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Subject: NNOC-NV Comments LCB File No. R004-25
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[2026 NNOC-NV Comments - Legislative Commission \(LCB File No. R004-25\).pdf](#)

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To Legislative Commission Chair Jauregui, Vice-Chair Yeager, and esteemed members of the Legislative Commission:

On behalf of National Nurses Organizing Committee-Nevada/National Nurses United (NNOC-NV) director of health and regulatory policy, Michelle Grisat, please find attached NNOC-NV's comments regarding the State Board of Pharmacy's adopted regulation LCB File No. R004-25.

Thank you,

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Via Email: LC@lcb.state.nv.us

February 23, 2026

The Honorable Assemblymember Sandra Jauregui, Chair
Legislative Commission
401 S. Carson Street
Carson City, NV 89701

RE: Adopted regulation relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic (LCB File No. R004-25) – OBJECT

Dear Chair Jauregui, Vice-Chair Yeager, and esteemed members of the Legislative Commission:

On behalf of more than 3,000 registered nurse (RN) members in Nevada, National Nurses Organizing Committee - Nevada (NNOC-NV), submits these comments in response to the State Board of Pharmacy's adoption of LCB File No. R004-25 relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic. **NNOC-NV strongly urges the Legislative Commission to object to the adopted regulation** for the following reasons: (1) allowing paramedics to administer dangerous drugs to hospital patients would endanger patient safety because paramedics do not have the clinical education and experience required for providing inpatient services; (2) paramedics have no authorization under existing law to provide services to patients once a hospital takes responsibility, and legislation that proposed changing this authorization, S.B. 495, failed to pass during the 83rd (2025) session; (4) notwithstanding the Board's authority to regulate the possession and administration of dangerous drugs by paramedics, the Board lacks the authority to expand the settings where paramedics may provide services to hospitals; (5) rather than shift care to paramedics, state agencies should focus on strengthening nursing retention and recruitment.

I. Allowing paramedics to provide inpatient services, including administration of dangerous drugs, would endanger patients based on differences in education and training requirements for emergency medical service personnel and registered nurses.

NNOC-NV objects to the adopted regulation because authorizing paramedics to treat patients in hospital settings, including administering dangerous drugs, would endanger patient safety. Paramedics, while valuable emergency responders, do not have the education and clinical experience required for treating patients in hospital settings, including intensive care units, emergency departments (ED), and other areas for acute or specialty care. Unlike registered nurses, paramedics are specifically trained to provide *pre-hospital* emergency care and then hand off patients to nurses or physicians when they arrive at the hospital.

Hospital patients in need of acute care may have multiple underlying medical conditions, and ongoing assessment by an RN ensures patients receive the appropriate level of care. The regulations governing nursing practice expressly authorize RNs to make patient assessments: “A registered nurse shall perform ... [t]he assessment and evaluation of the health of each patient under the care of the registered nurse based on his or her knowledge or understanding of the biological, psychological, social and cultural factors affecting the patient's condition.” RNs monitor changes in a patient’s condition hour by hour, often minute by minute, to determine whether their condition is improving and to anticipate potential complications. This ongoing evaluation enables the nurse to modify the patient’s care plan when needed.¹

Ongoing nursing assessment is especially critical when dangerous drugs to patients. Medication administration is one of the principal duties of professional registered nursing practice and is heavily regulated. The laws and regulations governing nursing practice expressly include “the administration of medications and treatments” in the definition of nursing practice.² Generally, medication administration is often a high-risk procedure that is prone to complications and errors that may prove fatal. The nursing practice regulations currently protect patients from risk of medication errors by heavily restricting delegation of medication administration and prohibiting delegation of any medication administered by intravenous push, as well as administration of any medication used for purposes of sedation or any experimental drug.³

To perform patient assessments and provide direct care in hospital inpatient settings, RNs must complete robust clinical education and experience requirements. Nursing education programs require RNs to complete at least two years of clinical education and experience in hospital settings, including in medical-surgical nursing, maternal and child nursing, and psychiatric nursing.⁴ In addition, registered nurses must have the relevant clinical competency for the patient care units in which they work such as intensive care, obstetrics, cardiology, or neurology.

In contrast, advanced EMT or paramedic training certification programs vary in length from four to twelve months, and specifically train individuals to stabilize patients, provide basic life support, and other pre-hospital care.⁵ In addition, our state has recently weakened the training requirements for paramedic certification. Previously, certification required advanced EMT training before becoming a paramedic but now EMTs can skip the advanced EMT training and go straight to paramedic training.⁶ In sum, paramedics do not have the education and clinical experience needed to safely and competently provide care in the inpatient hospital setting.

¹ See NAC 632.026, 632.212, 632.214, 632.216, and R019-22 § 1.

² NRS 632.018; NAC 632.212(2)(j).

³ NAC 632.455.

⁴ NAC 632.150(1)(b).

⁵ NAC 450B.360.

⁶ Nevada Department of Public and Behavioral Health. (2025). *Emergency Medical System (EMS) - Training & Education: Changes to Nevada EMS Training Requirements*. <https://www.dpbh.nv.gov/regulatory/emergency-medical-systems-ems/ems-home/dta/emergency-medical-system-ems-training-education/>

II. As emergency responders, paramedics have no authorization to provide services in hospital settings, rather the law restricts authorized services by paramedics to pre-hospital settings.

Existing law does not authorize paramedics to provide services in hospitals generally. The Legislature acknowledged that paramedics lack this authorization but **failed to pass S.B. 495 this past session, a bill that proposed authorizing services by paramedics in hospitals.**⁷ Currently, the laws and regulations governing emergency medical services heavily restrict the settings where paramedics can provide services:

- ***Services by paramedics restricted to scene of the emergency and during transport to hospital.*** Statute restricts services by paramedics to the scene of an emergency or while transporting sick or injured persons to a medical facility. Specifically, the law prohibits a fire-fighting agency from “provid[ing] the level of medical care provided by an advanced emergency medical technician or paramedic to sick or injured persons *at the scene of an emergency or while transporting those persons to a medical facility.*”⁸
- ***Community paramedicine services by paramedics restricted to individuals who do not require transport to hospital.*** Statute restricts community paramedicine services by paramedics to patients who do not require emergency medical transportation. Specifically, the law defines community paramedicine services as “services provided by an emergency medical technician, advanced emergency medical technician or paramedic to *patients who do not require emergency medical transportation.*”⁹
- ***Services by paramedics in hospitals restricted to period before patient hand-off.*** Regulations restrict hospitals’ use of paramedics to provide emergency services to the period until hospital staff take responsibility for the care of the patient after transport and transfer. Consistent with statute, NAC section 450B.450 only allows hospitals to use services by paramedics under three circumstances: “(a) At the scene of an emergency and during transport to a hospital; (b) During transfer of a patient from a hospital to another medical facility or other location; and (c) *While in an emergency department of a hospital until responsibility for care is assumed by the regular staff of the hospital.*”¹⁰

III. Notwithstanding the Board’s authority to regulate the possession and administration of dangerous drugs by paramedics, the Board lacks the authority to permit paramedics to provide services to patients in hospitals.

Notwithstanding the Board’s authority to regulate the possession and administration of dangerous drugs by paramedics, the adopted regulation is an unauthorized expansion of the

⁷ S.B. 495, 83rd Leg. (Nev. 2025).

⁸ NRS 450B.240(2). Emphasis added.

⁹ NRS 450B.0615. Emphasis added.

¹⁰ NAC 450B.450(1)(a)-(c). Emphasis added.

Board’s authority and conflicts with the designated authorities under emergency medical services law. Under chapter 450B of the Nevada Revised Statutes, only district boards of health and the Division of Public and Behavioral Health have the authority to authorize services by paramedics pursuant to permits issued to certain entities.¹¹ Without authorization by these designated health authorities, the law prohibits the following services by paramedics:

- ***Services by paramedics prohibited without authorization by health authorities.*** The law prohibits fire-fighting agencies from using paramedics to provide services without permits issued by the designated health authorities: “A fire-fighting agency shall not provide the level of medical care provided by an advanced emergency medical technician or paramedic to sick or injured persons at the scene of an emergency or while transporting those persons to a medical facility *without a currently valid permit for that care issued by the health authority.*”¹²
- ***Community paramedicine services by paramedics prohibited without authorization by health authorities.*** The law prohibits persons or governmental entities from “provid[ing] community paramedicine services ... *without a currently valid permit with an endorsement ... by the health authority.*”¹³

Thus, only designated health authorities in chapter 450B have the authority to authorize the settings and services that paramedics can provide, not the Board. As discussed above, legislation failed to expand the role of paramedics by authorizing their services in hospitals.¹⁴ The Board cannot bypass the legislative process and promulgate regulations for which it has no authority.

IV. Nevada must strengthen nurse retention, not shift care to paramedics.

Our state does not have a shortage of registered nurses, yet proponents claim that there are not enough RNs to justify allowing non-nursing personnel to provide nursing care, including administering dangerous drugs, in hospitals. **To the contrary, the supply of RNs with active licenses is robust and outpacing state population growth:** the current number of active RN licenses in our state has increased by more than 17,000 or 38% since the beginning of 2020, a change from 45,254 to 62,806 active RN licenses.¹⁵ In contrast, Nevada’s population in 2024, the most recent year available, has increased by less than 5 percent since 2020.¹⁶ **NNOC-NV**

¹¹ NRS 450B.240 and NRS 450B.077.

¹² NRS 450B.240(1). Emphasis added.

¹³ NRS 450B.240(3). Emphasis added.

¹⁴ S.B. 495, 83rd Leg. (Nev. 2025).

¹⁵ National Council of State Boards of Nursing. Number of Active RN Licenses by State: December 31, 2019 and May 26, 2025. Available at: <https://www.ncsbn.org/NND/Statistics/Archive/Aggregate-RNActiveLicensesTable2019.pdf> and <https://www.ncsbn.org/NND/Statistics/Aggregate-RNActiveLicensesTable.pdf> - accessed 12/3/2025.

¹⁶ Nevada Governor’s Office of Economic Development: 2019 and 2024. Nevada Economic Highlights. Available at <https://goed.nv.gov/data-portal/> - accessed 12/3/2025.

urges state agencies to focus instead on measures that retain and educate more registered nurses rather than shifting care to paramedics.

V. Conclusion: The Legislative Commission should object to the adopted regulation to protect patients and safeguard nursing practice.

For the reasons above, NNOC-NV strongly urges the Legislative Commission to object to the adopted regulation and withhold final approval. First, the adopted regulation would endanger patients by allowing paramedics to provide services in hospital settings for which they do not have the clinical education and experience. Second, paramedics have no authorization under existing law to provide services in hospital settings once a hospital takes responsibility for a patient. Third, notwithstanding the Board's authority to regulate the possession and administration of dangerous drugs by paramedics, the Board lacks the authority to authorize services by paramedics in hospital settings. Finally, state agencies should focus on strengthening nursing retention and recruitment, rather than shift care to paramedics.

Sincerely,



Michelle Grisat
National Director of Health and Regulatory Policy
National Nurses Organizing Committee/National Nurses United