

**PROPOSED REGULATION OF THE  
STATE BOARD OF HEALTH**

**LCB FILE NO. R065-26I**

**The following document is the initial draft regulation proposed  
by the agency submitted on 03/23/2026**

## Changes to NAC 450B.526/611

### **NAC 450B.526 Forms for application for permit; contents. ([NRS 450B.120](#), [450B.200](#))**

The Division shall prescribe forms for an operator's use in applying for a permit to operate a service at the level of service of basic, intermediate or advanced emergency care. The following information must be included in the application:

1. The name and address of the applicant's service.
2. The name and signature of the medical director of the service.
3. A copy of the written agreement between the service and a hospital, signed by an authorized representative of the hospital, pursuant to which the hospital agrees to:
  - (a) Provide 24-hour communication between a physician *or a registered nurse* and a provider of emergency care for the service; and
  - (b) Require each physician *or a registered nurse* who provides medical instructions to the provider of emergency care to know:
    - (1) The procedures and protocols for treatment established by the medical director of the service;
    - (2) The emergency care required for treating an acutely ill or injured patient;
    - (3) The ability of the providers of emergency care to provide that care; and
    - (4) The policies of any local or regional emergency medical service for providing emergency care and the protocols for referring a patient with trauma, as defined in [NAC 450B.798](#), to the hospital.
4. A copy of the protocols of the service for each level of emergency care provided by the service that are approved by the medical director of the service and on file with the Division.
5. A list of equipment and supplies, including specific medications and intravenous fluids, proposed for use.
6. A description of the systems to be used for:
  - (a) Keeping records; and
  - (b) An audit of the performance of the service by the medical director.
7. A copy of the requirements of the service for testing each level of licensure, including the requirements for knowledge of the protocols of the service for verification of the skills of each attendant for the specified level of licensure, if those requirements are different from the requirements of the Division for testing the attendant.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R139-07, 1-30-2008; R024-14, 10-24-2014; R068-16, 1-27-2017)

**NAC 450B.611 Base stations, protocols and procedures. ([NRS 450B.120](#))**

1. Each service shall identify at least one base station providing 24-hour voice communication between a physician *or a registered nurse* and personnel who provide emergency care. The station or stations must be identified in the application for a permit for the service submitted to the Division.

2. The medical director of a service shall identify local protocols which define the circumstances under which verbal medical directions must be given by a physician to personnel who provide emergency care.

3. Except as otherwise provided by local protocol, a receiving hospital must be notified before the arrival of each patient transported by the service.

4. The medical director of the service may establish requirements for the training of the physician *or a registered nurse* at the base station to assure that the physician *or registered nurse* is knowledgeable of the protocols and procedures established by the medical director.

5. A base station with an agreement to provide 24-hour communication between a physician *or a registered nurse* and a provider of emergency care shall require that the physician providing medical directions is knowledgeable of:

- (a) The procedures for treatment established by the medical director of the service;
- (b) The communication system establishing contact between personnel who provide emergency care and the base station;
- (c) The emergency care of acutely ill or injured patients;
- (d) The capabilities of the providers of emergency care; and
- (e) The policies of local and regional emergency medical services and protocols for referring patients with trauma.

6. A physician at a base station providing medical directions to a provider of emergency care may participate in medical audits of that care in conjunction with the medical director regarding the proper use of protocols and procedures.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R045-97, 10-30-97; R024-14, 10-24-2014)