for a *behavioral health service provided*
3 *through telehealth or by standard telephone or another* service
4 provided through telehealth if such prior authorization would be
5 required if the service were provided in person or by other means.

6 4. *If a policy of health insurance includes coverage for*
7 *behavioral health services provided in the home of an insured,*
8 *such coverage must not depend on the geographic location at*
9 *which the home is located.*

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

11 (a) Ensure that covered services are available to an insured
12 through telehealth *or by standard telephone* at a particular
13 originating site;

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

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

19 ~~5.~~ 6. A policy of health insurance subject to the provisions of
20 this chapter that is delivered, issued for delivery or renewed on or
21 after July 1, ~~2015,~~ 2021, has the legal effect of including the
22 coverage required by this section, and any provision of the policy or
23 the renewal which is in conflict with this section is void.

24 ~~6.~~ 7. As used in this section:

25 (a) *“Behavioral health services” has the meaning ascribed to it*
26 *in NRS 422.2721.*

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

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

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

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

35 **Sec. 2.** NRS 689B.0369 is hereby amended to read as follows:

36 689B.0369 1. A policy of group or blanket health insurance
37 must include coverage for :

38 (a) *Behavioral health services provided to an insured through*
39 *telehealth or by standard telephone to the same extent and in the*
40 *same amount as though provided in person or by other means;*
41 *and*

42 (b) *Other* services provided to an insured through telehealth to
43 the same extent as though provided in person or by other means.

44 2. An insurer 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 *behavioral health services through telehealth*
4 *or by standard telephone or other* services through telehealth as a
5 condition to providing the coverage described in subsection 1;

6 (b) Require a provider of health care to **[demonstrate]** :

7 (1) *Demonstrate* that it is necessary to provide *behavioral*
8 *health services to an insured through telehealth or by standard*
9 *telephone or other* services to an insured through telehealth *as a*
10 *condition to providing the coverage described in subsection 1*; or
11 **[receive]**

12 (2) *Receive* any additional type of certification or license to
13 provide *behavioral health services through telehealth or by*
14 *standard telephone or other* services through telehealth as a
15 condition to providing the coverage described in subsection 1;

16 (c) Refuse to provide the coverage described in subsection 1
17 because of **[the]** :

18 (1) *The* distant site from which a provider of health care
19 provides *behavioral health services through telehealth or by*
20 *standard telephone or other* services through telehealth ; or **[the]**

21 (2) *The* originating site at which an insured receives
22 *behavioral health services through telehealth or by standard*
23 *telephone or other* services through telehealth; or

24 (d) Require *covered behavioral health services to be provided*
25 *through telehealth or by standard telephone or require other*
26 covered services to be provided through telehealth as a condition to
27 providing coverage for such services.

28 3. A policy of group or blanket health insurance must not
29 require an insured to obtain prior authorization for any *behavioral*
30 *health service provided through telehealth or by standard*
31 *telephone or any other* service provided through telehealth that is
32 not required for that service when provided in person. A policy of
33 group or blanket health insurance may require prior authorization
34 for a *behavioral health service provided through telehealth or by*
35 *standard telephone or another* service provided through telehealth
36 if such prior authorization would be required if the service were
37 provided in person or by other means.

38 4. *If a policy of group or blanket health insurance includes*
39 *coverage for behavioral health services provided in the home of an*
40 *insured, such coverage must not depend on the geographic*
41 *location at which the home is located.*

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

12 ~~[6.]~~ 7. As used in this section:

13 (a) *“Behavioral health services” has the meaning ascribed to it*
14 *in NRS 422.2721.*

15 (b) “Distant site” has the meaning ascribed to it in
16 NRS 629.515.

17 ~~[(b)]~~ (c) “Originating site” has the meaning ascribed to it in
18 NRS 629.515.

19 ~~[(c)]~~ (d) “Provider of health care” has the meaning ascribed to it
20 in NRS 439.820.

21 ~~[(d)]~~ (e) “Telehealth” has the meaning ascribed to it in
22 NRS 629.515.

23 **Sec. 3.** NRS 689C.195 is hereby amended to read as follows:

24 689C.195 1. A health benefit plan must include coverage
25 for :

26 (a) *Behavioral health services provided to an insured through*
27 *telehealth or by standard telephone to the same extent and in the*
28 *same amount as though provided in person or by other means;*
29 *and*

30 (b) *Other* services provided to an insured through telehealth to
31 the same extent as though provided in person or by other means.

32 2. A carrier shall not:

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

38 (b) Require a provider of health care to ~~[demonstrate]~~ :

39 (1) *Demonstrate* that it is necessary to provide *behavioral*
40 *health services to an insured through telehealth or by standard*
41 *telephone or other* services to an insured through telehealth *as a*
42 *condition to providing the coverage described in subsection 1;* or
43 ~~[receive]~~

44 (2) *Receive* any additional type of certification or license to
45 provide *behavioral health services through telehealth or by*



1 *standard telephone or other* services through telehealth as a
2 condition to providing the coverage described in subsection 1;

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

5 (1) *The* distant site from which a provider of health care
6 provides *behavioral health services through telehealth or by*
7 *standard telephone or other* services through telehealth ; or ~~the~~

8 (2) *The* originating site at which an insured receives
9 *behavioral health services through telehealth or by standard*
10 *telephone or other* services through telehealth; or

11 (d) Require *covered behavioral health services to be provided*
12 *through telehealth or by standard telephone or require other*
13 covered services to be provided through telehealth as a condition to
14 providing coverage for such services.

15 3. A health benefit plan must not require an insured to obtain
16 prior authorization for any *behavioral health service provided*
17 *through telehealth or by standard telephone or any other* service
18 provided through telehealth that is not required for the service when
19 provided in person. A health benefit plan may require prior
20 authorization for a *behavioral health service provided through*
21 *telehealth or by standard telephone or another* service provided
22 through telehealth if such prior authorization would be required if
23 the service were provided in person or by other means.

24 4. *If a health benefit plan includes coverage for behavioral*
25 *health services provided in the home of an insured, such coverage*
26 *must not depend on the geographic location at which the home is*
27 *located.*

28 5. The provisions of this section do not require a carrier to:

29 (a) Ensure that covered services are available to an insured
30 through telehealth *or by standard telephone* at a particular
31 originating site;

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

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

37 ~~5.~~ 6. A plan subject to the provisions of this chapter that is
38 delivered, issued for delivery or renewed on or after July 1, ~~2015,~~
39 **2021**, has the legal effect of including the coverage required by this
40 section, and any provision of the plan or the renewal which is in
41 conflict with this section is void.

42 ~~6.~~ 7. As used in this section:

43 (a) *“Behavioral health services” has the meaning ascribed to it*
44 *in NRS 422.2721.*



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

3 ~~[(b)]~~ (c) "Originating site" has the meaning ascribed to it in
4 NRS 629.515.

5 ~~[(e)]~~ (d) "Provider of health care" has the meaning ascribed to it
6 in NRS 439.820.

7 ~~[(d)]~~ (e) "Telehealth" has the meaning ascribed to it in
8 NRS 629.515.

9 **Sec. 4.** NRS 695A.265 is hereby amended to read as follows:
10 695A.265 1. A benefit contract must include coverage for :

11 (a) *Behavioral health services provided to an insured through*
12 *telehealth or by standard telephone to the same extent and in the*
13 *same amount as though provided in person or by other means;*
14 *and*

15 (b) *Other* services provided to an insured through telehealth to
16 the same extent as though provided in person or by other means.

17 2. A society shall not:

18 (a) Require an insured to establish a relationship in person with
19 a provider of health care or provide any additional consent to or
20 reason for obtaining *behavioral health services through telehealth*
21 *or by standard telephone or other* services through telehealth as a
22 condition to providing the coverage described in subsection 1;

23 (b) Require a provider of health care to ~~[demonstrate]~~ :

24 (1) *Demonstrate* that it is necessary to provide *behavioral*
25 *health services to an insured through telehealth or by standard*
26 *telephone or other* services to an insured through telehealth *as a*
27 *condition to providing the coverage described in subsection 1;* or
28 ~~[receive]~~

29 (2) *Receive* any additional type of certification or license to
30 provide *behavioral health services through telehealth or by*
31 *standard telephone or other* services through telehealth as a
32 condition to providing the coverage described in subsection 1;

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

35 (1) *The* distant site from which a provider of health care
36 provides *behavioral health services through telehealth or by*
37 *standard telephone or other* services through telehealth ; or ~~[the]~~

38 (2) *The* originating site at which an insured receives
39 *behavioral health services through telehealth or by standard*
40 *telephone or other* services through telehealth; or

41 (d) Require *covered behavioral health services to be provided*
42 *through telehealth or by standard telephone or require other*
43 covered services to be provided through telehealth as a condition to
44 providing coverage for such services.



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

10 4. *If a benefit contract includes coverage for behavioral*
11 *health services provided in the home of an insured, such coverage*
12 *must not depend on the geographic location at which the home is*
13 *located.*

14 5. The provisions of this section do not require a society to:

15 (a) Ensure that covered services are available to an insured
16 through telehealth *or by standard telephone* at a particular
17 originating site;

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

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

23 ~~{5.}~~ 6. A benefit contract subject to the provisions of this
24 chapter that is delivered, issued for delivery or renewed on or after
25 July 1, ~~{2015.}~~ 2021, has the legal effect of including the coverage
26 required by this section, and any provision of the contract or the
27 renewal which is in conflict with this section is void.

28 ~~{6.}~~ 7. As used in this section:

29 (a) *“Behavioral health services” has the meaning ascribed to it*
30 *in NRS 422.2721.*

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

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

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

37 ~~{(d)}~~ (e) “Telehealth” has the meaning ascribed to it in
38 NRS 629.515.

39 **Sec. 5.** NRS 695B.1904 is hereby amended to read as follows:

40 695B.1904 1. A contract for hospital, medical or dental
41 services subject to the provisions of this chapter must include
42 *coverage for:*

43 (a) *Behavioral health services provided to an insured through*
44 *telehealth or by standard telephone to the same extent and in the*



1 *same amount as though provided in person or by other means;*
2 *and*

3 (b) *Other* services provided to an insured through telehealth to
4 the same extent as though provided in person or by other means.

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

7 (a) Require an insured to establish a relationship in person with
8 a provider of health care or provide any additional consent to or
9 reason for obtaining *behavioral health services through telehealth*
10 *or by standard telephone or other* services through telehealth as a
11 condition to providing the coverage described in subsection 1;

12 (b) Require a provider of health care to ~~[(demonstrate)]~~ :

13 (1) *Demonstrate* that it is necessary to provide *behavioral*
14 *health services to an insured through telehealth or by standard*
15 *telephone or other* services to an insured through telehealth *as a*
16 *condition to providing the coverage described in subsection 1*; or
17 ~~[(receive)]~~

18 (2) *Receive* any additional type of certification or license to
19 provide *behavioral health services through telehealth or by*
20 *standard telephone or other* services through telehealth as a
21 condition to providing the coverage described in subsection 1;

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

24 (1) *The* distant site from which a provider of health care
25 provides *behavioral health services through telehealth or by*
26 *standard telephone or other* services through telehealth ; or ~~[(the)]~~

27 (2) *The* originating site at which an insured receives
28 *behavioral health services through telehealth or by standard*
29 *telephone or other* services through telehealth; or

30 (d) Require *covered behavioral health services to be provided*
31 *through telehealth or by standard telephone or require other*
32 *covered services to be provided through telehealth as a condition to*
33 *providing coverage for such services.*

34 3. A contract for hospital, medical or dental services must not
35 require an insured to obtain prior authorization for any *behavioral*
36 *health service provided through telehealth or by standard*
37 *telephone or any other* service provided through telehealth that is
38 not required for the service when provided in person. A contract for
39 hospital, medical or dental services may require prior authorization
40 for a *behavioral health service provided through telehealth or by*
41 *standard telephone or another* service provided through telehealth
42 if such prior authorization would be required if the service were
43 provided in person or by other means.

44 4. *If a contract for hospital, medical or dental services*
45 *includes coverage for behavioral health services provided in the*



1 *home of an insured, such coverage must not depend on the*
2 *geographic location at which the home is located.*

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

6 (a) Ensure that covered services are available to an insured
7 through telehealth *or by standard telephone* at a particular
8 originating site;

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

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

14 ~~5.1~~ 6. A contract for hospital, medical or dental services
15 subject to the provisions of this chapter that is delivered, issued for
16 delivery or renewed on or after July 1, ~~2015,~~ 2021, has the legal
17 effect of including the coverage required by this section, and any
18 provision of the contract or the renewal which is in conflict with this
19 section is void.

20 ~~6.1~~ 7. As used in this section:

21 (a) *“Behavioral health services” has the meaning ascribed to it*
22 *in NRS 422.2721.*

23 (b) “Distant site” has the meaning ascribed to it in
24 NRS 629.515.

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

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

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

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

32 695C.1708 1. A health care plan of a health maintenance
33 organization must include coverage for :

34 (a) *Behavioral health services provided to an enrollee through*
35 *telehealth or by standard telephone to the same extent and in the*
36 *same amount as though provided in person or by other means;*
37 *and*

38 (b) *Other* services provided to an enrollee through telehealth to
39 the same extent as though provided in person or by other means.

40 2. A health maintenance organization shall not:

41 (a) Require an enrollee to establish a relationship in person with
42 a provider of health care or provide any additional consent to or
43 reason for obtaining *behavioral health services through telehealth*
44 *or by standard telephone or other* services through telehealth as a
45 condition to providing the coverage described in subsection 1;



(b) Require a provider of health care to ~~[demonstrate]~~ :

(1) *Demonstrate* that it is necessary to provide *behavioral health services to an enrollee through telehealth or by standard telephone or other* services to an enrollee through telehealth *as a condition to providing the coverage described in subsection 1*; or ~~[receive]~~

(2) *Receive* any additional type of certification or license to provide *behavioral health services through telehealth or by standard telephone or other* services through telehealth as a condition to providing the coverage described in subsection 1;

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

(1) *The* distant site from which a provider of health care provides *behavioral health services through telehealth or by standard telephone or other* services through telehealth; or ~~[the]~~

(2) *The* originating site at which an enrollee receives *behavioral health services through telehealth or by standard telephone or other* services through telehealth; or

(d) Require *covered behavioral health services to be provided through telehealth or by standard telephone or require other* covered services to be provided through telehealth as a condition to providing coverage for such services.

3. A health care plan of a health maintenance organization must not require an enrollee to obtain prior authorization for any *behavioral health service provided through telehealth or by standard telephone or any other* 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 *behavioral health service provided through telehealth or by standard telephone or another* service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

4. *If a health care plan of a health maintenance organization includes coverage for behavioral health services provided in the home of an enrollee, such coverage must not depend on the geographic location at which the home is located.*

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 *or by standard telephone* 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



1 (c) Enter into a contract with any provider of health care or
2 cover any service if the health maintenance organization is not
3 otherwise required by law to do so.

4 ~~[5.]~~ 6. Evidence of coverage subject to the provisions of this
5 chapter that is delivered, issued for delivery or renewed on or after
6 July 1, ~~[2015.]~~ 2021, has the legal effect of including the coverage
7 required by this section, and any provision of the plan or the renewal
8 which is in conflict with this section is void.

9 ~~[6.]~~ 7. As used in this section:

10 (a) *“Behavioral health services” has the meaning ascribed to it*
11 *in NRS 422.2721.*

12 (b) “Distant site” has the meaning ascribed to it in
13 NRS 629.515.

14 ~~[(b)]~~ (c) “Originating site” has the meaning ascribed to it in
15 NRS 629.515.

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

18 ~~[(d)]~~ (e) “Telehealth” has the meaning ascribed to it in
19 NRS 629.515.

20 **Sec. 7.** NRS 695G.162 is hereby amended to read as follows:

21 695G.162 1. A health care plan issued by a managed care
22 organization for group coverage must include coverage for :

23 (a) *Behavioral health services provided to an insured through*
24 *telehealth or by standard telephone to the same extent and in the*
25 *same amount as though provided in person or by other means;*
26 *and*

27 (b) *Other* services provided to an insured through telehealth to
28 the same extent as though provided in person or by other means.

29 2. A managed care organization shall not:

30 (a) Require an insured to establish a relationship in person with
31 a provider of health care or provide any additional consent to or
32 reason for obtaining *behavioral health services through telehealth*
33 *or by standard telephone or other* services through telehealth as a
34 condition to providing the coverage described in subsection 1;

35 (b) Require a provider of health care to ~~[demonstrate]~~ :

36 (1) *Demonstrate* that it is necessary to provide *behavioral*
37 *health services to an insured through telehealth or by standard*
38 *telephone or other* services to an insured through telehealth *as a*
39 *condition to providing the coverage described in subsection 1;* or
40 ~~[receive]~~

41 (2) *Receive* any additional type of certification or license to
42 provide *behavioral health services through telehealth or by*
43 *standard telephone or other* services through telehealth as a
44 condition to providing the coverage described in subsection 1;



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

3 (1) *The* distant site from which a provider of health care
4 provides services through telehealth ; or ~~the~~

5 (2) *The* originating site at which an insured receives
6 *behavioral health services through telehealth or by standard*
7 *telephone or other* services through telehealth; or

8 (d) Require *covered behavioral health services to be provided*
9 *through telehealth or by standard telephone or require other*
10 covered services to be provided through telehealth as a condition to
11 providing coverage for such services.

12 3. A health care plan of a managed care organization must not
13 require an insured to obtain prior authorization for any *behavioral*
14 *health service provided through telehealth or by standard*
15 *telephone or any other* service provided through telehealth that is
16 not required for the service when provided in person. Such a health
17 care plan may require prior authorization for a *behavioral health*
18 *service provided through telehealth or by standard telephone or*
19 *another* service provided through telehealth if such prior
20 authorization would be required if the service were provided in
21 person or by other means.

22 4. *If a health care plan of a managed care organization*
23 *includes coverage for behavioral health services provided in the*
24 *home of an insured, such coverage must not depend on the*
25 *geographic location at which the home is located.*

26 5. The provisions of this section do not require a managed care
27 organization to:

28 (a) Ensure that covered services are available to an insured
29 through telehealth *or by standard telephone* at a particular
30 originating site;

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

33 (c) Enter into a contract with any provider of health care or
34 cover any service if the managed care organization is not otherwise
35 required by law to do so.

36 ~~5.~~ 6. Evidence of coverage that is delivered, issued for
37 delivery or renewed on or after July 1, ~~2015,~~ 2021, has the legal
38 effect of including the coverage required by this section, and any
39 provision of the plan or the renewal which is in conflict with this
40 section is void.

41 ~~6.~~ 7. As used in this section:

42 (a) *“Behavioral health services” has the meaning ascribed to it*
43 *in NRS 422.2721.*

44 (b) “Distant site” has the meaning ascribed to it in
45 NRS 629.515.



1 ~~[(b)]~~ (c) “Originating site” has the meaning ascribed to it in
2 NRS 629.515.

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

5 ~~[(d)]~~ (e) “Telehealth” has the meaning ascribed to it in
6 NRS 629.515.

7 **Sec. 8.** NRS 422.2721 is hereby amended to read as follows:

8 422.2721 1. The Director shall include in the State Plan for
9 Medicaid:

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

13 (1) *Behavioral health services provided to a person through*
14 *telehealth or by standard telephone to the same extent and in the*
15 *same amount as though provided in person or by other means;*
16 *and*

17 (2) *Other services* provided to a person through telehealth to
18 the same extent as though provided in person or by other means; and

19 (b) A provision prohibiting the State from:

20 (1) Requiring a person to obtain prior authorization that
21 would not be required if a service were provided in person or
22 through other means, establish a relationship with a provider of
23 health care or provide any additional consent to or reason for
24 obtaining *behavioral health services through telehealth or by*
25 *standard telephone or other* services through telehealth as a
26 condition to paying for services as described in paragraph (a). The
27 State Plan for Medicaid may require prior authorization for a
28 *behavioral health service provided through telehealth or by*
29 *standard telephone or another* service provided through telehealth
30 if such prior authorization would be required if the service were
31 provided in person or through other means.

32 (2) Requiring a provider of health care to ~~[demonstrate]~~:

33 (I) *Demonstrate* that it is necessary to provide *behavioral*
34 *health services to a person through telehealth or by standard*
35 *telephone or other* services to a person through telehealth *as a*
36 *condition to paying for services as described in paragraph (a);* or
37 ~~[receive]~~

38 (II) *Receive* any additional type of certification or license
39 to provide *behavioral health services through telehealth or by*
40 *standard telephone or other* services through telehealth as a
41 condition to paying for services as described in paragraph (a).

42 (3) Refusing to pay for services as described in paragraph (a)
43 because of ~~[the]~~:



1 (I) *The* distant site from which a provider of health care
2 provides *behavioral health services through telehealth or by*
3 *standard telephone or other* services through telehealth ; or ~~the~~

4 (II) *The* originating site at which a person who is covered
5 by the State Plan for Medicaid receives *behavioral health services*
6 *through telehealth or by standard telephone or other* services
7 through telehealth.

8 (4) Requiring *behavioral health services to be provided*
9 *through telehealth or by standard telephone or requiring other*
10 services to be provided through telehealth as a condition to paying
11 for such services.

12 2. *If the State Plan for Medicaid includes a requirement that*
13 *the State, and, to the extent applicable, any of its political*
14 *subdivisions, must pay for the nonfederal share of expenses for*
15 *behavioral health services provided in the home of a person, such*
16 *payment must not depend on the geographic location at which the*
17 *home is located.*

18 3. The provisions of this section do not:

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

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

23 (1) Ensure that covered services are available to a recipient
24 of Medicaid through telehealth *or by standard telephone* at a
25 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.~~ 4. As used in this section:

30 (a) *“Behavioral health services” means services for the*
31 *evaluation, management or treatment of a mental health condition*
32 *or an alcohol or other substance use disorder.*

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

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

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

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

41 **Sec. 9.** NRS 616C.730 is hereby amended to read as follows:

42 616C.730 1. Every policy of insurance issued pursuant to
43 chapters 616A to 617, inclusive, of NRS must include coverage for :

44 (a) *Behavioral health services provided to an employee*
45 *through telehealth or by standard telephone to the same extent*



1 *and in the same amount as though provided in person or by other*
2 *means; and*

3 (b) *Other* services provided to an employee through telehealth
4 to the same extent as though provided in person or by other means.

5 2. An insurer shall not:

6 (a) Require an employee to establish a relationship in person
7 with a provider of health care or provide any additional consent to
8 or reason for obtaining *behavioral health services through*
9 *telehealth or by standard telephone or other* services through
10 telehealth as a condition to providing the coverage described in
11 subsection 1;

12 (b) Require a provider of health care to ~~[demonstrate]~~ :

13 (1) *Demonstrate* that it is necessary to provide *behavioral*
14 *health services to an employee through telehealth or by standard*
15 *telephone or other* services to an employee through telehealth *as a*
16 *condition to providing the coverage described in subsection 1*; or
17 ~~[receive]~~

18 (2) *Receive* any additional type of certification or license to
19 provide *behavioral health services through telehealth or by*
20 *standard telephone or other* services through telehealth as a
21 condition to providing the coverage described in subsection 1;

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

24 (1) *The* distant site from which a provider of health care
25 provides *behavioral health services through telehealth or by*
26 *standard telephone or other* services through telehealth ; or ~~[the]~~

27 (2) *The* originating site at which an employee receives
28 *behavioral health services through telehealth or by standard*
29 *telephone or other* services through telehealth; or

30 (d) Require *covered behavioral health services to be provided*
31 *through telehealth or by standard telephone or require other*
32 covered services to be provided through telehealth as a condition to
33 providing coverage for such services.

34 3. A policy of insurance issued pursuant to chapters 616A to
35 617, inclusive, of NRS must not require an employee to obtain prior
36 authorization for any *behavioral health service provided through*
37 *telehealth or by standard telephone or any other* service provided
38 through telehealth that is not required for the service when provided
39 in person. Such a policy of insurance may require prior
40 authorization for a *behavioral health service provided through*
41 *telehealth or by standard telephone or another* service provided
42 through telehealth if such prior authorization would be required if
43 the service were provided in person or by other means.

44 4. *If a policy of insurance issued pursuant to chapters 616A*
45 *to 617, inclusive, of NRS includes coverage for behavioral health*



1 *services provided in the home of an employee, such coverage must*
2 *not depend on the geographic location at which the home is*
3 *located.*

4 5. 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 *or by standard telephone* at a particular
7 originating site;

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

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

13 ~~5.~~ 6. A policy of insurance subject to the provisions of
14 chapters 616A to 617, inclusive, of NRS that is delivered, issued for
15 delivery or renewed on or after July 1, ~~2015,~~ 2021, has the legal
16 effect of including the coverage required by this section, and any
17 provision of the policy or the renewal which is in conflict with this
18 section is void.

19 ~~6.~~ 7. As used in this section:

20 (a) *“Behavioral health services” has the meaning ascribed to it*
21 *in NRS 422.2721.*

22 (b) “Distant site” has the meaning ascribed to it in
23 NRS 629.515.

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

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

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

30 **Sec. 10.** This act becomes effective on July 1, 2021.

