

EMS Proposed Regulation Changes

YELLOW highlights means edits made to the draft since input was received at the informal stakeholder meeting on 5/23/16.

Matter in *bolded italics* is new; matter between brackets ~~[omitted material]~~ is material to be omitted. These were approved October 24, 2014 as LCB File No. R024-14.

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

GREEN highlights means edits made to the draft since input was received from the EMS Committee meeting on 6/10/16.

Authority: NRS 450B.120 and 450B.900

Section No. 1 *“Community Paramedicine Vehicle” means any unit owned by a permitted **service** which is used for the purpose of providing Community Paramedicine Services.*

Section No. 2 *“**Service** Community Paramedicine Endorsement” means an endorsement issued for community paramedicine.*

Section No. 3 ***Service** submission of application and statement to establish community paramedicine.*

*1. A community paramedicine program shall only be established by a permitted **service**.*
*2. Permitted **service** shall submit an application to the Division on the prescribed form. The permitted **service** shall also submit to the Division as part of the application process, a statement of intent which must include the following:*

- (1) Level of care provided by community paramedicine providers;*
- (2) Services provided within the community paramedicine program;*
- (3) Letter of support from the **service** medical director;*
- (4) Evidence of a patient charting system;*
- (5) List of community paramedicine vehicles;*
- (6) Evidence that this program will not negatively impact emergency response capabilities;*
- (7) Approved community paramedicine protocols by the **service** medical director;*
- (8) Statement agreeing to provide quarterly reports to the Division; and*
- (9) Any additional information requested by the Division.*

3. ~~Renewal of service community paramedicine endorsement for community will be yearly and will expire on June 30th.~~ An endorsement to provide community paramedicine services expires on the same date as the permit and is renewable annually thereafter at least 30 days before the expiration date.

*4. A permitted **service** shall not practice community paramedicine until their application has been approved by the Division.*

5. If a service is practicing community paramedicine without an approved community paramedicine endorsement; the Division shall charge the appropriate administrative fee prescribed in NAC 450B.700 to the service.

Section No. 4 Community Paramedicine Training. An applicant for admission to a community paramedicine training course shall be currently certified as a Nevada emergency medical technician, advanced emergency medical technician, or paramedic.

Section No. 5 Attendant Community Paramedicine Endorsement.

1. An applicant for endorsement to provide community paramedicine services shall:

(a) Provide to the [Health] Division documentation verifying successful completion of a course of training approved by the medical director of the service employing the applicant and as approved by the Division. The course at a minimum must include:

(1) For clinical hours, Public Health setting is recognized as either: Mental Health office or facility, Public Health Nurse, Primary Care Physician Office or other as approved by the Division.

	Hours for Paramedic Level	Hours for the Advanced Emergency Medical Technician level	Hours for the Emergency Medical Technician level
Module One: Role in the Health Care System			
Introduction to Community Paramedicine	1	1	1
Understanding the Health Care System	1	1	1
Documentation	1	1	
Module Two: Social Determinants			
Social Determinants of Health	1	1	1
Documentation	1	1	1
Module Three: Public and Primary Care			

Module Three: Health Promotion and Prevention			
Patient Support Techniques			
Documentation			
Module Four: Developing Cultural Competence			
Developing Cultural Competence	1.5		
Documentation			
Module Five: Role Within the Community			
Community Needs Assessment	1.5	1.5	1.5
Systems of Care	2.25		
Pathways to Care	1.5		
Negative Resources	0.75	0.75	0.75
Introduction to Program Outreach	0.75	0.75	0.75
Community Outreach	0.75	0.75	0.75
Principals of Individual Outreach	0.75	0.75	0.75
Intervention Techniques	1.5		
System Navigation	1.5	1.5	1.5
Documentation			
Module Six: Personal Safety and Wellness			
Stress and Wellness			
Personal Safety			

Total Hours for Didactic	51.75	34	34
Minimum clinical hours in a public health setting	24	12	7

(b) Complete the endorsement application as prescribed by the Division.

(c) Applicant must be affiliated with a permitted **service** that is providing community paramedicine services.

2. If an attendant is practicing community paramedicine without an approved attendant community paramedicine endorsement, or is practicing beyond the scope of their endorsement, the Division shall charge the appropriate administrative fee prescribed in NAC 450B.700 to the service.

Section No. 6 Community Paramedicine: Authorized Activities.

1. A licensed attendant or **service** who holds an endorsement to provide community paramedicine services may perform activities as approved by the medical director of the permitted **service** and as outlined in the current community paramedicine procedures and protocols.

(a) The current community paramedicine procedures and protocols of the permitted **service** shall be kept on file with the Division.

(b) An attendant with an endorsement to provide community paramedicine must not exceed their current certified scope of practice.

Section No. 7 Community Paramedicine: Expiration, Renewal of Endorsement.

1. An endorsement to provide community paramedicine services expires on the date of expiration appearing on the Attendant License or no more than 2 years from the date of endorsement.

2. The endorsement is renewable if the holder of the endorsement:

(a) Is currently licensed by a permitted **service**;

(b) Has completed the Division's application for renewal;

(c) Has completed continuing education requirements for community paramedicine approved by the Division to provide community paramedicine services **and**

(d) For the renewal of Community Paramedicine endorsement at the Paramedic level, a minimum of (12) twelve hours of continuing education in clinical topics approved by the agency medical director. For renewal of the Community Paramedicine endorsement at the Advanced Emergency Medical Technician (AEMT) level, a minimum of (8) hours of continuing education in clinical topics approved by the agency medical director. For renewal of the Community Paramedicine endorsement at the Emergency Medical Technician level, a minimum of (4) hours of continuing education in clinical topics approved by the agency medical director.

Section No. 8 Community Paramedicine Reporting: The **community emergency medical services **service** shall submit to the Division **quarterly data reports** regarding the impact of providing community **paramedicine** emergency medical services, including, but not limited to:**

1. Number of patients served by community **paramedicine** emergency medical services.

2. *The service's report on its continuous quality improvement program, and its program(s) to prevent fraud, waste and abuse.*

3. *Number of avoided ambulance transports, avoided emergency department visits and avoided hospital admissions/readmissions due to community emergency medical services.*

Section No. 9 *Roving Emergency Medical Technician Team. During a Special Event the roving emergency medical technician team may transport a patient to a first-aid station or on-site established medical facility as defined in NRS 449.0151.*

Section No. 10 *“Plan Review Authority” means the local health district or the Division may review the Special Event Medical Plan.*

Section No. 11 *Special Event Medical Plan.*

1. *Any Host Organization seeking to hold a Special Event must provide to the appropriate Plan Review Authority a Special Event Medical Plan for approval at least 30 days prior to the date of the first day of the Special Event, including all related fees as prescribed by the Board.*

(a) *The Special Event Medical Plan must be submitted as set forth in local ordinance, code, law or other directive in force at the proposed location of the Special Event.*

(b) *Approval of the Special Event Medical Plan will be for the Special Event or series of special events identified in the plan to be held in a calendar year.*

(c) *The Host Organization is responsible for providing medical coverage that meets or exceeds the standards set forth in NRS 450B.650- NRS 450B.700.*

(d) *If conditions arise prior to or during a Special Event that require a revision of the Special Event Medical Plan in regard to the level and number of emergency medical assets and personnel, the Host Organization may petition to the Plan Review Authority to have different requirements for the duration of the Special Event.*

2. *The Special Event Medical Plan submitted by the Host Organization to the Plan Review Authority must contain at least the following information:*

(a) *Name of the Host Organization;*

(b) *The type and date of the event, location, length, and anticipated attendance;*

(c) *Name of the Permit holder contracted to provide emergency medical services; and*

(d) *How the Applicant will meet all requirements listed in NRS 450B.650- NRS 450B.700 inclusive.*

~~(e) *The number of licensed and/or certified EMS providers, registered nurses, physicians or other health care providers scheduled to provide emergency medical care;*~~

~~(f) *A description of the First Aid Station(s) or other treatment facilities, including maps of the Special Event site which depict points of ingress/egress;*~~

~~(g) *A description of the on-site emergency medical communications capabilities;*~~

~~(h) *A plan to inform Special Event attendees regarding access to emergency medical care and specific hazards such as inclement or severe weather;*~~

~~(i) *A plan for emergency evacuation of the Special Event; and*~~

~~(j) *Any additional information as determined by the Plan Review Authority.*~~

3. *Within 30 days following the last day of a Special Event, the Host Organization must complete and submit a report to the Plan Review Authority. The report must include at least the following information:*

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- (a) *The estimated peak and total number of attendees at the Special Event;*
- (b) *The Significant Number of Patient contacts; and*
- (c) *The Significant Number of Patient Transports.*

4. To review a Special Event Medical Plan, the Division shall charge the appropriate administrative fee prescribed in NAC 450B.700.

Section No. 12 *Submission of application and statement of intent to establish Emergency Medical Systems continuing education training center.*

1. A university, college, permitted Emergency Medical Systems service, or other entity, which wishes to establish a program of emergency medical systems continuing education must submit an application to the Division, at least 90 days before the program is offered. The Division will prescribe the form for the application. The application must be accompanied by a statement that includes:

- (a) *Proof that the program is approved by the system of universities or community colleges of the State of Nevada, or; proof of being a Nevada permitted Emergency Medical Systems service, if applicable.*
- (b) *The results of a survey which demonstrates the need for the emergency medical systems continuing education training center;*
- (c) *The type of trainings which will be offered;*
- (d) *Evidence that a sufficient number of qualified instructors of the faculty or service are available to conduct the training;*
- (e) ~~*The resources available at the site of the program;*~~
- (e) *A letter of support from the physician overseeing the program;*
- (f) *Submit the required training center fee to the Division; and*
- (g) *Any additional information requested by the Division.*

2. The training center shall not provide continuing education community paramedicine until their application has been approved by the Division.

3. The training center will maintain all Emergency Medical Systems continuing education documents for 5 years.

4. Students will be issued continuing education units from the training center. ~~[university, college or permitted Emergency Medical Systems service.]~~

5. The training center will ensure all instructors are valid with their licensing board at time of teaching.

6. All non-valid instructors will be reported to the appropriate licensing board.

7. All training is subject to audit at any time.

8. Renewal of Emergency Medical Systems continuing education training center will be yearly and will expire on June 30th.

9. The training center shall pay a renewal fee and shall submit a renewal application.

~~*8. If applicant seeking to establish an Emergency Medical Systems continuing education training center and is not a university, college or permitted Emergency Medical Systems services, applicant must apply before the Board of Health*~~

Further revision may be necessary with this initiative that will also allow for private CEU training centers. We will work with the AG and LCB. NAC 450B.440 (R024-14, Section 36) is less CEU-focused but we will verify.

Section No. 13 “Driver only program” means an exception for a permitted **service** that allows the **service** to utilize one driver and one attendant at the basic life support level or the intermediate life support level. This program is for **residential services** that are unable to staff 2 medical attendants **and are not located in municipalities with a population greater than 100,000.** The exception is limited to a 2 year period.

Section No. 14 Submission of application and statement to establish a driver only program.

1. A permitted **service** which wishes to establish a driver only program in the State must submit an application to the Division. The Division will prescribe the form for the application.

2. The **service** shall submit to the Division, at least 90 days before the program is offered, a statement of intent which must include:

(a) Statement that this program is only to be utilized at the basic life support level or the intermediate life support level;

(b) Letter that outlines how the **service** will be staffed;

(c) Letter of support from the **service** medical director;

(d) Provide a plan of how the **service** will migrate drivers to the emergency medical technician level;

(e) List of drivers;

(f) Statement that this program will not negatively impact emergency response capabilities;

(g) Statement that all drivers will submit a driver only application to the Division;

(h) Statement agreeing to provided yearly progress reports to the Division; and

(i) Any additional information requested by the Division.

3. The permitted **service** shall not implement a driver only program until their application has been approved by the Division.

4. The driver only program is valid for a 2 year term.

(a) The **service** may apply to the Division for one extension of 2 years.

(b) All subsequent extensions will be through the Board of Health.

Section No. 14. 1/6. “Nevada Trauma Registry” means is the Divisions standardized system for the collection of information concerning the treatment of trauma.

Section No. 14. 2/6 Trauma Registry. Confidentiality of information. All documents or records in the possession of the Trauma Registry which contain names of patients, physicians, hospitals, or emergency medical service providers are confidential except the list of names or hospitals which report information to the registry.

Section No. 14. 3/6 Procedures for maintaining confidentiality of information. Each employee of the Division who has access to confidential information of the Trauma Registry shall comply with the following procedures for maintaining the confidentiality of that information:

1. All files containing confidential information, including, without limitation, the indexes for access to other files, must be locked when not in use.

2. All files on a computer containing confidential information, including, without limitation, the indexes for access to other files, must be closed and protected by password when not in use.

3. Passwords created pursuant to subsection 2 must be changed at least every 90 days.

4. All documents containing confidential information must be out of sight when an employee is away from his or her desk.

Section No. 14. 4/6. Persons with whom Chief Medical Officer contracts. If the Chief Medical Officer contracts with another person to perform data processing or other services using the confidential information in the Trauma Registry, the other person shall maintain the confidentiality of the information to the same extent as is required in Section No. 17 inclusive, and shall not disclose any of the information to a third person without the prior approval of the Chief Medical Officer.

Section No. 14. 5/6. Disclosure of information: Scientific research into trauma.

1. A person who desires to use the confidential records or the statistical data of the Trauma Registry for the purpose of scientific research into trauma must apply in writing to the Chief Medical Officer. The applicant must:

(a) Set forth in the application:

(1) His or her qualifications as an epidemiologist, physician, or employee of a bona fide program of research into trauma or other qualification for using confidential information and statistical data in the Trauma Registry;

(2) A list of data points required to conduct the research into trauma; and

(2) A description of the research project in which that information will be used.

(b) Sign a statement, on a form furnished by the Chief Medical Officer or a designee thereof, in which the applicant agrees not to make any copies of the records, and to maintain the confidentiality of the information in the records in the manner required by Section No. 17 inclusive.

(c) Agree to submit to the Chief Medical Officer or the designee for review and approval any proposed publications or presentations which are based on or contain information obtained from the Trauma Registry.

2. The Chief Medical Officer or the designee must:

(a) Before a researcher is allowed access to information in the Trauma Registry, make a written finding that he or she is qualified as a researcher and has a need for the information; and

(b) Before any material based on or containing information from the Trauma Registry is published by the researcher, examine and give written approval for the proposed publication or presentation.

Section No. 14. 6/6. Fees. Trauma Registry

The Division shall charge and collect from:

1. A medical researcher or other person who obtains information from the Trauma Registry, the appropriate administrative fee prescribed in NAC 450B. 700, or the actual cost of furnishing the information, whichever is larger.

Section No. 15. Sec. 3 of LCB File No. R024-14A 2014. **“Endorsement” means** ~~an~~ endorsement issued for additional training beyond an initial certification for an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced

emergency medical technician, paramedic [~~-, critical care paramedic, community paramedicine,~~
or instructor that meets a national standard [~~requested or recognized~~] in a service protocol.]
Endorsement levels available that meet a national standard or in a service protocol are:

- 1. critical care paramedic;*
- 2. community paramedicine;*
- 3. immunization;*
- 4. instructor; or*
- 5. other, as determined by the Division.*

Section No. 16. Sec. 4 of LCB File No. R024-14A 2014. *1. To receive an endorsement as a critical care paramedic in emergency medical services, an applicant must provide proof of the successful completion of a course in training equivalent to the national standard set forth by the* [National Highway Traffic Safety Administration of the United States Department of Transportation for a critical care paramedic] *University of Maryland, Baltimore County for a Critical Care Emergency Transport Program, or an equivalent standard approved by the Administrator of the Division.*

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

Section No. 17. Sec. 16 of LCB File No. R024-14A 2014. NAC 450B.147 is hereby amended to read as follows:

450B.147 “Instructor” means a person who *can submit proof of a valid Nevada Teaching Certificate issued by the State of Nevada Department of Education or who* has successfully completed [~~a national standard course~~] *training* for instructors *pursuant to a national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for instructors* or an equivalent [~~course~~] *standard* approved by the [~~Health~~] *Administrator of the Division. A physician, physician’s assistant, ~~or~~ registered nurse or an advanced practice registered nurse, may instruct a state approved education course pursuant to the level of the requested course as approved by the Division [class specification]. An individual who holds a Fire Service 2 instructor endorsement issued from the Nevada State Fire Marshal’s office, shall be qualified to apply for an Ems instructor endorsement, at the level of their current Ems certification.*

Section No. 18. Sec. 19 of LCB File No. R024-14A 2014. NAC 450B.177 is hereby amended to read as follows:

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

Section No. 19. Sec. 20 of LCB File No. R024-14A 2014. NAC 450B.180 is hereby amended to read as follows:

450B.180 “Patient” means any person who is sick, injured, wounded, or otherwise

incapacitated or helpless and who is carried in an ambulance or air ambulance or is cared for ~~[at the scene of an emergency]~~ by ~~[a basic, intermediate or]~~ an ~~[emergency medical dispatcher,]~~ *emergency medical responder, emergency medical technician*, advanced emergency medical technician ~~[-]~~, *paramedic, critical care paramedic, community paramedic*, ~~[or]~~ ~~emergency medical services registered nurse, emergency medical services advanced practice registered nurse,~~ ~~[or]~~ *physician, physician's assistant or firefighter.*

Section No. 20. Sec. 26 of LCB File No. R024-14A 2014. NAC 450B.320 is hereby amended to read as follows:

450B.320 1. The **[Health]** 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 **[Health]** 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) Maintain a Cardiopulmonary Resuscitation (CPR) certification issued by the American Heart Association or an equivalent certificate approved by the Division.~~

~~(c)~~ If applying to become an attendant:

(1) Holds a ~~[class-3]~~ *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 ~~[a contiguous]~~ *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-3]~~ *Class A, Class B or Class C driver's* license in this state.

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

~~(e)~~ (e) Has been found by a licensed physician, *physician assistant or nurse practitioner/ 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 drive or attend an ambulance, air ambulance or ~~[service's vehicle]~~ *other motor vehicle not used for the transportation of patients* and that determination is verified by the physician, *physician assistant or nurse practitioner/ advanced practice registered nurse* on a form approved by the **[Health]**

Division for that purpose.

~~(f)~~ (f) Has not been convicted of ~~[any]~~ :

(1) *Murder, voluntary manslaughter or mayhem;*

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

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

(4) *Abuse or neglect of a child or contributory delinquency;*

(5) *A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the 7 years immediately preceding the date of application;*

(6) *Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;*

(7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the 7 years immediately preceding the date of application;

(8) Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon, within the 7 years immediately preceding the date of application; or

(9) Any felony or misdemeanor for committing an act which, in the judgment of the [Health] 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)~~ (g) 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 ~~course~~ or an equivalent standard approved by the Administrator of the Division for a ~~basic, intermediate or~~ driver, emergency medical technician, advanced emergency medical technician ~~or~~ paramedic.

~~(g)~~ (h) Submits evidence satisfactory to the [Health] 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~~ ~~intermediate emergency medical technician or as an~~ ~~advanced emergency medical technician or as~~ a paramedic which was issued pursuant to chapter 450B of NRS~~;~~.

~~(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 [Health] 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 air ambulance ~~or~~; emergency landing or unforeseen incident

(7) Response procedures to accidents involving hazardous materials;

(8) Use of modalities for in-flight treatment;

(9) Infection control;

(10) Oxygen therapy in relation to altitude;

(11) Patient assessment in the airborne environment; and

(12) Vital sign determination in the airborne environment.

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

(a) Advanced ~~Cardiac~~ Cardiovascular Life Support issued by the American Heart

Association or an equivalent course approved by the [Health] 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 [s]Support or an equivalent course approved by the Division.

(d) Maintain a Cardiopulmonary Resuscitation certification issued by the American Heart Association or an equivalent certificate approved by the Division.

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

Section No. 20. 1/2. Sec. 27 of LCB File No. R024-14A 2014. NAC 450B.330 is hereby amended to read as follows:

450B.330

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

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

(a) His or her complete name;

(b) His or her date of birth;

(c) His or her social security number;

(d) The address of his or her current residence;

(e) The name and address of the applicant's employer and the employer immediately preceding his or her current employment if the previous employment related to providing emergency medical services;

(f) A description of the last two jobs he or she held immediately before the application is made if those jobs related to providing emergency medical services;

(g) A statement of whether the applicant, within the 5 years immediately preceding the date of the application, has been convicted of, or forfeited bail for, a traffic violation other than a parking violation and, if so, when, where and under what circumstances the violation occurred;

(h) A statement of whether the applicant has been convicted of a felony or a misdemeanor other than a traffic violation and, if so, when and where the conviction occurred and a description of the offense;

(i) A description of the applicant's training and experience relating to the transportation and care of patients;

(j) A statement of whether the applicant has previously been licensed as a driver, attendant, attendant-driver or air attendant in a service [~~fire fighting agency or volunteer service or agency~~] and, if so, where and by what authority that license was issued;

(k) A statement of whether such a license has ever expired or been revoked or suspended and, if so, for what cause;

- (l) A statement indicating compliance with the provisions of NRS 450B.183; and
 - (m) The appropriate fee prescribed in NAC 450B.700.
3. An applicant for an initial license as an attendant must file with the [Health] Division, in addition to the information and fee specified in subsection 2, a valid certificate designating him or her as an emergency medical technician, ~~[intermediate-emergency medical technician or]~~ advanced emergency medical technician ~~[-]~~ *or paramedic*.
4. An application for renewal of a license must:
- (a) Be made on an abbreviated form of application prescribed by the [Health] Division;
 - (b) Include information relating to any conviction of the applicant for any felony or misdemeanor occurring after the submission of the application for the initial license; and
 - (c) Include the appropriate fee prescribed in NAC 450B.700.
5. The [Health] Division shall not renew a license if:
- (a) An applicant fails to comply with the provisions of subsection 4; or
 - (b) In the judgment of the [Health] Division, the applicant is not able to function properly as an attendant or to provide care for patients for whom he or she would become responsible.
- 6. The Division shall charge a late fee for the renewal of an attendant license as prescribed in NAC 450B.700.**
- 7. If an attendant is found to be providing emergency medical care with an expired license; the Division shall charge the appropriate administrative penalty fee as prescribed in NAC 450B.700.**

Section No. 20. 2/2. Sec. 31 of LCB File No. R024-14A 2014. NAC 450B.360 is hereby amended to read as follows:

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

- (a) Submit an application to the [Health] Division on a form prepared by it;
- (b) ~~[Be 18 years of age or older;~~
- ~~(c) Successfully complete the national standard course for emergency medical technicians developed by the United States Department of Transportation and approved by the Health Division;~~
- ~~(d) Be able to demonstrate proficiency in the oral and written expression of the English language;~~
- ~~(e) Pass a written examination that is prepared and administered by the Health Division or approved by it;~~
- ~~(f) Submit evidence satisfactory to the Health Division of verification of his or her skills;~~
- ~~(g)~~ Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the [Health] Division;
- ~~[(h)]~~ (c) Submit a statement indicating compliance with the provisions of NRS 450B.183; and

~~[(i)]~~ (d) Submit the ~~[appropriate form and the]~~ fee prescribed in NAC 450B.700.

2. ~~[The applicant must submit with the application verification that he or she has successfully completed the national standard course for emergency medical technicians developed by the United States Department of Transportation and approved by the Health Division. The verification must be signed by the physician of record who was responsible for the training.]~~ *An emergency medical technician, advanced emergency medical technician or paramedic who is registered by the National Registry of Emergency Medical Technicians or its*

successor organization shall be deemed to have satisfied the requirements of paragraph (b) of subsection 1.

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

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

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

(c) A certificate to provide international trauma life support or an equivalent certificate approved by the Division.

4. If an attendant is found to be providing emergency medical care with an expired certificate; the Division shall charge the appropriate administrative penalty fee as prescribed in NAC 450B.700.

Section No. 21. Sec. 32 of LCB File No. R024-14A 2014. NAC 450B.363 is hereby amended to read as follows:

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

(a) The applicant:

(1) Is a resident of Nevada;

(2) Will be a resident of Nevada within 6 months after applying for certification; ~~[or]~~

(3) Is a resident of ~~[a]~~ *another* state ~~[contiguous to Nevada]~~ and is employed by ~~[or an active volunteer with]~~ a service ~~[or fire fighting service]~~ *that has been issued a permit* in Nevada; *or*

(4) Is attending a training course located within the State of Nevada and approved by the Division.

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

(c) The applicant:

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

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

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

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

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

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

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

(3) A certificate to provide ~~[i]International [t]Trauma [H]Life [s]Support~~ or an equivalent certificate approved by the Division.

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

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

[Health] Division.

2. The [Health] Division may require the applicant to:

(a) Demonstrate his or her practical skills.

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

3. A certificate as an emergency medical technician, *advanced emergency medical technician or paramedic* issued pursuant to this section must be renewed in accordance with the provisions of NAC ~~[450B.366.]~~ 450B.380.

Section No. 22. Sec. 33 of LCB File No. R024-14A 2014. NAC 450B.366 is hereby amended to read as follows:

450B.366 1. A certificate as ~~[a first]~~ *an emergency medical* responder ~~[or an emergency medical technician]~~ expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The [Health] Division shall designate the date of expiration of each certificate.

2. Such a certificate may be renewed if:

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

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

(2) Any other program of continuing education approved by the [Health] Division. Such a program may not be approved unless the requirement for attendance for that program ~~[for a: (I) First responder]~~ is at least ~~[20]~~ 12 hours for renewal of certification.

~~[(H) Emergency medical technician is at least 30 hours for renewal of certification.]~~

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

Section No. 23. Sec. 35 of LCB File No. R024-14A 2014. NAC 450B.380 is hereby amended to read as follows:

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

the date of expiration of each certificate.

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

(a) The medical director of the service ; ~~[or fire-fighting service;]~~ or

(b) A qualified instructor approved by the ~~[Health]~~ Division.

3. In verifying the skills of an ~~[intermediate]~~ emergency medical technician, *advanced emergency medical technician or paramedic*, the medical director or qualified instructor shall determine whether the ~~[intermediate]~~ emergency medical technician, *advanced emergency medical technician or paramedic* retains his or her skills in:

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

(b) The administration of approved medications, and enter that determination on a form provided by the ~~[Health]~~ Division.

4. To renew his or her certificate, an ~~[intermediate]~~ emergency medical technician, *advanced emergency medical technician or paramedic* must:

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

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

(1) ~~[Thirty]~~ *24 hours for the renewal of certification as an emergency medical technician* ~~[or Advanced emergency medical technician];~~ ~~[or]~~

(2) *36 hours for the renewal of certification of an Advanced emergency medical technician;*

~~[(2)]~~ (3) ~~[Forty-]~~ *48 hours for the renewal of certification as a paramedic;*

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

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

Four hours of Continuing Education Unit Hours (CEU's) will be recognized for the renewal of a CPR card or equivalent.

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

(1) *A certificate to provide Advanced Cardiovascular Life Support* ~~[ACLS]~~ *issued by the American Heart Association or an equivalent certificate approved by the Division.*

Upon receipt of an application for certification renewal, 8 hours of Continuing Education Unit Hours (CEU's) will be recognized for the renewal of an ACLS card or equivalent.

(2) *A certificate to provide Pediatric Advanced Life Support* ~~[PALS]~~ *issued by the American Heart Association or an equivalent certificate approved by the Division.*

Upon receipt of an application for certification renewal, 8 hours of Continuing Education Unit Hours (CEU's) will be recognized for the renewal of a PALS card or equivalent.

(3) *A certificate to provide* ~~[i]~~ *International* ~~[t]~~ *Trauma* ~~[H]~~ *Life* ~~[s]~~ *Support* ~~[ITLS]~~ *or an equivalent certificate approved by the Division.*

Upon receipt of an application for certification renewal, 8 hours of Continuing Education Unit Hours (CEU's) will be recognized for the renewal of an ITLS card or equivalent.

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

~~(J) An Emergency Medical Technician or Advanced Emergency Medical Technician who attends an initial course in ACLS, ITLS, PALS or equivalent will be awarded 6 Continuing Education Unit Hours (CEU's) when submitting an application for renewal of their EMS certification. An Emergency Medical Technician or Advanced Emergency Medical Technician who attends a renewal course in ACLS, ITLS, PALS or equivalent will be awarded 4 Continuing Education Unit Hours (CEU's) when submitting an application for renewal of their EMS certification.~~

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

Section No. 24. Sec. 38 of LCB File No. R024-14A 2014. NAC 450B.450 is hereby amended to read as follows:

450B.450 1. Any hospital ~~;~~ *or* service ~~[or fire-fighting service]~~ which meets the minimum requirements established by the board in NAC 450B.461 to 450B.481, inclusive, may use licensed attendants who are ~~[advanced emergency medical technicians]~~ *paramedics* to provide emergency care to the sick and injured:

- (a) At the scene of an emergency and during transport to a hospital;
- (b) During transfer of a patient from a hospital to another medical facility or other location; and
- (c) While in an emergency department of a hospital until responsibility for care is assumed by the regular staff of the hospital.

2. Any service ~~[or fire-fighting service]~~ using ~~[advanced emergency medical technicians]~~ *paramedics* must provide the supplies and equipment ~~[listed in]~~ *pursuant to* a written ~~[inventory]~~ *protocol* prepared for that purpose. ~~[by the Health Division and approved by the board.]~~

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

- (a) Two licensed attendants who are ~~[advanced emergency medical technicians]~~ *paramedics*;
- (b) One licensed attendant who is an ~~[advanced emergency medical technicians]~~ *paramedics* and one

licensed attendant who is a certified emergency medical technician;

(c) ~~[A]~~ *An emergency medical services* registered nurse, ~~emergency medical services advanced practice registered nurse,~~ *physician or physician assistant* ~~[or nurse practitioner]~~ and a licensed attendant who is ~~[a]~~ certified *as an* emergency medical technician ~~;~~ *, advanced emergency medical technician or paramedic;*

(d) Two licensed attendants, one of whom is ~~[an advanced emergency medical technician and one of whom is an intermediate emergency medical technician.]~~ *a paramedic; or*

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

~~[4. When an air ambulance [providing advanced emergency care] is in operation, it must be staffed by at least one [physician or] emergency medical services registered nurse.~~

~~[5. When an service vehicle providing advanced emergency care is in operation to provide care at the scene of an emergency, it must be staffed by at least one licensed attendant who is an advanced emergency medical technician.]~~

Section No. 25. Sec. 41 of LCB File No. R024-14A 2014. NAC 450B.457 is hereby amended to read as follows:

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

(a) The applicant:

(1) Is a resident of Nevada;

(2) Will be a resident of Nevada within 6 months after applying for certification; ~~[or]~~

(3) Is a resident of **[a] another** state ~~[contiguous to Nevada]~~ and is employed by ~~[or an active volunteer with]~~ a service ~~[or fire fighting service]~~ **that has been issued a permit** in Nevada; **or**

(4) Is attending a training course located within the State of Nevada and approved by the Division.

(b) The applicant:

(1) Successfully completes a course of training that is approved by the **[Health]** Division and is at least equivalent to the national standard **[course]** for emergency medical dispatchers; and

(2) Holds a certificate as an emergency medical dispatcher that is issued by an authorized **[agency] service** in the other state.

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

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

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

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

Section No. 26. Sec. 43 of LCB File No. R024-14A 2014. NAC 450B.461 is hereby amended to read as follows:

450B.461 1. No ~~[advanced emergency medical technician]~~ **paramedic** may administer any controlled substance as defined in **the preliminary** chapter **[453]** of NRS to a patient while serving as an attendant in a service ~~[or fire fighting service]~~ unless the controlled substance is named on the inventory of medication issued by the medical director of the service ~~[or firefighting service]~~ and:

(a) An order is given to the ~~[advanced emergency medical technician]~~ **paramedic** by a physician, ~~[or a]~~ registered nurse, ~~or advanced practice registered nurse~~ supervised by a physician; or

(b) The ~~[advanced emergency medical technician]~~ **paramedic** is authorized to administer the controlled substance pursuant to a written protocol that is approved by the **[Health] medical director of the service and on file with the** Division.

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

- (a) An order is given to the ~~[intermediate]~~ *advanced* emergency medical technician or ~~[advanced emergency medical technician]~~ *paramedic* by a physician or a registered nurse supervised by a physician; or
- (b) The ~~[intermediate]~~ *advanced* emergency medical technician or ~~[advanced emergency medical technician]~~ *paramedic* is authorized to administer the drug pursuant to a written protocol that is approved by the ~~[Health]~~ *medical director and is filed with the* Division.
3. ~~[A basic]~~ *An* emergency medical technician shall not administer or assist in administering any dangerous drug.
4. As used in this section, “dangerous drug” has the meaning ascribed to it in NRS 454.201.

Section No. 27. Sec. 55 of LCB File No. R024-14A 2014. 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]~~ *a permit* to operate a service ~~[or fire fighting service]~~ at the level of *service of basic*, intermediate or advanced emergency care. The following information must be included in the application:

1. The name and address of the applicant’s service . ~~[or fire fighting service.]~~
2. The name and signature of the medical director of the service . ~~[or fire fighting service.]~~
3. A copy of the written agreement between the service ~~[or fire fighting service]~~ and a hospital, signed by an authorized representative of the hospital, pursuant to which the hospital agrees to:
 - (a) Provide 24-hour communication between a physician and a provider of emergency care for the service ; ~~[or fire fighting service;]~~ and
 - (b) Require each physician who provides medical instructions to the provider of emergency care to know:
 - (1) The procedures and protocols for treatment established by the medical director of the service; ~~[or fire fighting service;]~~
 - (2) The emergency care required for treating an acutely ill or injured patient;
 - (3) The ability of the providers of emergency care to provide that care; and
 - (4) The policies of any local or regional emergency medical service for providing emergency care and the protocols for referring a patient with trauma, as defined in NAC 450B.798, to the hospital.
4. A copy of the protocols of the service ~~[or fire fighting service]~~ for each level of emergency care provided by the service ~~[or fire fighting service]~~ that are approved by the medical director of the service ~~[or fire fighting service]~~ and *filed with* 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 service]~~ by the medical director.
7. A copy of the requirements of the service ~~[or fire fighting service]~~ for testing each level of licensure, including the requirements for knowledge of the protocols of the service ~~[or fire fighting service]~~ for verification of the skills of each attendant for the specified level of licensure, if those requirements are different from the requirements of the ~~[Health]~~ Division for testing the attendant.

Section No. 28. Sec. 62 of LCB File No. R024-14A 2014. NAC 450B.568 is hereby amended to read as follows:

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

Section No. 29. Sec. 63 of LCB File No. R024-14A 2014. NAC 450B.570 is hereby amended to read as follows:

450B.570 1. To be used as an air ambulance, an aircraft, whether a fixed- or rotary-wing

type, must [-] *meet the requirements set forth in 14 C.F.R. Part 135, [including by means of*

receiving a current endorsement by a nationally accredited air ambulance organization,

including, without limitation, the Commission on the Accreditation of Medical Transport Systems, meet an equivalent national standard set forth by the Federal Aviation Administration or,

in addition to meeting other applicable requirements set forth in this chapter:

- (a) Be designed and maintained in a safe and sanitary condition;
- (b) Have sufficient space for storage of *medical* equipment and *medical* supplies which may be locked against unauthorized entry;
- (c) Be designed to accommodate at least one stretcher;
- (d) Have a door of sufficient size to allow a stretcher to be loaded without rotating it more than 30 degrees about the longitudinal axis or 30 degrees about the lateral axis; and
- (e) Have the climate controlled in the cabin of the aircraft to prevent extremes in temperature that would adversely affect the care of a patient.

2. The stretcher or litter must:

- (a) Be positioned in the aircraft so as to allow the attendant a clear view of and access to any part of the patient's body that may require attention. The attendant must always have access to the patient's head and upper body.
- (b) Be of sufficient size to carry full length and in the supine position a person whose height is at least equal to the 95th percentile of all adult patients in the United States.
- (c) Have a rigid surface suitable for performing cardiac compressions.
- (d) Be constructed of material that may be cleaned and disinfected after each use.
- (e) Have a mattress or pad that is impervious to liquids.
- (f) Be capable of elevating the head of the patient to a 45-degree angle from the base.

3. Each air ambulance must, when in use as such:

- (a) Have an electrical system capable of servicing the power needs of all *medical* equipment for patient care carried on board the aircraft. The electricity may be supplied by the electrical system of the aircraft or by a portable source carried in the aircraft. Any modification to the electrical system on the aircraft must be approved by the Federal Aviation Administration.

Input from EMS Committee members suggests that this section should be left as is. References from other states are as follows:

http://www.camts.org/STATES_Reqiring_CAMTS_Accreditation_8-2013.pdf

http://www.leg.state.co.us/clics/clics/2016a/csLnsf/fsbillcom2/D9FB6B8B19DABD5087257F2400668653/SF1LE1280_rev.pdf

- (b) Have adequate interior lighting, so that patient care can be given and patient status monitored without interfering with the vision of the pilot.
 - (c) Have adequate tie-down fixtures within the aircraft for securing any additional equipment as necessary.
 - (d) Have a system for air-to-ground communications that provides for the exchange of information internally among the crew and provides for air-to-ground exchange of information between members of the crew and agencies appropriate to the mission, including, but not limited to:
 - (1) The physician ~~and~~ registered nurse ~~and advanced practice registered nurse~~ who is providing instructions of medical care.
 - (2) ~~[The air traffic control center. (3)]~~ The dispatch center.
 - ~~[(4)] (3)~~ If the air ambulance is used to transport patients ~~[;]~~ *from the scene of an Emergency* ~~[, a law enforcement service].~~
 - (e) Be equipped with ~~[(1) Survival]~~ *survival* equipment appropriate for mountain, desert and water environments ~~[-(2) A fire extinguisher that is accessible to the pilot and any medical personnel in the air ambulance.]~~ *for the continuation of patient care.*
4. A fixed-wing aircraft must not be operated as an air ambulance unless it is capable of pressurizing the cabin .
~~[and has: (a) Two or more engines; or (b) A single turbine engine.]~~
5. The installation of any *medical* equipment in a fixed- or rotary-wing aircraft must be in a manner consistent with any applicable requirements of the Federal Aviation Administration and must receive the approval of the Federal Aviation Administration.
6. Any fixed- or rotary-wing aircraft that is used as an air ambulance must carry the *medical* equipment and *medical* supplies specified for that aircraft set forth in a written inventory that is ~~[prepared by the Health Division and approved by the board.]~~ *filed with the Division by the service and included in the written protocols used by the service.*

Subsection 3 has a numbering problem. LCB will correct as of 6.1.16

Section No. 30. Sec. 66 of LCB File No. R024-14A 2014. NAC 450B.578 is hereby amended to read as follows:

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

- 1. Have its emergency department supervised 24 hours a day by a physician, ~~[(a)]~~ *a physician assistant, [(a)] a nurse practitioner or a* registered Nurse supervised by a physician. The physician must be available in the hospital or be able to be present in the hospital within 30 minutes.
- 2. Record ~~all forms of transmission onto a recordable phone line or~~ on magnetic tape or digital disc all transmissions between the hospital and the ambulance or service's vehicle regarding care of patients, and retain ~~all forms of transmission onto a recordable phone line or~~ the tapes or discs for at least 90 days, if ~~forms of transmission onto a recordable phone line~~ the tapes or discs are not retained at a

The section regarding supervision by a physician is worded awkwardly. LCB will correct as of 6.1.16

regional dispatch center ~~[.] [or recorded and stored with the Department of Transportation as part of the Nevada Shared Radio System.]~~

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

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

5. ~~[Supervise the supply of medications, intravenous fluids and other medical supplies to be used in the ambulance, air ambulance or service's vehicle.~~

~~6.]~~ Include the report of emergency care in the medical record of the hospital for each patient.

Section No. 31. Sec. 68 of LCB File No. R024-14A 2014. NAC 450B.600 is hereby amended to read as follows:

450B.600 1. An aircraft used by a service ~~[operating]~~ *which has received a permit issued by the Division to operate a service using* an air ambulance ~~[, including a volunteer service, must be endorsed by the Health Division,]~~ must be equipped to provide advanced life support and must be operated by a pilot certified by the Federal Aviation Administration.

2. An air ambulance used to transport a patient must be staffed with ~~[a]~~ *an emergency medical services* registered nurse ~~or an emergency medical service advanced practice registered nurse or a physician,~~ and have the capability of being staffed with ~~[two]~~ *one additional* air attendant~~[s]~~.

~~[3. Except as otherwise provided in this subsection, an air ambulance used to transfer a patient must be staffed with at least one air attendant and must have the capability of being staffed with two air attendants. An air ambulance used to transfer a patient must be staffed with at least two air attendants, one of which is [a] an emergency medical services registered nurse or a physician, if it is determined by the physician requesting the transfer that the presence of two air attendants is in the best interest of the care of the patient.]~~

~~[4.]~~ 3. An air attendant or *emergency medical services* registered nurse ~~or an emergency medical services advanced practice registered nurse,~~ staffing an air ambulance must be examined biennially by a licensed physician, *physician assistant or nurse practitioner* and found to be free from physical defects or disease which might impair the ability to attend a patient in an air ambulance. The operator of the air ambulance shall maintain documentation of such examinations.

Section No. 32. Sec. 70 of LCB File No. R024-14A 2014. NAC 450B.620 is hereby amended to read as follows:

450B.620 1. Each holder of a permit to operate a service ~~[or fire-fighting service, including a volunteer service or service,]~~ shall file with the ~~[Health]~~ Division a list of all ambulances, air ambulances or service~~[s]~~ vehicles operated pursuant to the permit. The list must contain the same information as is required to be submitted with an application for a permit.

2. The operator shall file an amended list of his or her ambulances or agency^[2s] vehicles with the [Health] Division before any such [vehiele] unit [or aircraft] is placed in or removed from the service.

3. The operator of such a service [or service] shall maintain a record of each patient on the report of emergency care in a format approved by the [Health] Division. In addition to the information required in NAC 450B.766, the record must include, without limitation, the [following information:

(a) ~~The time an ambulance or vehicle was dispatched.~~

(b) ~~The date and time when and place where the patient was provided care or transportation by the crew of the ambulance or service's vehicle.~~

(c) ~~The time of departure with the patient.~~

(d) ~~The time of arrival at the destination.~~

(e) ~~An identification of the destination.~~

(f) ~~A description of the care given by the attendant.] information required by the National Emergency Medical Services Information System and any other information required by the Division.~~

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

5. Each service shall submit the information required by subsection 3 and NAC 450B.766 to the [Health] Division [on forms or] in a format approved by the [Health] Division. The information submitted may be used for compiling statistics.

6. ~~Each service shall report data to a national emergency services system in a manner approved by the division~~

7. ~~If a service fails to report data in the manner approved by the division [to the National Emergency Medical Services Information System], the Division shall charge the appropriate administrative penalty fee as prescribed in NAC 450B.700.~~

Section No. 32. 1/1. Sec. 71 of LCB File No. R024-14A 2014. NAC 450B.640 is hereby amended to read as follows:

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

2. After a permit is issued for the operation of an ambulance or air ambulance service, [~~or fire-fighting agency,~~] the [Health] Division shall, at least once a year, inspect or [~~have~~] *cause to be* inspected every [~~ground or~~] ambulance, air ambulance or agency's vehicle operated in the service. [~~or by the agency.~~] After each inspection pursuant to NRS 450B.220 and this section, the inspector shall prepare a written report describing any violation of any provisions of this chapter with respect to the [vehiele] unit or aircraft inspected and shall schedule a date for reinspection after correction of the violation within 4 weeks after the violation was noted.

3. The inspector shall give a copy of the report to the holder of the permit for the service [~~or fire-fighting agency~~] inspected.

4. ~~If a service is found to have reoccurring inspection violations; the Division shall charge the appropriate administrative penalty fee as prescribed in NAC 450B.700.~~

Section No. 33. Sec. 72 of LCB File No. R024-14A 2014. NAC 450B.650 is hereby amended to read as follows:

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

2. *The Division [may] shall charge and collect a fee from any service or person against whom a complaint alleging a violation of this chapter or chapter 450B of NRS is submitted to the Division by a service or person to recover the costs of investigating the complaint after the investigation is completed if the complaint is substantiated. The fee will be based upon the hourly rate established for each investigator of the Division, as determined by the budget of the Division, and travel expenses.*

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

Section No. 34. Sec. 74 of LCB File No. R024-14A 2014. NAC 450B.660 is hereby amended to read as follows:

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

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

3. The [Health] Division *or the medical director of a service* may immediately suspend [~~from service or duty~~] any attendant [~~-, volunteer, pilot~~] or air attendant of a service [~~or, in the case of a fire-fighting service, including a volunteer service or service, suspend an attendant~~] from medical duty who the [Health] Division *or medical director* determines has violated any of the provisions of this chapter, has been found to have exhibited unprofessional conduct or who constitutes an immediate risk to persons needing his or her services. Upon such a suspension, the person may request a hearing pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

4. The [Health] Division may suspend or revoke the holder’s license, certificate, *endorsement* [~~;~~] *and/or permit* [~~or endorsement~~], *or service community paramedicine endorsement* if the holder continues to fail to comply with any applicable provisions of this chapter or any other applicable laws or ordinances after a warning by the [Health] Division.

Upon such a suspension or revocation, the holder may request a hearing pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

Section No. 35. Sec. 81 of LCB File No. R024-14A 2014. NAC 450B.720 is hereby amended to read as follows:

450B.720 1. The [Health] Division shall, within the limits of its appropriated money,

conduct or contract with other persons to conduct the programs of training necessary to bring

each service, ~~[and fire-fighting service,]~~ including a volunteer service, ~~[or service,]~~ and each

attendant into compliance with the requirements of this chapter for training.

2. Any person proposing to conduct a program within this state for training for certification issued under this chapter must apply to the [Health] Division for approval at least 20 working days before the program is to begin. The [Health] Division shall not issue a certificate of completion of the program to any trainee unless the [Health] Division has approved the program. The person conducting the program shall not start the program until approval by the [Health] Division has been granted.

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

4. Curriculum and procedures for testing submitted as part of a request for approval of a program must not be changed after approval has been granted for the program except upon prior written approval from the [Health] Division. The proposed change or modification, with an alternative acceptable to the [Health] Division, must be submitted in writing to the [Health] Division not less than 15 working days before the effective date of the use of the changed or modified curriculum or test.

5. Conferences, online courses and continuing education that are approved by the Continuing Education Coordinating Board for Emergency Medical Services are deemed to qualify for use to satisfy the requirements of this chapter relating to training for the renewal of a license or certificate if the conference, online course or continuing education is appropriate to the license or certificate.

*6. All education course work shall remain on file with the **service** or post-secondary education program for 5 years.*

7. All Advanced Emergency Medical Technicians and Paramedic students must have a valid State of Nevada Emergency Medical Technician certification prior to attending a training program for Advanced Emergency Medical Technician or Paramedic.

(a) A student in a program of training as an Advanced Emergency Medical Technician must maintain a valid State of Nevada Emergency Medical Technician certification throughout the course of the program.

(b) A student in a program of training as a Paramedic must maintain a valid State of Nevada Emergency Medical Technician certification or an Advanced Emergency Medical Technician certification throughout the course of the program.

The Division received a recommendation to allow college EMS programs to manage their education programs autonomously, without Division oversight. The DPBH EMS program has historically addressed many compliance issues related to the use of non-endorsed instructors, potentially putting patients at risk. This recommendation conflicts with national standards, including the NREMT Designated Authorizing Agency Policy relating to oversight and approvals of education. Accreditation boards require accredited programs to follow all state requirements and remain in good standing with the regulatory agency. The EMS Advisory Committee has not recommended support of the change. The following Nevada Revised Statutes (NRS) may need to be changed before college EMS programs can manage their education programs autonomously without Division oversight: NRS 450B.1905, .191 and .195. Then, numerous NAC 450B revisions would also be necessary.

Section No. 35. 1/2. Sec. No. 82 of LCB file No. R024-14A 2014. NAC 450B.723 is hereby amended to read as follows:

450B.723 1. To receive an endorsement as an instructor in emergency medical services, an applicant must:

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

(b) Provide verification of current certification as ~~[a-first]~~ *an emergency medical dispatcher, emergency medical responder, emergency medical technician, ~~[intermediate emergency medical technician-or]~~ advanced emergency medical technician or paramedic* issued by the ~~[Health]~~ Division.

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

3. The Division shall charge an instructor endorsement fee as prescribed in NAC 450B.700.

4. The Division shall charge the appropriate administrative penalty fee if instructor is teaching without a valid instructor endorsement as prescribed in NAC 450B.700.

Section No. 35. 2/2. Sec. 83 of LCB File No. R024-14A 2014. NAC 450B.725 is hereby amended to read as follows:

450B.725 1. An endorsement to be an instructor in emergency medical services expires on the date of expiration appearing on the certificate for ~~[a-first]~~ *an emergency medical dispatcher, emergency medical responder, emergency medical technician, ~~[intermediate emergency medical technician-or]~~ advanced emergency medical technician [-] or paramedic.*

2. The endorsement is renewable if the holder of the endorsement verifies participation as an instructor in ~~[6]~~ *10* hours of emergency medical training within the 2 years immediately preceding the expiration date of the endorsement.

3. The Division shall charge a renewal instructor endorsement fee as prescribed in NAC 450B.700.

4. The Division shall charge the appropriate administrative penalty fee if instructor is teaching without a valid instructor endorsement as prescribed in NAC 450B.700.

Section No. 36. Sec. 84 of LCB File No. R024-14A 2014. NAC 450B.730 is hereby amended to read as follows:

450B.730 "Report of ~~[traffic accident]~~ *Unforeseen Traffic Incident.*" If the holder of a permit to operate a service ~~[or fire fighting service]~~ or any licensee in the service ~~[or service]~~ is involved in any ~~[crash]~~ *traffic* ~~[accident]~~ *incident* or *incident reportable to the Federal Aviation Administration as a hard landing with an air ambulance or ~~[any traffic accident with one of the ambulances or, in the case of an] agency[-s] vehicle, ~~[involved in a traffic accident while in service on a medical call,]~~ he or she shall report the full details of the ~~[crash,]~~ traffic~~* ~~[accident]~~

incident or hard landing ~~[or accident]~~ within 5 days after it occurs. The report must be submitted to the **[Health]** Division by certified mail, postmarked within 5 days after the ~~[crash,]~~ **traffic** ~~[accident]~~ **incident** or hard landing, ~~[or accident,]~~ or by personal delivery of a written report. *The report must be provided to the Division immediately if the traffic ~~[accident]~~ **incident** or hard landing involves an injury or death.*

Section No. 37. Sec. 86 of LCB File No. R024-14A 2014. 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 the patient is discharged or transferred less than 1 hour after the 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 or her:
 - ~~(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 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 center for the treatment of trauma or other specialized facility:~~
~~(I) The revised trauma score of the patient at the time the transfer was requested.~~
~~(II) The date and time the center for the treatment of trauma, pediatric 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 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 or her residence.] information required by the National Trauma Data Standard established by the American College of Surgeons, [the Nevada Public Health Preparedness Program minimum data set] and to provide [any] other nationally recognized benchmark trauma data [information] required by the Division or the State Board of Health.~~

2. The information must be submitted not later than 60 days after the end of each quarter in a form approved by the [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, Volume 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 or other specialized facility.]~~

Section No. 38. Sec. 88 of LCB File No. R024-14A 2014. 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] **2.** 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-] 3. 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 ~~[.]~~ *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.*

~~[5-] 4—The person licensed to provide emergency medical care at the scene of an injury in rural Nevada shall transport a patient to a designated center for the treatment of trauma in accordance with the American College of Surgeons, Resources for Optimal Care of the Injured Patient and the field triage criteria as defined in NAC 450B.770(1).~~

~~(a) For field transport times to a level I or II trauma center that exceeds 30 minutes, it may be appropriate to by-pass a closer non-designated facility or level III center if the patient meets steps 1 or 2 triage criteria set forth by the National Highway Traffic Safety Administration of the United States Department of Transportation and the American College of Surgeons.~~

~~(b) Hospitals that cannot provide definitive care for trauma patients must have transfer agreements specific to trauma in place developed between the participating hospitals.~~

Section No. 39. NAC 450B.816 is hereby amended to read as follows:

450B.816 Adoption of certain publications by reference. 1. The Board hereby adopts by reference: (a) *Resources for Optimal Care of the Injured Patient*, 2006 edition, published by the American College of Surgeons, and any subsequent revision of the publication, unless the Board gives notice that the revision is not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained by mail from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211, or on their website at <http://www.facs.org>, for the price of \$ [20] 75 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, 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.

Section No. 40. NAC 450B.819 is hereby amended to read as follows:

NAC 450B.819 Submission, contents and review of applications for designation; requests for verification; provisional authorization in certain counties. ([NRS 450B.120](#), [450B.237](#))

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

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

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

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

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

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

5. An application must include the following information:

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

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

(c) A description of how the hospital's facilities and personnel comply with or exceed the standards set forth in chapters 5 and 23 of Resources for Optimal Care of the Injured Patient or, if applying for designation as a pediatric center for the treatment of trauma, **comply or exceed** the standards set forth in chapters 5, 10 and 23 of Resources for Optimal Care of the Injured Patient;

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

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

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

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

(h) Written policies for:

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

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

Section No. 41. NAC 450B.8205 is hereby amended to read as follows:

NAC 450B.8205 Prerequisites to renewal of designation. ([NRS 450B.120](#), [450B.237](#)) 1. Before the designation of a level I, II or III center for the treatment of trauma or a pediatric center for the

treatment of trauma is renewed, an application for renewal must be submitted to the Health Division and a verification review of the center must be conducted.

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

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

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

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

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

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

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

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

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

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

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

Section No. 42. NAC 450B.888 is hereby amended to read as follows:

NAC 450B.888 Reporting of certain information by hospitals and providers of emergency medical services in participating counties. ([NRS 450B.120](#), [450B.795](#))

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

(a) The State Board of Health; or

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

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

(a) The State Board of Health; or

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

Section No. 43. NAC 450B.955 is hereby amended to read as follows:

NAC 450B.955 Do-not-resuscitate identification: Form; issuance to qualified patient upon submission of application and fee. ([NRS 450B.490](#)) In a county whose population is less than ~~[400,000]~~ **700,000**: 1. A do-not-resuscitate identification must be in the form of an identification card, document, bracelet or medallion that has been approved or issued by the Health Division.

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

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

(b) A fee in the following amount:

(1) For a do-not-resuscitate identification in the form of an identification card or document, \$5.

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

Section No. 44. Sec. 78 of LCB File No. R024-14A 2014. NAC 450B.700 is hereby amended to read as follows:	
450B.700 The [Health] Division shall charge and collect the following fees:	
1. For licenses:	
(a) For issuing a [new] initial license to an attendant [or for issuing a new license by reciprocity based on a current National Registry of Emergency Medical Technicians certification to an attendant]	[\$10.00] \$61.00
(b) For renewing the license of an attendant	[\$5.00] \$15.00
(c) For late renewal of license, and additional	\$100.00
(d) Penalty - Attendant with expired license	\$300.00
2. For certificates:	
(a) For issuing a [new] initial or upgrade certificate [or renewing a certificate] as an emergency medical dispatcher, emergency medical responder , emergency medical technician, [intermediate-emergency medical technician or] advanced emergency medical technician, <i>or paramedic</i> [or for adding an endorsement other than an endorsement described in NAC 450B.493 and 450B.497]	[\$10.00] \$37.00
(b) For issuing a renewal certificate as an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic	\$36.00
(c) For issuing a initial certificate from the National Registry of Emergency Medical Technicians (any level)	\$50.00
(d) For late renewal of a certificate, an additional	\$100.00
(e) Penalty - Attendant with expired certificate	\$300.00

<i>(f) Penalty – Attendant operating without valid certificate. Penalty charged to service (fee approved, but missing from chart)</i>	<i>\$50 per attendant per day</i>
3. To apply for reciprocity:	
(a) For [an advanced emergency medical technician] <i>a paramedic</i> by <i>state</i> reciprocity	[\$50.00] <i>\$100.00</i>
(b) For an [intermediate] <i>advanced</i> emergency medical technician by <i>state</i> reciprocity	[\$40.00] <i>\$75.00</i>
(c) For an emergency medical dispatcher, <i>emergency medical responder</i> or emergency medical technician by <i>state</i> reciprocity	[\$30.00] <i>\$50.00</i>
[(d) For late renewal of a certificate]	[\$10.00]
4. For permits:	
[4.] (a) For issuing a [new] <i>initial</i> permit to operate a service [or fire-fighting agency] for an operator who will provide emergency care [or provide medical support at special events]	[\$200.00] <i>\$1,300.00</i>
[(a)] (b) For [an operator providing emergency care] <i>a service to operate units with initial or renewal permit</i>	plus [\$5.00] <i>\$39.00</i> per [vehicle] <i>unit</i>
[(b) For making a late renewal, an additional]	[\$25.00]
[5. For renewing a permit:]	
[(a)] (c) For [an operator providing emergency care] [a service] <i>issuing a renewal permit to operate a service for an operator who will provide emergency care</i>	[\$30.00] <i>\$199.00</i>
[(b)] (d) <i>For a late renewal of a permit, an additional</i>	[\$25.00] <i>\$100.00</i>
(e) <i>Service operating without a permit (fee approved, but missing from chart)</i>	<i>\$500.00 per day</i>
(f) <i>Unit reinspection fee (fee approved, but missing from chart)</i>	<i>\$100.00</i>
(g) <i>Service with reoccurring vehicle inspection violation(s)</i>	<i>\$500.00</i>
(h) <i>Failure of a holder of a permit to operate a service to report data to the National Emergency Medical Services Information System shall result in an administrative penalty.</i>	<i>\$200.00 per quarter</i>
5. For endorsements:	
(a) <i>For initial endorsements: instructor</i>	<i>\$50.00</i>
(b) <i>For renewal endorsements: instructor</i>	<i>\$15.00</i>
(c) <i>Penalty – Instructor teaching without a valid endorsement</i>	<i>\$300.00</i>
(d) <i>Penalty – Service conducting community paramedicine services without a valid endorsement</i>	<i>\$500.00 per day</i>
(e) <i>Penalty – Attendant conducting community paramedicine services without a valid endorsement. Penalty charged to service.</i>	<i>\$50.00 per attendant per day</i>

6 6. For replacing or duplicating documents or furnishing copies of record:	
(a) Permit	[\$2.00] \$15.00
(b) License	[\$3.00] \$15.00
(c) Certificate [or identification card]	[\$5.00] \$15.00
(d) Copies of personnel records or any other material:	
(1) For [less than 100] <i>electronic</i> copies	No charge
(2)) For [100 copies or more] <i>printed copies</i>	[0.02] 0.10
7. For training centers:	
<i>(a) For issuing an initial license for an emergency medical system continuing education training center</i>	\$1,300.00
<i>(b) For renewing a license for an emergency medical system continuing education training center</i>	\$190.00
8. For a do-not-resuscitate identification in the form of an identification card or document (fee was listed in 6c)	\$5.00
9. Reviewing Special Event Medical Plans	\$200.00
10. Designation and renewal designation of trauma center	[\$3,000] \$5,000
11. Data from Trauma Registry	\$35 or actual cost of furnishing information

Section No. 45. NAC 450B.832 is hereby amended to read as follows:

NAC 450B.832 Fee for designation or renewal of designation. ([NRS 450B.120](#), [450B.237](#)) A hospital applying for a designation as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma or to renew such a designation must pay ~~[a fee of \$3,000]~~ *the Division the appropriate administrative fee prescribed in NAC 450B.700* at the time it submits its application to the ~~[Health]~~ Division.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95; R139-07, 1-30-2008)