

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DWWS

Stacie Weeks, JD MPH Administrator

DIVISION OF HEALTH CARE FINANCING AND POLICY Helping people. It's who we are and what we do.

#### **GENERAL GUIDANCE LETTER 25-001**

Date: February 25, 2025

From: Richard Whitley, DHHS Director

Stacie Weeks, DHCFP Administrator

Subject: Provider 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 health care providers can apply for a compliance waiver pursuant to NRS 439.589(6). NRS 439.589(4) requires all health care providers and medical facilities to maintain, transmit and exchange health information electronically in accordance with adopted regulations contained in LCB File No. R173-24. However, pursuant to NRS 439.589(6), a health care provider may apply to the Department for a waiver from the requirements of NRS 439.589(4) based on circumstances related to challenges with obtaining infrastructure necessary for compliance.

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">https://www.leg.state.nv.us/register/indexes/2024</a> NAC REGISTER NUMERICAL.htm.

If any health care provider or medical facility (who is not otherwise exempt) is not in compliance with this regulation, the provider or facility will be reported by the Department to the appropriate licensing or regulatory agency for administrative penalties and/or corrective action. A health care provider may seek a waiver of these requirements as described below.

#### **Authorities:**

Per NRS 439.589(4), "[e]xcept as otherwise provided in subsections 5, 6 and 7, the Department 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), "[a] health care provider may apply to the Department 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 Department 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(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), a health care provider may apply for a waiver from the requirements of NRS.439.589 by submitting an application to the Department as described herein. If the application is approved, the waiver is valid until the applicant's next provider license renewal cycle as determined by the applicant's regulatory licensing board or agency (typically biennially), at which time the provider must submit a new application to obtain a renewal of the waiver from the Department.

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

- 1. Complete all fields of the Application form on the following page. If a field does not apply, list "N/A".
- 2. Complete the Attestation form and obtain all required notarized signatures.
- 3. Return completed, signed application in full by scanning the documents and emailing them to: <a href="mailto:communityandprovider@dhcfp.nv.gov">communityandprovider@dhcfp.nv.gov</a>.

Once your application has been received by the Department, you will be notified of receipt through the original contact method provided. Upon review of a provider'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.

#### **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 State law pursuant to <a href="NRS-439.589">NRS-439.589</a> and resulting regulations (regulations <a href="Linked">Linked</a> <a href="here">here</a> 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), Section 2.8, listed again for reference 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.

As used in this section:

- (a) "Hospital" has the meaning ascribed to it in NRS 449.012.
- (b) "Health care profession" means any profession practiced by providers of health care, as defined in NRS 629.031.
- (c) "Physician group practice" means any business entity organized for the purpose of the practice of medicine or osteopathic medicine by more than one physician.

Additionally, "employee" is defined in Nevada Revised Statute (NRS):

**NRS 608.010 "Employee" defined.** "Employee" includes both male and female persons in the service of an employer under any appointment or contract of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed.

Consequences for noncompliance include corrective action and/or imposition of an administrative penalty enforced by the licensing or certification authority.

### Provider Application for Waiver of NRS 439.589(4)

Please complete the following information requested below for the health care provider requesting a waiver of the provisions of NRS 439.589(4).

Legal business name:
Business address:
Business phone:
Email:
Applicant legal name:
Applicant National Provider Identifier (NPI) number:
License Number:
Licensure Board/Authority Name:
License expiration date (mm/dd/yyyy):
License type and state where issued:
Name of point of contact for application:
Phone:
Email:

## **Provider Eligibility**

Please	e answer all of the following questions:
	Does your practice have access to the internet? Yes No If you do not have access to the internet, why not? (Provide detailed explanation in the box below)
3.	Please describe the infrastructure related to maintaining electronic health records currently available to you and your practice in the box below:
4.	What additional infrastructure do you need to have to be able to comply with the provisions of NRS 439.589, subsection 4? (Provide description of infrastructure needs in the box below)

5.	Explain why obtaining such infrastructure is not reasonably practicable, including cost considerations, in the box below:		
6.	Should you be granted a waiver of the provisions of NRS 439.589(4), how will you provide health records to your patients and other health care providers in a secure, accessible format? Please explain in the box below:		
7.	Did you apply for grant funding available through the Division of Health Care Financing and Policy to health care providers in 2024 and 2025 for the purposes of complying with the requirements of subsection 4 of NRS 439.589?Yes No		
8.	If you did not apply for the funding that was available, why not? Provide an explanation in the box below:		
9.	What is the average number of patients your practice sees annually?		

Provider Verification for Waiver Application			
	, associated with the health care practice name,		
	, located at,		
	, hereby declare and affirm that I am applying for a waiver alth and Human Services, Division of Health Care Financing and Policy from cause (initial next to each):		
	e infrastructure necessary to comply with the provisions of NRS 439.589, tation, because my practice lacks access to internet due to its geographic		
_	ure is not reasonably practicable, including, without limitation, because d make it difficult for my health care practice to continue to operate.		
I, the undersigned, affirm that the coknowledge.	ontents of this application are true and accurate to the best of my		
Applicant Signature	Date		
Printed Name			
STATE OF NEVADA ) : ss. COUNTY OF )			
SUBSCRIBED AND SWORN to before	me this		
day of, 20_	<u>_</u> ·		
Ву:			
	·		
	NOTARY PUBLIC in and for said County and State		