

Draft Regulation Regarding Trauma Centers

10-01-2019

Chapter 450B of NAC is hereby amended by adding thereto the provisions set forth as sections 1 to 31 of this regulation.

Comprehensive Assessment of Trauma Care

Sec. 1: Public notice of assessment of need. Prior to the publication of each comprehensive assessment of trauma care, the Division will give public notice as outlined in Sec. 14 which will include:

1. The county being assessed;
2. An overview of the needs assessment protocol and the process for trauma designation;
3. The date, time and place of the public meeting to be held during the course of the review; and
4. The date by which written information must be submitted pursuant to Sec. 2.

Sec. 2: Public meeting in support of comprehensive assessment of trauma care. Prior to the publication of each assessment, the Division will hold a public meeting to provide for public comment regarding the need for trauma services in the county for which trauma services is assessed by the Division according to Sec. 3. Public notice will be completed as outlined in Sec. 14 and Sec. 15. Any person may submit written information regarding the assessment to the Division if the information is received by the Division at least 10 days before the date of the public meeting. The records of the public meeting will be considered in the development of the comprehensive assessment of trauma care.

Sec. 3: Development and publication of comprehensive assessment of trauma care. The Division shall:

1. Conduct at least a biennial comprehensive assessment of trauma care; and
2. Will place or cause to be placed on the Internet each assessment.
3. The Division at its discretion can also conduct additional assessments if it determines that there is sufficient need outside of the biennial assessment schedule.

Criteria for Comprehensive Assessment of Trauma Care by Division

Sec. 4: Determination of areas of shortage for trauma care. The Division will create the following assessment tools to identify areas of shortage for trauma care:

1. A map identifying distinct regions within a county whose population is 700,000 or more;
2. A scoring mechanism to quantify and comparatively assess the shortage of trauma care in each region; and
3. Scoring thresholds that identify areas of shortage of trauma care.

Sec. 5: Impact of a proposed center for the treatment of trauma. The Division shall include the following in the comprehensive assessment of trauma care:

1. An analysis of the projected reduction in trauma caseload and the reduction in the collection of trauma center activation fees by existing trauma centers by the addition of a

new trauma center. This analysis will take into account both the impact on the regions identified in Sec. 4 and the impact on existing catchment areas developed for the county for transport of trauma cases.

2. Existing trauma centers must submit a one-year history of trauma activation fees for the preceding calendar year and the most current trauma activation fees as of the date of submission to the Division by January 15 each year or within 30 days of a request by the Division. The Division will use this information to project the impact of a proposed center on the capacity of existing hospitals to provide for the treatment of trauma.
3. Failure to submit the activation fee schedule by a trauma center pursuant to section 5.2 or at the request of the Division, may
 - a. result in the Division not supporting renewal of trauma center designation; and
 - b. enforcement actions which may include administrative fines.
4. The Division will post publicly the activation fees submitted pursuant to Sec. 5.2 of all existing trauma centers each year by February 1 on a website maintained by the Division.

Sec. 6: Capacity of existing trauma centers to provide for the treatment of trauma. The Division shall include the following in the comprehensive assessment of trauma care:

1. A quantification of existing trauma centers compared to the total population;
2. An analysis of the historic and projected population growth and density; and
3. The number of severely injured patients discharged from acute care facilities not designated as trauma centers.

Sec. 7: Analysis of the number and locations of trauma incidents. The Division shall publish the number, locations, and the level of treatment required for each trauma incident in the county. The published assessment will not disclose the specific address of any trauma incident but will present trauma cases in an aggregate form by geographic unit.

Sec. 8: Identified need for an additional trauma center. The Division will utilize any additional information necessary to complete the assessment of trauma care. The assessment will indicate the source of this information and a rationale for its inclusion.

Sec. 9: Additional criteria recommended by the American College of Surgeons.

1. The comprehensive assessment of trauma care will include an analysis of median ambulance transport times by trauma field triage criteria as recommended by the American College of Surgeons or its successor agency.
2. If additional or updated criteria are recommended by the American College of Surgeons or its successor organization, these criteria will be included in the assessment unless the data is unavailable or not applicable to the county being assessed.

Application Submission and Division Review Process for Designation of New Trauma Centers

Sec. 10: Publication of request for applications for regions experiencing a shortage of trauma care.

1. If the assessment identifies areas experiencing a shortage of trauma care, the Division will provide notice as outlined in Sec. 14 of a request for applications for trauma designation for each area of identified shortage published in its assessment.

2. Applications will only be accepted in response to a request for applications from the Division unless the application is for a facility on federal land as outlined in Sec. 12.
3. The request for applications will include a deadline for receipt of applications.
4. Trauma centers on federal land are exempted from the request for applications requirements of this section according to Sec. 12.

Sec. 11: Time for submission; limitation on acceptance.

1. For applications that are subject to the provisions of Sec. 10, applications must be received by the Division by the deadline published in the request for applications generated by the Division.
2. The Division will not accept an application for designation of a trauma center if the proposed center is not located in the regions that are experiencing a shortage of trauma care published in the request for applications.

Sec. 12: Division review of applications for trauma centers on federal land.

1. For hospitals located on federal land within the state of Nevada, the Division will recognize the trauma center verification status and level as deemed by the American College of Surgeons Committee on Trauma and will designate said centers in a reciprocal fashion after verifying a completed state application and that the proposed center for trauma will operate in an area that is experiencing a shortage of trauma care.
2. The Division will receive applications for designation as a trauma center from these hospitals at any time and will individually assess the need for trauma services as outlined in Sec. 4 through Sec. 9.
3. The Division will hold a separate public meeting as defined in Sec 2. to receive public input regarding this application as part of its comprehensive assessment of trauma care.
4. Such facilities on federal land will be assumed into the planning and maintenance of the applicable trauma system in which they reside through a memorandum of understanding or agreement or other legal process, to include the establishment of applicable catchment areas and the participation in trauma system governance.

Sec. 13: Batching applications for comparative review. After the deadline for application submission as set forth in Sec. 11, the Division will compile a batch of accepted applications that have not been denied for insufficiency according to NAC 450B.819. Notice of the complete applications accepted by the Division in each batch will be made pursuant to Sec. 14.

Sec. 14: Provision of notice: assessment of trauma shortage, public meeting, request for applications, and applications accepted by the division

1. Notice given pursuant to Sec. 1, Sec. 2, Sec. 3, Sec 10, Sec. 12, and Sec. 13, inclusive, will be made in accordance with this section.
2. Notice will be posted online on a website maintained by the Division
3. Notice will be provided by mail or electronically to:
 - a. The applicant or applicants;
 - b. All persons who have requested in writing or electronically that they be placed on a list for this purpose.
4. For public meetings, notice will be provided at least 10 days in advance of the meeting.

5. Public notice of the publication of comprehensive assessment of trauma care according to section 3 will occur within 10 days of publication.
6. For decisions relating to the batch of complete applications accepted by the Division as outlined in Sec. 13, the Division will provide the notice required by this section not later than 10 days after such a decision is made.

Sec. 15: Content of notice: public meeting. When a notice of a public meeting is made pursuant to Sec. 14, inclusive, the notice will include:

1. The date of the public meeting;
2. The time and place of the public meeting;
3. The nature of the public meeting;
4. A statement of the legal authority and jurisdiction under which the public meeting is to be held;
5. A reference to the particular sections of state statutes and regulations involved; and
6. A short and plain statement of the matters to be asserted.

Sec. 16: Level IV center: requirements for designation. To be designated as a level IV center for the treatment of trauma, a licensed hospital must:

1. Meet all of the criteria for a level IV center for the treatment of trauma set forth in chapters 16 and 23 of Resources for Optimal Care of the Injured Patient or its succeeding documents.
2. Receive verification from the Division that confirms that the center complies with the standards for a level IV center for the treatment of trauma.
3. For any differences which may occur between the adopted references and the administrative rules, the administrative rules shall prevail.

Sec. 17: NAC 459B.700 is hereby amended to read as follows:

Fees. (NRS 439.150, 439.200, 450B.120, 450B.155, 450B.200) The Division shall charge and collect the following fees:

	On or after January 27, 2017, and before July 1, 2017	On or after July 1, 2017, and before July 1, 2018	On or after July 1, 2018
1. For licenses:			
(a) For issuing an initial license to an attendant	\$10.00	\$12.00	\$30.00
(b) For renewing the license of an attendant	\$5.00	\$7.00	\$10.00
(c) For the late renewal of a license, an additional	No additional charge	\$30.00	\$50.00
2. For certificates:			
(a) For issuing an initial certificate as an emergency medical dispatcher, emergency medical responder, emergency medical	\$10.00	\$12.00	\$24.00

technician, advanced emergency medical technician or paramedic			
(b) For renewing a certificate described in paragraph (a)	\$10.00	\$12.00	\$24.00
(c) For the late renewal of a certificate described in paragraph (a), an additional	No additional charge	\$30.00	\$50.00
3. To apply for reciprocity:			
(a) For a paramedic by state reciprocity	\$50.00	\$60.00	\$80.00
(b) For an advanced emergency medical technician by state reciprocity	\$40.00	\$50.00	\$65.00
(c) For an emergency medical dispatcher, emergency medical responder or emergency medical technician by state reciprocity	\$30.00	\$40.00	\$45.00
4. For permits:			
(a) For issuing an initial permit to operate a service for an operator who will provide emergency care	\$200.00	\$500.00	\$900.00
(b) For renewing a permit to operate a service for an operator who will provide emergency care	\$30.00	\$40.00	\$120.00
(c) For operating new or additional units, an additional	\$5.00 per unit	\$7.00 per unit	\$23.00 per unit
(d) For the late renewal of a permit, an additional	\$25.00	\$40.00	\$70.00
5. For endorsements:			
(a) For issuing an initial endorsement as an instructor	\$10.00	\$25.00	\$40.00
(b) For renewing an endorsement as an instructor	\$10.00	\$15.00	\$15.00
6. For replacing or duplicating documents or furnishing copies of records:			
(a) Permit	\$2.00	\$5.00	\$10.00
(b) License	\$3.00	\$5.00	\$10.00
(c) Certificate	\$5.00	\$8.00	\$10.00
(d) Copies of personnel records or any other material:			
(1) For electronic copies	No charge	No charge	No charge
(2) For printed copies	\$0.10 per copy	\$0.10 per copy	\$0.10 per copy
7. For initial approval or renewal of approval of a training center	\$200.00	\$200.00	\$200.00

8. For issuing documents verifying certification by the National Registry of Emergency Medical Technicians	\$15.00	\$15.00	\$25.00
9. For a do-not-resuscitate identification in the form of an identification card or document	\$5.00	\$5.00	\$5.00
10. For reinspecting an ambulance, air ambulance or agency's vehicle	No charge	\$50.00	\$75.00
11. For initial designation or renewal of designation as a level 1, 2, or 3 trauma center	\$3,000.00	\$4,000.00	[\$4,500.00] \$7,000.00
12. For initial designation or renewal of designation of a level 4 trauma center			
a. Critical Access (25 beds or less)			\$6,000.00
b. Basic Level 4 Trauma Centers (26-100 beds)			\$7,100.00
c. Basic Level 4 Trauma Centers with OR and ICU capacity (More than 100 beds)			\$8,200.00
d. Basic Level 4 Trauma Centers with OR and ICU capability and five or more ER-OR cases and/or five or more ER-ICU cases with ISS greater than or equal to 9 and/or receive trauma transfers.			\$10,400.00
[12.] 13. For the retrieval of data from the Nevada Trauma Registry	\$35.00 or the actual cost of retrieving the data, whichever amount is greater	\$35.00 or the actual cost of retrieving the data, whichever	\$35.00 or the actual cost of retrieving the data, whichever amount is greater
	\$35.00 or the actual cost of retrieving the data, whichever amount is greater	\$35.00 or the actual cost of retrieving the data, whichever	\$35.00 or the actual cost of retrieving the data, whichever amount is greater

Sec. 18: NAC 450B.772 is hereby amended to read as follows:

Criteria for determining destination for transportation and treatment of patients with traumas. (NRS 450B.120, 450B.237) The person licensed to provide emergency medical care at the scene of an injury shall determine the time required to transport a patient to a designated center for the treatment of trauma and determine the destination based on the following criteria:

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

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

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

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

5. ~~4.~~ 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.

Sec. 19: NAC 459B.786 is hereby amended to read as follows:

Center for the treatment of trauma” defined. (NRS 450B.120, 450B.237) “Center for the treatment of trauma” means a ~~general~~ hospital licensed in this State which has been designated as a level I, II, ~~or~~ III, or IV center by the Administrator of the Division, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive.

Sec. 20: NAC 450B.817 is hereby amended to read as follows:

Restrictions on applications for initial designation; applications authorized at time for renewal. (NRS 450B.120, 450B.237)

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

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

- (a) Designation as a level I or II center for the treatment of trauma;
- (b) Designation as a pediatric center for the treatment of trauma; or
- (c) Renewal as a level III center for the treatment of trauma.

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

- (a) Designation as a level III center for the treatment of trauma; or
- (b) Renewal as a level IV center for the treatment of trauma.

~~3.3~~ 4. The provisions of this section do not prohibit a hospital that has been designated as a level I or II center for the treatment of trauma from applying for initial designation as a pediatric center for the treatment of trauma.

Sec. 21: NAC 450B.819 is hereby amended to read as follows:

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, ~~for~~ III or IV 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 Division and for level I, II or III, a written request for verification made to the American College of Surgeons, or another equivalent medical organization or agency approved by the Board, at least 6 months before the date of the verification review conducted pursuant to NAC 450B.820.

3. Any hospital in a county whose population is 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 Division shall:

- (a) Review the application and verify the information contained within; and
- (b) Upon review, notify the applicant in writing if any section of the application is incomplete or unclear.

5. An application must include the following information:

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

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

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

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

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

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

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

- (h) Written policies for:

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

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

(i) For level IV applications, a verification of compliance with the criteria for a level IV center for the treatment of trauma set forth in chapters 16 and 23 of Resources for Optimal Care of the Injured Patient.

Sec. 22: NAC 450B.820 is hereby amended to read as follows:

Verification reviews. (NRS 450B.120, 450B.237)

1. Before a hospital is designated as a center for the treatment of trauma or a pediatric center for the treatment of trauma, a verification review of the hospital must be conducted.

2. The cost to verify the proposed center's capability as a level I, II, ~~III~~ or IV center for the treatment of trauma or a pediatric center for the treatment of trauma must be borne by the hospital applying for such a designation.

3. A hospital must not be designated as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma if it does not receive a verification from the American College of Surgeons, or an equivalent medical organization or agency approved by the Board.

4. A hospital must not be designated as a level IV center for the treatment of trauma if it does not receive a verification from the Division.

5. ~~[4]~~ The Division shall ensure that the appropriate members of its staff are present during any preliminary meetings and on-site reviews conducted by the Division or the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, in relation to a verification review.

Sec. 23: NAC 450B.8205 is hereby amended to read as follows:

Prerequisites to renewal of designation. (NRS 450B.120, 450B.237)

1. Before the designation of a level I, II, ~~III~~ or IV 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 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, ~~III~~ or IV center for the treatment of trauma or for a pediatric center for the treatment of trauma must be appointed by the Division or the American College of Surgeons, or an equivalent medical organization or agency approved by the Board.

3. A level I, II, ~~III~~ or IV 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 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 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:

(i) For level I, II or III, to the American College of Surgeons, or an equivalent medical organization or agency approved by the Board; or

(ii) For level IV, to the Division.

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

(c) Notify the Division of the date of the verification review by the American College of Surgeons.

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, ~~III~~ III or IV 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 Division or the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, which indicates that the hospital has complied with the standards for a level I, II, ~~III~~ III or IV center for the treatment of trauma or a pediatric center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of Resources for Optimal Care of the Injured Patient.

Sec. 24: NAC 450B.826 is hereby amended to read as follows:

Duration of designation; provisional designation. (NRS 450B.120, 450B.237)

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

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

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

Sec. 25: NAC 450B.830 is hereby amended to read as follows:

Discontinuance of designation by center; withdrawal of or refusal to renew designation. (NRS 450B.120, 450B.237)

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

2. The Division may withdraw or refuse to renew the designation of a center for the treatment of trauma or a pediatric center for the treatment of trauma if the center:

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

(b) Does not receive verification from the ~~Division~~ or the American College of Surgeons, or an equivalent medical organization approved by the Board, indicating that it has complied with the criteria established for a level I, II, ~~III~~ or IV center for the treatment of trauma or a pediatric center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of Resources for Optimal Care of the Injured Patient.

Sec. 26: NAC 450B.832 is hereby amended to read as follows:

Fee for designation or renewal of designation. (NRS 439.150, 450B.120, 450B.237) A hospital applying for a designation as a level I, II, ~~III~~ or IV center for the treatment of trauma or a pediatric center for the treatment of trauma or to renew such a designation must pay the fee prescribed in NAC 450B.700 at the time it submits its application to the Division.

Sec. 27: NAC 450B.838 is hereby amended to read as follows:

Level I center: Requirements for designation. (NRS 450B.120, 450B.237) To be designated as a level I center for the treatment of trauma, a licensed ~~general~~ hospital must:

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

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

Sec. 28: NAC 450B.845 is hereby amended to read as follows:

Pediatric center: Requirements for designation. (NRS 450B.120, 450B.237) To be designated as a pediatric center for the treatment of trauma, a licensed ~~general~~ hospital ~~or licensed medical-surgical hospital~~ must:

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

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

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

Sec. 29: NAC 450B.852 is hereby amended to read as follows:

Level II center: Requirements for designation. (NRS 450B.120, 450B.237) To be designated as a level II center for the treatment of trauma, a licensed ~~general~~ hospital must:

1. Meet all of the criteria for a level II center for the treatment of trauma set forth in chapters 16 and 23 of Resources for Optimal Care of the Injured Patient.
2. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the Board, that confirms that the center meets the standards for a level II center for the treatment of trauma.

Sec. 30: NAC 450B.866 is hereby amended to read as follows:

Level III center: Requirements for designation. (NRS 450B.120, 450B.237) To be designated as a level III center for the treatment of trauma, a licensed ~~general~~ hospital must:

1. Meet all of the criteria for a level III center for the treatment of trauma set forth in chapters 16 and 23 of Resources for Optimal Care of the Injured Patient.
2. Receive verification from the American College of Surgeons, or an equivalent medical organization approved by the Board, that confirms that the center complies with the standards for a level III center for the treatment of trauma.

Sec. 31: NAC 450B.875 is hereby amended to read as follows:

Establishment of programs to ensure quality of care. (NRS 450B.120, 450B.237) Each level I, II, ~~and~~ III, and IV center for the treatment of trauma and each pediatric center for the treatment of trauma must establish a program for performing evaluations and assessments to ensure the quality of care for patients with trauma. The program must meet the standards set forth in chapter 16 of Resources for Optimal Care of the Injured Patient.