

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

LCB File No. R139-07

Effective January 30, 2008

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

AUTHORITY: §§1-8 and 10-33, NRS 450B.120 and 450B.237; §9, NRS 450B.120 and 450B.238.

A REGULATION relating to health care; defining certain terms concerning the treatment of trauma; revising the procedures for a hospital to apply for or renew its designation as a center for the treatment of trauma or a pediatric center for the treatment of trauma; eliminating the designation of a hospital as a level IV center for the treatment of trauma; revising the publications adopted by reference by the State Board of Health; revising certain fees for obtaining or renewing a designation as a center for the treatment of trauma or a pediatric center for the treatment of trauma; repealing certain provisions concerning the treatment of trauma; and providing other matters properly relating thereto.

Section 1. Chapter 450B of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. *“Board” means the State Board of Health.*

Sec. 3. *“Verification review” means the process by which the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, conducts an on-site review of a hospital and confirms that the hospital is performing or is capable of performing as a center for the treatment of trauma or a pediatric center for the treatment of trauma and meets the appropriate criteria contained in Resources for Optimal Care of the Injured Patient, as adopted by reference in NAC 450B.816.*

Sec. 4. 1. *On or after January 30, 2008, if a hospital wishes to apply for initial designation as a center for the treatment of trauma, the hospital may apply only for initial designation as a level III center for the treatment of trauma.*

2. At the time for renewal of such designation as a level III center for the treatment of trauma, the hospital may apply for:

(a) Designation as a level I or II center for the treatment of trauma;

(b) Designation as a pediatric center for the treatment of trauma; or

(c) Renewal as a level III center for the treatment of trauma.

3. The provisions of this section do not prohibit a hospital that has been designated as a level I or II center for the treatment of trauma from applying for initial designation as a pediatric center for the treatment of trauma.

Sec. 5. NAC 450B.526 is hereby amended to read as follows:

450B.526 The Health Division shall prescribe forms for an operator's use in applying for an endorsement to operate a service or fire-fighting agency at the level of intermediate or advanced emergency care. The following information must be included in the application:

1. The name and address of the applicant's service or fire-fighting agency.

2. The name and signature of the medical director of the service or fire-fighting agency.

3. A copy of the written agreement between the service or fire-fighting agency 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 or fire-fighting agency; 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 or fire-fighting agency;

(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 or fire-fighting agency for each level of emergency care provided by the service or fire-fighting agency that are approved by the medical director of the service or fire-fighting agency and the Health 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 or fire-fighting agency by the medical director.

7. A copy of the requirements of the service or fire-fighting agency for testing each level of licensure, including the requirements for knowledge of the protocols of the service or fire-fighting agency for verification of the skills of each attendant for the specified level of licensure, if those requirements are different from the requirements of the Health Division for testing the attendant.

Sec. 6. NAC 450B.760 is hereby amended to read as follows:

450B.760 As used in NAC 450B.760 to 450B.774, inclusive, unless the context otherwise requires:

1. *“Center for the treatment of trauma” has the meaning ascribed to it in NAC 450B.786.*
2. *“Glasgow Coma Scale” means a system of valuation that provides a numerical measure of the level of consciousness of a patient based on responses to verbal and motor stimuli.*
- ~~2.~~ 3. *“Pediatric center for the treatment of trauma” has the meaning ascribed to it in NAC 450B.799.*
4. *“Receiving hospital” means a hospital licensed in this State with emergency services which has not been designated as a center for the treatment of trauma or a pediatric center for the treatment of trauma, but which has been assigned a role by the Health Division in the system for providing treatment for trauma as defined in NAC 450B.810.*
5. *“Revised trauma score” means the numerical measure of the severity of an injury computed from coded values that are assigned to specified intervals of the Glasgow Coma Scale, systolic blood pressure and respiratory rate, as described in the article “A Revision of the Trauma Score” set forth in *The Journal of Trauma*, Vol. 29, No. 5, 1989.*

Sec. 7. NAC 450B.762 is hereby amended to read as follows:

450B.762 1. *The State Board of Health hereby adopts by reference:*

(a) The Journal of Trauma, Vol. 14, Issue 3, 1974, at pages 187 to 196, inclusive, 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 from Infotrieve at the Internet address <http://www.infotrieve.com> or by telephone at (800) 422-4633, for the price of approximately \$21 plus applicable tax.

(b) The article “A Revision of the Trauma Score” set forth in *The Journal of Trauma*, Vol. 29, No. 5, 1989 . ~~[, is hereby adopted by reference.]~~ The article may be obtained from the Savitt Medical Library, University of Nevada School of Medicine, Mailstop 306, Reno, Nevada 89557-0046, for the price of \$10.

2. The State Board of Health will review each revision of the publication adopted by reference pursuant to paragraph (a) of 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 publication adopted by reference pursuant to paragraph (a) of subsection 1.

Sec. 8. NAC 450B.766 is hereby amended to read as follows:

450B.766 1. A licensee providing emergency medical care at the scene of an injury shall submit to:

(a) The Health Division, information concerning patients with traumas who are not transported to a receiving hospital or center for the treatment of trauma; and

(b) The receiving hospital or center for the treatment of trauma, information concerning a patient with trauma upon the delivery of that patient to the receiving hospital or center for the treatment of trauma.

2. The information required by subsection 1 must be submitted in a format approved by the Health Division.

3. Information concerning treatment received before admission to a hospital must include at least the following:

- (a) The date and estimated time of the injury.
- (b) The date and time the call for emergency medical care was received.
- (c) The time the person providing emergency medical care arrived at the scene of the injury.
- (d) The time of physical access to the injury by the licensee providing emergency medical care.
- (e) The location of the scene of the injury, including the city or county and the state, in a format prescribed by the Health Division.
- (f) The cause of the injury.
- (g) Any safety restraints or protective equipment used.
- (h) The permit number and name of the ambulance service that transported the patient to a receiving hospital or center for the treatment of trauma.
- (i) The patient's:
 - (1) Age.
 - (2) Gender.
 - (3) Residential code assigned pursuant to the Federal Information Processing Standards, or the city or county and the state of his residence.
 - (4) Vital signs, including his:
 - (I) Blood pressure;
 - (II) Pulse rate; and
 - (III) Respiratory rate.

(j) Other clinical signs which are appropriate to determine the patient's revised trauma score or as may be requested by the Health Division.

(k) The receiving hospital or medical facility of initial destination.

(l) The criteria used in performing triage.

(m) The emergency medical procedures performed or initiated.

(n) The patient's revised trauma score at the scene of the injury.

(o) The time of departure from the scene of the injury.

(p) The time of arrival at a center for the treatment of trauma or another receiving facility.

4. As used in this section, "patient with trauma" has the meaning ascribed to it in NAC 450B.798.

Sec. 9. NAC 450B.768 is hereby amended to read as follows:

450B.768 1. Each hospital shall submit to the Health Division quarterly reports which comply with the criteria prescribed by the Health Division and which contain at least the following information for each patient treated for trauma by the hospital:

(a) The date and time the patient arrived in the emergency department or the receiving area or operating room, or both.

(b) The patient's revised trauma score upon arrival in the emergency department or receiving area and upon discharge or transfer from the emergency department, if he is discharged or transferred less than 1 hour after his time of arrival.

(c) The method of arrival at the hospital. If the patient arrived by ambulance or air ambulance, the information required by subsection 3 of NAC 450B.766 must also be submitted.

(d) The time the surgeon or the trauma team was requested.

(e) The time the surgeon arrived at the requested location.

- (f) The patient's vital signs, including his:
 - (1) Blood pressure;
 - (2) Pulse rate;
 - (3) Respiratory rate; and
 - (4) Temperature.
- (g) The results of diagnostic blood alcohol or drug screening tests, or both, if obtained.
- (h) Other clinical signs which are appropriate to determine the patient's revised trauma score, including the patient's score on the Glasgow Coma Scale and, if appropriate for a pediatric patient, the patient's score on the modified Glasgow Coma Scale.
- (i) The date and time the initial surgery began and the surgical procedures that were performed during the period in which the patient was anesthetized and in an operating room.
- (j) The number of days the patient was in the hospital.
- (k) The number of days the patient was in the intensive care unit, if applicable.
- (l) Any complications which developed while the patient was being treated at the hospital.
- (m) Information concerning the patient's discharge from the hospital, including:
 - (1) The diagnosis of the patient.
 - (2) The patient's source of payment.
 - (3) The severity of the injury as determined by the patient's injury severity score.
 - (4) The condition of the patient.
 - (5) The disposition of the patient.
 - (6) Information concerning the transfer of the patient, if applicable.

(7) If the reporting hospital is a center for the treatment of trauma or a pediatric ~~[regional resource]~~ center for the treatment of trauma, the amount charged by the hospital, including charges for the treatment of trauma.

(8) If the hospital is not a center for the treatment of trauma or if the patient was transferred from a center for the treatment of trauma to another center for the treatment of trauma, pediatric ~~[regional resource]~~ center for the treatment of trauma or other specialized facility:

(I) The revised trauma score of the patient at the time his transfer was requested.

(II) The date and time the center for the treatment of trauma, pediatric ~~[regional resource]~~ center for the treatment of trauma or other specialized facility was notified.

(III) The time the patient left the receiving hospital or center for the treatment of trauma for a center for the treatment of trauma, pediatric ~~[regional resource]~~ center for the treatment of trauma or other specialized facility.

(n) The patient's residential code assigned pursuant to the Federal Information Processing Standards, or the city or county and the state of his residence.

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

5. *As used in this section:*

(a) *“Injury severity score” means a number given retrospectively for the quantification of injury to a patient based upon anatomical and physiological considerations as described in The Journal of Trauma, Vol. 14, 1974, at pages 187 to 196, inclusive.*

(b) *“Trauma team” means the group of persons who have been chosen by a designated center for the treatment of trauma or a pediatric center for the treatment of trauma to render care to patients with trauma and are led by a general surgeon credentialed in trauma care or, in the case of a pediatric center for the treatment of trauma, a pediatric surgeon credentialed in trauma care.*

Sec. 10. NAC 450B.772 is hereby amended to read as follows:

450B.772 The person licensed to provide emergency medical care at the scene of an injury shall determine the time required to transport a patient to a designated center for the treatment of trauma and determine the destination based on the following criteria:

1. If the time required to transport a patient to a level I center for the treatment of trauma is not more than 30 minutes, the patient must be transported to that center and the medical directions for the treatment of the patient must originate at that center.

2. If the time required to transport a patient to a level I center for the treatment of trauma is more than 30 minutes, but the time required to transport the patient to a level II center for the treatment of trauma is not more than 30 minutes, the patient must be transported to the level II center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.

3. If the time required to transport a patient to a level I or II center for the treatment of trauma is more than 30 minutes, but the time required to transport the patient to a level III center for the treatment of trauma is not more than 30 minutes, the patient must be transported to the level III center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.

~~4. If the time required to transport a patient to a level I, II or III center for the treatment of trauma is more than 30 minutes, but the time required to transport the patient to a level IV center for the treatment of trauma is not more than 30 minutes, the patient must be transported to the level IV center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.~~

~~—5.]~~ If the time required to transport a patient to a center for the treatment of trauma is more than 30 minutes, the patient must be transported to the nearest medical facility which can provide a higher level of emergency medical care than can be provided by personnel at the scene of the injury and the medical directions for the treatment of the patient must originate at that facility.

Sec. 11. NAC 450B.774 is hereby amended to read as follows:

450B.774 1. If a patient at the scene of an injury refuses to be transported to a center for the treatment of trauma after a determination has been made that the patient's physical condition meets the triage criteria requiring transport to the center, the person providing emergency medical care shall evaluate the mental condition of the patient. If he determines that the patient is competent, the patient must be advised of the risks of not receiving further treatment at the center.

2. If the patient continues to refuse to be transported to the center for the treatment of trauma, the person providing emergency medical care shall request the patient to sign a statement

indicating that he has been advised of the risks of not receiving further treatment at the center and continues to refuse to be transported to the center.

3. The person providing emergency medical care shall inform a physician at the center for the treatment of trauma of the patient's refusal to be transported to the center for treatment before he leaves the scene of the injury.

4. As used in this section, "triage criteria" has the meaning ascribed to it in NAC 450B.814.

Sec. 12. NAC 450B.780 is hereby amended to read as follows:

450B.780 As used in NAC 450B.780 to 450B.875, inclusive, **and sections 2, 3 and 4 of this regulation**, unless the context otherwise requires, the words and terms defined in NAC ~~450B.782~~ **450B.786** to 450B.814, inclusive, **and sections 2 and 3 of this regulation** have the meanings ascribed to them in those sections.

Sec. 13. NAC 450B.786 is hereby amended to read as follows:

450B.786 "Center for the treatment of trauma" means a general hospital licensed in this ~~state~~ **State** which has been designated as a level I, II ~~I~~ **or** III ~~or IV~~ center by the Administrator of the Health Division, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive ~~I~~, **and sections 2, 3 and 4 of this regulation.**

Sec. 14. NAC 450B.799 is hereby amended to read as follows:

450B.799 "Pediatric ~~regional resource~~ center for the treatment of trauma" means a facility that is designated by the Administrator of the Health Division **pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive, and sections 2, 3 and 4 of this regulation**, to provide comprehensive surgical, medical and nursing care to persons who are less than 15 years of age.

Sec. 15. NAC 450B.808 is hereby amended to read as follows:

450B.808 “Service area” means the geographical area described by a center for the treatment of trauma or *a* pediatric ~~[regional resource]~~ center for the treatment of trauma in its plan for providing treatment for trauma as the area served by that center.

Sec. 16. NAC 450B.810 is hereby amended to read as follows:

450B.810 “System for providing treatment for trauma” means a formally organized arrangement of resources providing health care which is described in writing by a center for the treatment of trauma or *a* pediatric ~~[regional resource]~~ center for the treatment of trauma and approved by the Health Division, whereby patients with ~~[major]~~ trauma are treated at a designated center for the treatment of trauma or *a* pediatric ~~[resource]~~ center for the treatment of trauma.

Sec. 17. NAC 450B.816 is hereby amended to read as follows:

450B.816 1. ~~[The World Journal of Surgery, Vol. 7, 1983, is hereby adopted by reference. The publication may be obtained from R.J.A. Goris, M.D., University Medical Center Saint Radboud, Nijmegen, The Netherlands, for the price of \$1.40 per copy.~~

~~—2.]~~ *The Board hereby adopts by reference:*

(a) Resources for Optimal Care of the Injured Patient, [1999] 2006 edition, [is hereby adopted by reference. The] 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 [\$15.] \$20, plus shipping and handling.

(b) Guidelines for Design and Construction of Hospital and Health Care Facilities, in the form most recently published by the American 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 Institute of Architects at the AIA Store, 1735 New York Avenue, N.W., Washington, D.C. 20006-5292, or at the Internet address <http://www.aia.org> or by telephone at (800) 242-3837, for the price of \$52.50 for members or \$75 for nonmembers, plus \$7 for shipping and handling.

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

450B.819 1. ~~[The Health Division shall reject an application from a hospital wishing to be designated as a center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma or to renew such a designation if the application is incomplete or if the hospital has not received prior approval to add services in accordance with NRS 449.087.]~~ *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 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 ~~regional resource~~ 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;

~~[(e)]~~ (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 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

~~[(g)]~~ (h) Written policies for:

(1) ~~[(1)]~~ ~~The activation of the trauma team;~~

~~[(2)]~~ (2) The transfer of patients with trauma to other centers for the treatment of trauma which have been designated at a higher level, a pediatric ~~[(2)]~~ ~~regional resource~~ center for the treatment of trauma or other specialized facilities; and

~~[(3)]~~ (2) Performing evaluations and assessments to ensure that the quality of care for patients with trauma meets the standards set forth in chapter 16 of *Resources for Optimal Care of the Injured Patient*.

~~[(3)]~~ (3) ~~A hospital applying for designation as a level I, II, III or IV center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma, or for the renewal of such a designation, must submit an application to the Health Division in a form approved by the Division. Except as otherwise provided in subsection 4, 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:~~

~~—(a) The date of the survey of the hospital conducted pursuant to NAC 450B.820 if the application is for an initial designation as a level I or II center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma; or~~

~~—(b) The date of the expiration of the designation if the application is for the renewal of a designation of a level I or II center for the treatment of trauma.~~

~~—4. If the application is for an initial designation as a level III center for the treatment of trauma or for an initial designation or the renewal of a designation as a level IV center for the treatment of trauma, the application must be submitted to the Health Division 6 months before the date of the survey by the staff of the Health Division.]~~

Sec. 19. NAC 450B.820 is hereby amended to read as follows:

450B.820 1. ~~[Persons appointed to conduct surveys of proposed centers for the treatment of trauma or pediatric regional resource centers for the treatment of trauma must:~~

~~—(a) Be knowledgeable in systems for providing treatment for trauma, affiliated with a level I, II, III or IV center for the treatment of trauma which has been verified by the American College of Surgeons or, in the case of a pediatric regional resource center for the treatment of trauma, affiliated with a pediatric regional resource center which has been verified by the American College of Surgeons; and~~

~~—(b) Declare no conflict of interest.~~

~~—2. Except as otherwise provided in subsection 4, the survey team for a level I, II, III or IV center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma must be:~~

~~—(a) Appointed by the American College of Surgeons or an equivalent medical organization or agency approved by the Board; and~~

~~—(b) Composed of:~~

~~——(1) If the survey team is appointed to conduct a survey for an initial designation or the renewal of a designation as a level I or II center for the treatment of trauma or for the renewal of a designation as a level III center for the treatment of trauma, two trauma surgeons or a trauma surgeon and a surgical subspecialist;~~

~~——(2) If the survey team is appointed to conduct a survey for an initial designation or the renewal of a designation as a pediatric regional resource center for the treatment of trauma, two pediatric trauma surgeons or a pediatric trauma surgeon and a pediatric surgical subspecialist; or~~

~~——(3) If the survey team is appointed to conduct a survey for the renewal of a designation of a level IV center for the treatment of trauma, two general surgeons or a general surgeon and a physician with experience in the assessment of injured patients.~~

~~—3.— The Health Division shall appoint members of its staff to act as staff for the survey team.~~

~~—4.— For a hospital that applies for an initial designation as a level III or IV center for the treatment of trauma, the Administrator shall appoint members of the staff of the Health Division to conduct the survey of the proposed center. The survey must:~~

~~—(a) Consist of a review of the personnel, equipment and program criteria set forth in the hospital's application which meets the standards set forth in chapters 5, 16 and 23 of Resources for Optimal Care of the Injured Patient; and~~

~~—(b) Be conducted at the site of the proposed center for the treatment of trauma.~~

~~—5.] *Before a hospital is designated as a center for the treatment of trauma or a pediatric center for the treatment of trauma, a verification review of the hospital must be conducted.*~~

2. The cost ~~of:~~

~~—(a) A survey by the American College of Surgeons, or an equivalent medical organization or agency approved by the Board,]~~ to verify the proposed center’s capability as a level I, II or III center for the treatment of trauma or a pediatric ~~[regional resource]~~ center for the treatment of trauma ~~]; or~~

~~—(b) A survey requested by the Administrator of the Health Division for the renewal of a designation as a level IV center for the treatment of trauma;~~
→] must be borne by the hospital applying for *such* a designation . ~~[or the renewal of a designation.~~

~~6.— Except as otherwise provided in subsection 7, a]~~

3. A hospital must not be designated as a center for the treatment of trauma or a pediatric ~~[regional resource]~~ center for the treatment of trauma if it does not receive a verification from the American College of Surgeons or an equivalent medical organization or agency approved by the Board.

~~[7.— A hospital may comply with the requirements for:~~

~~—(a) An initial designation as a level III center for the treatment of trauma; or~~

~~—(b) An initial designation or the renewal of a designation as a level IV center for the treatment of trauma;~~

→ ~~without meeting the requirements of subsection 6 if the staff that conducts the survey pursuant to subsection 4 finds that the hospital has the personnel, equipment and program criteria required to meet the standards set forth in chapters 5, 16 and 23 of Resources for Optimal Care of the Injured Patient.]~~

4. The Health Division shall ensure that the appropriate members of its staff are present during any preliminary meetings and on-site reviews conducted by the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, in relation to a verification review.

Sec. 20. NAC 450B.8205 is hereby amended to read as follows:

450B.8205 1. Before the designation of a level I, II ~~;~~ *or* III ~~;~~ *or* IV center for the treatment of trauma or a pediatric ~~regional resource~~ center for the treatment of trauma is renewed, an application for renewal must be submitted to the Health Division and a ~~survey~~ *verification review* of the center must be conducted.

2. The ~~survey~~ *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 ~~regional resource~~ center for the treatment of trauma must be ~~;~~

~~—(a) Appointed~~ *appointed* by the American College of Surgeons , or an equivalent medical organization or agency approved by the Board . ~~;~~ *and*

~~—(b) Composed of:~~

~~—(1) If the survey team is for a level I, II or III center for the treatment of trauma, two trauma surgeons or a trauma surgeon and a surgical subspecialist; or~~

~~—(2) If the survey team is for a pediatric regional resource center for the treatment of trauma, two pediatric trauma surgeons or a pediatric trauma surgeon and a pediatric surgical subspecialist.~~

~~—3. The survey team for the renewal of a designation as a level IV center for the treatment of trauma must be:~~

~~—(a) Appointed by the Administrator of the Health Division or a person designated by him;
and~~

~~—(b) Composed of two general surgeons or a general surgeon and a physician with experience
in the care of injured patients.~~

~~—4] 3.~~ A level I, II or III center for the treatment of trauma or a pediatric ~~[regional resource]~~
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; ~~[and]~~

(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 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 ~~[survey]~~ *verification review* to be conducted directly with the agency
which will conduct the ~~[survey;]~~ *review*; and

(c) Notify the Health Division of the date of the ~~[survey.~~

~~—5.— A level IV center for the treatment of trauma must, at least 6 months before its
designation expires, submit:~~

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

~~—(b) A written request for verification to the Administrator of the Health Division or a person designated by him.~~

~~—6.] verification review.~~

4. The cost of the ~~[survey]~~ *verification review* must be borne by the center for the treatment of trauma or pediatric ~~[regional resource]~~ center for the treatment of trauma ~~[-~~

~~—7.] 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 ~~[regional resource]~~ 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 ~~[regional resource]~~ center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of *Resources for Optimal Care of the Injured Patient*.

~~[8.—The designation of a hospital as a level IV center for the treatment of trauma must not be renewed unless the hospital receives verification from the survey team appointed by the Administrator of the Health Division or a person designated by him for the renewal of a hospital as a level IV center for the treatment of trauma which indicates that the hospital has complied with the standards set forth in chapters 5, 10, 16 and 23 of Resources for Optimal Care of the Injured Patient.]~~

Sec. 21. NAC 450B.824 is hereby amended to read as follows:

450B.824 The Health Division shall give written notice of its decision to any hospital which submits an application for designation as a center for the treatment of trauma or as a pediatric ~~[regional resource]~~ center for the treatment of trauma or for the renewal of such a designation.

Sec. 22. NAC 450B.826 is hereby amended to read as follows:

450B.826 1. Except as otherwise provided in subsection ~~[4.]~~ **3**, the initial designation of a level I, ~~[or]~~ II *or III* center for the treatment of trauma or a pediatric ~~[regional resource]~~ center for the treatment of trauma is valid for the period verified by the American College of Surgeons or the medical organization or agency which conducted the ~~[survey]~~ *verification review* required by NAC 450B.820, but for not more than 3 years.

2. ~~[The initial designation of a level III center for the treatment of trauma or the initial designation or renewal of a designation of a level IV center for the treatment of trauma is valid for the period established by the Health Division, but for not more than 2 years.~~

~~—3.]~~ The renewal of a designation of a level I, II or III center for the treatment of trauma or a pediatric ~~[regional resource]~~ center for the treatment of trauma is valid for the period verified by the American College of Surgeons, or an equivalent medical organization approved by the Board, but not for more than 3 years.

~~[4.]~~ **3.** If the Health Division finds that extenuating circumstances exist while an application for the renewal of a designation is pending and that the withholding of the renewal of the designation may have a detrimental impact on the health of the public, it may recommend to the Administrator of the Health Division that a provisional designation be issued. The Administrator may issue a provisional designation for not more than 1 year on an application for the renewal of a level I, II ~~[.]~~ *or III* ~~[or IV]~~ center for the treatment of trauma ~~[.]~~ *or a pediatric center for the treatment of trauma*. The Administrator may impose such conditions on the issuance of the provisional designation as he deems necessary.

Sec. 23. NAC 450B.828 is hereby amended to read as follows:

450B.828 A center for the treatment of trauma or a pediatric ~~[regional resource]~~ center for the treatment of trauma may be added to the system ~~[of]~~ *for* providing treatment for trauma on the basis of a demonstrated change in need ~~[,]~~ *that cannot be met by existing centers for the treatment of trauma or pediatric centers for the treatment of trauma*, including, *without limitation*, a ~~[change]~~ *significant increase* in the ~~[population and the number]~~ *volume* of patients ~~[in the area being]~~ *with trauma* served ~~[,]~~ *and the geographic distribution of the patients without access to the existing centers for the treatment of trauma or pediatric centers for the treatment of trauma*, if the addition is made pursuant to the requirements of NRS 449.087 and NAC 450B.780 to 450B.875, inclusive ~~[,]~~ *, and sections 2, 3 and 4 of this regulation.*

Sec. 24. NAC 450B.830 is hereby amended to read as follows:

450B.830 1. If a center for the treatment of trauma or a pediatric ~~[regional resource]~~ center for the treatment of trauma does not wish to continue to be designated as such, it must submit a notice to the Administrator of the Health Division at least 6 months before it discontinues the provision of services as a center for the treatment of trauma or as a pediatric ~~[regional resource]~~ center for the treatment of trauma.

2. The Health Division may withdraw or refuse to renew the designation of a center for the treatment of trauma or a pediatric ~~[regional resource]~~ center for the treatment of trauma if the center:

(a) Fails to comply with the requirements of its designation or fails to maintain the standard of care which meets the requirements of chapters 5, 10, 16 and 23 of *Resources for Optimal Care of the Injured Patient*; or

(b) Does not receive verification from the American College of Surgeons, or an equivalent medical organization approved by the Board, indicating that it has complied with the criteria

established for a level I, II or III center for the treatment of trauma or a pediatric ~~regional resource~~ 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. 25. NAC 450B.832 is hereby amended to read as follows:

450B.832 ~~[H-]~~ A hospital applying for a designation as a level I, ~~[or]~~ *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 a fee of ~~[\$12,500]~~ *\$3,000* at the time it submits its application to the Health Division.

~~[2.—A hospital applying for designation as a level III center for the treatment of trauma or to renew its designation must pay a fee of \$3,000 at the time it submits its application to the Health Division.~~

~~—3.—A hospital applying for designation as a pediatric regional resource center for the treatment of trauma must pay a fee of \$25,000 at the time it submits its application to the Health Division.~~

~~—4.—A hospital applying for designation as a level IV center for the treatment of trauma or to renew its designation is not required to submit a fee with its application to the Health Division.]~~

Sec. 26. NAC 450B.834 is hereby amended to read as follows:

450B.834 The Health Division may suspend or revoke the designation of a center *for the treatment of trauma or a pediatric center for the treatment of trauma* on the following grounds:

1. Any violation of any provision of NAC 450B.780 to 450B.875, inclusive, *and sections 2, 3 and 4 of this regulation* by the center for the treatment of trauma or pediatric ~~regional resource~~ center for the treatment of trauma.

2. Any conduct or practice detrimental to the health and safety of the patients or employees of ~~the~~ *any* facility ~~of the center~~.

Sec. 27. NAC 450B.836 is hereby amended to read as follows:

450B.836 1. Except as otherwise provided in this section, if the Health Division intends to deny, suspend or revoke a designation ~~as a center for the treatment of trauma or a pediatric center for the treatment of trauma~~, it shall follow the requirements set forth in NAC 439.300 to 439.395, inclusive.

2. Advance notice is not required to be given if the Health Division determines that the protection of the public health requires immediate action. If it so determines, the Health Division may order a summary suspension of the designation pending proceedings for revocation or other action.

3. If a center for the treatment of trauma or a pediatric ~~regional resource~~ center for the treatment of trauma wishes to contest the enforcement action of the Health Division taken pursuant to this section, it must follow the procedure for appeals set forth in NAC 439.300 to 439.395, inclusive.

Sec. 28. NAC 450B.838 is hereby amended to read as follows:

450B.838 To be designated as a level I center for the treatment of trauma, a licensed general hospital must:

1. Meet all of the criteria for a level I center for the treatment of trauma set forth in chapters 16 and 23 ~~and Appendix D~~ of *Resources for Optimal Care of the Injured Patient*.

2. Receive a verification from the American College of Surgeons, or an equivalent medical organization approved by the Board, that confirms that the center meets the standards for a level I center for the treatment of trauma.

Sec. 29. NAC 450B.845 is hereby amended to read as follows:

450B.845 To be designated as a pediatric ~~[regional resource]~~ center for the treatment of trauma, a licensed general hospital or licensed medical-surgical hospital must:

1. Meet all of the criteria for a pediatric ~~[regional resource]~~ center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of *Resources for Optimal Care of the Injured Patient*.

2. Meet the minimum criteria for a level I *or II* center for the treatment of trauma and demonstrate a commitment to the treatment of persons who are less than 15 years of age in accordance with chapters 10 and 23 of *Resources for Optimal Care of the Injured Patient*.

3. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the Board, that confirms that the center meets the standards for a pediatric ~~[regional resource]~~ center for the treatment of trauma.

Sec. 30. NAC 450B.852 is hereby amended to read as follows:

450B.852 To be designated as a level II center for the treatment of trauma, a licensed general hospital must:

1. Meet all of the criteria for a level II center for the treatment of trauma set forth in chapters 16 and 23 ~~[and Appendix D]~~ of *Resources for Optimal Care of the Injured Patient*.

2. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the Board, that confirms that the center meets the standards for a level II center for the treatment of trauma.

Sec. 31. NAC 450B.866 is hereby amended to read as follows:

450B.866 To be designated as a level III center for the treatment of trauma, a licensed general hospital must:

1. ~~Be located more than 30 minutes from a designated level I or II center for the treatment of trauma.~~

~~2. Operate a service for the treatment of trauma or maintain a multidisciplinary committee to provide for the implementation of the requirements of NAC 450B.780 to 450B.875, inclusive.~~

~~3. Comply with~~ **Meet** all of the criteria for a level III center for the treatment of trauma set forth in chapters 16 and 23 ~~and Appendix D~~ of *Resources for Optimal Care of the Injured Patient*.

~~4. If the hospital is applying for the renewal of a designation as a level III center for the treatment of trauma, receive a]~~

2. **Receive** verification from the American College of Surgeons, or an equivalent medical organization approved by the Board, that confirms that the center complies with the standards for a level III center for the treatment of trauma.

Sec. 32. NAC 450B.875 is hereby amended to read as follows:

450B.875 Each level I, II ~~and~~ **and** III ~~and IV~~ center for the treatment of trauma and each pediatric ~~regional resource~~ center for the treatment of trauma must establish a program for performing evaluations and assessments to ensure the quality of care for patients with trauma.

The program must meet the standards set forth in chapter 16 of *Resources for Optimal Care of the Injured Patient*.

Sec. 33. NAC 450B.782, 450B.784, 450B.788, 450B.790, 450B.792, 450B.794, 450B.796, 450B.800, 450B.802, 450B.804, 450B.806, 450B.812, 450B.818, 450B.8215 and 450B.871 are hereby repealed.

TEXT OF REPEALED SECTIONS

450B.782 “Advanced Trauma Life Support” defined. “Advanced Trauma Life Support” means the course of advanced trauma life support theory and techniques sponsored by the American College of Surgeons.

450B.784 “Burn center” defined. “Burn center” means a licensed hospital with specialized services for the treatment of injuries resulting from burns.

450B.788 “Emergency department” defined. “Emergency department” means the area of a general hospital licensed in this state which customarily receives patients in need of emergency medical evaluation and care.

450B.790 “Immediately available” defined. “Immediately available” means the ability to respond without conflicting duties or responsibilities and without delay when notified, arriving within the specified area of a center for the treatment of trauma or pediatric regional resource center for the treatment of trauma when a patient arrives pursuant to the policies and procedures of the center.

450B.792 “Implementation” defined. “Implementation” means the development and activation of a plan to provide treatment for trauma by a designated center for the treatment of trauma or pediatric regional resource center for the treatment of trauma.

450B.794 “Injury severity score” defined. “Injury severity score” means a number given retrospectively for the quantification of injury to a patient based upon anatomical and

physiological considerations as described in the World Journal of Surgery, Vol. 7, 1983, at pages 12 to 18, inclusive.

450B.796 “Patient with a major trauma” defined. (NRS 450B.120, 450B.237) “Patient with a major trauma” means a person who has sustained an acute injury which has:

1. The potential of being fatal or producing a major disability; and
2. A revised trauma score of less than 11 or an injury severity score that is greater than 15.

↪ As used in this section, “revised trauma score” has the meaning ascribed to it in NAC 450B.760.

450B.800 “Promptly available” defined. “Promptly available” means the ability to be within the area receiving patients with trauma, the emergency department, the operating room or any other specified area of a center for the treatment of trauma or pediatric regional resource center for the treatment of trauma within a period of time which is medically prudent and proportionate to the patient’s clinical condition pursuant to the policies and procedures of the center as set forth in the center’s application for designation as a center for the treatment of trauma or pediatric regional resource center for the treatment of trauma or any revision of such an application that is approved by the Health Division.

450B.802 “Qualified specialist” defined. “Qualified specialist” means a physician licensed in this state who has taken postgraduate medical training, or has completed other specified requirements, and is certified in the corresponding specialty recognized by the American Board of Medical Specialties within 5 years after becoming eligible for certification or within 5 years after joining a trauma team if more than 5 years have elapsed since becoming eligible for certification.

450B.804 “Receiving hospital” defined. “Receiving hospital” means a hospital licensed in this state with emergency services which has not been designated as a center for the treatment of trauma or pediatric regional resource center for the treatment of trauma, but which has been formally assigned a role by the Health Division in the system of providing treatment for trauma.

450B.806 “Senior resident” defined. “Senior resident” means a physician licensed in this state who:

1. Is in the last year of his residency for that specialty under consideration;
2. Can initiate treatment, including surgery, if the clinical situation demands; and
3. Is in training as a member of the residency program of a designated center for the treatment of trauma or pediatric regional resource center for the treatment of trauma which is approved by the appropriate Residency Review Committee of the Accreditation on Graduate Medical Education.

↪ The term includes a resident in general surgery if he has completed 3 years of his residency.

450B.812 “Trauma team” defined. “Trauma team” means the group of persons who have been chosen by a designated center for the treatment of trauma or pediatric regional resource center for the treatment of trauma to render care to patients with trauma and are lead by a general surgeon credentialed in trauma care or, in the case of a pediatric regional resource center for the treatment of trauma, a pediatric surgeon credentialed in trauma care.

450B.818 Development of process for accepting applications for designation or renewal of designation.

1. The Health Division shall develop a process for accepting an application from a hospital wishing to be designated as a center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma or to renew such a designation.

2. The process must include written approval by the Health Division in advance of the application in accordance with NRS 449.087 and descriptive information concerning:

- (a) The number of copies of the application which must be submitted to the Health Division;
- (b) Standardized reporting requirements and the records required to be maintained; and
- (c) Required supporting information and documents, including written agreements to ensure responses by the trauma teams.

3. The Health Division's process for reviewing applications must include surveys of the proposed center and interviews with personnel at all hospitals which submit complete applications.

450B.8215 Disqualification of member of survey team for bias or prejudice.

1. A member of a survey team shall not participate in a survey if he has an actual bias or prejudice for or against the center for the treatment of trauma or pediatric regional resource center for the treatment of trauma which is being surveyed. Actual bias or prejudice may be found if the member of the survey team:

(a) Is related within the third degree of consanguinity or affinity to an officer, director, chief of staff or major shareholder of the center being surveyed; or

(b) Has, or has had within the 3 preceding years, a contractual relationship with the center being surveyed, including, but not limited to, a contractual relationship to act as an employee, independent contractor, consultant, lessee or lessor for the center or any other contractual relationship from which the member of the survey team derived a financial benefit.

2. A center for the treatment of trauma or pediatric regional resource center for the treatment of trauma may request the Administrator of the Health Division to disqualify a member of the survey team for actual bias or prejudice. The center seeking the disqualification must, within 10

working days after receiving the names of the members of the survey team, file an affidavit with the Administrator specifying the facts upon which the disqualification is sought. The affidavit must be:

(a) Personally delivered to the office of the Administrator; and

(b) Accompanied by a certificate stating that the affidavit is being filed in good faith and not for the purpose of delaying the survey.

3. If the Administrator disqualifies a member of a survey team:

(a) Appointed to conduct a survey for an initial designation or the renewal of a designation as a level I or II center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma or the renewal of a designation as a level III center for the treatment of trauma, he shall request the agency conducting the survey to appoint a new member to the survey team.

(b) Appointed to conduct a survey for an initial designation as a level III center for the treatment of trauma or an initial designation or the renewal of a designation as a level IV center for the treatment of trauma, he shall appoint a new member to the survey team.

450B.871 Level IV center: Requirements for designation. (NRS 450B.120, 450B.237)

To be designated as a level IV center for the treatment of trauma, a licensed general hospital must:

1. Be located more than 30 minutes from a designated level I, II or III center for the treatment of trauma;

2. Meet all of the criteria for a level IV center for the treatment of trauma set forth in chapters 16 and 23 and Appendix D of Resources for Optimal Care of the Injured Patient;

3. Ensure that a nurse with experience and training in the care of patients with trauma is present at the hospital at all times;
4. Ensure that there is an adequate number of physicians with experience and training in the treatment of patients with trauma who will be immediately available to provide medical treatment to the patients in the hospital; and
5. Have the ability to perform computer axial tomography (CAT) scans or otherwise assess the patient's traumatic injuries and determine the medical center to which the patient will be transferred.

**NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R139-07**

The State Board of Health adopted regulations assigned LCB File No. R139-07 which pertain to chapter 450B of the Nevada Administrative Code.

INFORMATIONAL STATEMENT

1. DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION OF HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

A Small Business Impact Questionnaire was mailed to Permitted Ambulance and Fire-Fighting Agencies and Hospitals on September 17, 2007. Attached are the Small Business Impact Statement Questionnaire and the Small Business Impact Summary.

Notice of public workshops held on October 8, 2007, in Carson City and on October 9, 2007, in Las Vegas, was published in the Las Vegas Review Journal and Reno Gazette Journal on or before September 21, 2007. Notices of public workshops, and proposed regulations were mailed to all county libraries in Nevada, Permitted Ambulance and Fire-Fighting Agencies and Hospitals, and interested parties on September 17, 2007. The Small Business Impact Summary was available at both workshops.

Copies of the workshop minutes may be obtained by calling the Bureau of Licensure and Certification at (775) 687-4475.

There were no public comments at the Carson City or Las Vegas workshops. Snow Morrison, RN, Renown Medical Center submitted written comments at the time of the workshops.

Notice of public hearing regarding the Board's intent to adopt amendments was published in the Las Vegas Review Journal and Reno Gazette Journal on or before November 7, 2007. Notices of public workshops, and proposed regulations were mailed to all county libraries in Nevada, Permitted Ambulance and Fire-Fighting Agencies and Hospitals, and interested parties on November 2, 2007. The notice of public hearing was mailed to Southern Nevada Health District and Washoe County District Health Department on November 2, 2007.

Copies of the Board of Health hearing minutes may be obtained by calling the Nevada State Health Division (775) 684-4200.

2. THE NUMBER OF PERSONS WHO:

(A) ATTENDED EACH HEARING;

Approximately 50 people attended the December 7, 2007 Board of Health hearing.

(B) TESTIFIED AT EACH HEARING;

No one in attendance testified.

(C) SUBMITTED TO THE AGENCY WRITTEN COMMENTS:

No written statements were submitted at the hearing.

3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

Comment was solicited from affected or potentially affected businesses by mailing appropriate facilities and all interested parties the proposed regulations, a small business impact questionnaire, a copy of the small business impact summary, and the notices for the workshops and Board of Health hearings.

There were no public comments at the Carson City or Las Vegas workshops

Copies of the Board of Health hearing minutes may be obtained by calling the Nevada State Health Division at (775) 684-4200.

4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

The State Board of Health adopted the proposed amendments to NAC 450B, “Emergency Medical Services Centers for the Treatment of Trauma” LCB File No. R139-07.

No testimony was received in opposition to the proposed regulation or which suggested changes to the proposed regulation.

5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

(A) BOTH ADVERSE AND BENEFICIAL EFFECTS; AND

Anticipated effects on the business which NAC 449 and 450B regulates.

Adverse: Requires receipt of provisional authorization of hospitals in a county whose population is 400,000 or more. Eliminated the designation of a hospital as a Level IV center for the treatment of trauma.

Beneficial: Clarify and streamline the application process while adhering to national standards. Reduction of fee associated with application of initial and renewal as a center for the treatment of trauma.

Anticipated effects on the public:

Adverse: None

Beneficial: The beneficial impact for the general public is that hospitals that are designated as trauma centers have met strict criteria and adhere to current national standards.

(B) BOTH IMMEDIATE AND LONG TERM EFFECTS.

Anticipated effects on the business which NAC 449 and 450B regulates.

Immediate: None

Long-term: Hospitals will be required to be compliant with expressed standards upon application for renewal as a trauma center. Also, hospitals will be required to demonstrate a need for service within the trauma system to apply for initial designation as a trauma center.

Anticipated effects on the public:

Immediate: None

Long-term: None

6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

There is no anticipated additional cost to the agency for enforcement of the proposed regulation changes.

7. 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.

There is no duplication or overlap of other state or local government agency's regulations.

8. IF THE REGULATION INCLUDES PROVISION WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISION.

These proposed regulations do not overlap or duplicate federal regulations. The regulations do not have a counterpart in the code of federal regulations.

9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

These amendments do not establish any new fees and do not increase existing.

10. IS THE PROPOSED REGULATION LIKELY TO IMPOSE A DIRECT AND SIGNIFICANT ECONOMIC BURDEN UPON A SMALL BUSINESS OR DIRECTLY RESTRICT THE FORMATION, OPERATION OR EXPANSION OF A SMALL BUSINESS? WHAT METHODS DID THE AGENCY USE IN DETERMINING THE IMPACT OF THE REGULATION ON A SMALL BUSINESS?

These amendments do not represent an economic burden for a small business, and will not restrict the formation, operation or expansion of a small business.

A Small Business Impact Questionnaire was mailed to Permitted Ambulance and Fire-Fighting Agencies and Hospitals on September 17, 2007. Attached are the Small Business Impact Statement Questionnaire and the Small Business Impact Summary.