

**ADOPTED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R068-16

Effective January 27, 2017

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1, 14, 18, 20-22, 29, 39 and 51, NRS 450B.120; §§2, 4, 11, 12 and 19, NRS 450B.120 and 450B.1993; §§3, 15, 16, 52 and 54-57, NRS 450B.120 and 450B.237; §§5 and 6, NRS 439.150, 450B.120, 450B.155, 450B.160, 450B.1905, 450B.191 and 450B.195; §§7 and 50, NRS 439.150 and 450B.120; §§8 and 10, NRS 450B.120, 450B.1993 and 450B.900; §9, NRS 450B.120, 450B.1993 and 450B.1996; §§13 and 40, NRS 450B.120 and 450B.130; §17, NRS 450B.120, 450B.690, 450B.695 and 450B.700; §23, NRS 450B.120 and 450B.160; §24, NRS 450B.120, 450B.160 and 450B.900; §25, NRS 450B.120, 450B.180 and 450B.900; §§26-28, NRS 450B.120, 450B.180, 450B.1905, 450B.191 and 450B.195; §30, NRS 450B.120, 450B.1915 and 450B.197; §31, NRS 450B.120, 450B.130 and 450B.230; §§32-34, NRS 450B.120 and 450B.155; §35, NRS 450B.120, 450B.180, 450B.1915, 450B.197, 453.375 and 454.213; §36, NRS 450B.120, 450B.200 and 450B.900; §37, NRS 450B.120 and 450B.200; §38, NRS 450B.120, 450B.1993 and 450B.200; §41, NRS 450B.120, 450B.130 and 450B.900; §42, NRS 439.150, 450B.120, 450B.130, 450B.200 and 450B.900; §43, NRS 439.150, 450B.120 and 450B.200; §§44, 45 and 47, NRS 450B.120, 450B.160, 450B.1993 and 450B.200; §46, NRS 439.150, 439.200, 450B.120, 450B.155 and 450B.200; §48, NRS 450B.120, 450B.155, 450B.160, 450B.1905, 450B.191 and 450B.195; §49, NRS 439.150, 450B.120 and 450B.900; §53, NRS 450B.120, 450B.237 and 450B.238; §58, NRS 450B.120 and 450B.795; §59, NRS 450B.120 and 450B.490; §60, NRS 450B.120 and 450B.900.

A REGULATION relating to emergency medical services; authorizing the establishment of training centers to provide continuing education and exempting such training centers from certain requirements; authorizing a service or an attendant to apply to the Division of Public and Behavioral Health of the Department of Health and Human Services for an endorsement to provide community paramedicine services; authorizing certain services to apply to the Division for authorization to operate a driver-only program; imposing requirements relating to the confidentiality of information maintained in the Nevada Trauma Registry and authorizing qualified persons to apply to the Division for access to such information; requiring a host organization to submit to the appropriate health authority a plan for providing emergency medical care at a special event; revising provisions governing licenses, certificates and endorsements for emergency

medical personnel and services; revising provisions relating to the operation of emergency medical equipment; establishing fees; imposing administrative penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to promulgate such regulations as it determines are necessary to administer the provisions of chapter 450B of NRS which govern emergency medical services. (NRS 450B.120) Existing regulations require an emergency medical responder or an emergency medical dispatcher to comply with certain continuing education requirements in order to renew his or her certificate. (NAC 450B.366, 450B.458) **Section 6** of this regulation requires a person or governmental entity that wishes to establish a training center to offer continuing education relating to emergency medical services to apply for approval to the Division of Public and Behavioral Health of the Department of Health and Human Services. **Section 7** of this regulation imposes certain requirements on an approved training center. **Sections 28, 33, 34 and 48** of this regulation exempt a training center from requirements that a person obtain the approval of the Division before conducting a program of continuing education or modifying curriculum and procedures for testing.

Sections 6, 14, 16, 42, 43, 46, 49, 50, 57 and 59 of this regulation revise certain fees or impose new fees for certain credentials or services of the Division. **Sections 8, 10, 24, 25, 36, 41, 42 and 49** of this regulation require the Division to impose administrative penalties for certain violations.

Existing law also requires the Board to adopt regulations to provide for the issuance of an endorsement on a permit to provide emergency medical care which allows an employee or volunteer for the emergency medical service that holds the permit to provide community paramedicine services. Such an employee or volunteer may provide community paramedicine services only if the employee or volunteer possesses the training and qualifications required by the Board. (NRS 450B.1993) **Sections 8 and 9** of this regulation: (1) establish the requirements for a holder of a permit to obtain an endorsement to provide community paramedicine services; and (2) impose certain requirements on the holder of such an endorsement concerning the provision of community paramedicine services and the submission of a quarterly report to the Division. **Section 38** of this regulation authorizes the Division to require a review of an applicant's operations or the submission of updated information before renewing an endorsement to provide community paramedicine services **Section 44** of this regulation authorizes the Division to revoke or suspend such an endorsement under certain circumstances.

Section 10 of this regulation requires an emergency medical technician, advanced emergency medical technician or paramedic to obtain an endorsement of his or her attendant's license in order to provide community paramedicine services and prescribes the procedure to apply for such an endorsement. **Section 11** of this regulation prescribes the training required before an emergency medical technician, advanced emergency medical technician or paramedic may obtain such an endorsement. **Section 12** of this regulation prescribes the procedure for renewing such an endorsement. **Section 47** of this regulation requires the Division to provide notice to an applicant whose application for a community paramedicine endorsement is rejected for failure to comply with certain regulatory requirements.

Existing law provides that an ambulance carrying a sick or injured patient must be occupied by a driver and an attendant. Both the driver and the attendant must be licensed as attendants or exempt from such licensure except in certain geographic areas. (NRS 450B.260) **Section 13** of this regulation authorizes an emergency medical service that operates outside of highly populated cities to apply to the Division to operate a program where the driver of an ambulance is not licensed as an attendant.

Existing regulations require the Division to develop a standardized system for the collection of information concerning the treatment of trauma. (NAC 450B.764) **Sections 3 and 52** of this regulation provide that this system is to be known as the Nevada Trauma Registry. **Sections 15 and 16** of this regulation impose requirements concerning the confidentiality of and access to the information maintained in the Nevada Trauma Registry.

Existing law requires the host organization of an event at which more than 2,500 persons are expected to be in attendance at the same time to provide certain emergency medical services. (NRS 450B.690-450B.700) **Section 17** of this regulation requires each organization that hosts such a special event to submit a report to the health authority after the special event.

Sections 23, 25-28, 32, 48 and 49 of this regulation revise provisions governing licenses, certificates and endorsements for emergency medical personnel and services. **Section 49** also authorizes a physician, physician assistant or registered nurse who is not certified as an instructor to teach a program of training in emergency medical services if approved by the Division. **Sections 31, 39 and 40** of this regulation make changes relating to the operation of ambulances and air ambulances. **Sections 41, 51 and 53** of this regulation revise provisions requiring certain information to be submitted to the Division. **Section 54** of this regulation updates certain publications adopted by reference.

Existing regulations authorize the medical director of an emergency medical service to establish medical protocols for the service. (NAC 450B.505) These protocols must be approved by the Division before the service or its employees may engage in certain activities pursuant to the protocols. (NAC 450B.381, 450B.461, 450B.526) **Sections 29, 30, 35 and 37** instead require the protocols to be filed with the Division.

Existing law provides that the agency responsible for regulating trauma centers and the withholding of life-sustaining treatment is: (1) in a county whose population is less than 700,000, the Board and the Division; and (2) in a county whose population is 700,000 or more, the district board of health. (NRS 450B.060, 450B.077, 450B.237, 450B.490) **Sections 55, 56, 58 and 59** of this regulation make conforming changes.

Section 1. Chapter 450B of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 17, inclusive, of this regulation.

Sec. 2. *“Attendant community paramedicine endorsement” means an endorsement of a license issued to an emergency medical provider, as defined in NRS 450B.199, that authorizes the holder of the endorsement to provide community paramedicine services.*

Sec. 3. *“Nevada Trauma Registry” means the standardized system for the collection of information concerning the treatment of trauma developed pursuant to NAC 450B.764.*

Sec. 4. *“Service community paramedicine endorsement” means an endorsement of a permit that authorizes the holder of the endorsement to provide community paramedicine services.*

Sec. 5. *“Training center” means a program that offers continuing education concerning emergency medical services and is approved by the Division as described in section 6 of this regulation.*

Sec. 6. *1. At least 90 days before establishing a training center, the university, college, school, service or other entity that wishes to establish the training center must apply to the Division for approval in the form prescribed by the Division and accompanied by the fee prescribed in NAC 450B.700. An applicant shall not provide continuing education that has not been approved by the Division as provided in NAC 450B.720 until the applicant has been approved to operate a training center by the Division.*

2. An application must include:

- (a) The type of training that will be offered as part of the training center;*
- (b) Proof that a sufficient number of qualified instructors are available to operate the training center;*
- (c) A letter of support from a physician who will oversee the training center; and*
- (d) Any additional information required by the Division.*

3. Not more than 30 days after receiving an application, the Division shall inform the applicant whether the application has been approved or denied.

4. Approval to operate a training center expires on June 30 of each year and may be renewed by submitting to the Division an application for renewal in the form prescribed by the Division and accompanied by the fee prescribed in NAC 450B.700.

Sec. 7. 1. *A training center that is approved in accordance with section 6 of this regulation shall:*

(a) Issue continuing education credits to students who successfully complete continuing education courses provided by the training center;

(b) Ensure that all instructors are properly licensed or certified and have been issued an endorsement as an instructor in emergency medical services if such an endorsement is required by NAC 450B.723; and

(c) Report instructors who do not have the proper license, certification or endorsement to the health authority or the licensing board having authority over the profession for which the instructor is required to be licensed, as appropriate.

2. The Division may audit a training center as often as deemed necessary. A training center shall provide to the Division any information requested in furtherance of an audit.

Sec. 8. 1. *A holder of a permit that wishes to provide community paramedicine services must submit an application to the Division in the form prescribed by the Division. The application must include:*

(a) A statement of the level of care that the applicant intends to provide through community paramedicine services;

- (b) A description of the community paramedicine services that the applicant intends to provide;*
- (c) A letter of support from the medical director of the applicant;*
- (d) Evidence that the applicant has implemented a system for charting patients;*
- (e) A list of vehicles that the applicant intends to use to provide community paramedicine services;*
- (f) Evidence that providing community paramedicine services will not adversely affect the capability of the applicant to respond to an emergency;*
- (g) Protocols that the applicant intends to use when providing community paramedicine services, which must have been approved by the medical director of the applicant;*
- (h) A statement that the applicant will submit the report required by NRS 450B.1996; and*
- (i) Any additional information required by the Division.*

2. The Division shall maintain on file a copy of the protocols for providing community paramedicine services submitted by each holder of a service community paramedicine endorsement pursuant to paragraph (g) of subsection 1. If the holder of a service community paramedicine endorsement revises its protocols, the holder shall submit a copy of the revised protocols to the Division. The holder of a service community paramedicine endorsement shall provide community paramedicine services as prescribed in the protocols on file with the Division.

3. A holder of a service community paramedicine endorsement shall adopt and implement a quality improvement program and a program to prevent waste, fraud and abuse.

4. The Division shall impose against any service that provides community paramedicine services without a service community paramedicine endorsement an administrative penalty of:

(a) For services provided on or after January 27, 2017, and before July 1, 2018, \$300;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$400; and

(c) For services provided on or after July 1, 2019, \$500,

↳ for each day that the service provides community paramedicine services without a service community paramedicine endorsement.

Sec. 9. *In addition to the information required by NRS 450B.1996, the quarterly report described in that section must include:*

1. The number of patients to whom the holder of the permit provided community paramedicine services during the previous quarter;

2. A description of the quality improvement program and the program to prevent waste, fraud and abuse adopted as required by section 8 of this regulation; and

3. An estimate of the number of transports, visits to the emergency department of a hospital and admissions or readmissions to a hospital that have been avoided due to the provision of community paramedicine services by the holder of the endorsement during the previous quarter.

Sec. 10. *1. An emergency medical provider may apply to the Division for an attendant community paramedicine endorsement in the form prescribed by the Division. The application must include proof that the applicant:*

(a) Meets the requirements to provide community paramedicine services prescribed in subsection 2 of NRS 450B.250; and

(b) Has successfully completed a course of training in community paramedicine services that:

(1) Has been approved by the Division and the medical director of the service for which the applicant intends to provide community paramedicine services; and

(2) Meets the requirements of section 11 of this regulation.

2. The holder of an attendant community paramedicine endorsement may provide community paramedicine services:

(a) In accordance with the protocols submitted to the Division pursuant to section 8 of this regulation by the service that employs the holder or for which the holder serves as a volunteer; and

(b) Within the scope of practice of the holder.

3. The Division shall impose against a service for which an attendant provides community paramedicine services without an attendant community paramedicine endorsement or beyond the scope of practice of the attendant an administrative penalty of:

(a) For services provided on or after January 27, 2017, and before July 1, 2018, \$30;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$40; and

(c) For services provided on or after July 1, 2019, \$50,

↪ per day for each attendant who provides community paramedicine services without an attendant community paramedicine endorsement or beyond his or her scope of practice.

Sec. 11. 1. A course of training in community paramedicine services must:

(a) Consist of five modules, with each module concentrating on a topic set forth in this paragraph. The modules must provide instruction concerning the role of the community paramedic in the health care system, social determinants of health, the role of the community paramedic in public and primary care, cultural competency and personal safety and wellness for the community paramedic.

(b) Have an attendance requirement of not less than:

(1) For the emergency medical technician level, 30 hours of didactic instruction and 12 clinical hours in a setting authorized by subsection 2;

(2) For the advanced emergency medical technician level, 34 hours of didactic instruction and 12 clinical hours in a setting authorized by subsection 2; and

(3) For the paramedic level, 52 hours of didactic instruction and 24 clinical hours in a setting authorized by subsection 2.

2. Clinical hours may be provided:

(a) In the office of a person who is professionally qualified in the field of psychiatric mental health, as defined in NRS 433.209;

(b) Under the direct supervision of a registered nurse who participates in a public health program approved by the Division;

(c) In the office of a primary care physician; or

(d) In another setting approved by the Division.

3. As used in this section, “community paramedic” means an emergency medical provider who provides community paramedicine services.

Sec. 12. 1. *An attendant community paramedicine endorsement expires on the date on which the license issued to the holder of the endorsement expires or 2 years after the date on which the endorsement is issued, whichever is sooner.*

2. The holder of an attendant community paramedicine endorsement may renew his or her endorsement by submitting an application to the Division in the form prescribed by the Division. The application must include proof that the applicant:

(a) Meets the requirements to provide community paramedicine services prescribed in subsection 2 of NRS 450B.250; and

(b) Has successfully completed the continuing education required by subsection 3.

3. To renew an attendant community paramedicine endorsement, the holder of the endorsement must have, during the 2 years immediately preceding the date on which he or she submits the application for renewal, completed:

(a) At the emergency medical technician level, 4 hours;

(b) At the advanced emergency medical technician level, 8 hours; and

(c) At the paramedic level, 12 hours,

↳ of continuing education in clinical topics that have been approved by the medical director of the service for which the holder is an employee or volunteer.

Sec. 13. 1. A driver-only program may not be operated:

(a) In a city whose population is more than 100,000; or

(b) If the Division has not approved an application to operate a driver-only program as described in this section.

2. At least 90 days before the holder of a permit intends to begin operating a driver-only program, the holder must apply to the Division for approval in the form prescribed by the Division. The application must include:

The application must include:

(a) A statement of the level of service that the driver-only program will provide. An applicant may apply to provide basic or intermediate emergency care.

(b) A description of the staff of the applicant.

(c) A letter of support from the medical director of the applicant.

(d) A list of drivers.

(e) A statement agreeing to ensure compliance with the requirements of subsections 3 and 4.

3. Each person who wishes to serve as a driver for a driver-only program must apply to the Division for approval in the form prescribed by the Division. A person shall not serve as a driver for a driver-only program without the approval of the Division. Approval to operate a driver-only program expires 2 years after the date on which the approval was granted.

4. On or before February 1 of each year, each service that has been approved to operate a driver-only program shall submit to the Division a report, which must include:

(a) The number of calls for emergency medical services that the service responded to during each month of the last preceding calendar year;

(b) The number of calls for emergency medical services that the service responded to using the driver-only program during each month of the last preceding calendar year; and

(c) A summary of each call for emergency medical services that the service responded to using the driver-only program which resulted in a negative outcome for the patient or a delay of care.

5. As used in this section, "driver-only program" means a program in which a service operates an ambulance to transport patients that is occupied by an attendant who is licensed pursuant to chapter 450B of NRS or certified to serve as an attendant pursuant to subsection 8 of NRS 450B.160 and a driver who is not licensed or certified.

Sec. 14. *Upon payment of the fee prescribed in NAC 450B.700, the Division may issue documents verifying certification by the National Registry of Emergency Medical Technicians.*

Sec. 15. *1. Except as otherwise provided in this subsection, all information collected or maintained using the Nevada Trauma Registry that contains the name of a patient, medical*

facility or provider of health care is confidential and may be disclosed only as provided in section 16 of this regulation. The Division shall maintain a list of persons and governmental entities that report information to the Nevada Trauma Registry and make the list available to any person upon request.

2. Each person or governmental entity who has access to any confidential information described in subsection 1 shall ensure that:

(a) All files and documents containing such information, including, without limitation, indexes for accessing the information, are kept in locked storage when not in use;

(b) All electronic files containing such information, including, without limitation, indexes for accessing the information, are closed when not in use and protected by a password, which must be changed at least every 90 days; and

(c) All documents containing such information and being used by an employee are out of sight when the employee is away from his or her desk.

3. A person with whom the Health Officer enters into a contract to perform services, including, without limitation, data processing, using any confidential information described in subsection 1, shall:

(a) Maintain the confidentiality of the information and ensure that all employees comply with the requirements of subsection 2; and

(b) Not disclose any such information without the prior approval of the Health Officer.

Sec. 16. 1. *A person who wishes to conduct scientific research concerning trauma using information maintained in the Nevada Trauma Registry must submit a written application to the Health Officer. The application must include:*

(a) All relevant qualifications of the applicant, including, without limitation, any employment as an epidemiologist or physician or other person conducting bona fide scientific research into trauma;

(b) A description of the proposed research and a list of data points required to conduct the proposed research; and

(c) A signed statement, on a form prescribed by the Health Officer or his or her designee, that the applicant agrees not to copy documents or records and to comply with the requirements of this section and section 15 of this regulation.

2. Before granting access to information maintained in the Nevada Trauma Registry for the purpose of scientific research, the Health Officer or his or her designee shall review the application submitted pursuant to subsection 1 and make a written determination that the applicant is qualified to conduct the research and has a legitimate need for the information.

3. Any person whose application is approved as described in subsection 2 must pay to the Division the fee prescribed in NAC 450B.700 or the actual cost of furnishing the information as determined by the Division, whichever is greater.

4. A person who conducts scientific research concerning trauma using information maintained in the Nevada Trauma Registry:

(a) Shall submit to the Health Officer or his or her designee for review any proposed publication or presentation that is based on such research or contains such information; and

(b) Shall not publish the proposed publication or present the proposed presentation without written approval from the Health Officer or his or her designee.

Sec. 17. Not later than 30 days after the last day of a special event, the host organization shall submit a report to the health authority, which must include:

- 1. The estimated peak number of persons in attendance at the special event at one time;*
- 2. The estimated total number of persons who attended the special event; and*
- 3. The number of total contacts with and transports of persons attending the special event by emergency medical personnel.*

Sec. 18. NAC 450B.010 is hereby amended to read as follows:

450B.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in:

- 1. NAC 450B.013 to 450B.280, inclusive ~~§~~, and sections 2 to 5, inclusive, of this regulation;* and
- 2. NRS 450B.025, 450B.030, 450B.040 and 450B.060 to 450B.110, inclusive,*
↪ *have the meanings ascribed to them in those sections.*

Sec. 19. NAC 450B.119 is hereby amended to read as follows:

450B.119 “Endorsement” means an endorsement ~~issued for additional training~~ *to provide additional services* beyond *those authorized by* an initial certification for an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic, critical care paramedic , ~~or~~ instructor ~~that meets a national standard requested or recognized in a service protocol.~~ *or service. Available endorsements include:*

- 1. The attendant community paramedicine endorsement;*
- 2. The service community paramedicine endorsement;*
- 3. Endorsement as a critical care paramedic;*
- 4. Endorsement to administer immunizations;*
- 5. Endorsement as an instructor; and*

6. An endorsement in a subject area for which the applicant has been awarded an equivalent endorsement by an agency of another state, if approved by the Division.

Sec. 20. NAC 450B.147 is hereby amended to read as follows:

450B.147 “Instructor” means a person who has ***a valid teacher’s license issued in accordance with chapter 391 of NRS or has*** successfully completed training for instructors pursuant to a national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for instructors or an equivalent standard approved by the Administrator of the Division.

Sec. 21. NAC 450B.177 is hereby amended to read as follows:

450B.177 “National standard ” means a program of training in procedures and skills for emergency medical care as prepared and authorized by the National Highway Traffic Safety Administration of the United States Department of Transportation, National Association of ~~Emergency Medical Service~~ ***EMS*** Educators, Federal Aviation Administration , ~~or~~ American Heart Association ~~H~~ ***or another professional organization***, as appropriate.

Sec. 22. NAC 450B.180 is hereby amended to read as follows:

450B.180 “Patient” means any person who is sick, injured, wounded, or otherwise incapacitated or helpless and who is carried in an ambulance or air ambulance or is cared for ***at the scene of an emergency*** by an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic ~~or~~ , ***emergency medical services*** registered nurse ~~H~~ , ***physician or physician assistant***.

Sec. 23. NAC 450B.320 is hereby amended to read as follows:

450B.320 1. The Division may not issue a license to an applicant unless all the information required by NAC 450B.330 is contained in the application and the Division is satisfied that the applicant meets the following criteria:

(a) Is 18 years of age or older as of the date of the application.

(b) If applying to become an attendant:

(1) Holds a Class A, Class B or Class C driver's license or its equivalent issued in this state; or

(2) Is employed in Nevada, makes his or her residence in another state and is required by reason of residence to maintain a driver's license issued by that state, and that license is equivalent to a Class A, Class B or Class C driver's license in this state.

(c) Is able to read, speak and understand the English language.

(d) Has been found by a licensed physician, physician assistant or *advanced practice registered* nurse ~~[practitioner]~~ within the 6 months immediately preceding the date on which the application is submitted to be of sound physical and mental health and free of physical defects or diseases which may impair the applicant's ability to drive or attend an ambulance, air ambulance or other motor vehicle not used for the transportation of patients and that determination is verified by the physician, physician assistant or *advanced practice registered* nurse ~~[practitioner]~~ on a form approved by the Division for that purpose.

(e) Has not been convicted of:

(1) Murder, voluntary manslaughter or mayhem;

(2) Assault or battery with intent to kill or to commit sexual assault or mayhem;

(3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime;

- (4) Abuse or neglect of a child or contributory delinquency;
 - (5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the 7 years immediately preceding the date of application;
 - (6) Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
 - (7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the 7 years immediately preceding the date of application;
 - (8) Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon, within the 7 years immediately preceding the date of application; or
 - (9) Any felony or misdemeanor for committing an act which, in the judgment of the Division, indicates that the applicant may not be able to function properly as a licensee or to care for patients for whom he or she would become responsible.
- (f) Possesses a certificate evidencing successful completion of a program of training with testing for competency in the procedures for emergency care which is equivalent to the national standard or an equivalent standard approved by the Administrator of the Division for a driver, emergency medical technician, advanced emergency medical technician or paramedic.
- (g) *Possesses a valid certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division.*
- (h) Submits evidence satisfactory to the Division of verification of the applicant's skills.

2. In addition, an applicant for a license as an air attendant must:

(a) Meet all the prerequisites for an attendant set forth in NAC 450B.310 to 450B.350, inclusive.

(b) Possess the following:

(1) A certificate as an advanced emergency medical technician or as a paramedic which was issued pursuant to chapter 450B of NRS; or

(2) A license as a registered nurse issued pursuant to chapter 632 of NRS and a certificate of completion of training as an attendant pursuant to subsections 7 and 8 of NRS 450B.160.

(c) Provide to the Division documentation verifying successful completion of a course of training approved by the medical director of the service employing the applicant. The course must include:

- (1) Special considerations in attending a patient in an air ambulance;
- (2) Aircraft safety and orientation;
- (3) Altitude physiology and principles of atmospheric physics;
- (4) Familiarization with systems for air-to-ground communications;
- (5) Familiarization with the system of emergency medical services in the service area;
- (6) Survival procedures in an *emergency landing or other unforeseen incident involving an air ambulance ; ~~crash;~~*
- (7) Response procedures to accidents involving hazardous materials;
- (8) Use of modalities for in-flight treatment;
- (9) Infection control;
- (10) Oxygen therapy in relation to altitude;
- (11) Patient assessment in the airborne environment; and

(12) Vital sign determination in the airborne environment.

3. In addition to the qualifications listed in subsections 1 and 2, a paramedic or an emergency medical services registered nurse providing advanced life support care in an air ambulance must provide evidence of completion of a course in:

(a) Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent course approved by the Division;

(b) Pediatric Advanced Life Support issued by the American Heart Association or an equivalent course approved by the Division; and

(c) International ~~{trauma life support}~~ *Trauma Life Support* or an equivalent course approved by the Division.

~~{4. If the Division rejects an application for a license, the Division shall send a notification to the applicant in writing in the manner prescribed by NAC 450B.710 stating that the application is rejected and setting forth the reason for the rejection and the right to appeal to the Division in the manner prescribed by NAC 439.300 to 439.395, inclusive.}~~

Sec. 24. NAC 450B.330 is hereby amended to read as follows:

450B.330 1. An application for a license must be made upon the form prepared and prescribed by the Division. The Division shall, within 30 days after receipt of an application, have an investigation made of the applicant and the information contained on the application. Upon completion of the investigation, the Division shall issue the license for which the application was made or notify the applicant in writing, in the manner prescribed in NAC 450B.710, that the application is rejected, setting forth the reasons for the rejection and the right to appeal to the Division in the manner prescribed in NAC 439.300 to 439.395, inclusive.

2. On an initial application for a license, the applicant must submit the following:

- (a) His or her complete name;
- (b) His or her date of birth;
- (c) His or her social security number;
- (d) The address of his or her current residence;
- (e) The name and address of the applicant's employer and the employer immediately preceding his or her current employment if the previous employment related to providing emergency medical services;
- (f) A description of the last two jobs he or she held immediately before the application is made if those jobs related to providing emergency medical services;
- (g) A statement of whether the applicant, within the 5 years immediately preceding the date of the application, has been convicted of, or forfeited bail for, a traffic violation other than a parking violation and, if so, when, where and under what circumstances the violation occurred;
- (h) A statement of whether the applicant has been convicted of a felony or a misdemeanor other than a traffic violation and, if so, when and where the conviction occurred and a description of the offense;
- (i) A description of the applicant's training and experience relating to the transportation and care of patients;
- (j) A statement of whether the applicant has previously been licensed as a driver, attendant, attendant-driver or air attendant in a service and, if so, where and by what authority that license was issued;
- (k) A statement of whether such a license has ever expired or been revoked or suspended and, if so, for what cause;
- (l) A statement indicating compliance with the provisions of NRS 450B.183; and

(m) The appropriate fee prescribed in NAC 450B.700.

3. An applicant for an initial license as an attendant must file with the Division, in addition to the information and fee specified in subsection 2, a valid certificate designating him or her as an emergency medical technician, advanced emergency medical technician or paramedic.

4. An application for renewal of a license must:

(a) Be made on an abbreviated form of application prescribed by the Division;

(b) Include information relating to any conviction of the applicant for any felony or misdemeanor occurring after the submission of the application for the initial license; and

(c) Include the appropriate fee prescribed in NAC 450B.700.

5. The Division shall not renew a license if:

(a) An applicant fails to comply with the provisions of subsection 4; or

(b) In the judgment of the Division, the applicant is not able to function properly as an attendant or to provide care for patients for whom he or she would become responsible.

6. The Division shall impose against any person serving as an attendant without a valid license an administrative penalty of:

(a) For services provided on or after January 27, 2017, and before July 1, 2018, \$100;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$200; and

(c) For services provided on or after July 1, 2019, \$300.

Sec. 25. NAC 450B.360 is hereby amended to read as follows:

450B.360 1. To be certified as an emergency medical technician, advanced emergency medical technician or paramedic, an applicant must:

(a) Submit an application to the Division on a form prepared by it;

(b) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division;

(c) Submit a statement indicating compliance with the provisions of NRS 450B.183; ~~and~~

(d) *Submit proof that the applicant has successfully completed a course that is at least equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, or an equivalent standard approved by the Administrator of the Division;*

(e) *Submit proof that the applicant has successfully passed an assessment developed by the National Registry of Emergency Medical Technicians for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate; and*

(f) Submit the fee prescribed in NAC 450B.700.

2. An emergency medical technician, advanced emergency medical technician or paramedic who is registered by the National Registry of Emergency Medical Technicians or its successor organization shall be deemed to have satisfied the requirements of paragraph (b) of subsection 1.

3. In addition to the requirements of subsection 1, to be certified as a paramedic, the applicant must maintain:

(a) A certificate to provide Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(b) A certificate to provide Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division; and

(c) A certificate to provide ~~international trauma life support~~ *International Trauma Life Support* or an equivalent certificate approved by the Division.

4. The Division shall impose against any person serving as an emergency medical technician, advanced emergency medical technician or paramedic without a valid certificate issued pursuant to this section or subsection 8 of NRS 450B.160 an administrative penalty of:

- (a) For services provided on or after January 27, 2017, and before July 1, 2018, \$100;*
- (b) For services provided on or after July 1, 2018, and before July 1, 2019, \$200; and*
- (c) For services provided on or after July 1, 2019, \$300.*

5. The Division shall impose against a service for whom any person serves as an emergency medical technician, advanced emergency medical technician or paramedic without a valid certificate issued in accordance with this section or subsection 8 of NRS 450B.160 an administrative penalty of:

- (a) For services provided on or after January 27, 2017, and before July 1, 2018, \$20;*
- (b) For services provided on or after July 1, 2018, and before July 1, 2019, \$30; and*
- (c) For services provided on or after July 1, 2019, \$50,*

↪ per day for each such person.

Sec. 26. NAC 450B.363 is hereby amended to read as follows:

450B.363 1. The Division may issue a certificate as an emergency medical technician, advanced emergency medical technician or paramedic to an applicant trained in another state if:

(a) The applicant:

- (1) Is a resident of Nevada;
- (2) Will be a resident of Nevada within 6 months after applying for certification; ~~for~~
- (3) Is a resident of another state and is employed by a service that has been issued a permit

in Nevada ~~for~~; *or*

(4) Is attending a course of training held in this State and approved by the Division.

(b) The applicant submits the appropriate form and the fee prescribed in NAC 450B.700.

(c) The applicant:

(1) Has successfully completed training in a course approved by the appropriate authority in the other state, which course was at least equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, or an equivalent standard approved by the Administrator of the Division, *has successfully passed an assessment developed by the National Registry of Emergency Medical Technicians for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate*, and holds a valid certificate as an emergency medical technician, advanced emergency medical technician or paramedic or equivalent, as appropriate, issued by an authorized agency in the other state; or

(2) Holds a valid certificate as an emergency medical technician, *advanced emergency medical technician or paramedic, as appropriate*, issued by the National Registry ~~for~~ of Emergency Medical Technicians.

(d) The applicant maintains a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division.

(e) The applicant submits a statement indicating compliance with the provisions of NRS 450B.183.

(f) If the applicant is applying for a certificate as a paramedic, the applicant maintains:

(1) A certificate to provide Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(2) A certificate to provide Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division; and

(3) A certificate to provide ~~international trauma life support~~ *International Trauma Life Support* or an equivalent certificate approved by the Division.

(g) The applicant's certification or registration *with the National Registry of Emergency Medical Technicians or* in the other state has not been revoked, terminated or suspended pursuant to any disciplinary proceeding.

(h) The Division receives verification of the applicant's certificate as an emergency medical technician, advanced emergency medical technician or paramedic or equivalent, as appropriate, from the issuing agency of the other state on a form provided by the Division.

2. The Division may require the applicant to:

(a) Demonstrate his or her practical skills.

(b) Pass a written examination approved by the Division in accordance with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation.

3. A certificate as an emergency medical technician, advanced emergency medical technician or paramedic issued pursuant to this section must be renewed in accordance with the provisions of NAC 450B.380.

Sec. 27. NAC 450B.366 is hereby amended to read as follows:

450B.366 1. A certificate as an emergency medical responder expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.

2. Such a certificate may be renewed if:

(a) The Division determines that the holder of the certificate has, before the date of expiration, successfully completed:

(1) A course in continuing training which is equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a refresher course for emergency medical responders and approved by the Division; or

(2) Any other program of continuing education *offered by a training center or* approved by the Division. Such a program may not be approved unless the requirement for attendance for that program is at least ~~20~~ 12 hours for renewal of certification.

(b) The holder submits, before the date the certificate expires, an application evidencing that he or she has met the requirements as set forth in paragraph (a).

Sec. 28. NAC 450B.380 is hereby amended to read as follows:

450B.380 1. A certificate as an emergency medical technician, advanced emergency medical technician or paramedic expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.

2. To maintain certification, a certified emergency medical technician, advanced emergency medical technician or paramedic must, within the 12 months before expiration of his or her certificate, complete at least one verification of his or her skills conducted by:

(a) The medical director of the service; or

(b) A qualified instructor approved by the Division.

3. In verifying the skills of an emergency medical technician, advanced emergency medical technician or paramedic, the medical director or qualified instructor shall determine whether the

emergency medical technician, advanced emergency medical technician or paramedic retains his or her skills in:

(a) Each technique for which certification has been issued and any applicable local protocols;

and

(b) The administration of approved medications,

↪ and enter that determination on a form provided by the Division.

4. To renew his or her certificate, an emergency medical technician, advanced emergency medical technician or paramedic must:

(a) Meet the requirements for renewal of the certificate as an emergency medical technician, advanced emergency medical technician or paramedic, as appropriate;

(b) Successfully complete ~~{a course}~~ *courses* in continuing training which ~~{is}~~ *are* equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as ~~{a}~~ refresher ~~{course}~~ *courses* for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, ~~{is}~~ *are offered by a training center or* approved by the Division and ~~{has}~~ *have, in total,* a requirement of attendance of not less than:

(1) ~~{Thirty}~~ *Twenty-four* hours for the renewal of certification as an emergency medical technician ~~{or}~~ ;

(2) *Thirty hours for the renewal of certification as an* advanced emergency medical technician; or

~~{2}~~ (3) Forty hours for the renewal of certification as a paramedic;

(c) Submit a statement indicating compliance with the provisions of NRS 450B.183;

(d) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division;

(e) If renewing a certificate as a paramedic, maintain:

(1) A certificate to provide Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(2) A certificate to provide Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division; and

(3) A certificate to provide ~~international trauma life support~~ *International Trauma Life Support* or an equivalent certificate approved by the Division;

(f) Before the certificate expires, submit an application evidencing that he or she has met the requirements of this section; and

(g) Pay the appropriate fee prescribed in NAC 450B.700.

5. An emergency medical technician, advanced emergency medical technician or paramedic who successfully completes a course described in subparagraph (1), (2) or (3) of paragraph (e) of subsection 4 will receive credit for the course toward the continuing training required by paragraph (b) of subsection 4.

6. An emergency medical technician, advanced emergency medical technician or paramedic who successfully renews his or her certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division will receive 4 hours of credit toward the continuing training required by paragraph (b) of subsection 4.

Sec. 29. NAC 450B.381 is hereby amended to read as follows:

450B.381 1. To receive an endorsement as a critical care paramedic in emergency medical services, an applicant must provide proof of the successful completion of a course in training equivalent to the national standard set forth by the National Highway Traffic Safety Administration of the United States Department of Transportation for a critical care paramedic or an equivalent standard approved by the Administrator of the Division.

2. A person endorsed as a critical care paramedic in emergency medical services may only practice within that role pursuant to a service protocol approved by *the medical director of the service and on file with* the Division.

Sec. 30. NAC 450B.447 is hereby amended to read as follows:

450B.447 1. An emergency medical technician, advanced emergency medical technician or paramedic who is licensed may, in addition to his or her other authorized activities:

(a) During training received in a clinical facility setting, in an ambulance or on the scene of an emergency, perform skills within the scope of an advanced emergency medical technician or paramedic under the direction of a physician or a registered nurse supervised by a physician, preceptor or member of the clinical staff when approved by a physician or a registered nurse supervised by a physician.

(b) Under the direct supervision of a physician or a registered nurse supervised by a physician, or under such prescribed conditions as are set forth by the medical director pursuant to written protocols of the service, perform such procedures and administer such medications as are approved by the board and recommended by the medical director of the service in accordance with written protocols approved by *the medical director of the service and on file with* the Division.

2. Any verbal order from a physician or registered nurse acting on the authority of a physician to the emergency medical technician, advanced emergency medical technician or paramedic to perform one of the procedures must originate from an emergency room department of a hospital or any other site designated by the Division and must be provided to the Department of Transportation for the purpose of recording and maintaining the verbal order within a database maintained by the Department.

3. Each tape or digital recording of a physician's verbal orders to an emergency medical technician, advanced emergency medical technician or paramedic concerning the procedures must be retained by the hospital or the facility issuing the medical directions, or the regional dispatch center, for at least 90 days after the recording is made.

4. The emergency medical technician, advanced emergency medical technician or paramedic shall enter the physician's verbal order on the report of emergency care. The entry must be countersigned by the physician receiving the patient unless the emergency medical technician, advanced emergency medical technician or paramedic performed the procedure pursuant to a written order of the physician or a written protocol of the hospital.

Sec. 31. NAC 450B.450 is hereby amended to read as follows:

450B.450 1. Any hospital or service which meets the minimum requirements established by the board in NAC 450B.461 to 450B.481, inclusive, may use licensed attendants who are paramedics to provide emergency care to the sick and injured:

(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.

2. Any service using paramedics must provide the supplies and equipment pursuant to a written protocol prepared for that purpose.

3. When an ambulance providing ~~advanced~~ emergency care is in operation, it must be staffed by:

(a) ~~Two~~ *At the advanced care level, two* licensed attendants ~~who are advanced emergency medical technicians;~~ *, one of whom must be certified as a paramedic;*

(b) ~~One licensed attendant who is an advanced emergency medical technician and one~~ *At the intermediate care level, two* licensed ~~attendant who is a certified~~ *attendants, one of whom must be certified as an advanced* emergency medical technician;

(c) *At the basic care level, two licensed attendants, one of whom must be certified as an emergency medical technician; or*

(d) At the advanced, intermediate or basic care level:

(1) An emergency medical services registered nurse , physician or physician assistant certified pursuant to subsections 7 and 8 of NRS 450B.160 and a licensed attendant who is certified as an emergency medical technician, advanced emergency medical technician or paramedic;

~~(d) Two licensed attendants, one of whom is a paramedic;~~ or

~~(e)~~ *(2) A registered nurse and two licensed attendants, if each of the attendants is certified as an emergency medical technician, advanced emergency medical technician or paramedic.*

4. When an air ambulance is in operation, it must be staffed by at least one emergency medical services registered nurse.

5. When an air ambulance is in operation to provide care at the scene of an emergency, it must be staffed by at least one emergency medical services registered nurse and one paramedic.

Sec. 32. NAC 450B.457 is hereby amended to read as follows:

450B.457 1. The Division may issue a certificate as an emergency medical dispatcher to an applicant who is trained in another state if:

(a) The applicant:

- (1) Is a resident of Nevada;
- (2) Will be a resident of Nevada within 6 months after applying for a certificate; ~~or~~
- (3) Is a resident of another state and is employed by an agency that is responsible for emergency medical dispatch within the State of Nevada; *or*

(4) Is attending a course of training held in this State and approved by the Division.

(b) The applicant:

- (1) Successfully completes a course of training that is approved by the Division and is at least equivalent to the national standard for emergency medical dispatchers; and
- (2) Holds a certificate as an emergency medical dispatcher that is issued by an authorized agency in the other state.

(c) The applicant's certification or registration in the other state has not been revoked, terminated or suspended pursuant to any disciplinary proceeding.

(d) The Division receives verification of the applicant's certificate as an emergency medical dispatcher from the issuing agency of the other state on a form provided by the Division.

(e) The applicant submits the appropriate form and the fee prescribed in NAC 450B.700.

2. The Division may require the applicant to pass an evaluation or examination of his or her competency administered by the Division.

Sec. 33. NAC 450B.458 is hereby amended to read as follows:

450B.458 1. A certificate as an emergency medical dispatcher expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.

2. Such a certificate may be renewed if:

(a) The Division determines that the holder of the certificate has, before the date of expiration, successfully completed:

(1) A course of continuing training that is at least equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard as a refresher course for emergency medical dispatchers and is *offered by a training center or* approved by the Division; or

(2) Any other program of continuing education that is approved by the Division. Such a program must not be approved unless the requirement for attendance for that program for an emergency medical dispatcher is at least 8 hours.

(b) The holder submits, within the 3 months immediately preceding the date the certificate expires, an application indicating compliance with the requirements set forth in paragraph (a).

Sec. 34. NAC 450B.459 is hereby amended to read as follows:

450B.459 If an emergency medical dispatcher is unable to attend ~~an approved~~ a course for continuing training required to renew his or her certificate, or otherwise comply with the requirements for renewal, within the prescribed period, he or she may submit a written request for a late renewal on a form provided by the Division.

Sec. 35. NAC 450B.461 is hereby amended to read as follows:

450B.461 1. No paramedic may administer any controlled substance as defined in the preliminary chapter of NRS to a patient while serving as an attendant in a service unless the controlled substance is named on the inventory of medication issued by the medical director of the service and:

(a) An order is given to the paramedic by a physician or a registered nurse supervised by a physician; or

(b) The paramedic is authorized to administer the controlled substance pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.

2. No advanced emergency medical technician or paramedic may administer any dangerous drug while serving as an attendant in a service unless the dangerous drug is named on the inventory of medication issued by the medical director of the service and:

(a) An order is given to the advanced emergency medical technician or paramedic by a physician or a registered nurse supervised by a physician; or

(b) The advanced emergency medical technician or paramedic is authorized to administer the drug pursuant to a written protocol that is approved by *the medical director of the service and on file with* the Division.

3. An emergency medical technician shall not administer or assist in administering any dangerous drug.

4. As used in this section, “dangerous drug” has the meaning ascribed to it in NRS 454.201.

Sec. 36. NAC 450B.505 is hereby amended to read as follows:

450B.505 1. Each service providing emergency care must:

(a) Apply for and receive a permit from the Division; and

(b) Have a medical director who is responsible for developing, carrying out and evaluating standards for the provision of emergency care by the service.

2. The medical director of a service shall:

(a) Establish medical standards which:

(1) Are consistent with the national standard which is prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for the level of service for which a permit is issued to the service or an equivalent standard approved by the Administrator of the Division and which are approved by the board;

(2) Are equal to or more restrictive than the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division and adopted by the state emergency medical system; and

(3) Must be reviewed and maintained on file by the Division or a physician active in providing emergency care who is designated by the Division to review and make recommendations to the Division.

(b) Direct the emergency care provided by any licensed attendant who is actively employed by the service.

3. The appointment of a medical director must be approved by the Division or a physician with experience in emergency care who is designated by the Division to approve those appointments. The medical director must:

(a) Be a physician;

(b) Have experience in and current knowledge of the emergency care of patients who are acutely ill or injured;

- (c) Have knowledge of and access to local plans for responding to emergencies;
- (d) Be familiar with the operations of a base hospital, including communication with, and direction of, personnel who provide emergency care;
- (e) Be actively involved in the training of personnel who provide emergency care;
- (f) Be actively involved in the audit, review and critique of emergency care provided by personnel;
- (g) Have knowledge of administrative and legislative processes affecting local, regional and state systems that provide emergency medical services;
- (h) Have knowledge of laws and regulations affecting local, regional and state systems that provide emergency medical services; and
- (i) Have knowledge of procedures and treatment for adult, pediatric and trauma resuscitation.

4. The medical director of a service which is licensed by another state who meets the requirements of that state to serve as a medical director shall be deemed to satisfy the requirements of subsection 3 if he or she submits proof to the Division that he or she has satisfied the requirements of that state.

5. A medical director of a service may:

(a) In consultation with appropriate specialists and consistent with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division, establish medical protocols and policies for the service;

(b) Recommend to the Division the revocation of licensure of personnel who provide emergency care;

(c) Approve educational requirements that meet the requirements of the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division and proficiency levels for instructors and personnel of the service;

(d) Approve educational programs within the service that are consistent with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division;

(e) Suspend a licensed attendant within that service pending review and evaluation by the Division;

(f) Establish medical standards for dispatch procedures to ensure that the appropriate response units are dispatched to the scene of a medical emergency and appropriate emergency medical dispatch care is provided before the arrival of the dispatched response units;

(g) Establish criteria and procedures to be used when a patient refuses transportation;

(h) Establish medical criteria for the level of care and type of transportation to be used for emergency care;

(i) Establish medical criteria for the level of care provided for a situation in which a person on the scene is treated and released;

(j) Establish standing orders and procedures and the criteria under which the providers of emergency care may operate before initiating contact with a physician at a base station; and

(k) Conduct an audit to ensure the quality of the medical system of the service in conjunction with the activities of the designated base hospital or health facility.

6. The medical director of the service may delegate his or her duties to any other qualified physician. If the medical director of the service wishes to delegate his or her duties pursuant to this subsection, he or she shall provide written notification to the Division before delegating his or her duties.

7. If a medical director of a service wishes to resign, he or she:

(a) Shall provide written notification of such intentions to the Division and the service not less than 30 days before the effective date of the resignation; and

(b) May provide recommendations for an interim replacement.

8. If the medical director of a service is unable to carry out his or her responsibilities, he or she shall designate an alternate physician to assume the duties of the medical director.

9. The Division shall impose against a service that provides emergency care without a permit an administrative penalty of:

(a) For services provided on or after January 27, 2017, and before July 1, 2018, \$200 per day;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$300 per day;
and

(c) For services provided on or after July 1, 2019, \$500 per day.

Sec. 37. NAC 450B.526 is hereby amended to read as follows:

450B.526 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 and a provider of emergency care for the service; and

(b) Require each physician 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.

Sec. 38. NAC 450B.532 is hereby amended to read as follows:

450B.532 The Division may require a review of the applicant's operations or a submission of updated information as a condition of renewal of ~~the~~ :

1. *The* permit to operate at a level of service of basic, intermediate or advanced emergency care, or any combination thereof ~~it~~ ; *or*

2. *A service community paramedicine endorsement.*

Sec. 39. NAC 450B.568 is hereby amended to read as follows:

450B.568 A patient must not be transferred by air ambulance from one hospital to another unless such transfer has been determined necessary by a physician, physician assistant or *advanced practice registered* nurse ~~practitioner under direct supervision of a physician~~ at the medical facility requesting the transfer of the patient and the transfer has been confirmed and accepted by the medical facility receiving the transfer of the patient.

Sec. 40. NAC 450B.578 is hereby amended to read as follows:

450B.578 An ambulance, air ambulance or agency's vehicle which is to be used to provide basic, intermediate or advanced emergency care must be equipped for 24-hour communication by radio with a hospital, and the hospital must agree to:

1. Have its emergency department supervised 24 hours a day by ~~it~~ :

(a) *A physician or advanced practice registered nurse; or*

(b) *A physician assistant* or registered nurse supervised by a physician. The physician must be available in the hospital or be able to be present in the hospital within 30 minutes.

2. Record on *a recordable telephone line*, magnetic tape or digital disc all transmissions between the hospital and the ambulance or agency's vehicle regarding care of patients, and retain the ~~{tapes or discs}~~ recordings for at least 90 days, if the ~~{tapes or discs}~~ recordings are not retained at a regional dispatch center. ~~{or recorded and stored with the Department of Transportation as part of the Nevada Shared Radio System.}~~

3. Make available to the medical director of the service or the Division the tapes or discs concerning patients for the purposes of auditing performance and investigating any alleged violation of this chapter by an ambulance or air ambulance service or one of its attendants or registered nurses if requested within 90 days after an event.

4. Provide the emergency medical technicians, advanced emergency medical technicians, paramedics and registered nurses with an opportunity for regular participation in continuing education.

5. Include the report of emergency care in the medical record of the hospital for each patient.

Sec. 41. NAC 450B.620 is hereby amended to read as follows:

450B.620 1. Each holder of a permit to operate a service shall file with the Division a list of all ambulances, air ambulances or agency's vehicles operated pursuant to the permit. The list must contain the same information as is required to be submitted with an application for a permit.

2. The operator shall file an amended list of his or her ambulances or agency's vehicles with the Division before any such unit ~~{or aircraft}~~ is placed in or removed from the service.

3. The operator of such a service shall maintain a record of each patient on the report of emergency care in a format approved by the Division. In addition to the information required in

NAC 450B.766, the record must include, without limitation, the information required by the National Emergency Medical Services Information System and any other information required by the Division.

4. The completed report of emergency care must contain accurate information and be ~~delivered~~ *available* to the receiving facility within 24 hours after the patient's arrival.

5. Each service shall submit ~~the~~ :

(a) The information required by subsection 3 and NAC 450B.766 to the Division in a format approved by the Division. The information submitted may be used for compiling statistics.

(b) The information required by the National Emergency Medical Services Information System in a format approved by the Division.

6. The Division shall impose against a service that fails to comply with the requirements of this section an administrative penalty of:

(a) For a violation committed on or after January 27, 2017, and before July 1, 2018, \$100;

(b) For a violation committed on or after July 1, 2018, and before July 1, 2019, \$150; and

(c) For a violation committed on or after July 1, 2019, \$200,

↪ for each quarter in which a violation occurs.

Sec. 42. NAC 450B.640 is hereby amended to read as follows:

450B.640 1. The Division shall inspect or have inspected every ambulance, air ambulance configured to be used for providing medical services or agency's vehicle to be used in a service after the issuance of a permit but before it is placed in service, and shall determine whether or not it complies with the requirements of this chapter.

2. After a permit is issued for the operation of an ambulance or air ambulance service, the Division shall, at least once a year, inspect or cause to be inspected every ambulance, air

ambulance or agency's vehicle operated in the service. After each inspection pursuant to NRS 450B.220 and this section, the inspector shall prepare a written report describing any violation of any provisions of this chapter with respect to the unit or aircraft inspected and shall schedule a date for reinspection after correction of the violation within 4 weeks after the violation was noted. *For each ambulance, air ambulance or agency's vehicle that is reinspected, the Division shall collect the fee prescribed in NAC 450B.700.*

3. The inspector shall give a copy of the report to the holder of the permit for the service inspected.

4. *If, upon reinspection, an inspector determines that a violation has not been corrected, the Division shall impose against the service an administrative penalty of:*

(a) For a reinspection conducted on or after January 27, 2017, and before July 1, 2018, \$200;

(b) For a reinspection conducted on or after July 1, 2018, and before July 1, 2019, \$300;
and

(c) For a reinspection conducted on or after July 1, 2019, \$500,

↪ for each violation that has not been corrected.

Sec. 43. NAC 450B.650 is hereby amended to read as follows:

450B.650 1. Nothing contained in this chapter prohibits the Division from periodically examining or investigating any person issued a permit, license or certificate.

2. The Division ~~may~~ **shall** charge and collect a fee from any service or person against whom a complaint alleging a violation of this chapter or chapter 450B of NRS is submitted to the Division by a service or person to recover the costs of investigating the complaint after the investigation is completed if the complaint is substantiated. The fee will be based upon the

hourly rate established for each investigator of the Division, as determined by the budget of the Division, and travel expenses.

3. As used in this section, “substantiated” means supported or established by evidence or proof.

Sec. 44. NAC 450B.660 is hereby amended to read as follows:

450B.660 1. Whenever the Division determines that any ambulance, air ambulance configured to be used for providing medical services, agency’s vehicle or its equipment which is faulty, malfunctioning or otherwise in violation of this chapter constitutes an immediate, serious hazard or a detriment to any person who may use the services provided by it, the Division shall immediately inform the operator of the service of the condition. The Division may immediately issue an order temporarily suspending the equipment or service from operation pending the institution of appropriate proceedings to revoke the permit *or endorsement* for the service or the license, ~~or~~ certificate *or endorsement* of an attendant, or may suspend the permit, license, ~~or~~ certificate *or endorsement* pending the correction of the condition if the operator of the service agrees to make the correction within a reasonable period.

2. Any type of permit issued to operate a service *or a service community paramedicine endorsement* may be revoked or suspended if, after an inspection by a representative of the Division, the holder of the permit *or endorsement* does not correct the violation within a reasonable period after receiving an order by the Division to do so. As used in this subsection, “reasonable ~~or~~ *period*” means a period necessary to take immediate action with due regard for the public interest and for the ordering of necessary supplies or parts.

3. The Division or the medical director of a service may immediately suspend any attendant or air attendant of a service from medical duty who the Division or medical director determines

has violated any of the provisions of this chapter, has been found to have exhibited unprofessional conduct or who constitutes an immediate risk to persons needing his or her services. Upon such a suspension, the person may request a hearing pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

4. The Division may suspend or revoke the holder's license, certificate, ~~or~~ permit *or endorsement* if the holder continues to fail to comply with any applicable provisions of this chapter or any other applicable laws or ordinances after a warning by the Division.

5. Upon ~~such a~~ *the* suspension or revocation ~~of~~ *of a license, certificate, permit or endorsement or the imposition of disciplinary action on a holder of a license, certificate, permit or endorsement*, the holder may request a hearing pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

Sec. 45. NAC 450B.690 is hereby amended to read as follows:

450B.690 1. Any person whose permit to operate a service or whose certification, ~~or~~ license *or endorsement* to act as an attendant has been suspended or revoked or otherwise terminated in accordance with the provisions of this chapter may apply to the Division for a reinspection or reexamination for the purpose of reinstating the permit, certificate, ~~or~~ license ~~or~~ *or endorsement*. The application must be submitted within 180 days after a final decision is issued by the Division relating to the suspension, revocation or termination of the permit, certificate, ~~or~~ license ~~or~~ *or endorsement*, or not later than the scheduled date of expiration of the permit, certificate, ~~or~~ license ~~or~~ *or endorsement*, whichever is earlier.

2. The Division shall conduct a complete inspection or coordinate a written examination approved by the Division in accordance with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation within

10 working days after receipt of a written application for such a reinstatement. After the inspection or receipt of the results of the examination, the Division shall:

- (a) Reinstatement or reissue the permit, certificate, ~~or~~ license ~~or~~ *or endorsement*; or
- (b) Notify the person, in the manner described in NAC 450B.710, that the permit, certificate, ~~or~~ license *or endorsement* may not be reinstated or reissued because of the person's failure to comply with specified sections of this chapter.

Sec. 46. NAC 450B.700 is hereby amended to read as follows:

450B.700 The Division shall charge and collect the following fees:

*On or after On or after
January 27, July 1,
2017, and 2017,
before July and before On or after
1, 2017 July 1, 2018 July 1, 2018*

1. For licenses:

(a) For issuing ~~a new~~ *an initial* license to an attendant ~~for for issuing a new license by reciprocity based on a current National Registry of Emergency Medical Technicians~~

~~certification to an attendant~~\$10.00 *\$12.00 \$30.00*

(b) For renewing the license of an attendant.....

\$ 5.00 \$7.00 \$10.00

On or after On or after
January 27, July 1,
2017, and 2017,
before July and before On or after
1, 2017 July 1, 2018 July 1, 2018

(c) For the late renewal of a license, an
additional.....No \$30.00 \$50.00
additional
charge

2. For certificates:

(a) For issuing ~~a new~~ an initial
certificate ~~for renewing a certificate~~ as an
emergency medical dispatcher, emergency
medical responder, emergency medical
technician, advanced emergency medical
technician or paramedic ~~for for adding an~~
~~endorsement other than an endorsement~~
~~described in NAC 450B.493 and 450B.497]\$10.00 \$12.00 \$24.00~~

(b) For renewing a certificate described
in paragraph (a)\$10.00 \$12.00 \$24.00

On or after On or after
January 27, July 1,
2017, and 2017,
before July and before On or after
1, 2017 July 1, 2018 July 1, 2018

(c) For the late renewal of a certificate described in paragraph (a), an additional.....No \$30.00 \$50.00
additional charge

3. To apply ~~for~~ *for reciprocity:*
- (a) For a paramedic by state reciprocity.....\$50.00 *\$60.00 \$80.00*
 - (b) For an advanced emergency medical technician by state reciprocity\$ 40.00 *\$50.00 \$65.00*
 - (c) For an emergency medical dispatcher, emergency medical responder or emergency medical technician by state reciprocity.....\$ 30.00 *\$40.00 \$45.00*

~~{(d) For late renewal of a certificate..... 10.00}~~

4. *For permits:*
- (a) For issuing ~~for a new~~ *an initial* permit to operate a service for an operator who will provide emergency care ~~for provide medical support at special events}~~.....\$200.00 *\$500.00 \$900.00*

On or after On or after
January 27, July 1,
2017, and 2017,
before July and before On or after
1, 2017 July 1, 2018 July 1, 2018

~~{5.}~~ (b) For renewing a permit ~~{}~~ to
operate a service for an operator who will
provide emergency care \$30.00 \$40.00 \$120.00

~~{(a)}~~ (c) For ~~{a service}~~ *operating new or*
additional units, an additional ~~+\$30.00~~ \$7.00 \$23.00
~~plus~~ *per unit per unit*
\$5.00
per unit

~~{(b)}~~ (d) For ~~{making a}~~ *the* late renewal
~~{}~~ *of a permit, an additional \$ 25.00 \$40.00 \$70.00*

5. For endorsements:

(a) *For issuing an initial endorsement as*
an instructor \$10.00 \$25.00 \$40.00

(b) *For renewing an endorsement as an*
instructor \$10.00 \$15.00 \$15.00

6. For replacing or duplicating
documents or furnishing copies of records:

(a) Permit.....\$2.00 \$5.00 \$10.00

On or after On or after
January 27, July 1,
2017, and 2017,
before July and before On or after
1, 2017 July 1, 2018 July 1, 2018

(b) License.....	\$ 3.00	\$5.00	\$10.00
(c) Certificate for identification card	\$ 5.00	\$8.00	\$10.00
(d) Copies of personnel records or any			

other material:

(1) For electronic copies.....	No	<i>No</i>	<i>No</i>
	charge	<i>charge</i>	<i>charge</i>
(2) For printed copies	\$ 0.10	\$0.10	\$0.10
	per copy	<i>per copy</i>	<i>per copy</i>

7. For initial approval or renewal of approval of a training center.....

.....	\$200.00	\$200.00	\$200.00
-------	----------	----------	----------

8. For issuing documents verifying certification by the National Registry of Emergency Medical Technicians

.....	\$15.00	\$15.00	\$25.00
-------	---------	---------	---------

9. For a do-not-resuscitate identification in the form of an identification card or document

.....	\$5.00	\$5.00	\$5.00
-------	--------	--------	--------

On or after January 27, 2017, and before July 1, 2017 *On or after July 1, 2017, and before July 1, 2018* *On or after July 1, 2018*

10. For reinspecting an ambulance, air ambulance or agency's vehicle No charge *\$50.00* *\$75.00*

11. For initial designation or renewal of designation as a trauma center \$3,000.00 *\$4,000.00* *\$4,500.00*

12. For the retrieval of data from the Nevada Trauma Registry \$35 *\$35* *\$35*

or the actual cost of retrieving the data, whichever amount is greater *or the actual cost of retrieving the data, whichever amount is greater* *or the actual cost of retrieving the data, whichever amount is greater*

Sec. 47. NAC 450B.710 is hereby amended to read as follows:

450B.710 If any application for:

1. A permit to operate a service at any level of service; ~~or~~

2. A license as an attendant of such a service ~~H~~ ;
3. *A service community paramedicine endorsement; or*
4. *An attendant community paramedicine endorsement,*

↪ is rejected by the Division for the applicant's failure to comply with the requirements of this chapter, the applicant must be notified of the action, the reasons for the rejection and the applicant's right of appeal pursuant to NAC 439.300 to 439.395, inclusive.

Sec. 48. NAC 450B.720 is hereby amended to read as follows:

450B.720 1. The Division shall, within the limits of its appropriated money, conduct or contract with other persons to conduct the programs of training necessary to bring each service, including a volunteer service, and each attendant into compliance with the requirements of this chapter for training.

2. ~~{Any}~~ *Except as otherwise provided in subsection 5, a* person proposing to conduct a program within this state for training for certification issued under this chapter must apply to the Division for approval at least 20 working days before the program is to begin. The Division shall not issue a certificate of completion of the program to any trainee unless the Division has approved the program. The person conducting the program shall not start the program until approval by the Division has been granted.

3. The Division shall not issue retroactive approval for a program which has been conducted without its approval.

4. ~~{Curriculum}~~ *Except as otherwise provided in subsection 5, curriculum* and procedures for testing submitted as part of a request for approval of a program must not be changed after approval has been granted for the program except upon prior written approval from the Division. The proposed change or modification, with an alternative acceptable to the Division, must be

submitted in writing to the Division not less than 15 working days before the effective date of the use of the changed or modified curriculum or test.

5. *The provisions of subsections 2 and 4 do not apply to a program of continuing education offered by a training center.*

6. Conferences, online courses and continuing education that are approved by the ~~{Continuing Education Coordinating Board for Emergency Medical Services}~~ *Commission on Accreditation for Pre-Hospital Continuing Education or the Division* are deemed to qualify for use to satisfy the requirements of this chapter relating to training for the renewal of a license or certificate if the conference, online course or continuing education is appropriate to the license or certificate.

7. *A person who conducts a program of training shall retain documentation of courses completed by students for at least 5 years after the date on which the course was completed.*

8. *A person must:*

(a) *Be certified as an emergency medical technician before receiving training for certification as an advanced emergency medical technician.*

(b) *Be certified as an advanced emergency medical technician before receiving training for certification as a paramedic.*

(c) *Maintain the certification described in paragraph (a) or (b), as applicable, until the completion of training for certification as an advanced emergency medical technician or paramedic, as applicable.*

Sec. 49. NAC 450B.723 is hereby amended to read as follows:

450B.723 1. To receive an endorsement as an instructor in emergency medical services, an applicant must ~~{}~~ *pay a fee in the amount prescribed in NAC 450B.700 and provide:*

(a) ~~Provide proof~~ **Proof** of the successful completion of a course or courses in training equivalent to the national standard prepared by the National Association of ~~Emergency Medical Service~~ **EMS** Educators as a national standard for instructors or an equivalent standard approved by the Administrator of the Division ~~H~~ and

~~(b) Provide~~ verification of current certification as an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic issued by the Division ~~H~~; **or**

(b) Proof that the applicant holds current certification as a Fire Service Instructor II, as described in Nevada Fire Service Professional Qualifications, available free of charge from the Nevada State Fire Marshal at the Internet address http://fire.nv.gov/bureaus/FST/Training_Manuals/.

2. A person certified as an instructor in emergency medical services may teach a program of training in emergency medical services less than or equal to the level of the instructor's emergency medical certification but may not teach outside of the scope of the level of instruction indicated by the national standard prepared by the National Association of ~~Emergency Medical Service~~ **EMS** Educators as a national standard for instructors or an equivalent standard approved by the Administrator of the Division.

3. A physician, physician assistant or registered nurse who is not certified as an instructor may teach a program of training in emergency medical services if approved by the Division.

4. Except as otherwise provided in subsection 3, the Division shall impose against a person who serves as an instructor without a valid endorsement an administrative penalty of:

(a) For instruction provided on or after January 27, 2017, and before July 1, 2018, \$200;

(b) For instruction provided on or after July 1, 2018, and before July 1, 2019, \$250; and

(c) For instruction provided on or after July 1, 2019, \$300.

Sec. 50. NAC 450B.725 is hereby amended to read as follows:

450B.725 1. An endorsement to be an instructor in emergency medical services expires on the date of expiration appearing on the certificate for an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic.

2. The endorsement is renewable if the holder of the endorsement verifies participation as an instructor in 10 hours of emergency medical training within the 2 years immediately preceding the expiration date of the endorsement ~~+~~ *and pays a fee in the amount prescribed in NAC 450B.700.*

Sec. 51. NAC 450B.730 is hereby amended to read as follows:

450B.730 If the holder of a permit to operate a service or any licensee in the service is involved in any traffic ~~{accident}~~ *crash* or incident reportable to the Federal Aviation Administration as a hard landing with an air ambulance or agency's vehicle, he or she shall report the full details of the traffic ~~{accident}~~ *crash* or hard landing within 5 days after it occurs. The report must be submitted to the Division by certified mail, postmarked within 5 days after the traffic ~~{accident}~~ *crash* or hard landing, or by personal delivery of a written report. The report must be provided to the Division immediately if the traffic ~~{accident}~~ *crash* or hard landing involves an injury or death.

Sec. 52. NAC 450B.764 is hereby amended to read as follows:

450B.764 The Division shall develop a standardized system for the collection of information concerning the treatment of trauma and carry out a system for the management of that information. The system *will be known as the Nevada Trauma Registry and* must provide

for the recording of information concerning treatment received before and after admission to a hospital.

Sec. 53. NAC 450B.768 is hereby amended to read as follows:

450B.768 1. Each hospital shall submit to the Division quarterly reports which comply with the criteria prescribed by the Division and which contain at least the information required by the National Trauma Data Standard established by the American College of Surgeons ~~the Nevada Public Health Preparedness Program minimum data set~~ and any other information required by the Division or the State Board of Health.

2. The information must be submitted not later than 60 days after the end of each quarter in a form approved by the Division.

3. The quarterly reports must be submitted on or before:

(a) June 1 for the period beginning on January 1 and ending on March 31.

(b) September 1 for the period beginning on April 1 and ending on June 30.

(c) December 1 for the period beginning on July 1 and ending on September 30.

(d) March 1 for the period beginning on October 1 and ending on December 31.

4. The Division shall prepare an annual report not later than July 1 for the preceding calendar year summarizing the data submitted by hospitals on patients with traumas.

Sec. 54. NAC 450B.816 is hereby amended to read as follows:

450B.816 1. The Board hereby adopts by reference:

(a) *Resources for Optimal Care of the Injured Patient*, 2006 edition, published by the American College of Surgeons, and any subsequent revision of the publication, unless the Board gives notice that the revision is not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained by mail from the American College of Surgeons, 633 North Saint

Clair Street, Chicago, Illinois 60611-3211, or on their website at <http://www.facs.org>, for the price of ~~+\$20,+~~ *\$50 for a printed copy* plus shipping and handling ~~+~~ *or free of charge for an electronic copy.*

(b) *Guidelines for Design and Construction of* ~~{Hospital and Health Care}~~ *Hospitals and Outpatient Facilities*, in the form most recently published by the ~~{American}~~ *Facility Guidelines Institute* , ~~{of Architects,}~~ unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained by mail from the ~~{American}~~ *Facility Guidelines Institute* ~~{of Architects}~~ at ~~{the AIA Store, 1735 New York Avenue, N.W., Washington, D.C. 20006-5292,}~~ *AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283*, at the Internet address ~~{<http://www.aia.org>}~~ <http://www/fgiguilines.org/> or by telephone at ~~{(800) 242-3837,}~~ *(800) 242-2626*, for the price of ~~[\$52.50 for members or \$75 for nonmembers, plus \$7 for shipping and handling.}~~ *\$200.*

2. The Board will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure the suitability of the revision for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publications adopted by reference pursuant to subsection 1.

Sec. 55. NAC 450B.819 is hereby amended to read as follows:

450B.819 1. A hospital applying for designation as a level I, II or III center for the treatment of trauma or as a pediatric center for the treatment of trauma must submit an application in the format specified in this section and the fee prescribed in NAC 450B.832.

2. The application must be submitted to the Health Division and a written request for verification made to the American College of Surgeons, or another equivalent medical organization or agency approved by the Board, at least 6 months before the date of the verification review conducted pursuant to NAC 450B.820.

3. Any hospital in a county whose population is ~~400,000~~ 700,000 or more must include with its application a letter for provisional authorization from the district board of health for that county.

4. Within 30 days after receipt of an application for designation as a center for the treatment of trauma or a pediatric center for the treatment of trauma, the Health Division shall:

(a) Review the application and verify the information contained within; and

(b) Upon review, notify the applicant in writing if any section of the application is incomplete or unclear.

5. An application must include the following information:

(a) A description of the qualifications of the hospital's personnel to provide care for patients with trauma;

(b) A description of the facilities and equipment to be used to provide care for patients with trauma;

(c) A description of how the hospital's facilities and personnel comply with or exceed the standards set forth in chapters 5 and 23 of *Resources for Optimal Care of the Injured Patient* or,

if applying for designation as a pediatric center for the treatment of trauma, the standards set forth in chapters 5, 10 and 23 of *Resources for Optimal Care of the Injured Patient*;

(d) A description of the service area of the hospital to be served;

(e) A statement submitted by the medical director of the proposed program for the treatment of trauma that indicates that the hospital has adequate facilities, equipment, personnel, and policies and procedures to provide care for patients with trauma at the level requested;

(f) A description of how the hospital's facilities comply with or exceed the standards set forth in the *Guidelines for Design and Construction of ~~Hospital and Health Care~~ Hospitals and Outpatient Facilities*;

(g) A statement submitted by the chief operating officer of the hospital that the hospital is committed to maintaining sufficient personnel and equipment to provide care for patients with trauma at the level requested; and

(h) Written policies for:

(1) The transfer of patients with trauma to other centers for the treatment of trauma which have been designated at a higher level, a pediatric center for the treatment of trauma or other specialized facilities; and

(2) Performing evaluations and assessments to ensure that the quality of care for patients with trauma meets *or exceeds* the standards set forth in chapter 16 of *Resources for Optimal Care of the Injured Patient*.

Sec. 56. NAC 450B.8205 is hereby amended to read as follows:

450B.8205 1. Before the designation of a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma is renewed, an application for renewal

must be submitted to the Health Division and a verification review of the center must be conducted.

2. The verification review team for the renewal of a designation as a level I, II or III center for the treatment of trauma or for a pediatric center for the treatment of trauma must be appointed by the American College of Surgeons, or an equivalent medical organization or agency approved by the Board.

3. A level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma must:

(a) At least 6 months before its designation expires, submit:

(1) An application for renewal to the Health Division that contains a proposal for continuing the hospital's designation;

(2) A letter for provisional authorization from the district board of health if the hospital is located in a county whose population is ~~400,000~~ 700,000 or more;

(3) Evidence of compliance with the reporting requirements set forth in NAC 450B.768;
and

(4) A written request for verification to the American College of Surgeons, or an equivalent medical organization or agency approved by the Board;

(b) Arrange for the verification review to be conducted directly with the agency which will conduct the review; and

(c) Notify the Health Division of the date of the verification review.

4. The cost of the verification review must be borne by the center for the treatment of trauma or pediatric center for the treatment of trauma seeking renewal.

5. The designation of a hospital as a level I, II or III center for the treatment of trauma or as a pediatric center for the treatment of trauma must not be renewed unless the hospital receives verification from the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, which indicates that the hospital has complied with the standards for a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of *Resources for Optimal Care of the Injured Patient*.

Sec. 57. NAC 450B.832 is hereby amended to read as follows:

450B.832 A hospital applying for a designation as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma or to renew such a designation must pay ~~the~~ fee ~~of \$3,000~~ *prescribed in NAC 450B.700* at the time it submits its application to the Health Division.

Sec. 58. NAC 450B.888 is hereby amended to read as follows:

450B.888 1. A hospital located in a county that participates in the collection of data pursuant to NRS 450B.795 shall report the information required pursuant to subsection 5 of that section to:

(a) The State Board of Health; or

(b) If the State Board has delegated its duties to the county or district board of health in the county in which the hospital is located, the county or district board of health.

2. A provider of emergency medical services located in a county whose population is less than ~~400,000~~ *700,000* that participates in the collection of data pursuant to NRS 450B.795 shall report the information required pursuant to subsection 5 of that section to:

(a) The State Board of Health; or

(b) If the State Board has delegated its duties to the county or district board of health in the county in which the provider of emergency medical services is located, the county or district board of health.

Sec. 59. NAC 450B.955 is hereby amended to read as follows:

450B.955 In a county whose population is less than ~~400,000~~ **700,000**:

1. A do-not-resuscitate identification must be in the form of an identification card, document, bracelet or medallion that has been approved or issued by the ~~Health~~ Division.

2. The ~~Health~~ Division shall issue a do-not-resuscitate identification in one of the forms described in subsection 1 to a qualified patient who submits:

(a) A completed application containing the items described in NRS 450B.520 and NAC 450B.950; and

(b) A fee in the following amount:

(1) For a do-not-resuscitate identification in the form of an identification card or document, ~~\$5~~ ***the amount prescribed in NAC 450B.700.***

(2) For a do-not-resuscitate identification in the form of a bracelet or medallion, the actual cost to the ~~Health~~ Division of manufacturing or obtaining the bracelet or medallion from a manufacturer, including the cost of shipping, handling and engraving the bracelet or medallion.

Sec. 60. NAC 450B.103 and 450B.665 are hereby repealed.

TEXT OF REPEALED SECTIONS

450B.103 “Emergency call” defined. (NRS 450B.120)

“Emergency call” means any call requiring immediate action or response by an ambulance or an agency’s vehicle.

450B.665 Authorized discipline. (NRS 450B.120, 450B.900)

1. The Division may assess an administrative penalty in the amount of \$50 per person per day against a service which allows a person to perform the duties of an attendant on an ambulance, air ambulance or agency’s vehicle without a valid certificate issued by the Division. The Division may temporarily deny an application for a certificate submitted by a person who performed the duties of an attendant without a valid certificate for a period not to exceed 30 days.

2. The Division may assess an administrative penalty in the amount of \$500 per day against a service which operates a unit without a permit issued by the Division.

3. If, upon inspection, the Division determines that a unit operated by a service has violated the provisions of this chapter or chapter 450B of NRS, the Division may:

(a) Prohibit the service from operating the unit until a reinspection which finds no violations has been completed and the service has paid a fee for the reinspection in the amount of \$100; or

(b) Require the service to submit a written statement within 3 working days after the inspection indicating that all violations have been corrected and requesting a reinspection of the unit.

DIVISION OF PUBLIC & BEHAVIORAL HEALTH
BUREAU OF PREPAREDNESS, ASSURANCE, INSPECTIONS AND STATISTICS
EMERGENCY MEDICAL SERVICES PROGRAM
LCB File No. R068-16

Informational Statement per NRS 233B.066

- 1. A clear and concise explanation of the need for the adopted regulation.**

The proposed regulations of NAC 450B are necessary for the emergency medical services of Nevada. The regulations authorize the establishment of training centers to provide continuing education which increases education availability to rural agencies, and they exempt training centers from certain requirements. They also authorize a service or an attendant to apply to the Division of Public and Behavioral Health for an endorsement to provide community paramedicine services, and this increases out of hospital health care opportunities and prevents readmissions. EMS services are also authorized to apply to the Division to operate a driver-only program, necessary for to increase the emergency response of rural agencies with low volunteer involvement. The regulations also modernize requirements for licenses, certificates and endorsements for emergency medical personnel and services. Revisions were needed regarding the requirements for operating emergency medical equipment, and for updating and establishing fees to meet ever increasing program demands.

- 2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.**
 - a. How public comment was solicited:**
 - i. A Small Business Impact Questionnaire was posted on the EMS website <http://dpbh.nv.gov/Reg/EMS/EMS-home/> on June 2, 2016 and sent through the EMS Committee listserv reaching 2,180 individuals in the EMS industry.
 - ii. A Public Workshop was conducted on July 14, 2016 in Carson City at the Division of Public and Behavioral Health, 4150 Technology Way, Room 303.
 - iii. A Public Hearing was conducted on December 9, 2016 via videoconference, in Carson City at the Division of Public and Behavioral Health, Room 303, 4150 Technology Way, Southern Nevada Health District, Red Rock Trail Room A&B, 280 S. Decatur Blvd., Las Vegas, and Division of Aging and Disability Services, Early Intervention Services, 1020 Ruby Vista Drive, Suite 102, Elko.

 - b. Summary of the public response:**

Public comments were heard and 2 people voiced support of the proposed regulations. One person expressed concerns with the proposed increase in EMS Program fees, specifically the third increases. Two people commented on concerns with the language of the staffing of air ambulances.

- c. Explanation how other interested persons may obtain a copy of the summary:**
Any persons interested in obtaining a copy of the summary may email, call, or mail in a request to Connie McFadden at the Division of Public and Behavioral Health, Emergency Medical Systems Program, 4150 Technology Way, Suite 100, Carson City, NV 89706, (775) 687-7590, cmcfadden@health.nv.gov. A copy of the summary can also be viewed and downloaded on the website:
<http://dpbh.nv.gov/Reg/EMS/EMS-home/>

3. Number of persons in attendance

a. Attended the Public Workshop:

Carson City: 30 people attended
Teleconference: SNHD staff

b. Attended the Hearing:

Carson City: 40 people signed in
Las Vegas: 25 people signed in
Elko: 0

c. Testified at the Public Workshop:

Carson City: 12 people provided testimony
Teleconference: 0

d. Testified at the Hearing:

Carson City: 11 people provided testimony at the hearing
Las Vegas: 3 people provided testimony
Elko: 0

e. Submitted to the agency written statements:

Dennis Nolan and Temple Fletcher provided written statements.

f. If provided, the name, telephone number, business address, business telephone number, e-mail address and name of entity represented for individuals described in Items 3(a-e):

- a. The sign in sheets from the Hearing are included with this statement as Attachment 1.
- b. The sign in sheets from the Public Workshop are included with this statement as Attachment 2.

4. A description of how comment was solicited (i.e., notices) from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2) (a), the Division of Public and Behavioral Health requested input from stakeholders that are likely to be affected by the proposed regulation. A Small Business Impact Questionnaire was posted on the EMS website

<http://dpbh.nv.gov/Reg/EMS/EMS-home/> on June 2, 2016 and sent through the EMS Committee listserv reaching 2,180 individuals in the EMS industry.

The questions on the SBIQ were:

1. How many employees are currently employed by your business? _____
If more than 150, you will not need to answer the rest of the questions. Please MAIL or FAX questionnaire to the above address. If less than 150, please continue with the remaining questions.
2. Will a specific regulation have an adverse economic effect upon your business?
3. Will the regulation(s) have any beneficial effect upon your business?
4. Do you anticipate any indirect adverse effects upon your business?
5. Do you anticipate any indirect beneficial effects upon your business?

Summary of Response

Summary of Comments Received
0 Responses were received out of the 2,180 SBIQ sent out
Small Business Impact Questionnaires distributed:
EMS Committee Listserv
<http://dpbh.nv.gov/Reg/EMS/EMS-home/>

Any persons interested in obtaining a copy of the summary may email, call, or mail in a request to Connie McFadden at the Division of Public and Behavioral Health, Emergency Medical Systems Program, 4150 Technology Way, Suite 100, Carson City, NV 89706, (775) 687-7590, cmcfadden@health.nv.gov. The Small Business Impact Statement can also be viewed and downloaded on the website: <http://dpbh.nv.gov/Reg/EMS/EMS-home/>

5. **If, after consideration of public comment, the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change. The statement should also explain the reasons for making any changes to the regulation as proposed.**

After consideration of public comment from the Northern Nevada Fire Chiefs Association, the regulations were changed to reflect the removal of the following sections:

- Section 6. 2. (a)
- Section 13. 2 (d) (f) (h)
- Section 17

The following sections were denied, by the Board of Health, to be changed regarding air ambulance:

- Section 32, 41, 43

The following sections were changed, in response to input from the Board of Nursing, to add the term “advanced practice” in front of registered nurse:

- Section 24 1. (d)
- Section 40

The following changes to Section 49 were made in response to public comment that the fees would cause financial hardship:

- Removal of the entire column titled “On or after July 1, 2019”
- 7 to be \$200 for all three columns

6. The estimated economic effect of the regulation on the business which it is to regulate and on the public.

Anticipated effects on the business:

Adverse Effects: The concern was raised regarding the financial impact the third increase in fees would have on the EMS agencies that pay for all their personnel’s certification and licensure renewals. The Division agreed to remove the third increase in fees to alleviate the financial impact.

Beneficial: The positive effects of Community Paramedicine are anticipated to ease the demand on Emergency Service agencies from non-emergent responses, and reduce the number of hospital emergency room visits and readmissions.

Immediate: The stated beneficial effects will have immediate impact as soon as the proposed regulations become effective.

Long-Term: The beneficial effects are expected to have a long term and increasing impact.

Anticipated effects on the public:

Adverse Effects: None anticipated.

Beneficial: Increased public health care quality and availability.

Immediate: Increased public health care quality and availability.

Long-Term: Increased public health care quality and availability.

7. The estimated cost to the agency for enforcement of the proposed regulation.
No change in program regulation and enforcement costs are anticipated. The regulations will be enforced as a regular part of the ongoing EMS Program operations and does not represent an additional expenditure of staff time and effort.

8. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

The Division is aware of similarity in Senate Bill No. 327 relating to air ambulance staffing and qualifications. Therefore, the Board determined they would not accept any changes made to Sections 32, 34 and 43 regarding air ambulances.

9. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

The Division is not aware of any provisions which are more stringent than a federal regulation which regulates the same activity.

10. If the regulation establishes a new fee or increases an existing fee, a statement indicating the total annual amount the agency expects to collect and the manner in which the money will be used.

Revised EMS operating fees are anticipated to generate an additional \$42,450 and will be used specifically for EMS operating costs. Revised certification and licensing fees are anticipated to generate an additional \$34,990 and will be used specifically for education and training costs, per NRS 450B.1505.