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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
Emergency Medical Systems Program  
4150 Technology Way, Suite 101  
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Telephone (775) 687-7590 • Fax (775) 687-7595  
<http://dpbh.nv.gov>  
[http://dpbh.nv.gov/Reg/Emergency\\_Medical\\_Systems\\_\(EMS\)](http://dpbh.nv.gov/Reg/Emergency_Medical_Systems_(EMS))

### NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN; the Nevada Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) 450B – Emergency Medical Services. The public workshop will be conducted on site, videoconference, and teleconference beginning at **11:30am on August 7, 2018**, at the following locations:

Division of Public and Behavioral Health 4150 Technology Way, Room 301 Carson City, Nevada 89706	Radiation Control Program 2080 E. Flamingo Rd, Ste 319 Las Vegas, NV 89119
Division of Public and Behavioral Health 1020 Ruby Vista, Ste 103 Elko, Nevada 89801	Teleconference Phone No.: 1-415-655-0002 Access Code: 809 623 141

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law. The proposed addition/change of regulations in LCB File No. R102-18:

- 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.

### AGENDA

1. Introduction of workshop process.
2. Presentation on the 2018 proposed regulations in LCB File No. R102-18 for NAC 450B – Emergency Medical Services and the Small Business Impact Statement.
3. Public Comment Regarding proposed changes to NAC Code 450B.
4. Adjournment.

A copy of the notice has been posted at the following locations:  
Division of Public and Behavioral Health, 4150 Technology Way, 1<sup>st</sup> Floor, Carson City  
Division of Public and Behavioral Health, 4126 Technology Way, 1<sup>st</sup> Floor, Carson City  
Radiation Control Program, 2080 E. Flamingo Rd, Ste 319, Las Vegas, NV  
Nevada State Library and Archives, 100 Stewart Street, Carson City  
Emergency Medical Systems, 1020 Ruby Vista Drive, Ste. 102, Elko  
Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas  
Washoe County District Health Department, Ninth and Wells Street, Reno  
Nevada State Division of Public and Behavioral Health, Emergency Medical Systems web page:  
<http://dpbh.nv.gov/Reg/EMS/EMS-home/>  
Nevada Public Notice Website: <http://notice.nv.gov>  
Nevada Legislature Administrative Regulation Notice Website:  
<https://www.leg.state.nv.us/App/Notice/A/>

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to:

Division of Public and Behavioral Health  
Emergency Medical Systems  
Attn: Tina Smith and Jenna Burton  
4150 Technology Way, Suite 101  
Carson City, NV 89701-5629  
FAX (775) 687-7595

A copy of the proposed regulations in LCB File No. R102-18 and public workshop information can be found on-line by going to the Division of Public and Behavioral Health website:

<http://dpbh.nv.gov/Reg/EMS/EMS-home/>

Copies may be obtained in person, by mail, or calling (775) 687-7578.

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

Clark County District Library  
833 Las Vegas Boulevard North  
Las Vegas, NV 89101

Elko County Library  
720 Court Street  
Elko, NV 89801

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

Churchill County Library  
553 South Main Street  
Fallon, NV 89406

Douglas County Library  
1625 Library Lane  
Minden, NV 89423

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

Henderson District Public Library  
280 South Water Street  
Henderson, NV 89105

Humboldt County Library  
85 East 5<sup>th</sup> Street  
Winnemucca, NV 89445-3095

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

Mineral County Library  
110 1<sup>st</sup> 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

Per NRS 233B.105(2), upon adoption of any regulations, the agency, if requested to do so by a small business, either prior to adoption or with 90 days thereafter, shall issue a petition based on the following grounds:

- The agency failed to prepare a small business impact statement as required pursuant to NRS 233B.0608 and 233B.0609; or
- (b) The small business impact statement prepared by the agency pursuant to NRS 233B.0608 and 233B.0609 is inaccurate, incomplete or did not adequately consider or significantly underestimated the economic effect of the regulation on small businesses.

Per NRS 233B.064(2), upon adoption of any regulations, 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.

## **SMALL BUSINESS IMPACT STATEMENT 2018**

### **PROPOSED AMENDMENTS TO NAC 450B**

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should not have any adverse effect upon a small business or negatively impact the formation, operation or expansion of a small business in Nevada.

A small business is defined in Nevada Revised Statutes (NRS) 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

#### **Background**

The DPBH determined that existing Nevada Administrative Code (NAC) 450B needed to be reviewed with regulation additions and changes proposed. The industry has changed in the past years and with the addition of community paramedicine services some of the regulations required clarity or additional language to ensure better access to services in the rural communities. Regulations also required updating to be current with national and Centers of Disease Control guidelines.

- 1) A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

Pursuant to NRS 233B.0608 (2)(a), DPBH has requested input from stakeholders and small businesses.

A Small Business Impact Questionnaire was sent to Emergency Medical Services Ambulance, air Ambulance and Firefighting agencies, Nevada Rural Hospital Partners and sent on the Emergency Medical Systems Program listserv along with a copy of the proposed regulation changes, on July 17, 2018. The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business? If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.
- 3) Will the regulation(s) have any beneficial effect upon your business? If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

- 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**

<b>Summary of Comments Received</b> (4 responses were received out of 75 small business impact questionnaires distributed)			
<b>Will a specific regulation have an adverse economic effect upon your business?</b>	<b>Will the regulation (s) have any beneficial effect upon your business?</b>	<b>Do you anticipate any indirect adverse effects upon your business?</b>	<b>Do you anticipate any indirect beneficial effects upon your business?</b>
4 - No	1 - No 3 - Yes	4 - No	2 - No 2 - Yes

**2) Describe the manner in which the analysis was conducted.**

There have been no questions regarding the proposed regulations received. A Public Workshop will be held on August 7, 2018, allowing for further input by the public and regulated community regarding the proposed regulations and the impact. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on facilities.

**3) The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.**

There is a possible indirect beneficial effect of the proposed regulations on small business by transporting patients with trauma directly to Trauma Centers and bypassing closer facilities thereby reducing the number of additional patient transports.

Rural hospitals anticipate a direct cost savings and indirect beneficial effect in reduction of emergency room visits and increased resources for urgent and emergent care.

**4) Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

These regulations changes were created to improved access to community paramedicine services and a negative impact on small businesses is not anticipated.

**5) The estimated cost to the agency for enforcement of the proposed regulation.**

There is no anticipated cost to the agency for enforcement of the proposed regulations.

- 6) **If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.**

There are no fee increases.

- 7) **An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.**

At this time, there are no duplicative or more stringent provisions than federal, state or local standards.

- 8) **Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.**

The agency concludes the proposed regulations will produce a negligible impact on small businesses. NAC 450B has proposed regulation changes and does not appear to have an economic impact on small businesses. The proposed changes were to provide additional access to community paramedicine services, clarification to existing regulations while adding or updating others to current industry standards and practices. The DPBH developed regulations that would not be unduly burdensome on small business. Overall, small businesses in the State of Nevada appear not to be impacted by the proposed regulations.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Tina Smith at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health  
Emergency Medical Systems Program  
Attn: Tina Smith, Manager  
4150 Technology Way, Suite 101  
Carson City, NV 89706  
Phone: 775-687-7597  
Email: tsmith@health.nv.gov

**Certification by Person Responsible for the Agency**

I, Julie Kotchevar, Administrator of the Division of Public and Behavioral Health certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature

*Margot Crappel*  
on behalf of Julie Kotchevar

Date:

*July 20, 2018*

**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.}~~