

SB 391 Amendment
Proposed by Senator Julia Ratti

April 1, 2021

2/3s Vote Required - § 13

SUMMARY—Revises provisions relating to dentistry. (BDR 40-455)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: Yes.

AN ACT relating to dentistry; requiring hospitals and issuers of Medicaid managed care plans to take certain measures to ensure access by recipients of Medicaid to teledentistry; authorizing the issuance of a permit as a dental responder to a dentist, dental hygienist or dental therapist who meets certain requirements; authorizing a dental responder to perform certain duties during a declared emergency, disaster, public health emergency or other health event; creating and prescribing the duties of the Committee on Dental Emergency Management; revising the membership of the Committee on Emergency Medical Services; requiring a public or private school or child care facility to accept a dental examination, screening or assessment provided through teledentistry for certain purposes; requiring dental hygienists and dental therapists to comply with certain requirements governing the provision of health care; imposing certain requirements relating to the provision of services through teledentistry; requiring certain providers of dental care to receive training concerning teledentistry; prescribing certain requirements relating to the electronic storage of records; deeming certain conduct by a provider of dental care to be unprofessional conduct; imposing certain requirements concerning the use of prepaid charges and premiums by an organization for dental care; requiring an organization for dental care to report certain financial information; and providing other matters properly relating thereto.

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EXHIBIT R Senate Committee on Health and Human Services	
Date: 4-1-2021	Total pages: 50
Exhibit begins with: R1	thru: R50

Legislative Counsel's Digest:

Existing law authorizes the Governor to proclaim a state of emergency, declare a disaster or issue an executive order proclaiming a public health emergency or other health event in certain circumstances. (NRS 414.070, 439.970) **Sections 10-12** of this bill define certain terms. **Section 13** of this bill authorizes the Division of Public and Behavioral Health of the Department of Health and Human Services to issue a permit as a dental responder to a dentist, dental hygienist or dental therapist who has received certain training in emergency response. **Section 13** authorizes a dental responder to provide emergency medical care, immunizations, medical care in mobile clinics and humanitarian care during a state of emergency, declaration of disaster, public health emergency or other health event. **Section 14** of this bill creates the Committee on Dental Emergency Management within the Division. **Section 15** of this bill prescribes certain requirements concerning the operations of the Committee. **Sections 15 and 18** of this bill exempt meetings of the Committee held during a state of emergency, declaration of disaster, public health emergency or other health event from requirements that meetings of a public body must be open and public. **Section 16** of this bill prescribes the duties of the Committee, which relate to emergency management and the practice of professions that provide dental care.

Existing law creates the Committee on Emergency Medical Services, which advises the Division on certain matters relating to emergency management and encourages the training and

education of emergency medical service personnel. (NRS 450B.151, 450B.153) **Section 17** of this bill requires the State Board of Health to appoint one dental responder to the Committee.

Existing law defines the term “provider of health care” as a person who practices any of certain professions related to the provision of health care. (NRS 629.031) Existing law imposes certain requirements upon providers of health care, including requirements for billing, standards for advertisements and criminal penalties for acquiring certain debts. (NRS 629.071, 629.076, 629.078) **Section 22** of this bill includes dental hygienists and dental therapists in the definition of “provider of health care,” thereby subjecting dental hygienists and dental therapists to those requirements.

Existing law defines the term “telehealth” to mean 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. (NRS 629.515) **Section 26** of this bill defines the term “teledentistry” to mean the use of telehealth by a dentist, dental hygienist or dental therapist to facilitate the diagnosis, treatment, education, care management and self-management of or consultation with a patient. **Sections 24, 25 and 27** of this bill define certain other terms related to teledentistry. **Section ~~36~~37** of this bill makes a conforming change to indicate the placement of **sections 24-27** in the Nevada Revised Statutes.

Section 28 of this bill requires a person who provides services through teledentistry to a patient located in this State to be: (1) licensed in this State as a dentist or dental therapist; or (2) licensed in this State as a dental hygienist and hold a special endorsement to practice public health dental hygiene. **Section 28** also requires a dentist, dental hygienist or dental therapist

providing services through teledentistry to adhere to the applicable laws, regulations and standards of care to the same extent as when providing services in person. **Section 29** of this bill requires a dentist, dental hygienist or dental therapist who provides services through teledentistry to be insured against liabilities arising from services provided through teledentistry. **Section 30** of this bill authorizes the use of teledentistry for certain purposes relating to the provision of a diagnosis or treatment. **Section 31** of this bill requires a dentist, dental hygienist or dental therapist to establish a bona fide practitioner-patient relationship, confirm certain facts about a patient and obtain informed consent before providing services through teledentistry. **Section 32** of this bill requires a dentist, dental hygienist or dental therapist to: (1) use communications technology that complies with certain federal requirements concerning the privacy of information relating to patients when providing services through teledentistry; and (2) create a complete record of each encounter with a patient through teledentistry. **Section 33** of this bill imposes certain requirements to ensure that adequate, in-person care is available to a patient who receives services through teledentistry if needed. **Section 34** of this bill requires the Board of Dental Examiners of Nevada to adopt regulations governing teledentistry.

Sections ~~37, 39~~ 38, 40, and 45 ~~47~~ of this bill require an applicant for a license to practice dentistry or dental therapy or a special endorsement to practice public health dental hygiene or the holder of such a license or endorsement to complete certain training concerning teledentistry. **Section ~~38-39~~** of this bill makes a conforming change. **Section ~~40-41~~** of this bill requires the Board to adopt regulations prescribing specific criteria for the accreditation of a course in teledentistry.

Section 35 of this bill prescribes certain requirements concerning the secure electronic storage of information concerning patients. **Section ~~41~~42** of this bill provides that it is unprofessional conduct for a dentist, dental hygienist or dental therapist to: (1) fail to actively involve a patient in decisions concerning his or her treatment; or (2) require a patient to enter into an agreement that restricts the ability of the patient to submit a complaint to the Board.

Sections 1, ~~42~~43 and ~~45~~44 of this bill require hospitals and issuers of Medicaid managed care plans to take certain measures to improve the access of recipients of Medicaid to teledentistry. **Sections 2-8** of this bill make conforming changes to indicate the proper placement of **section 1** in the Nevada Revised Statutes and provide for the enforcement of the requirements of **section 1**. **Sections 19-21** of this bill require a public school, private school or child care facility that requires a dental examination, screening or assessment of a child as a condition of admission to accept a dental examination, screening or assessment provided through teledentistry that meets certain criteria for that purpose.

~~Existing law prohibits an organization for dental care from using more than 25 percent of its prepaid charges or premiums for marketing or administrative expenses. (NRS 695D.240) **Section 43** of this bill prohibits an organization for dental care from retaining more than a total of 25 percent of its prepaid charges or premiums as profits or for use as marketing or administrative expenses. **Section 43** also requires an organization for dental care to report certain financial information to the Commissioner of Insurance and requires the Commissioner to post the reports on the Internet. **Section 44** of this bill prescribes certain procedural requirements concerning an examination by the Commissioner for the purpose of verifying the information included in such a report.~~

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

Section 1. Chapter 449 of NRS is hereby amended by adding thereto a new section to read as follows:

If a recipient of Medicaid ~~who receives coverage for dental services through a managed care organization~~ presents in the emergency department of a Nevada hospital with a nontraumatic dental injury, the hospital must provide the patient with the list of providers of dental services included in the network of the managed care organization that provides dental services who offer services through teledentistry submitted to the hospital pursuant to NRS 695C.1708 or 695G.162, as applicable.

Sec. 2. NRS 449.029 is hereby amended to read as follows:

449.029 As used in NRS 449.029 to 449.240, inclusive, *and section 1 of this act*, unless the context otherwise requires, “medical facility” has the meaning ascribed to it in NRS 449.0151 and includes a program of hospice care described in NRS 449.196.

Sec. 3. NRS 449.0301 is hereby amended to read as follows:

449.0301 The provisions of NRS 449.029 to 449.2428, inclusive, *and section 1 of this act* do not apply to:

1. Any facility conducted by and for the adherents of any church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend solely upon spiritual means through prayer for healing in the practice of the religion of the church or denomination, except that such a facility shall comply with all regulations relative to sanitation and safety applicable to other facilities of a similar category.

2. Foster homes as defined in NRS 424.014.

3. Any medical facility, facility for the dependent or facility which is otherwise required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that is operated and maintained by the United States Government or an agency thereof.

Sec. 4. NRS 449.089 is hereby amended to read as follows:

449.089 1. Each license issued pursuant to NRS 449.029 to 449.2428, inclusive, *and section 1 of this act* expires on December 31 following its issuance and is renewable for 1 year upon reapplication and payment of all fees required pursuant to NRS 449.050 unless the Division finds, after an investigation, that the facility has not:

(a) Satisfactorily complied with the provisions of NRS 449.029 to 449.2428, inclusive, *and section 1 of this act* or the standards and regulations adopted by the Board;

(b) Obtained the approval of the Director of the Department of Health and Human Services before undertaking a project, if such approval is required by NRS 439A.100; or

(c) Conformed to all applicable local zoning regulations.

2. Each reapplication for an agency to provide personal care services in the home, an agency to provide nursing in the home, a community health worker pool, a facility for intermediate care,

a facility for skilled nursing, a provider of community-based living arrangement services, a hospital described in 42 U.S.C. § 1395ww(d)(1)(B)(iv), a psychiatric hospital that provides inpatient services to children, a psychiatric residential treatment facility, a residential facility for groups, a program of hospice care, a home for individual residential care, a facility for the care of adults during the day, a facility for hospice care, a nursing pool, a peer support recovery organization, the distinct part of a hospital which meets the requirements of a skilled nursing facility or nursing facility pursuant to 42 C.F.R. § 483.5, a hospital that provides swing-bed services as described in 42 C.F.R. § 482.58 or, if residential services are provided to children, a medical facility or facility for the treatment of alcohol or other substance use disorders must include, without limitation, a statement that the facility, hospital, agency, program, pool, organization or home is in compliance with the provisions of NRS 449.115 to 449.125, inclusive, and 449.174.

3. Each reapplication for an agency to provide personal care services in the home, a community health worker pool, a facility for intermediate care, a facility for skilled nursing, a facility for the care of adults during the day, a peer support recovery organization, a residential facility for groups or a home for individual residential care must include, without limitation, a statement that the holder of the license to operate, and the administrator or other person in charge and employees of, the facility, agency, pool, organization or home are in compliance with the provisions of NRS 449.093.

Sec. 5. NRS 449.160 is hereby amended to read as follows:

449.160 1. The Division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.029 to 449.2428, inclusive, *and section 1 of this act* upon any of the following grounds:

(a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410 or 449.029 to 449.245, inclusive, *and section 1 of this act* or of any other law of this State or of the standards, rules and regulations adopted thereunder.

(b) Aiding, abetting or permitting the commission of any illegal act.

(c) Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a license is issued.

(d) Conduct or practice detrimental to the health or safety of the occupants or employees of the facility.

(e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or as provided in any regulation adopted pursuant to NRS 449.001 to 449.430, inclusive, *and section 1 of this act* and 449.435 to 449.531, inclusive, and chapter 449A of NRS if such approval is required.

(f) Failure to comply with the provisions of NRS 449.2486.

(g) Violation of the provisions of NRS 458.112.

2. In addition to the provisions of subsection 1, the Division may revoke a license to operate a facility for the dependent if, with respect to that facility, the licensee that operates the facility, or an agent or employee of the licensee:

(a) Is convicted of violating any of the provisions of NRS 202.470;

(b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360, 244.3603 or 268.4124;

or

(c) Is ordered by the appropriate governmental agency to correct a violation of a building, safety or health code or regulation but fails to correct the violation.

3. The Division shall maintain a log of any complaints that it receives relating to activities for which the Division may revoke the license to operate a facility for the dependent pursuant to subsection 2. The Division shall provide to a facility for the care of adults during the day:

(a) A summary of a complaint against the facility if the investigation of the complaint by the Division either substantiates the complaint or is inconclusive;

(b) A report of any investigation conducted with respect to the complaint; and

(c) A report of any disciplinary action taken against the facility.

↪ The facility shall make the information available to the public pursuant to NRS 449.2486.

4. On or before February 1 of each odd-numbered year, the Division shall submit to the Director of the Legislative Counsel Bureau a written report setting forth, for the previous biennium:

(a) Any complaints included in the log maintained by the Division pursuant to subsection 3; and

(b) Any disciplinary actions taken by the Division pursuant to subsection 2.

Sec. 6. NRS 449.163 is hereby amended to read as follows:

449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility, facility for the dependent or facility which is required by the regulations

adopted by the Board pursuant to NRS 449.0303 to be licensed violates any provision related to its licensure, including any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and section 1 of this act* or any condition, standard or regulation adopted by the Board, the Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:

(a) Prohibit the facility from admitting any patient until it determines that the facility has corrected the violation;

(b) Limit the occupancy of the facility to the number of beds occupied when the violation occurred, until it determines that the facility has corrected the violation;

(c) If the license of the facility limits the occupancy of the facility and the facility has exceeded the approved occupancy, require the facility, at its own expense, to move patients to another facility that is licensed;

(d) Impose an administrative penalty of not more than \$5,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum; and

(e) Appoint temporary management to oversee the operation of the facility and to ensure the health and safety of the patients of the facility, until:

(1) It determines that the facility has corrected the violation and has management which is capable of ensuring continued compliance with the applicable statutes, conditions, standards and regulations; or

(2) Improvements are made to correct the violation.

2. If the facility fails to pay any administrative penalty imposed pursuant to paragraph (d) of subsection 1, the Division may:

- (a) Suspend the license of the facility until the administrative penalty is paid; and
- (b) Collect court costs, reasonable attorney's fees and other costs incurred to collect the administrative penalty.

3. The Division may require any facility that violates any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and section 1 of this act* or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

4. Any money collected as administrative penalties pursuant to paragraph (d) of subsection 1 must be accounted for separately and used to administer and carry out the provisions of NRS 449.001 to 449.430, inclusive, *and section 1 of this act*, 449.435 to 449.531, inclusive, and chapter 449A of NRS to protect the health, safety, well-being and property of the patients and residents of facilities in accordance with applicable state and federal standards or for any other purpose authorized by the Legislature.

Sec. 7. NRS 449.220 is hereby amended to read as follows:

449.220 1. The Division may bring an action in the name of the State to enjoin any person, state or local government unit or agency thereof from operating or maintaining any facility within the meaning of NRS 449.029 to 449.2428, inclusive ~~§~~, *and section 1 of this act*:

- (a) Without first obtaining a license therefor; or
 - (b) After his or her license has been revoked or suspended by the Division.
2. It is sufficient in such action to allege that the defendant did, on a certain date and in a certain place, operate and maintain such a facility without a license.

Sec. 8. NRS 449.240 is hereby amended to read as follows:

449.240 The district attorney of the county in which the facility is located shall, upon application by the Division, institute and conduct the prosecution of any action for violation of any provisions of NRS 449.029 to 449.245, inclusive ~~§~~, *and section 1 of this act.*

Sec. 9. Chapter 450B of NRS is hereby amended by adding thereto the provisions set forth as sections 10 to 16, inclusive, of this act.

Sec. 10. *As used in sections 10 to 16, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 11 and 12 of this act have the meanings ascribed to them in those sections.*

Sec. 11. *“Committee” means the Committee on Dental Emergency Management created by section 14 of this act.*

Sec. 12. *“Dental responder” means the holder of a permit as a dental responder issued pursuant to section 13 of this act.*

Sec. 13. 1. *The Division may issue a permit as a dental responder to a person who applies to the Division in the form prescribed by the Division. The application must include, without limitation, proof that the applicant:*

(a) Is licensed in good standing as a dentist, dental hygienist or dental therapist in this State;
and

(b) Has completed:

(1) A training course offered by the National Incident Management System of the Federal Emergency Management Agency of the United States Department of Homeland Security; or

(2) The Basic Disaster Life Support Course or Advanced Disaster Life Support Course offered by the National Disaster Life Support Foundation, or its successor organization; or

(3) The Disaster and Emergency Preparedness course offered by the American College of Surgeons, or its successor organization; or

(4) A didactic and team-based course of training in disaster response offered by an institution of dental education in the State of Nevada and approved by the Division.

2. A dental responder may provide emergency medical care, immunizations, medical care in a mobile clinic and humanitarian care during the existence of:

(a) A state of emergency or declaration of disaster proclaimed by the Governor or the Legislature pursuant to NRS 414.070; or

(b) A public health emergency or other health event proclaimed by executive order of the Governor pursuant to NRS 439.970.

3. The State Board of Health, in consultation with the Committee on Dental Emergency Management, shall adopt regulations to carry out the provisions of this section. Those regulations must establish:

(a) The requirements for the issuance or renewal of a permit as a dental responder, including, without limitation, the fee for the issuance or renewal of such a permit and the length of time for which such a period is valid;

(b) Standards of practice for dental responders;

(c) Disciplinary action that may be imposed for violating the standards of practice established pursuant to paragraph (b), which may include, without limitation, the suspension or revocation of a permit; and

(d) Grounds and procedures for imposing disciplinary action.

4. Any fee prescribed pursuant to paragraph (a) of subsection 3 must be calculated to produce the revenue estimated to cover the costs necessary to administer the provisions of this section but in no case may the fee for the issuance or renewal of a certificate exceed the actual cost to the Division to administer those provisions.

5. A dental responder may not be held civilly or criminally liable for any act or omission performed while providing or supervising the provision of emergency medical care, immunizations, medical care in a mobile clinic or humanitarian care in accordance with this section and the regulations adopted pursuant thereto unless the act or omission:

(a) Amounts to willful misconduct or gross negligence; or

(b) Is performed while the dental responder was under the influence of alcohol or another substance that affects mental processes, awareness or judgment.

Sec. 14. 1. The Committee on Dental Emergency Management is hereby created within the Division. The Committee consists of:

(a) The following ex officio members:

(1) The Chief Medical Officer;

(2) The State Dental Health Officer; and

(3) The State Public Health Dental Hygienist; and

(b) The following members appointed by the Administrator of the Division:

(1) One member who represents the Nevada Dental Association, or its successor organization;

(2) One member who represents the Nevada Dental Hygienists' Association, or its successor organization;

(3) One member who represents the Board of Dental Examiners of Nevada;

(4) One or more members who represent a program of dentistry or dental hygiene at a college or university within the Nevada System of Higher Education;

(5) One member who is a county health officer in a county whose population is less than 100,000 or the designee of such a county health officer;

(6) One or more members who represent a state or local public health agency whose duties relate to emergency preparedness; and

(7) One member who is a consumer of dental services.

2 The term of each member appointed by the Administrator of the Division is 3 years after the initial term. A member may not serve more than two consecutive terms but may serve more than two terms if there is a break in service of not less than 2 years after serving at least part of two consecutive terms.

3 Each member of the Committee shall appoint an alternate to serve in the member's place if the member is temporarily unable to perform the duties required of him or her pursuant to this section and sections 15 and 16 of this act.

4 A position on the Committee that becomes vacant before the end of the term of the member must be filled in the same manner as the original appointment.

Sec. 15.1. *The Committee shall elect a Chair from among its members. The term of the Chair is 1 year. The Chair may be reelected.*

2. The Committee shall meet at the call of the Chair, the State Dental Health Officer or the Chief of the Division of Emergency Management of the Department of Public Safety at least twice each year.

3. The Committee shall adopt rules for its own management.

4. A member of the Committee serves without compensation, except that, for each day or portion of a day during which a member attends a meeting of the Committee or is otherwise engaged in the business of the Committee, the member of the Committee is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. The per diem allowance and travel expenses must be paid by the Division from money not allocated by specific statute for another use.

5. The Committee shall, upon the request of the Chair, the State Dental Health Officer or the Chief of the Division of Emergency Management of the Department of Public Safety, form subcommittees for decisions and recommendations concerning specific problems within the scope of the functions of the Committee.

6. The provisions of chapter 241 of NRS do not apply to any meeting of the Committee held during the existence of:

(a) A state of emergency or declaration of disaster proclaimed by the Governor or the Legislature pursuant to NRS 414.070; or

(b) A public health emergency or other health event proclaimed by executive order of the Governor pursuant to NRS 439.970.

Sec. 16. 1. The Committee shall:

(a) Advise the Board of Dental Examiners of Nevada concerning the adoption of regulations relating to dentists, dental therapists, dental hygienists, dental services and emergency management.

(b) Advise the State Board of Health concerning the management and performance of dental services during an emergency and matters relating to dental responders.

(c) Advise the Department of Health and Human Services and the Committee on Emergency Medical Services created by NRS 450B.151 concerning the management and performance of dental services during an emergency, including, without limitation, any statewide protocols for the provision of dental services during an emergency.

(d) Coordinate with the Medical Reserve Corps of the United States Department of Health and Human Services, any registration system for volunteer health practitioners that meets the requirements of NRS 415A.210 and any other organization of providers of health care who provide services during emergencies in this State.

(e) Make recommendations to the Division, the State Board of Health and the Department of Health and Human Services concerning the response to an emergency or disaster.

(f) Develop a plan for the continuation of dental services during a local, state or national emergency and establish any necessary protocols or systems for notifying dental responders, dentists, dental hygienists and dental therapists of important information related to the plan.

The plan must include, without limitation:

(1) Procedures for screening patients; and

(2) Guidelines for the appropriate use of personal protective equipment for dentists, dental hygienists and dental therapists and their staff during an outbreak of an infectious disease.

(g) Encourage the training and education of dental responders.

(h) On or before January 31 of each year, submit a report to the Division and the Chief of the Division of Emergency Management of the Department of Public Safety, which must include, without limitation:

(1) A summary of any policies or procedures adopted by the Committee; and

(2) A description of the activities of the Committee during the immediately preceding year.

(i) Perform any additional duties prescribed by regulation of the State Board of Health.

2. If the Committee or any member of the Committee has reasonable cause to believe that grounds for disciplinary action against a dentist, dental hygienist or dental therapist exist, the Committee or member, as applicable, must submit a complaint to the Board of Dental Examiners of Nevada pursuant to NRS 631.355.

Sec. 17. NRS 450B.151 is hereby amended to read as follows:

450B.151 1. The Committee on Emergency Medical Services, consisting of ~~nine~~ **10** members appointed by the State Board of Health, is hereby created.

2. Upon request of the State Board of Health, employee associations that represent persons that provide emergency medical services, including, without limitation, physicians and nurses that provide emergency medical services, emergency medical technicians, ambulance attendants, firefighters, fire chiefs, *dental responders* and employees of rural hospitals, shall submit to the State Board of Health written nominations for appointments to the Committee.

3. After considering the nominations submitted pursuant to subsection 2, the State Board of Health shall appoint to the Committee:

(a) One member who is a physician licensed pursuant to chapter 630 or 633 of NRS and who has experience providing emergency medical services;

(b) One member who is a registered nurse and who has experience providing emergency medical services;

(c) One member who is a volunteer for an organization that provides emergency medical services pursuant to this chapter;

(d) One member who is employed by a fire-fighting agency at which some of the firefighters and persons who provide emergency medical services for the agency are employed and some serve as volunteers;

(e) One member who is employed by an urban fire-fighting agency;

(f) One member who is employed by or serves as a volunteer with a medical facility that is located in a rural area and that provides emergency medical services;

(g) One member who is employed by an organization that provides emergency medical services in an air ambulance and whose duties are closely related to such emergency medical services;

(h) One member who is employed by a privately owned entity that provides emergency medical services; ~~and~~

(i) One member who is employed by an operator of a service which is:

(1) Provided for the benefit of the employees of an industry who become sick or are injured at the industrial site; and

(2) Staffed by employees who are licensed attendants and perform emergency medical services primarily for the industry ~~and~~; *and*

(j) One member who holds a permit as a dental responder issued pursuant to section 13 of this act and has experience providing emergency medical services.

4. In addition to the members set forth in subsection 3, the following persons are ex officio members of the Committee:

(a) An employee of the Division, appointed by the Administrator of the Division, whose duties relate to administration and enforcement of the provisions of this chapter;

(b) The county health officer appointed pursuant to NRS 439.290 in each county whose population is 100,000 or more, or the county health officer's designee;

(c) A physician who is a member of a committee which consists of directors of trauma centers in this State and who is nominated by that committee; and

(d) A representative of a committee or group which focuses on the provision of emergency medical services to children in this State and who is nominated by that committee or group.

5. The term of each member appointed by the State Board of Health is 2 years. A member may not serve more than two consecutive terms but may serve more than two terms if there is a break in service of not less than 2 years.

6. The State Board of Health shall not appoint to the Committee two persons who are employed by or volunteer with the same organization, except the State Board of Health may appoint a person who is employed by or volunteers with the same organization of which a member who serves ex officio is an employee.

7. Each member of the Committee shall appoint an alternate to serve in the member's place if the member is temporarily unable to perform the duties required of him or her pursuant to NRS 450B.151 to 450B.154, inclusive.

8. A position on the Committee that becomes vacant before the end of the term of the member must be filled in the same manner as the original appointment.

Sec. 18. NRS 241.016 is hereby amended to read as follows:

241.016 1. The meetings of a public body that are quasi-judicial in nature are subject to the provisions of this chapter.

2. The following are exempt from the requirements of this chapter:

(a) The Legislature of the State of Nevada.

(b) Judicial proceedings, including, without limitation, proceedings before the Commission on Judicial Selection and, except as otherwise provided in NRS 1.4687, the Commission on Judicial Discipline.

(c) Meetings of the State Board of Parole Commissioners when acting to grant, deny, continue or revoke the parole of a prisoner or to establish or modify the terms of the parole of a prisoner.

3. Any provision of law, including, without limitation, NRS 91.270, 219A.210, 228.495, 239C.140, 239C.420, 281A.350, 281A.690, 281A.735, 281A.760, 284.3629, 286.150, 287.0415, 287.04345, 287.338, 288.220, 288.590, 289.387, 295.121, 360.247, 388.261, 388A.495, 388C.150, 388D.355, 388G.710, 388G.730, 392.147, 392.467, 394.1699, 396.3295, 414.270, 422.405, 433.534, 435.610, 442.774, 463.110, 480.545, 622.320, 622.340, 630.311, 630.336, 631.3635, 639.050, 642.518, 642.557, 686B.170, 696B.550, 703.196 and 706.1725 ~~§~~ *and section 15 of this act*, which:

(a) Provides that any meeting, hearing or other proceeding is not subject to the provisions of this chapter; or

(b) Otherwise authorizes or requires a closed meeting, hearing or proceeding,
↪ prevails over the general provisions of this chapter.

4. The exceptions provided to this chapter, and electronic communication, must not be used to circumvent the spirit or letter of this chapter to deliberate or act, outside of an open and public meeting, upon a matter over which the public body has supervision, control, jurisdiction or advisory powers.

Sec. 19. Chapter 392 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A public school that requires a child to receive a dental examination, screening or assessment as a condition of admitting the child to the school shall accept a dental examination, screening or assessment provided through teledentistry to satisfy that requirement if:

(a) The dental examination, screening or assessment is conducted in a manner that ensures the identification of any definitive dental or oral lesions; and

(b) The person who conducted the dental examination, screening or assessment ensures that the pupil is referred to a dental home, which may include, without limitation, a virtual dental home, when appropriate.

2. As used in this section:

(a) “Dental home” means an entity that arranges for the provision of oral health care that is continuously available and delivered in a comprehensive, coordinated and family-centered manner by a dentist licensed in this State.

(b) “Teledentistry” has the meaning ascribed to it in section 26 of this act.

(c) “Virtual dental home” means a dental home that uses teams of persons licensed pursuant to chapter 631 of NRS who are connected to the patient and each other through teledentistry to provide comprehensive oral health care in a community setting.

Sec. 20. Chapter 394 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A private school that requires a child to receive a dental examination, screening or assessment as a condition of admitting the child to the school shall accept a dental examination, screening or assessment provided through teledentistry to satisfy that requirement if:

(a) The dental examination, screening or assessment is conducted in a manner that ensures the identification of any definitive dental or oral lesions; and

(b) The person who conducted the dental examination, screening or assessment ensures that the pupil is referred to a dental home, which may include, without limitation, a virtual dental home, when appropriate.

2. As used in this section:

(a) “Dental home” has the meaning ascribed to it in section 19 of this act.

(b) “Teledentistry” has the meaning ascribed to it in section 26 of this act.

(c) “Virtual dental home” has the meaning ascribed to it in section 19 of this act.

Sec. 21. Chapter 432A of NRS is hereby amended by adding thereto a new section to read as follows:

1. A child care facility that requires a child to receive a dental examination, screening or assessment as a condition of admitting the child to the facility shall accept a dental examination, screening or assessment provided through teledentistry to satisfy that requirement if:

(a) The dental examination, screening or assessment is conducted in a manner that ensures the identification of any definitive dental or oral lesions; and

(b) The person who conducted the dental examination, screening or assessment ensures that the child is referred to a dental home, which may include, without limitation, a virtual dental home, when appropriate.

2 As used in this section:

(a) “Dental home” has the meaning ascribed to it in section 19 of this act.

(b) “Teledentistry” has the meaning ascribed to it in section 26 of this act.

(c) “Virtual dental home” has the meaning ascribed to it in section 19 of this act.

Sec. 22. NRS 629.031 is hereby amended to read as follows:

629.031 Except as otherwise provided by a specific statute:

1. “Provider of health care” means:

(a) A physician licensed pursuant to chapter 630, 630A or 633 of NRS;

(b) A physician assistant;

(c) A dentist;

(d) A dental therapist;

(e) A dental hygienist;

(f) A licensed nurse;

~~(e)~~ (g) A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS;

~~(f)~~ (h) A dispensing optician;

~~(g)~~ (i) An optometrist;

~~[(h)]~~ **(j)** A speech-language pathologist;

~~[(i)]~~ **(k)** An audiologist;

~~[(j)]~~ **(l)** A practitioner of respiratory care;

~~[(k)]~~ **(m)** A licensed physical therapist;

~~[(l)]~~ **(n)** An occupational therapist;

~~[(m)]~~ **(o)** A podiatric physician;

~~[(n)]~~ **(p)** A licensed psychologist;

~~[(o)]~~ **(q)** A licensed marriage and family therapist;

~~[(p)]~~ **(r)** A licensed clinical professional counselor;

~~[(q)]~~ **(s)** A music therapist;

~~[(r)]~~ **(t)** A chiropractor;

~~[(s)]~~ **(u)** An athletic trainer;

~~[(t)]~~ **(v)** A perfusionist;

~~[(u)]~~ **(w)** A doctor of Oriental medicine in any form;

~~[(v)]~~ **(x)** A medical laboratory director or technician;

~~[(w)]~~ **(y)** A pharmacist;

~~[(x)]~~ **(z)** A licensed dietitian;

~~[(y)]~~ **(aa)** An associate in social work, a social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;

~~[(z)]~~ **(bb)** An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;

~~[(aa)]~~ (cc) An alcohol and drug counselor or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS; or

~~[(bb)]~~ (dd) A medical facility as the employer of any person specified in this subsection.

2. For the purposes of NRS 629.400 to 629.490, inclusive, the term includes ~~[(~~

~~—(a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and~~

~~—(b) A]~~ a person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.

Sec. 23. Chapter 631 of NRS is hereby amended by adding thereto the provisions set forth as sections 24 to 3~~5~~⁶, inclusive, of this act.

Sec. 24. *“Distant site” has the meaning ascribed to it in NRS 629.515.*

Sec. 25. *“Originating site” has the meaning ascribed to it in NRS 629.515.*

Sec. 26. *“Teledentistry” means the use of telehealth by a licensee described in subsection 1 of section 28 of this act who is located at a distant site to facilitate the diagnosis, treatment, education, care management and self-management of or consultation with a patient who is located at an originating site. The term includes, without limitation:*

1. Real-time interactions between a patient at an originating site and a licensee at a distant site;

2. The asynchronous transmission of medical and dental information concerning a patient from an originating site to a licensee at a distant site;

3. *Interaction between a licensee who is providing dental services to a patient at an originating site and another licensee at an originating site; and*

4. *Monitoring of a patient at an originating site by a licensee at a distant site.*

Sec. 27. *“Telehealth” has the meaning ascribed to it in NRS 629.515.*

Sec. 28. 1. *A person shall not provide dental services through teledentistry to a patient who is located at an originating site in this State unless the person is:*

(a) *Licensed to practice dentistry, dental hygiene, or dental therapy in this State; or*

(b) *Licensed to practice dental hygiene in this State and holds a current special endorsement of his or her license pursuant to NRS 631.287 to practice public health dental hygiene.*

2. *The provisions of this chapter and the regulations adopted thereto, including, without limitation, clinical requirements, ethical standards and requirements concerning the confidentiality of information concerning patients, apply to services provided through teledentistry to the same extent as if those services were provided in person or by other means.*

3. *A licensee who provides dental services, including, without limitation, providing consultation and recommendations for treatment, issuing a prescription, diagnosis, correction of the position of teeth and use of orthodontic appliances, through teledentistry shall provide those services in accordance with the same standards of care and professional conduct as when providing those services in person or by other means.*

4. *A licensee shall not:*

(a) Provide treatment for any condition based solely on the results of an online questionnaire;

(b) Provide services through teledentistry, including, without limitation, conducting an oral examination, if, in the professional judgment of the licensee or according to the relevant standard of care, the services should be provided in person; or

(c) Engage in activity that is outside his or her scope of practice while providing services through teledentistry.

Sec. 29. *A licensee who provides dental services through teledentistry must be covered by a policy of professional liability insurance which insures the licensee against any liability arising from the provision of dental services through teledentistry.*

Sec. 30. *A licensee may:*

1. Use teledentistry to examine an existing patient for the purpose of providing a new diagnosis or examine a new patient if the examination is sufficient, in accordance with evidence-based standards of practice, to provide an informed diagnosis.

2. Collaborate in real time through teledentistry with a person who is not licensed pursuant to this chapter, including, without limitation, a community health worker, licensed medical professional, teacher, provider of emergency medical services or student who is enrolled in a program of study in dentistry, dental therapy or dental hygiene, to provide diagnostic services or plan treatment for a dental emergency.

Sec. 31. 1. *Except as otherwise provided in this subsection, a licensee must establish a bona fide practitioner-patient relationship, as defined by regulation of the Board, with a*

patient before providing services to the patient through teledentistry. A licensee may establish such a relationship through teledentistry.

2. Before providing services to a patient through teledentistry, a licensee shall:

(a) Confirm the identity of the patient;

(b) If the patient is an unemancipated minor, confirm that the parent or legal guardian of the patient is present;

(c) Confirm that the patient is located in a jurisdiction where the licensee is licensed or otherwise authorized to practice and document the location of the patient in the record of the patient; and

(d) Obtain informed verbal or written consent that meets the requirements of subsection 4 from the patient and document the informed consent in the record of the patient

3. Before providing services through teledentistry and upon the request of a patient to whom services are provided through teledentistry, a licensee or any partnership, corporation or other entity through which a licensee provides services shall make available to the patient proof of the identity of the licensee, the telephone number of the licensee, the address at which the licensee practices, the license number of the licensee and any other relevant information concerning the qualifications of the licensee.

4. Informed consent to the provision of services through teledentistry requires the patient to be informed of:

(a) The types of services that will be provided through teledentistry and any limitations on the provision of those services through teledentistry;

(b) The information prescribed by subsection 3 for each licensee who will provide services through teledentistry;

(c) Precautions that will be taken in the event of a technological failure or an emergency;
and

(d) Any other information prescribed by regulation of the Board.

Sec. 32. *A licensee who provides services through teledentistry shall:*

1. Use communication technology that complies with Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any regulations adopted pursuant thereto;
and

2. Create a complete record of each encounter with a patient through teledentistry and maintain such records in accordance with all applicable federal and state laws and regulations, including, without limitation:

(a) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any applicable regulations adopted pursuant thereto;

(b) NRS 629.051 to 629.069, inclusive;

(c) The regulations adopted pursuant to section 34 of this act; and

(d) Section 35 of this act.

Sec. 33. 1. *A licensee who provides services through teledentistry must be adequately familiar with the nature and availability of dental care in the area in which the patient is located to ensure that the patient receives appropriate care after the provision of the services.*

2. If a licensee is not able to competently provide services through teledentistry, including, without limitation, because the licensee is unable to receive adequate information about the patient, the licensee must notify the patient of that fact and:

(a) Provide the services in person;

(b) Request any additional information necessary to competently provide the services through teledentistry; or

(c) Refer the patient to an appropriate licensee to receive the services in person.

3. A licensee who provides services through teledentistry shall refer a patient to the emergency department of a hospital or another provider of acute care in an emergency or any other situation where the provision of acute care is necessary to protect the health and safety of the patient.

Sec. 34. 1. *The Board shall adopt regulations governing the provision of dental services through teledentistry. Those regulations must include, without limitation, requirements concerning:*

(a) The issuance of a prescription through teledentistry;

(b) The maintenance of records concerning patients to whom services are provided through teledentistry and the protection of the privacy of such patients;

(c) The use of teledentistry for collaboration between:

(1) Licensees and the office of a physician, physician assistant or advanced practice registered nurse; and

(2) Licensees who practice in different specialty areas; and

(d) Interaction between licensees using teledentistry, including, without limitation:

(1) The supervision of a dental therapist who has not completed the hours of clinical practice set forth in NRS 631.3122 or a dental hygienist by a dentist using teledentistry; and

(2) Interaction between different licensees who are providing care to the same patient.

2. The regulations adopted pursuant to subsection 1 may prescribe evidence-based standards of practice that must be used when providing services through teledentistry to ensure the safety of patients, the quality of care and positive outcomes.

Sec. 35. A licensee who electronically stores information concerning patients shall:

1. Store and share such information using a secure server; and

2. Ensure that any electronic device on which such information is stored or that may be used to access such information is encrypted and requires a password to access.

Sec. 36. 1. The Board shall, without a clinical examination required by NRS 631.240 or 631.300, issue a limited license to a person to practice dentistry or dental hygiene who has entered into a contract with the Nevada Department of Health and Human Services pursuant to NRS 439.272 or NRS 439.279 and satisfies NRS 631.230 or 631.290, as appropriate.

2. A limited license issued pursuant to this section expires 1 year after the date of its issuance and may be renewed annually upon submission of proof acceptable to the Board of compliance with subsection 1 and payment of any fee required pursuant to subsection 3.

3. The Board may impose a fee of not more than \$200 for the issuance and each renewal of a limited license issued pursuant to this section.

4. The Board shall inform each applicant in writing on the contents and interpretation of this chapter and the regulations of the Board.

5. A person to whom a limited license is issued pursuant to subsection 1:

- (a) Shall not, for the duration of the license, engage in the private practice of dentistry or dental hygiene in this State or accept compensation for the practice of dentistry or dental hygiene except such compensation as may be paid to the person pursuant to the contract referenced in subsection 1; and
- (b) May practice dentistry or dental hygiene in this State only in accordance with the contract required by subsection 1 and approved by the Chief Medical Officer who is appointed pursuant to NRS 439.085.

6. Within 7 days after the termination of a contract required pursuant to this section, the holder of a limited license shall notify the Board of the termination, in writing, and surrender the license issued pursuant to this section, if any, to the Board.

7. The Board in consultation with the Nevada Department of Health and Human Services may revoke a license issued pursuant to this section, if at any time the Board finds, by a preponderance of the evidence, that the holder of the license violated any provision of this chapter or the regulations of the Board.

Sec ~~36~~ 37. NRS 631.005 is hereby amended to read as follows:

631.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 631.015 to 631.105, inclusive, *and sections 24 to 27, inclusive, of this act* have the meanings ascribed to them in those sections.

Sec. ~~37~~ 38. NRS 631.220 is hereby amended to read as follows:

631.220 1. Every applicant for a license to practice dental hygiene, dental therapy or dentistry, or any of its special branches, must:

- (a) File an application with the Board.

(b) Accompany the application with a recent photograph of the applicant together with the required fee and such other documentation as the Board may require by regulation.

(c) Submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

(d) If the applicant is required to take an examination pursuant to NRS 631.240, 631.300 or 631.3121, submit with the application proof satisfactory that the applicant passed the examination.

2. In addition to satisfying the requirements of subsection 1, an applicant for a license to practice dental therapy or dentistry, or any of its special branches, must submit to the Board proof that the applicant has completed:

(a) At least 2 hours of continuing education concerning teledentistry; or

(b) A course in teledentistry as part of the requirements for graduation from an institution accredited by the Commission on Dental Accreditation, or its successor entity.

3. An application must include all information required to complete the application.

~~3.7~~ **4.** The Secretary-Treasurer may, in accordance with regulations adopted by the Board and if the Secretary-Treasurer determines that an application is:

(a) Sufficient, advise the Executive Director of the sufficiency of the application. Upon the advice of the Secretary-Treasurer, the Executive Director may issue a license to the applicant without further review by the Board.

(b) Insufficient, reject the application by sending written notice of the rejection to the applicant.

Sec. 3839. NRS 631.260 is hereby amended to read as follows:

631.260 Except as otherwise provided in subsection ~~3~~ 4 of NRS 631.220, as soon as possible after the examination has been given, the Board, under rules and regulations adopted by it, shall determine the qualifications of the applicant and shall issue to each person found by the Board to have the qualifications therefor a license which will entitle the person to practice dental hygiene, dental therapy or dentistry, or any special branch of dentistry, as in such license defined, subject to the provisions of this chapter.

Sec. ~~39~~ 40. NRS 631.287 is hereby amended to read as follows:

631.287 1. The Board shall, upon application by a dental hygienist who is licensed pursuant to this chapter and has such qualifications as the Board specifies by regulation, issue a special endorsement of the license allowing the dental hygienist to practice public health dental hygiene. The special endorsement may be renewed biennially upon the renewal of the license of the dental hygienist.

2. *An application pursuant to subsection 1 must be accompanied by proof that the applicant has completed:*

(a) At least 2 hours of continuing education concerning teledentistry; or

(b) A course in teledentistry as part of the requirements for graduation from an institution accredited by the Commission on Dental Accreditation, or its successor entity.

3. A dental hygienist who holds a special endorsement issued pursuant to subsection 1 may provide services without the authorization or supervision of a dentist only as specified by regulations adopted by the Board.

Sec. ~~40~~ 41. NRS 631.342 is hereby amended to read as follows:

631.342 1. The Board shall adopt regulations concerning continuing education in dentistry, dental hygiene and dental therapy. The regulations must include:

- (a) Except as provided in NRS 631.3425, the number of hours of credit required annually;
- (b) The criteria used to accredit each course ~~§~~, *including, without limitation, specific criteria used to accredit a course in teledentistry*; and
- (c) The requirements for submission of proof of attendance at courses.

2. Except as otherwise provided in subsection 3, as part of continuing education, each licensee must complete a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

- (a) An overview of acts of terrorism and weapons of mass destruction;
- (b) Personal protective equipment required for acts of terrorism;
- (c) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- (d) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- (e) An overview of the information available on, and the use of, the Health Alert Network.

3. Instead of the course described in subsection 2, a licensee may complete:

(a) A course in Basic Disaster Life Support or a course in Core Disaster Life Support if the course is offered by a provider of continuing education accredited by the National Disaster Life Support Foundation; or

(b) Any other course that the Board determines to be the equivalent of a course specified in paragraph (a).

4. Notwithstanding the provisions of subsections 2 and 3, the Board may determine whether to include in a program of continuing education additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

5. As used in this section:

(a) “Act of terrorism” has the meaning ascribed to it in NRS 202.4415.

(b) “Biological agent” has the meaning ascribed to it in NRS 202.442.

(c) “Chemical agent” has the meaning ascribed to it in NRS 202.4425.

(d) “Radioactive agent” has the meaning ascribed to it in NRS 202.4437.

(e) “Weapon of mass destruction” has the meaning ascribed to it in NRS 202.4445.

Sec. ~~41~~42. NRS 631.3475 is hereby amended to read as follows:

631.3475 The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;

3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;

4. More than one act by the dentist, dental hygienist or dental therapist constituting substandard care in the practice of dentistry, dental hygiene or dental therapy;

5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patient;

6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(a) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(b) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328; or

(c) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS;

7. Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;

8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;

9. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

10. Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.23535 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;

12. Failure to comply with the provisions of NRS 454.217 or 629.086;

13. Failure to obtain any training required by the Board pursuant to NRS 631.344; ~~or~~

14. *Failure to actively involve a patient in decisions concerning his or her treatment;*

15. *Requiring a patient to enter into an agreement that restricts the ability of the patient to submit a complaint to the Board; or*

16. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

(a) The license of the facility is suspended or revoked; or

(b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

Sec. ~~42~~ 43. 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 as though provided in person or by other means.

2. 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;

(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;

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

(d) Require 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 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. A health maintenance organization that provides medical services to recipients of

Medicaid under the State Plan for Medicaid or the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall provide referrals to providers of dental services who provide services through teledentistry.

5. A health maintenance organization that provides dental services to recipients of Medicaid under the State Plan for Medicaid or the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall:

(a) Maintain a list of providers of dental services included in the network of the managed care organization who offer services through teledentistry; ~~and~~

(b) At least annually, update the list and submit a copy of the updated list to the emergency department of each hospital located in the geographic area in which the managed care organization covers dental services for recipients of Medicaid.; and

(c) Allow providers of dental services to include teledentistry codes for both real-time interactions and asynchronous transmission of medical and dental information on claim forms for tracking and reporting purposes.

6. 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.

~~{5.}~~ 7. Evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after July 1, 2015, 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.}~~ 8. As used in this section:

- (a) “Distant site” has the meaning ascribed to it in NRS 629.515.
- (b) “Originating site” has the meaning ascribed to it in NRS 629.515.
- (c) “Provider of health care” has the meaning ascribed to it in NRS 439.820.
- (d) *“Teledentistry” has the meaning ascribed to it in section 26 of this act.*
- (e) “Telehealth” has the meaning ascribed to it in NRS 629.515.

~~Sec. 43. NRS 695D.240 is hereby amended to read as follows:~~

~~695D.240 1. The organization for dental care shall [use] not *retain* more than *a total of 25* percent of its prepaid charges or premiums [for] *as profits or use as* marketing and administrative expenses . [, including] *For the purposes of this subsection, marketing and administrative expenses include, without limitation,* all costs to solicit members or dentists [.]*, commissions for agents and salaries for employees.*~~

~~2 *Except as otherwise provided in subsection 3, on or before July 31 of each year, an organization for dental care shall submit to the Commissioner a report which must include, for the immediately preceding calendar year, the information required by the 2013 edition of the Annual Medical Loss Ratio Reporting Form CMS-10418 prescribed by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human*~~

~~Services for each plan offered by the organization for dental care and each market in which the organization for dental care provides coverage. Not later than 45 days after receiving a report pursuant to this subsection, the Commissioner shall post the report on an Internet website maintained by the Division.~~

~~3—The provisions of subsection 2 do not apply to an organization for dental care that provides services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children’s Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt an organization for dental care from the requirements of subsection 2 for services provided pursuant to any other contract.~~

4. The Commissioner may adopt regulations which define “marketing and administrative expenses” for the purposes of subsection 1.

~~Sec. 44.~~ NRS 695D.270 is hereby amended to read as follows:

~~695D.270 1.~~ The Commissioner shall, not less frequently than once every 3 years, conduct an examination of an organization for dental care pursuant to NRS 679B.250 to 679B.300, inclusive.

~~2—may accept a full report of the last examination of the organization certified by~~

~~the state officer who supervises those organizations in the other state, if that examination is equivalent to an examination conducted by the Commissioner.~~

~~3. Not less than 30 days before examining an organization for dental care pursuant to subsection 1 or 2 for the purpose of verifying the information included in a report submitted to NRS 695D.240, the Commissioner shall notify the organization of the examination and request any records necessary for the examination. Except as otherwise provided in this subsection, the organization shall submit the requested records not later than 30 days after the request. The Commissioner may extend the time period for an organization to respond to a request for records pursuant this subsection upon a showing of good cause.~~

~~4. Any information submitted to the Commissioner pursuant to subsection 3 is a public record that is subject to disclosure under the provisions of NRS 239.010 unless the Commissioner determines that the information constitutes a trade secret, as defined in NRS 600A.030.~~

~~5. The Commissioner shall, in like manner, examine all organizations applying for a certificate of authority.~~

Sec. ~~45~~ 44. 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 as though provided in person or by other means.

2. 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;

(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;

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

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

3. 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. A managed care organization that provides medical services to recipients of Medicaid under the State Plan for Medicaid or the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall provide referrals to providers of dental services who provide services through teledentistry.

5. A managed care organization that provides dental services to recipients of Medicaid under the State Plan for Medicaid or the Children's Health Insurance Program pursuant to a

contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall:

(a) Maintain a list of providers of dental services included in the network of the managed care organization who offer services through teledentistry; ~~and~~

(b) At least annually, update the list and submit a copy of the updated list to the emergency department of each hospital located in the geographic area in which the managed care organization covers dental services for recipients of Medicaid.; and

(c) Allow providers of dental services to include teledentistry codes for both real-time interactions and asynchronous transmission of medical and dental information on claim forms for tracking and reporting purposes.

6. 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.]~~ 7. Evidence of coverage that is delivered, issued for delivery or renewed on or after July 1, 2015, 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.]~~ 8. As used in this section:

(a) “Distant site” has the meaning ascribed to it in NRS 629.515

- (b) “Originating site” has the meaning ascribed to it in NRS 629.515.
- (c) “Provider of health care” has the meaning ascribed to it in NRS 439.820.
- (d) *“Teledentistry” has the meaning ascribed to it in section 26 of this act.*
- (e) “Telehealth” has the meaning ascribed to it in NRS 629.515.

Sec. 46 ~~45~~. As soon as practicable after the January 1, 2022, the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services shall appoint the members of the Committee on Dental Emergency Management created by section 14 of this act as follows:

1. At least three members to terms that expire on January 1, 2023;
2. At least two members to terms that expire on January 1, 2024; and
3. At least two members to terms that expire on January 1, 2025.

Sec. 47 ~~46~~. 1. Each person who holds a license to practice dental hygiene with a special endorsement to practice dental hygiene in a public health setting or a license to practice dentistry or dental therapy on January 1, 2022, shall submit to the Board of Dental Examiners of Nevada with the next application to renew that license after that date proof that the licensee has completed:

- (a) At least 2 hours of continuing education concerning teledentistry; or
- (b) A course in teledentistry as part of the requirements for graduation from an institution accredited by the Commission on Dental Accreditation, or its successor entity.

2. As used in this section, “teledentistry” has the meaning ascribed to it in section 26 of this act.

Sec. ~~48~~ 47. Notwithstanding the provisions of NRS 218D.430 and 218D.435, a committee, other than the Assembly Standing Committee on Ways and Means and the Senate Standing Committee on Finance, may vote on this act before the expiration of the period prescribed for the return of a fiscal note in NRS 218D.475. This section applies retroactively from and after March 22, 2021.

Sec. ~~49~~ 48. 1. This section becomes effective upon passage and approval.

2. Sections 1 to ~~48~~47, inclusive, of this act become effective:

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

(b) On January 1, 2022, for all other purposes.