NOTICE OF PUBLIC HEARING

Intent to Adopt Regulations
(LCB File No. R102-18)

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 450B of Nevada Administrative Code (NAC), Emergency Medical Services. This public hearing is to be held in conjunction with the State Board of Health meeting on September 7, 2018. The NAC 450B regulation changes will be heard in the order placed on the State Board of Health agenda.

The State Board of Health will be conducted via videoconference beginning at 9:00 a.m. on Friday, September 7, 2018 at the following locations:

Division of Public and Behavioral Health 4150 Technology Way Room #303 Carson City, NV 89706	Southern Nevada Health District Red Rock Conference Room 280 S Decatur Blvd Las Vegas, NV 89107

The proposed regulations to NAC 450B include the following: The proposed addition/change of regulations in LCB File No. R102-18 include provisions for:

- Add new regulations relating to emergency medical services; authorizing a holder of a license to operate a hospital to obtain a service community paramedicine endorsement; expanding the period in which an applicant for a license as an attendant or firefighter must be found to have met certain physical and mental criteria; revising the criteria for determining the medical facility to which an injured patient will be transported; and providing other matters properly relating thereto.

1. Anticipated effects on the business which NAC 450B regulates:
   A. *Adverse*: No adverse effects are anticipated.
   B. *Beneficial:* The positive effects of increased availability of community paramedicine services are anticipated to ease the demand on Emergency Medical Services Agencies from non-emergent responses and reduce the number of hospital emergency department visits and readmissions. Transporting patients with trauma directly to trauma centers would reduce the number of additional patient transports.

C. *Immediate:* The anticipated benefits listed above should have an immediate impact as soon as the proposed regulation becomes effective.
D. *Long-term:* The beneficial effects are expected to have a long-term impact.

2. Anticipated effects on the public:
   A. *Adverse*: None.
   B. *Beneficial:* Increase availability of community paramedicine services, particularly in rural areas.
   C. *Immediate*: Increased community paramedicine services will be available immediately.
   D. *Long-term:* Overall improvement of patient health care, decrease in non-emergent patient transports and decreased use of emergency departments as primary care providers.

3. The estimated cost to the Division of Public and Behavioral Health for enforcement of the proposed regulations is estimated to be $0. Currently it is expected that the provisions of these regulations would be incorporated into current processes utilizing existing staff therefore no cost ($0) to the agency for enforcement is anticipated.

4. The proposed regulations do not overlap or duplicate any other Nevada state regulations.

Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Julie Kotchevar, to be received no later than September 1, 2018 at the following address:

Secretary, State Board of Health Division
of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Nevada Division of Public and Behavioral Health
4150 Technology Way, Main Lobby
Carson City, NV 89701

Nevada State Library
100 Stewart Street
Carson City, NV 89701

Southern Nevada Health District
Red Rock Conference Room
208 South Decatur Blvd
Las Vegas, NV 89146

A copy of the public hearing notice can also be found at Nevada Legislature's web page: https://www.leg.state.nv.us/app/notice/a/

A copy of the regulations and this notice can be found on-line by going to: http://dpbh.nv.gov/Reg/EMS/dta/Boards/Emergency_Medical_System_(EMS)_-_Boards/

Copies may be obtained in person, by mail, or by calling the Emergency Medical Systems Program at (775) 687-7578.

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
1401 East Flamingo Road
Las Vegas, NV 89119

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
80 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Green Valley Parkway
Henderson, NV 89012

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

PROPOSED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R102-18

July 12, 2018

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

AUTHORITY: §§1, 2, 4 and 5, NRS 439.200 and 449.0302; §3, NRS 450B.120 and 450B.160; §6, NRS 450B.120 and 450B.237.

A REGULATION relating to emergency medical services; authorizing a holder of a license to operate a hospital to obtain a service community paramedicine endorsement; expanding the period in which an applicant for a license as an attendant or firefighter must be found to have met certain physical and mental criteria; revising the criteria for determining the medical facility to which an injured patient will be transported; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations governing the licensing of medical facilities, including hospitals. (NRS 449.0302) Existing regulations authorize the holder of a permit issued pursuant to chapter 450B of NRS to obtain a service community paramedicine endorsement, which authorizes the holder to provide community paramedicine services. (NAC 450B.235, 450B.482) **Sections 1 and 2** of this regulation additionally authorize the holder of a license to operate a hospital to obtain a service community paramedicine endorsement. **Sections 4 and 5** of this regulation make conforming changes.

Existing law requires the State Board of Health to adopt regulations governing the licensure of attendants and firefighters in a county whose population is less than 700,000. (NRS 450B.060, 450B.160) Existing law also requires the Division of Public and Behavioral Health of the Department of Health and Human Services to issue such licenses in a county whose population is less than 700,000. (NRS 450B.077, 450B.160) Existing regulations prohibit the Division from issuing such a license unless the applicant has been found by a licensed physician, physician assistant or advanced practice registered nurse 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

perform certain essential duties. (NAC 450B.320) **Section 3** of this regulation expands this period from 6 months to 12 months.

Existing regulations prescribe criteria for determining the medical facility to which a patient with an injury will be transported. (NAC 450B.772) **Section 6** of this regulation: (1) adopts by reference guidelines published by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services for making such a determination; and (2) revises the existing criteria to reflect those guidelines. **Section 6** also requires a patient with an injury who is experiencing certain life-threatening symptoms to be transported to the nearest medical facility that can provide a higher level of emergency medical care than can be provided by personnel at the scene of the injury, regardless of where the prescribed criteria would otherwise require the patient to be transported.

If a patient with an injury cannot be transported to a center for the treatment of trauma within 30 minutes, existing regulations require the patient to 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. (NAC 450B.772) **Section 6** expands this period from 30 minutes to 2 hours.

Section 1. NAC 450B.235 is hereby amended to read as follows:

450B.235 "Service community paramedicine endorsement" means an endorsement of a permit ***or a license to operate a hospital issued pursuant to chapter 449 of NRS*** that authorizes the holder of the endorsement to provide community paramedicine services.

Sec. 2. NAC 450B.482 is hereby amended to read as follows:

450B.482 1. A holder of a permit ***or a license to operate a hospital issued pursuant to chapter 449 of NRS*** 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 ~~[;]~~ ***, if applicable;*** 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 ***or hospital*** 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 ***or hospital*** provides community paramedicine services without a service community paramedicine endorsement.

Sec. 3. 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 within the ~~[6]~~ ***12*** 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 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, isolation or abandonment 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;

(7) Response procedures to accidents or crashes 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 or an equivalent course approved by the Division.

Sec. 4. NAC 450B.488 is hereby amended to read as follows:

450B.488 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 NAC 450B.486.

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 NAC 450B.482 by the service ***or hospital*** 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 ***or hospital*** 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. 5. NAC 450B.489 is hereby amended to read as follows:

450B.489 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 ***or hospital*** for which the holder is an employee or volunteer.

Sec. 6. NAC 450B.772 is hereby amended to read as follows:

450B.772 ***1. The field triage criteria set forth by the Centers for Disease Control and Prevention in "Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage, 2011," Morbidity and Mortality Weekly Report [61(RR01):1-20, January 13, 2012], published by the United States Department of Health and Human Services and available at no cost on the Internet at https://www.cdc.gov/mmwr/, are hereby adopted by reference.***

2. 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]~~

(a) Except as otherwise provided in paragraphs (c) and (d), the ~~[time required to transport a]~~ patient ~~[to a level I center for the treatment of trauma is not more than 30 minutes,]~~ ***meets the physiologic or anatomic criteria for transport to a facility that provides the highest level of care within the defined trauma system prescribed by the guidelines adopted by reference in subsection 1,*** the patient must be transported to ~~[that center]~~ ***a level I or II center for the treatment of trauma*** 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.]~~

(b) Except as otherwise provided in paragraphs (c) and (d), any patient who does not meet the criteria prescribed in paragraph (a) but meets the mechanism of injury criteria for transport to a center for the treatment of trauma prescribed by the guidelines adopted by reference in subsection 1 must be transported to a level I, II or III center for the treatment of trauma, and the medical directions for the treatment of the patient must originate at that center.

(c) Any patient described in paragraph (a) or (b) who is experiencing uncontrolled external bleeding, airway compromise that cannot be corrected or maintained by the personnel at the scene of the injury or cardiopulmonary arrest must be transported to the nearest medical facility that 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 or from a protocol approved by the medical director of the service and filed with the Division.

(d) If the time required to transport a patient to a center for the treatment of trauma is more than ~~[30 minutes,]~~ ***2 hours,*** 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 or from a protocol approved by the medical director of the service and filed with the Division . ~~[which meets or exceeds the national standard for the treatment of trauma.]~~