

# NEVADA HEALTH AUTHORITY DIRECTOR'S OFFICE

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#### **GENERAL GUIDANCE LETTER 25-002**

Date: August 12, 2025

From: Stacie Weeks, JD, MPH, Director, Nevada Health Authority

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Subject: Medical Facility Application to Waive Requirements of Nevada Revised Statute (NRS)

439.589(4)

**Purpose:** This letter serves as state guidance on the implementation of NRS 439.589, specifically the process through which a medical facility can apply for a compliance waiver pursuant to NRS 439.589(6).

NRS 439.589(4) requires health care providers to maintain, transmit and exchange health information electronically in accordance with adopted regulations contained in LCB File No. R173-24<sup>1</sup>. However, pursuant to NRS 439.589(6) ) and Section 157 of Senate Bill 494 (SB494) of the 2025 Legislative Session, a health care provider may apply to the Authority for a waiver from the requirements of NRS 439.589(4) based on circumstances related to challenges with obtaining infrastructure necessary for compliance.

NRS 629.031(1)(gg) provides that a medical facility as an employer of any person specified in NRS 629.031(1) is considered a provider of health care. NRS 449.0151 further lists eligible facility types for medical facility licensure. Here, the Nevada Health Authority is offering the option for a compliance waiver application to be submitted on behalf of a medical facility. **IMPORTANT**: While the Authority is offering a compliance waiver application to be submitted on behalf of a medical facility as a provider of health care, all individual providers are responsible for ensuring their own compliance or exemption from NRS 439.589 (further instructions below).

#### **Authorities:**

<sup>&</sup>lt;sup>1</sup> The text of the adopted regulation is available at the State of Nevada Register of Administrative Regulations at <a href="https://www.leg.state.nv.us/register/indexes/2024\_NAC\_REGISTER\_NUMERICAL.htm">https://www.leg.state.nv.us/register/indexes/2024\_NAC\_REGISTER\_NUMERICAL.htm</a>.

Per NRS 439.589(4) and Section 157 of SB494, "Except as otherwise provided in subsections 5, 6 and 7, the Authority and the divisions thereof, other state and local governmental entities, health care providers, third parties, pharmacy benefit managers and other entities licensed or certified pursuant to title 57 of NRS shall maintain, transmit and exchange health information in accordance with the regulations adopted pursuant to this section, the provisions of NRS 439.581 to 439.597, inclusive, and any other regulations adopted pursuant thereto."

Per <u>Assembly Bill 7</u> approved through the 2023 Nevada Legislature, the following dates for compliance are as follows:

- 1. Hospitals and physician group practices with more than 20 employees shall comply with the provisions of subsection 4 of NRS 439.589, as amended by section 1.08 of this act, on or before July 1, 2024.
- 2. Persons and entities subject to the provisions of subsection 4 of NRS 439.589, as amended by section 1.08 of this act, are not required to comply with those provisions until July 1, 2025.
- 3. Physician group practices or other business entities organized for the purpose of practicing a health care profession with 20 or fewer employees, including, without limitation, sole proprietorships, are not required to comply with the provisions of subsection 4 of NRS 439.589, as amended by section 1.08 of this act, until January 1, 2030.

Per NRS 439.589(6) and Section 157 of SB494, "A health care provider may apply to the Authority for a waiver from the provisions of subsection 4 on the basis that the health care provider does not have the infrastructure necessary to comply with those provisions, including, without limitation, because the health care provider does not have access to the Internet."

The Authority shall grant a waiver if it determines that:

- (a) The health care provider does not currently have the infrastructure necessary to comply with the provisions of subsection 4; and
- (b) Obtaining such infrastructure is not reasonably practicable, including, without limitation, because the cost of such infrastructure would make it difficult for the health care provider to continue to operate. (Emphasis added.)"

Per NRS 439.5895, If any licensed provider or insurer (who is not otherwise exempt) is not in compliance with NRS 439.589, the licensed provider or insurer will be reported by the Authority to the appropriate licensing or regulatory agency for administrative penalties and/or corrective action. A medical facility as a provider of health care pursuant to NRS 629.031(1)(gg) and NRS 449.0151 may seek a waiver of these requirements as described below.

Per NRS 439.5895(3)(a) "Licensed provider or insurer" means: (1) A medical facility licensed pursuant to chapter 449 of NRS; (2) The holder of a permit to operate an ambulance, an air ambulance or a vehicle of a fire-fighting agency pursuant to chapter 450B of NRS; (3) A provider of health care, as defined in NRS 629.031, who is licensed pursuant to title 54 of NRS; or (4) Any person licensed pursuant to title 57 of NRS.

### Application:

Pursuant to NRS 439.589(6) and Section 157 of SB494, a health care provider may apply for a waiver from the requirements of NRS.439.589 by submitting an application to the Authority as described herein. While the Authority is offering a compliance waiver application to be submitted on behalf of a medical facility as a provider of health care, all individual providers are responsible for ensuring their own compliance or exemption from NRS 439.589.

The medical facility waiver application will be considered at the medical facility level. **IMPORTANT**: Once approved, individual providers will need to complete the *Individual Provider Verification linked to an Approved Medical Facility Waiver*, attesting to their ability to operate as an employed provider within a medical facility whose waiver has been granted. The waiver is valid until the health care provider's next provider license renewal cycle as determined by the health care provider's regulatory licensing board or agency (typically biennially), at which time the provider (or medical facility on behalf of the provider) must submit a new application to obtain a renewal of the waiver from the Authority.

To apply for a waiver of NRS 439.589, a Medical Facility applicant must:

1. Complete all fields of the Medical Facility Waiver Application form. If a field does not apply, list "N/A".

Complete the Attestation form and obtain all required notarized signatures. Return completed, signed application in full by scanning the documents, attaching an electronic copy and emailing them to: <a href="mailto:communityandprovider@nvha.nv.gov">communityandprovider@nvha.nv.gov</a>.

Once your application has been received by the Authority, you will be notified of receipt through the original contact method provided. Upon review of a medical facility's eligibility for the waiver, all applicants will be notified of the decision in writing via email. Please keep copies of all related correspondence for future reference. The waiver application process does not constitute any type of exemption during its review. Waiver application should be submitted at least 30 days in advance of any provider compliance deadline.

**IMPORTANT**: If approved, each individual provider serving at this facility must complete the *Individual Provider Verification linked to an Approved Medical Facility Waiver* and be sure it is submitted either: within 30 days of Medical Facility Waiver Application approval, or 30 days of onboarding with the

approved medical facility. Completed form must include all the required notarized signatures and be emailed to: <a href="mailto:communityandprovider@nvha.nv.gov">communityandprovider@nvha.nv.gov</a>.

## **Appeal Process:**

There is no appeal process for this waiver program. If your waiver application is denied, it is your responsibility to ensure compliance with NRS 439.589 and resulting regulations (regulations linked here for reference; not yet codified in Nevada Administrative Code (NAC) at time of this writing), by the timeline given for your applicable provider type as legislatively approved through Assembly Bill 7 (2023).

