May 5, 2021

The Honorable Rochelle T. Nguyen  
Chairwoman, Nevada Assembly Health and Human Services Committee  
Nevada State Assembly  
401 S Carson St.  
Carson City, NV 89701

The Honorable Sarah Peters  
Vice-Chairwoman, Nevada Assembly Health and Human Services Committee  
Nevada State Assembly  
401 S Carson St.  
Carson City, NV 89701

RE: ATA SUPPORT FOR SENATE BILL 5

Dear Chairwoman Nguyen and Vice-Chairwoman Peters:

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing you to support Senate Bill 5.

The ATA is the only national organization whose mission revolves solely around the advancement of telehealth. Our utmost priority is ensuring that Americans have the ability to receive affordable, high-quality health care whenever and wherever they need it. The expansion of telehealth infrastructure around the country eases strain on the overburdened health care system, enabling it to provide care for millions more patients every year in an efficient and effective manner. The ATA represents a diverse and expansive coalition of technology solution providers and payers, as well as partner organizations and alliances, working together to promote the implementation of telehealth across the country, endorse responsible telehealth policy, encourage government and market normalization, and deliver education and resources designed to further the integration of virtual care through the use of various innovative technologies.

The ATA applauds the legislature’s efforts to expand Nevadans’ access to quality health care. By including reimbursement for services provided by telehealth for both public and private plans, the bill makes it easier for Nevada residents to access high-quality health care at any place and any time without having to worry about the potential financial burdens associated with receiving that care. Our organization also commends the Nevada legislature for setting rational reimbursement guidelines that are both fair to the provider of audio-only telehealth services and reflect the cost savings offered to the health care system by the effective use of these telehealth technologies.

Additionally, the ATA commends the legislature’s decision to add a provision that allows providers to establish a professional relationship with the patient through the use of the telehealth technologies appropriate to diagnose and treat the condition presented by the patient if such a relationship does not already exist. The ATA maintains that so long as the patient has consented to the use of telehealth as an acceptable mode of delivering health care services and the patient and practitioner have identified themselves and disclosed the appropriate credentials, a
practitioner and patient should not be prevented from establishing a professional relationship through appropriate technologies that meet the standard of care.

Third, the ATA supports the legislature’s adoption of a more technology-neutral definition of telehealth in Section 8, NRS 629.515(5)(c). The revised definition better captures how telehealth providers in Nevada and across the country are relying increasingly on robust asynchronous (or “store and forward”) telehealth technologies to establish patient relationships, perform patient evaluations, and appropriately prescribe medication in many fields. Asynchronous technologies are critical to the industry as they are used to transmit a patient’s health data, vital signs, digital diagnostic images, and other physiologic data quickly and conveniently.

However, the ATA would like to emphasize its commitment to a technology-neutral definition of telehealth that would enable providers to utilize the full range modalities, including standard phone and email, so long as the practitioner meets the standard of care. As patients and consumers seek out more convenient and affordable means by which to access their health care services, state policymakers should not mandate which technologies are more appropriate than others in the delivery of telehealth services. Instead, they should defer this decision to licensed medical professionals who can determine which technologies are appropriate to treat the condition presented by the patient. It is appropriate for the legislature to put in place patient safety guardrails; however, those should be firmly tied to the standard of care.

Finally, the ATA recommends adding language in Section 8, NRS 629.515 which would clarify that the provisions in this section do not apply to out-of-state, licensed practitioners who engage in consultations with a practitioner licensed in Nevada. Nevada is currently one of only 11 states which has yet to adopt a statute that allows for peer-to-peer consultation through telehealth technologies between a state-licensed practitioner and an out-of-state medical expert without that expert having to be licensed in both locations. In easing the requirements placed on experts outside of Nevada when providing second opinions to patients in the state through communications technology, the legislature makes it easier for Nevadans to seek out the nation’s top medical professionals in the search for advice on their diseases and medical concerns, all while doing so from the comfort and safety of their homes.

Again, we thank you for your support of telehealth policy in Nevada. In the context of the ongoing health crisis, it is essential that Nevada residents have safe and efficacious access to the health care they need and deserve. We urge you and your colleagues pass Senate Bill 5 with the recommended amendments in the interest of expanding Nevadans’ easy and efficient access to affordable, quality health care. Please do not hesitate to let us know how we can be helpful in your efforts to advance common-sense telehealth policy in Nevada. If you have any questions or would like to discuss further the telehealth industry’s perspective, please contact me at kzebley@americantelemed.org.

Kind regards,

Kyle Zebley
Public Policy Director
American Telemedicine Association