

STATE OF NEVADA

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Governor

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Director, DHHS



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Administrator, DPBH

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
PREPAREDNESS, ASSURANCE, INSPECTIONS AND STATISTICS

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November 17, 2016

MEMORANDUM

To: Mr. Brian Saeman, Chair
State Board of Health

From: Chad Westom, Bureau Chief
Division of Public and Behavioral Health (DPBH)

Re: Consideration and adoption of proposed regulation pursuant to LCB File No. R068-16, with an errata.
Amendment to Nevada Administrative Code 450B

PURPOSE OF AMENDMENT

The proposed regulations add language in order to:

- Clarify existing regulatory language on the level of care for emergency providers and agencies.
- Add new regulations to include Community Paramedicine (Assembly Bill (AB) 305 (2015)). Community paramedicine services means services provided by an Emergency Medical Technician (EMT), Advanced EMT (AEMT) or Paramedic to patients who do not require emergency medical transportation and provided in a manner that is integrated with the health care and social services resources available to the community. A fire-fighting agency located anywhere in the State may also obtain such a permit and provide the level of care.
- Update regulations with a gradually increased fee structure, in order to properly fund the expenses of operating the Emergency Medical Systems (EMS) program.
- Establishment of a Driver only program which allows greater flexibility for EMS Services to respond to patient emergencies.
- Updated regulation language to include the requirements of Assembly Bills (2015):
 - 158** - Relating to public health; authorizing certain entities, including EMS, to obtain auto-injectable epinephrine for use when a person experiences anaphylaxis.
 - 308** - Relating to emergency medical services; requiring persons who provide emergency medical services at certain special events to be a licensed attendant or exempt from such licensure.
 - 425** - Revising the composition of the Committee on EMS; making provisions governing providers of health care applicable to persons who are licensed as attendants or certified as EMT; AEMT or paramedic.

Senate Bills (SB) 2015:

327 - Relating to air ambulances; providing for the minimum number of attendants and qualifications of those attendants for an air ambulance; and providing other matters properly.

459 - Relating to controlled substances; enacting the Good Samaritan Drug Overdose Act; authorizing certain health care professionals to prescribe and dispense an opioid antagonist to certain persons under certain circumstances.

- An errata that clarifies and loosens the requirements for the staffing of ambulances, and reduces the number of training hours required for Emergency Medical Technicians (EMT) and Advanced EMT renewals.

SUMMARY OF CHANGES TO THE NEVADA ADMINISTRATIVE CODE (NAC) 450B

- Clarify existing statutory language regarding:
 - New community paramedicine as outlined above.
 - ABs 158, 308 and 425, and SBs 327 and 459 of 2015 Legislature as outlined above.
 - A drive only program which allows greater flexibility for EMS Services to respond to patient emergencies.
 - Clarification of agency and provider level of care
- Changes in Fee Schedule
- An errata that clarifies and loosens the requirements for the staffing of ambulances, and reduces the number of training hours required for Emergency Medical Technicians (EMT) and Advanced EMT renewals.

PUBLIC COMMENT RECEIVED

The Division of Public and Behavioral Health presented opportunities for the general public, the healthcare industry, and other stakeholders to provide input and comments regarding the proposed regulations.

The EMS Program posted the Small Business Impact Questionnaire (SBIQ) on the EMS Program website along with a copy of the proposed regulation changes, on June 2, 2016. A listserv was sent regarding the SBIQ and proposed regulation changes which reached approximately 2,180 individuals in the EMS industry in Nevada such as Clinical Coordinators, Program Directors and Fire Chiefs. No responses were received.

A Public Workshop was conducted July 14, 2016, at the DPBH location 4150 Technology Way, Conference Room 303 and via teleconference, with approximately six attendees and two attendees provided testimony.

Summation of comments taken from the Public Workshop minutes were as follows:

1. Clarification on the adjustments made on the proposed regulations since the Committee on EMS meeting on June 10, 2015.
2. Concern about provision of care requirements for levels of certification in NAC 450B.450.
3. Concern about data reporting and fees in NAC 450B.620 would be costly and that the proposed language would not work.
4. Concern about the impact of the proposed fee increases in NAC 450B.700 would have to agencies and providers specifically in rural locations.

The EMS Program brought forth proposed amendments to the regulations addressing the concerns of the public workshop attendees. The proposed amendments to the regulations were published on the DPBH website on September 29, 2016. There were no opposing comments to the proposed amendments.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

1. There will be greater potential for cessation of the community paramedicine programs.
2. EMS services in Nevada and the Division EMS Program will not be in compliance with the law for the 2015 legislature.
3. Continued significant rate of hospital Emergency Room visits and readmissions.

STAFF RECOMMENDATION

Staff recommends that the DPBH Administrator adopt the proposed regulation to NAC 450B Emergency Medical Services, LCB File No. R068-16, as presented including any errata sheets. The DPBH tailored these regulations to promote public safety while balancing it with the flexibility to assist the industry.

PRESENTER

Chad Westom
Bureau Chief
Division of Public and Behavioral Health

Tina Smith
EMS Field Representative III
Division of Public and Behavioral Health

NOTICE OF PUBLIC HEARING

Intent to Adopt Regulations
(LCB File No. R068-16)

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 450B of Nevada Administrative Code (NAC), Emergency Medical Services (EMS). This public hearing is to be held in conjunction with the State Board of Health meeting on December 9, 2016.

The State Board of Health public hearing will be conducted via videoconference beginning at 9:00 a.m. on Friday, December 9, 2016 at the following locations:

Division of Public and Behavioral Health 4150 Technology Way Room #303 Carson City, NV 89706	Southern Nevada Health District 280 S Decatur Blvd, Las Vegas, NV 89107	Division of Aging and Disability Services Early Intervention Services 1020 Ruby Vista Drive, Suite 102 Elko, NV
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This hearing will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law. The proposed addition/change of regulations in LCB File No. R068-16 with an errata, include the following:

- Clarify existing regulatory language referring to level of care for emergency providers and agencies.
- Add new regulations addressing inclusion of Community Paramedicine (Assembly Bill 305 (2015)).
- Updated regulations with a gradually increased fee structure, in order to properly fund the expenses of operating the EMS program.
- Establishment of a Driver only program which allows greater flexibility for EMS Services to respond to patient emergencies.
- Updated regulation language to include the requirements of Assembly Bills 158, 308 and 425 (2015), and Senate Bills 327 and 459 (2015).
- An errata that clarifies and loosens the requirements for the staffing of ambulances, and reduces the number of training hours required for Emergency Medical Technicians (EMT) and Advanced EMT renewals.

1. Anticipated effects on the business which NAC 450B regulates:

- A. *Adverse*: None. The proposed regulations will produce minor to no impact on small businesses.
- B. *Beneficial*: The positive effects of Community Paramedicine are anticipated to ease the demand on Emergency Service Agencies from non-emergent responses, and reduce the number of hospital ER visits and readmissions.

- C. *Immediate*: The beneficial effects listed above should have an immediate effect.
 - D. *Long-term*: The beneficial effects are expected to have a long term impact.
2. Anticipated effects on the public:
- A. *Adverse*: None.
 - B. *Beneficial*: Clarified educational requirements.
 - C. *Immediate*: Updated community paramedicine requirements.
 - D. *Long-term*: Overall improvement of patient care with community paramedicine, decreased use of Emergency Departments as primary care providers.
3. There is no anticipated cost to the agency for the enforcement of the proposed regulations.
4. The methods used by the division in considering small business are detailed in the Small Business Impact Statement.
5. The proposed regulation do not overlap or duplicate any other Nevada State Regulation.
6. The proposed regulations suggest a fee increase over a three year time span.

Members of the public may make oral comments at this meeting.

Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Cody Phinney, to be received no later than November 24, 2016 at the following address:

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

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

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

Nevada Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV 89701

Nevada State Library
100 Stewart Street
Carson City, NV 89701

Nevada Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite 810, Building D
Las Vegas, NV 89119

A copy of the regulations and small business impact statement can be found on-line by going to:
<http://dpbh.nv.gov/Reg/EMS/EMS-home/>

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at (775) 684-1030 in Carson City or (702) 486-6515 in Las Vegas.

A copy of the public hearing notice can also be found on the Legislative Council Bureau's website: <https://www.leg.state.nv.us/app/notice/A/>

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

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

Churchill County Library
553 South Main Street
Fallon, NV 89406

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

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROPOSED EMERGENCY MEDICAL SERVICES

REGULATIONS 2016 (NAC 450B)

LCB File No. R068-16

Errata

The following errata identifies corrections in yellow highlight needed to R068-16 after regulations were submitted to LCB.

- **Section 4, subsection 4.b.1;**

Reduced hours for emergency medical technician

(1) ~~[Thirty]~~ **Twenty-four** hours for the renewal of certification as an emergency medical technician ~~[or]~~ and **thirty hours for the renewal for an** advanced emergency medical technician; or

- **Section 32;**

Adjusted language for ambulance staffing for different levels of care

1. Any hospital or service which meets the minimum requirements established by the board in NAC 450B.461 to 450B.481, inclusive, may use licensed attendants ~~[who are 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.

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

(a) **At the advanced care level**, two licensed attendants ~~[who are advanced emergency medical technicians;]~~ **- one of whom is a paramedic;**

(b) **At the intermediate care level**, ~~[One licensed attendant who is an advanced emergency medical technician a paramedic and one licensed attendant who is a certified emergency medical technician;]~~ **two licensed attendants - one of whom is an advanced emergency medical technician;**

(c) **At the basic care level**, two licensed attendants **- one of whom is an emergency medical technician;**

~~[(e)]~~ (d) An emergency medical services registered nurse, **physician or physician assistant certified pursuant to subsections 7 and 8 of NRS 450B.160** and a licensed attendant who is certified as an emergency medical technician, advanced emergency medical technician or paramedic; or

~~(d) Two licensed attendants, one of whom is a paramedic; or~~

(e) A 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 is in operation, it must be staffed by at least one emergency medical services registered nurse.~~

~~5. When an air ambulance is in operation to provide care at the scene of an emergency, it must be staffed by at least one emergency medical services registered nurse and one paramedic.]~~

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R068-16

September 29, 2016

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

AUTHORITY: §§1, 14, 19, 21-23, 30, 40 and 54, NRS 450B.120; §§2, 4, 11, 12 and 20, NRS 450B.120 and 450B.1993; §§3, 15, 16, 55 and 57-60, NRS 450B.120 and 450B.237; §§5 and 6, NRS 439.150, 450B.120, 450B.155, 450B.160, 450B.1905, 450B.191 and 450B.195; §§7 and 51, NRS 450B.120, 450B.155, 450B.160, 450B.1905, 450B.191 and 450B.195; §§8 and 10, NRS 450B.120, 450B.1993 and 450B.900; §9, NRS 450B.120, 450B.1993 and 450B.1996; §§13 and 41-42, NRS 450B.120 and 450B.130; §§17 and 18, NRS 450B.120, 450B.690, 450B.695 and 450B.700; §24, NRS 450B.120 and 450B.160; §25, NRS 450B.120, 450B.160 and 450B.900; §26, NRS 450B.120, 450B.180 and 450B.900; §§27-29, NRS 450B.120, 450B.180, 450B.1905, 450B.191 and 450B.195; §31, NRS 450B.120, 450B.1915 and 450B.197; §32, NRS 450B.120, 450B.130 and 450B.230; §§33-35, NRS 450B.120 and 450B.155; §36, NRS 450B.120, 450B.180, 450B.1915, 450B.197, 453.375 and 454.213; §37, NRS 450B.120, 450B.200 and 450B.900; §38, NRS 450B.120 and 450B.200; §39, NRS 450B.120, 450B.1993 and 450B.200; §43, NRS 450B.120, 450B.130 and 450B.200; §44, NRS 450B.120, 450B.130 and 450B.900; §45, NRS 439.150, 450B.120, 450B.130, 450B.200 and 450B.900; §46, NRS 439.150, 450B.120 and 450B.200; §§47-48 and 50, NRS 450B.120, 450B.160, 450B.1993 and 450B.200; §49, NRS 439.150, 439.200, 450B.120, 450B.155 and 450B.200; §52, NRS 439.150, 450B.120 and 450B.900; §53, NRS 439.150 and 450B.120; §56, NRS 450B.120, 450B.237 and 450B.238; §61, NRS 450B.120 and 450B.795; §62, NRS 450B.120 and 450B.490; §63, NRS 450B.120 and 450B.900.

A REGULATION relating to emergency medical services; authorizing the establishment of training centers to provide continuing education and exempting such training centers from certain requirements; authorizing a service or an attendant to apply to the Division of Public and Behavioral Health of the Department of Health and Human Services for an endorsement to provide community paramedicine services; authorizing certain services to apply to the Division for authorization to operate a driver-only program; imposing requirements relating to the confidentiality of information maintained in the

Nevada Trauma Registry and authorizing qualified persons to apply to the Division for access to such information; requiring a host organization to submit to the appropriate health authority a plan for providing emergency medical care at a special event; revising provisions governing licenses, certificates and endorsements for emergency medical personnel and services; revising provisions relating to the operation of emergency medical equipment; establishing fees; imposing administrative penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to promulgate such regulations as it determines are necessary to administer the provisions of chapter 450B of NRS which govern emergency medical services. (NRS 450B.120) Existing regulations require an emergency medical responder or an emergency medical dispatcher to comply with certain continuing education requirements in order to renew his or her certificate. (NAC 450B.366, 450B.458) **Section 6** of this regulation requires a person or governmental entity that wishes to establish a training center to offer continuing education relating to emergency medical services to apply for approval to the Division of Public and Behavioral Health of the Department of Health and Human Services. **Section 7** of this regulation imposes certain requirements on an approved training center. **Sections 29, 34, 35 and 51** of this regulation exempt a training center from requirements that a person obtain the approval of the Division before conducting a program of continuing education or modifying curriculum and procedures for testing.

Sections 6, 14, 16, 17, 45, 46, 49, 52, 53, 60 and 62 of this regulation revise certain fees or impose new fees for certain credentials or services of the Division. **Sections 8, 10, 25, 26, 37, 44, 45 and 52** of this regulation require the Division to impose administrative penalties for certain violations.

Existing law also requires the Board to adopt regulations to provide for the issuance of an endorsement on a permit to provide emergency medical care which allows an employee or volunteer for the emergency medical service that holds the permit to provide community paramedicine services. Such an employee or volunteer may provide community paramedicine services only if the employee or volunteer possesses the training and qualifications required by the Board. (NRS 450B.1993) **Sections 8 and 9** of this regulation: (1) establish the requirements for a holder of a permit to obtain an endorsement to provide community paramedicine services; and (2) impose certain requirements on the holder of such an endorsement concerning the provision of community paramedicine services and the submission of a quarterly report to the Division. **Section 39** of this regulation authorizes the Division to require a review of an applicant's operations or the submission of updated information before renewing an endorsement to provide community paramedicine services **Section 47** of this regulation authorizes the Division to revoke or suspend such an endorsement under certain circumstances.

Section 10 of this regulation requires an emergency medical technician, advanced emergency medical technician or paramedic to obtain an endorsement of his or her attendant's license in order to provide community paramedicine services and prescribes the procedure to apply for such an endorsement. **Section 11** of this regulation prescribes the training required before an emergency medical technician, advanced emergency medical technician or paramedic may obtain such an endorsement. **Section 12** of this regulation prescribes the procedure for renewing such an endorsement. **Section 50** of this regulation requires the Division to provide notice to an applicant whose application for a community paramedicine endorsement is rejected for failure to comply with certain regulatory requirements.

Existing law provides that an ambulance carrying a sick or injured patient must be occupied by a driver and an attendant. Both the driver and the attendant must be licensed as attendants or exempt from such licensure except in certain geographic areas. (NRS 450B.260) **Section 13** of this regulation authorizes an emergency medical service that operates outside of highly populated cities to apply to the Division to operate a program where the driver of an ambulance is not licensed as an attendant.

Existing regulations require the Division to develop a standardized system for the collection of information concerning the treatment of trauma. (NAC 450B.764) **Sections 3 and 55** of this regulation provide that this system is to be known as the Nevada Trauma Registry. **Sections 15 and 16** of this regulation impose requirements concerning the confidentiality of and access to the information maintained in the Nevada Trauma Registry.

Existing law requires the host organization of an event at which more than 2,500 persons are expected to be in attendance at the same time to provide certain emergency medical services. (NRS 450B.690-450B.700) **Section 17** of this regulation requires such an organization to submit to the appropriate health authority for approval a plan for providing emergency care at the event.

Sections 24, 26-29, 33, 51 and 52 of this regulation revise provisions governing licenses, certificates and endorsements for emergency medical personnel and services. **Section 52** also authorizes a physician, physician assistant or registered nurse who is not certified as an instructor to teach a program of training in emergency medical services if approved by the Division. **Sections 32 and 40-43** of this regulation make changes relating to the operation of ambulances and air ambulances. **Sections 44, 54 and 56** of this regulation revise provisions requiring certain information to be submitted to the Division. **Section 57** of this regulation updates certain publications adopted by reference.

Existing regulations authorize the medical director of an emergency medical service to establish medical protocols for the service. (NAC 450B.505) These protocols must be approved by the Division before the service or its employees may engage in certain activity pursuant to the protocols. (NAC 450B.381, 450B.461, 450B.526) **Sections 30, 31, 36 and 38** instead require the protocols to be filed with the Division.

Existing law provides that the agency responsible for regulating trauma centers and the withholding of life-sustaining treatment is: (1) in a county whose population is less than 700,000, the Board and the Division; and (2) in a county whose population is 700,000 or more, the district board of health. (NRS 450B.060, 450B.077, 450B.237, 450B.490) **Sections 58, 59, 61 and 62** of this regulation make conforming changes.

Section 1. Chapter 450B of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 18, inclusive, of this regulation.

Sec. 2. *“Attendant community paramedicine endorsement” means an endorsement of a license issued to an emergency medical provider, as defined in NRS 450B.199, that authorizes the holder of the endorsement to provide community paramedicine services.*

Sec. 3. *“Nevada Trauma Registry” means the standardized system for the collection of information concerning the treatment of trauma developed pursuant to NAC 450B.764.*

Sec. 4. *“Service community paramedicine endorsement” means an endorsement of a permit that authorizes the holder of the endorsement to provide community paramedicine services.*

Sec. 5. *“Training center” means a program that offers continuing education concerning emergency medical services and is approved by the Division as described in section 6 of this regulation.*

Sec. 6. 1. *At least 90 days before establishing a training center, the university, college, school, service or other entity that wishes to establish the training center must apply to the Division for approval in the form prescribed by the Division and accompanied by the fee prescribed in NAC 450B.700. An applicant shall not provide continuing education that has not*

been approved by the Division as provided in NAC 450B.720 until the applicant has been approved to operate a training center by the Division.

2. An application must include:

- (a) The results of a survey demonstrating the need for the training center;*
- (b) The type of training that will be offered as part of the training center;*
- (c) Proof that a sufficient number of qualified instructors are available to operate the training center;*
- (d) A letter of support from a physician who will oversee the training center; and*
- (e) Any additional information required by the Division.*

3. Not more than 30 days after receiving an application, the Division shall inform the applicant whether the application has been approved or denied.

4. Approval to operate a training center expires on June 30 of each year and may be renewed by submitting to the Division an application for renewal in the form prescribed by the Division and accompanied by the fee prescribed in NAC 450B.700.

Sec. 7. 1. A training center that is approved in accordance with section 6 of this regulation shall:

- (a) Issue continuing education credits to students who successfully complete continuing education courses provided by the training center;*
- (b) Ensure that all instructors are properly licensed or certified and have been issued an endorsement as an instructor in emergency medical services if such an endorsement is required by NAC 450B.723; and*

(c) Report instructors who do not have the proper license, certification or endorsement to the health authority or the licensing board having authority over the profession for which the instructor is required to be licensed, as appropriate.

2. The Division may audit a training center as often as deemed necessary. A training center shall provide to the Division any information requested in furtherance of an audit.

Sec. 8. 1. A holder of a permit that wishes to provide community paramedicine services must submit an application to the Division in the form prescribed by the Division. The application must include:

(a) A statement of the level of care that the applicant intends to provide through community paramedicine services;

(b) A description of the community paramedicine services that the applicant intends to provide;

(c) A letter of support from the medical director of the applicant;

(d) Evidence that the applicant has implemented a system for charting patients;

(e) A list of vehicles that the applicant intends to use to provide community paramedicine services;

(f) Evidence that providing community paramedicine services will not adversely affect the capability of the applicant to respond to an emergency;

(g) Protocols that the applicant intends to use when providing community paramedicine services, which must have been approved by the medical director of the applicant;

(h) A statement that the applicant will submit the report required by NRS 450B.1996; and

(i) Any additional information required by the Division.

2. *The Division shall maintain on file a copy of the protocols for providing community paramedicine services submitted by each holder of a service community paramedicine endorsement pursuant to paragraph (g) of subsection 1. If the holder of a service community paramedicine endorsement revises its protocols, the holder shall submit a copy of the revised protocols to the Division. The holder of a service community paramedicine endorsement shall provide community paramedicine services as prescribed in the protocols on file with the Division.*

3. *A holder of a service community paramedicine endorsement shall adopt and implement a quality improvement program and a program to prevent waste, fraud and abuse.*

4. *The Division shall impose against any service that provides community paramedicine services without a service community paramedicine endorsement an administrative penalty of:*

(a) For services provided on or after the effective date of this regulation and before July 1, 2018, \$300;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$400; and

(c) For services provided on or after July 1, 2019, \$500,

↪ for each day that the service provides community paramedicine services without a service community paramedicine endorsement.

Sec. 9. *In addition to the information required by NRS 450B.1996, the quarterly report described in that section must include:*

1. *The number of patients to whom the holder of the permit provided community paramedicine services during the previous quarter;*

2. *A description of the quality improvement program and the program to prevent waste, fraud and abuse adopted as required by section 8 of this regulation; and*

3. *An estimate of the number of transports, visits to the emergency department of a hospital and admissions or readmissions to a hospital that have been avoided due to the provision of community paramedicine services by the holder of the endorsement during the previous quarter.*

Sec. 10. 1. *An emergency medical provider may apply to the Division for an attendant community paramedicine endorsement in the form prescribed by the Division. The application must include proof that the applicant:*

(a) Meets the requirements to provide community paramedicine services prescribed in subsection 2 of NRS 450B.250; and

(b) Has successfully completed a course of training in community paramedicine services that:

(1) Has been approved by the Division and the medical director of the service for which the applicant intends to provide community paramedicine services; and

(2) Meets the requirements of section 11 of this regulation.

2. *The holder of an attendant community paramedicine endorsement may provide community paramedicine services:*

(a) In accordance with the protocols submitted to the Division pursuant to section 8 of this regulation by the service that employs the holder or for which the holder serves as a volunteer; and

(b) Within the scope of practice of the holder.

3. *The Division shall impose against a service for which an attendant provides community paramedicine services without an attendant community paramedicine endorsement or beyond the scope of practice of the attendant an administrative penalty of:*

(a) For services provided on or after the effective date of this regulation and before July 1, 2018, \$30;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$40; and

(c) For services provided on or after July 1, 2019, \$50,

⇒ per day for each attendant who provides community paramedicine services without an attendant community paramedicine endorsement or beyond his or her scope of practice.

Sec. 11. 1. A course of training concerning community paramedicine services must:

(a) Consist of five modules, with each module concentrating on a topic set forth in this paragraph. The modules must provide instruction concerning the role of the community paramedic in the health care system, social determinants of health, the role of the community paramedic in public and primary care, cultural competency and personal safety and wellness for the community paramedic.

(b) Have an attendance requirement of not less than:

(1) For the emergency medical technician level, 30 hours of didactic instruction and 12 clinical hours in a setting authorized by subsection 2;

(2) For the advanced emergency medical technician level, 34 hours of didactic instruction and 12 clinical hours in a setting authorized by subsection 2; and

(3) For the paramedic level, 52 hours of didactic instruction and 24 clinical hours in a setting authorized by subsection 2.

2. *Clinical hours may be provided:*

(a) *In the office of a person who is professionally qualified in the field of psychiatric mental health, as defined in NRS 433.209;*

(b) *Under the direct supervision of a registered nurse who participates in a public health program approved by the Division;*

(c) *In the office of a primary care physician; or*

(d) *In another setting approved by the Division.*

3. *As used in this section, "community paramedic" means an emergency medical provider who provides community paramedicine services.*

Sec. 12. 1. *An attendant community paramedicine endorsement expires on the date on which the license issued to the holder of the endorsement expires or 2 years after the date on which the endorsement is issued, whichever is sooner.*

2. *The holder of an attendant community paramedicine endorsement may renew his or her endorsement by submitting an application to the Division in the form prescribed by the Division. The application must include proof that the applicant:*

(a) *Meets the requirements to provide community paramedicine services prescribed in subsection 2 of NRS 450B.250; and*

(b) *Has successfully completed the continuing education required by subsection 3.*

3. *To renew an attendant community paramedicine endorsement, the holder of the endorsement must have, during the 2 years immediately preceding the date on which he or she submits the application for renewal, completed:*

(a) *At the emergency medical technician level, 4 hours;*

(b) At the advanced emergency medical technician level, 8 hours; and

(c) At the paramedic level, 12 hours,

⇒ of continuing education in clinical topics that have been approved by the medical director of the service for which the holder is an employee or volunteer.

Sec. 13. 1. A driver-only program may not be operated:

(a) In a city whose population is more than 100,000; or

(b) If the Division has not approved an application to operate a driver-only program as described in this section.

2. At least 90 days before the holder of a permit intends to begin operating a driver-only program, the holder must apply to the Division for approval in the form prescribed by the Division. The application must include:

(a) A statement of the level of service that the driver-only program will provide. An applicant may apply to provide basic or intermediate emergency care.

(b) A description of the staff of the applicant.

(c) A letter of support from the medical director of the applicant.

(d) A plan to require drivers to be certified as emergency medical technicians.

(e) A list of drivers.

(f) A statement that the driver-only program will not affect the capability of the applicant to respond to emergencies.

(g) A statement agreeing to ensure compliance with the requirements of subsections 3 and

4.

(h) Any other information required by the Division.

3. *Each person who wishes to serve as a driver for a driver-only program must apply to the Division for approval in the form prescribed by the Division. A person shall not serve as a driver for a driver-only program without the approval of the Division. Approval to operate a driver-only program expires 2 years after the date on which the approval was granted.*

4. *On or before February 1 of each year, each service that has been approved to operate a driver-only program shall submit to the Division a report, which must include:*

(a) The number of calls for emergency medical services that the service responded to during each month of the last preceding calendar year;

(b) The number of calls for emergency medical services that the service responded to using the driver-only program during each month of the last preceding calendar year; and

(c) A summary of each call for emergency medical services that the service responded to using the driver-only program which resulted in a negative outcome for the patient or a delay of care.

5. *As used in this section, "driver-only program" means a program in which a service operates an ambulance to transport patients that is occupied by an attendant who is licensed pursuant to chapter 450B of NRS or certified to serve as an attendant pursuant to subsection 8 of NRS 450B.160 and a driver who is not licensed or certified.*

Sec. 14. *Upon payment of the fee prescribed in NAC 450B.700, the Division may issue documents verifying certification by the National Registry.*

Sec. 15. 1. *Except as otherwise provided in this subsection, all information collected or maintained using the Nevada Trauma Registry that contains the name of a patient, medical facility or provider of health care is confidential and may be disclosed only as provided in*

section 16 of this regulation. The Division shall maintain a list of persons and governmental entities that report information to the Nevada Trauma Registry and make the list available to any person upon request.

2. Each person or governmental entity who has access to any confidential information described in subsection 1 shall ensure that:

(a) All files and documents containing such information, including, without limitation, indexes for accessing the information, are kept in locked storage when not in use;

(b) All electronic files containing such information, including, without limitation, indexes for accessing the information, are closed when not in use and protected by a password, which must be changed at least every 90 days; and

(c) All documents containing such information and being used by an employee are out of sight when the employee is away from his or her desk.

3. A person with whom the Health Officer enters into a contract to perform services, including, without limitation, data processing, using any confidential information described in subsection 1, shall:

(a) Maintain the confidentiality of the information and ensure that all employees comply with the requirements of subsection 2; and

(b) Not disclose any such information without the prior approval of the Health Officer.

Sec. 16. 1. A person who wishes to conduct scientific research concerning trauma using information maintained in the Nevada Trauma Registry must submit a written application to the Health Officer. The application must include:

(a) All relevant qualifications of the applicant, including, without limitation, any employment as an epidemiologist or physician or other person conducting bona fide scientific research into trauma;

(b) A description of the proposed research and a list of data points required to conduct the proposed research; and

(c) A signed statement, on a form prescribed by the Health Officer or his or her designee, that the applicant agrees not to copy documents or records and to comply with the requirements of this section and section 15 of this regulation.

2. Before granting access to information maintained in the Nevada Trauma Registry for the purpose of scientific research, the Health Officer or his or her designee shall review the application submitted pursuant to subsection 1 and make a written determination that the applicant is qualified to conduct the research and has a legitimate need for the information.

3. Any person whose application is approved as described in subsection 2 must pay to the Division the fee prescribed in NAC 450B.700 or the actual cost of furnishing the information as determined by the Division, whichever is greater.

4. A person who conducts scientific research concerning trauma using information maintained in the Nevada Trauma Registry:

(a) Shall submit to the Health Officer or his or her designee for review any proposed publication or presentation that is based on such research or contains such information; and

(b) Shall not publish the proposed publication or present the proposed presentation without written approval from the Health Officer or his or her designee.

Sec. 17. 1. At least 30 days before a special event, the host organization must submit to the health authority for approval a plan for providing emergency care at the special event. The plan must be accompanied by the fee prescribed in NAC 450B.700 and include:

- (a) The name of the host organization;**
- (b) The date of the special event;**
- (c) A description of the special event, including the location, length and anticipated attendance at the special event; and**
- (d) The measures that the host organization will take to comply with the requirements of NRS 450B.650 to 450B.700, inclusive.**

2. A host organization shall not hold a special event unless the plan required by subsection 1 is approved by the health authority. The health authority may approve a plan for providing emergency care for one special event or a series of special events to be held in the same calendar year.

3. A host organization may petition a health authority to revise a plan for providing emergency care at a special event if the host organization determines before or during the special event that a change in the number or types of emergency medical personnel or equipment is necessary.

Sec. 18. Not later than 30 days after the last day of a special event, the host organization shall submit a report to the health authority, which must include:

- 1. The estimated peak number of persons in attendance at the special event at one time;**
- 2. The estimated total number of persons who attended the special event; and**

3. The number of total contacts with and transports of persons attending the special event by emergency medical personnel.

Sec. 19. NAC 450B.010 is hereby amended to read as follows:

450B.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in:

1. NAC 450B.013 to 450B.280, inclusive ~~{3}~~, **and sections 2 to 5, inclusive, of this regulation;** and

2. NRS 450B.025, 450B.030, 450B.040 and 450B.060 to 450B.110, inclusive,
↪ have the meanings ascribed to them in those sections.

Sec. 20. NAC 450B.119 is hereby amended to read as follows:

450B.119 “Endorsement” means an endorsement ~~{issued for additional training}~~ **to provide additional services** beyond **those authorized by** an initial certification for an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic, critical care paramedic ~~{or instructor that meets a national standard requested or recognized in a service protocol.}~~ **or service. Available endorsements include:**

- 1. The attendant community paramedicine endorsement;**
- 2. The service community paramedicine endorsement;**
- 3. Endorsement as a critical care paramedic;**
- 4. Endorsement to administer immunizations;**
- 5. Endorsement as an instructor; and**

6. *An endorsement in a subject area for which the applicant has been awarded an equivalent endorsement by an agency of another state, if approved by the Division.*

Sec. 21. NAC 450B.147 is hereby amended to read as follows:

450B.147 “Instructor” means a person who has *a valid teacher’s license issued in accordance with chapter 391 of NRS or has* successfully completed 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 standard approved by the Administrator of the Division.

Sec. 22. NAC 450B.177 is hereby amended to read as follows:

450B.177 “National standard ” 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]~~ **EMS** Educators, Federal Aviation Administration , ~~for~~ American Heart Association ~~[]~~ **or another professional organization**, as appropriate.

Sec. 23. 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 an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic ~~[or]~~ , *emergency medical services* registered nurse ~~[]~~ , *physician or physician assistant*.

Sec. 24. NAC 450B.320 is hereby amended to read as follows:

450B.320 1. The Division may not issue a license to an applicant unless all the information required by NAC 450B.330 is contained in the application and the Division is satisfied that the applicant meets the following criteria:

(a) Is 18 years of age or older as of the date of the application.

(b) If applying to become an attendant:

(1) Holds a Class A, Class B or Class C driver's license or its equivalent issued in this state; or

(2) Is employed in Nevada, makes his or her residence in another state and is required by reason of residence to maintain a driver's license issued by that state, and that license is equivalent to a Class A, Class B or Class C driver's license in this state.

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

(d) Has been found by a licensed physician, physician assistant or *registered* nurse ~~practitioner~~ 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 other motor vehicle not used for the transportation of patients and that determination is verified by the physician, physician assistant or *registered* nurse ~~practitioner~~ on a form approved by the Division for that purpose.

(e) Has not been convicted of:

(1) Murder, voluntary manslaughter or mayhem;

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

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

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

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

(6) Abuse, neglect, exploitation 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 Division, indicates that the applicant may not be able to function properly as a licensee or to care for patients for whom he or she would become responsible.

(f) Possesses a certificate evidencing successful completion of a program of training with testing for competency in the procedures for emergency care which is equivalent to the national standard or an equivalent standard approved by the Administrator of the Division for a driver, emergency medical technician, advanced emergency medical technician or paramedic.

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

(h) Submits evidence satisfactory to the Division of verification of the applicant's skills.

2. In addition, an applicant for a license as an air attendant must:

(a) Meet all the prerequisites for an attendant set forth in NAC 450B.310 to 450B.350, inclusive.

(b) Possess the following:

(1) A certificate as an advanced emergency medical technician or as a paramedic which was issued pursuant to chapter 450B of NRS; or

(2) A license as a registered nurse issued pursuant to chapter 632 of NRS and a certificate of completion of training as an attendant pursuant to subsections 7 and 8 of NRS 450B.160.

(c) Provide to the Division documentation verifying successful completion of a course of training approved by the medical director of the service employing the applicant. The course must include:

(1) Special considerations in attending a patient in an air ambulance;

(2) Aircraft safety and orientation;

(3) Altitude physiology and principles of atmospheric physics;

(4) Familiarization with systems for air-to-ground communications;

(5) Familiarization with the system of emergency medical services in the service area;

(6) Survival procedures in an *emergency landing or other unforeseen incident involving an air ambulance* ; ~~{crash;}~~

(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, a paramedic or an emergency medical services registered nurse providing advanced life support care in an air ambulance must provide evidence of completion of a course in:

- (a) Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent course approved by the Division;
- (b) Pediatric Advanced Life Support issued by the American Heart Association or an equivalent course approved by the Division; and
- (c) International ~~{trauma life support}~~ **Trauma Life Support** or an equivalent course 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.}~~

Sec. 25. 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 Division. The 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 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 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 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 Division, in addition to the information and fee specified in subsection 2, a valid certificate designating him or her as an emergency medical technician, 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 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 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 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 impose against any person serving as an attendant without a valid license an administrative penalty of:*

(a) For services provided on or after the effective date of this regulation and before July 1, 2018, \$100;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$200; and

(c) For services provided on or after July 1, 2019, \$300.

Sec. 26. 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 Division on a form prepared by it;
- (b) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division;
- (c) Submit a statement indicating compliance with the provisions of NRS 450B.183; ~~and~~
- (d) *Submit proof that the applicant has successfully completed a course that is at least equivalent to the national standard 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;*
- (e) *Submit proof that the applicant has successfully passed an assessment developed by the National Registry of Emergency Medical Technicians for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate; and*
- (f) Submit the fee prescribed in NAC 450B.700.

2. 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}~~ **International Trauma Life Support** or an equivalent certificate approved by the Division.

4. The Division shall impose against any person serving as an emergency medical technician, advanced emergency medical technician or paramedic without a valid certificate issued pursuant to this section or subsection 8 of NRS 450B.160 an administrative penalty of:

(a) For services provided on or after the effective date of this regulation and before July 1, 2018, \$100;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$200; and

(c) For services provided on or after July 1, 2019, \$300.

5. The Division shall impose against a service for whom any person serves as an emergency medical technician, advanced emergency medical technician or paramedic without a valid certificate issued in accordance with this section or subsection 8 of NRS 450B.160 an administrative penalty of:

(a) For services provided on or after the effective date of this regulation and before July 1, 2018, \$20;

(b) For services provided on or after July 1, 2018 and before July 1, 2019, \$30; and

(c) For services provided on or after July 1, 2019, \$50,

↪ per day for each such person.

Sec. 27. NAC 450B.363 is hereby amended to read as follows:

450B.363 1. The 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 another state and is employed by a service that has been issued a permit in Nevada ~~{}~~; *or*

(4) Is attending a course of training held in this State 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 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, *has successfully passed an assessment developed by the*

National Registry of Emergency Medical Technicians for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, 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 in the other state; or

(2) Holds a valid certificate as an emergency medical technician , *advanced emergency medical technician or paramedic, as appropriate*, 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 ~~[international trauma life support]~~ **International Trauma Life Support** or an equivalent certificate approved by the Division.

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

(h) The 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 of the other state on a form provided by the Division.

2. The Division may require the applicant to:

(a) Demonstrate his or her practical skills.

(b) Pass a written examination approved by the 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.380.

Sec. 28. NAC 450B.366 is hereby amended to read as follows:

450B.366 1. A certificate as an emergency medical responder expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.

2. Such a certificate may be renewed if:

(a) The 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 emergency medical responders and approved by the Division; or

(2) Any other program of continuing education *offered by a training center or* approved by the Division. Such a program may not be approved unless the requirement for attendance for that program is at least ~~{20}~~ **12** 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).

Sec. 29. NAC 450B.380 is hereby amended to read as follows:

450B.380 1. A certificate as an 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 Division shall designate the date of expiration of each certificate.

2. To maintain certification, a certified emergency medical technician, advanced emergency medical technician or paramedic must, 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
- (b) A qualified instructor approved by the Division.

3. In verifying the skills of an emergency medical technician, advanced emergency medical technician or paramedic, the medical director or qualified instructor shall determine whether the 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 Division.

4. To renew his or her certificate, an 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}~~ **courses** in continuing training which ~~{is}~~ **are** equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as ~~{a}~~ refresher ~~{course}~~ **courses** for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, ~~{is}~~ **are offered by a training center or** approved by the Division and ~~{has}~~ **have, in total,** a requirement of attendance of not less than:

(1) Thirty hours for the renewal of certification as an emergency medical technician or advanced emergency medical technician; or

(2) Forty 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;

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

(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 ~~international trauma life support~~ ***International Trauma Life Support*** or an equivalent certificate approved by the Division;

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

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

5. An emergency medical technician, advanced emergency medical technician or paramedic who successfully completes a course described in subparagraph (1), (2) or (3) of paragraph (e) of subsection 4 will receive credit for the course toward the continuing training required by paragraph (b) of subsection 4.

6. An emergency medical technician, advanced emergency medical technician or paramedic who successfully renews his or her certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division will receive 4 hours of credit toward the continuing training required by paragraph (b) of subsection 4.

Sec. 30. NAC 450B.381 is hereby amended to read as follows:

450B.381 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 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 medical director of the service and on file with* the Division.

Sec. 31. NAC 450B.447 is hereby amended to read as follows:

450B.447 1. An emergency medical technician, advanced emergency medical technician or paramedic who is licensed may, in addition to his or her other authorized activities:

(a) During training received in a clinical facility setting, in an ambulance or on the scene of an emergency, perform skills within the scope of an advanced emergency medical technician or paramedic under the direction of a physician or a registered nurse supervised by a physician, preceptor or member of the clinical staff when approved by a physician or a registered nurse supervised by a physician.

(b) Under the direct supervision of a physician or a registered nurse supervised by a physician, or under such prescribed conditions as are set forth by the medical director pursuant to written protocols of the service, perform such procedures and administer such medications as are approved by the board and recommended by the medical director of the service in accordance with written protocols approved by *the medical director of the service and on file with* the Division.

2. Any verbal order from a physician or registered nurse acting on the authority of a physician to the emergency medical technician, advanced emergency medical technician or paramedic to perform one of the procedures must originate from an emergency room department of a hospital or any other site designated by the Division and must be provided to the Department

of Transportation for the purpose of recording and maintaining the verbal order within a database maintained by the Department.

3. Each tape or digital recording of a physician's verbal orders to an emergency medical technician, advanced emergency medical technician or paramedic concerning the procedures must be retained by the hospital or the facility issuing the medical directions, or the regional dispatch center, for at least 90 days after the recording is made.

4. The emergency medical technician, advanced emergency medical technician or paramedic shall enter the physician's verbal order on the report of emergency care. The entry must be countersigned by the physician receiving the patient unless the emergency medical technician, advanced emergency medical technician or paramedic performed the procedure pursuant to a written order of the physician or a written protocol of the hospital.

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

450B.450 1. Any hospital or service which meets the minimum requirements established by the board in NAC 450B.461 to 450B.481, inclusive, may use licensed attendants who are 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 using paramedics must provide the supplies and equipment pursuant to a written protocol prepared for that purpose.

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 technician}~~ **a paramedic** and one licensed attendant who is a certified emergency medical technician;
- (c) An emergency medical services registered nurse, **physician or physician assistant certified pursuant to subsections 7 and 8 of NRS 450B.160** and a licensed attendant who is certified as an emergency medical technician, advanced emergency medical technician or paramedic;
- (d) Two licensed attendants, one of whom is a paramedic; or
- (e) A 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 is in operation, it must be staffed by at least one emergency medical services registered nurse.~~

~~—5. When an air ambulance is in operation to provide care at the scene of an emergency, it must be staffed by at least one emergency medical services registered nurse and one paramedic.}~~

Sec. 33. NAC 450B.457 is hereby amended to read as follows:

450B.457 1. The 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 a certificate; ~~{or}~~

(3) Is a resident of another state and is employed by an agency that is responsible for emergency medical dispatch within the State of Nevada; *or*

(4) Is attending a course of training held in this State and approved by the Division.

(b) The applicant:

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

(2) Holds a certificate as an emergency medical dispatcher that is issued by an authorized agency 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 Division receives verification of the applicant's certificate as an emergency medical dispatcher from the issuing agency of the other state on a form provided by the Division.

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

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

Sec. 34. NAC 450B.458 is hereby amended to read as follows:

450B.458 1. A certificate as an emergency medical dispatcher expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.

2. Such a certificate may be renewed if:

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

(1) A course of continuing training that is at least equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard as a refresher course for emergency medical dispatchers and is *offered by a training center or* approved by the Division; or

(2) Any other program of continuing education that is approved by the Division. Such a program must not be approved unless the requirement for attendance for that program for an emergency medical dispatcher is at least 8 hours.

(b) The holder submits, within the 3 months immediately preceding the date the certificate expires, an application indicating compliance with the requirements set forth in paragraph (a).

Sec. 35. NAC 450B.459 is hereby amended to read as follows:

450B.459 If an emergency medical dispatcher is unable to attend ~~an approved~~ *a* course for continuing training required to renew his or her certificate, or otherwise comply with the requirements for renewal, within the prescribed period, he or she may submit a written request for a late renewal on a form provided by the Division.

Sec. 36. NAC 450B.461 is hereby amended to read as follows:

450B.461 1. No paramedic may administer any controlled substance as defined in the preliminary chapter of NRS to a patient while serving as an attendant in a service unless the controlled substance is named on the inventory of medication issued by the medical director of the service and:

(a) An order is given to the paramedic by a physician or a registered nurse supervised by a physician; or

(b) The paramedic is authorized to administer the controlled substance pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.

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

(a) An order is given to the advanced emergency medical technician or paramedic by a physician or a registered nurse supervised by a physician; or

(b) The advanced emergency medical technician or paramedic is authorized to administer the drug pursuant to a written protocol that is approved by *the medical director of the service and on file with* the Division.

3. 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.

Sec. 37. NAC 450B.505 is hereby amended to read as follows:

450B.505 1. Each service providing emergency care must:

(a) Apply for and receive a permit from the Division; and

(b) Have a medical director who is responsible for developing, carrying out and evaluating standards for the provision of emergency care by the service.

2. The medical director of a service shall:

(a) Establish medical standards which:

(1) Are consistent with the national standard which is prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national

standard for the level of service for which a permit is issued to the service or an equivalent standard approved by the Administrator of the Division and which are approved by the board;

(2) Are equal to or more restrictive than the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division and adopted by the state emergency medical system; and

(3) Must be reviewed and maintained on file by the Division or a physician active in providing emergency care who is designated by the Division to review and make recommendations to the Division.

(b) Direct the emergency care provided by any licensed attendant who is actively employed by the service.

3. The appointment of a medical director must be approved by the Division or a physician with experience in emergency care who is designated by the Division to approve those appointments. The medical director must:

(a) Be a physician;

(b) Have experience in and current knowledge of the emergency care of patients who are acutely ill or injured;

(c) Have knowledge of and access to local plans for responding to emergencies;

(d) Be familiar with the operations of a base hospital, including communication with, and direction of, personnel who provide emergency care;

(e) Be actively involved in the training of personnel who provide emergency care;

(f) Be actively involved in the audit, review and critique of emergency care provided by personnel;

(g) Have knowledge of administrative and legislative processes affecting local, regional and state systems that provide emergency medical services;

(h) Have knowledge of laws and regulations affecting local, regional and state systems that provide emergency medical services; and

(i) Have knowledge of procedures and treatment for adult, pediatric and trauma resuscitation.

4. The medical director of a service which is licensed by another state who meets the requirements of that state to serve as a medical director shall be deemed to satisfy the requirements of subsection 3 if he or she submits proof to the Division that he or she has satisfied the requirements of that state.

5. A medical director of a service may:

(a) In consultation with appropriate specialists and consistent with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division, establish medical protocols and policies for the service;

(b) Recommend to the Division the revocation of licensure of personnel who provide emergency care;

(c) Approve educational requirements that meet the requirements of the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division and proficiency levels for instructors and personnel of the service;

(d) Approve educational programs within the service that are consistent with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division;

(e) Suspend a licensed attendant within that service pending review and evaluation by the Division;

(f) Establish medical standards for dispatch procedures to ensure that the appropriate response units are dispatched to the scene of a medical emergency and appropriate emergency medical dispatch care is provided before the arrival of the dispatched response units;

(g) Establish criteria and procedures to be used when a patient refuses transportation;

(h) Establish medical criteria for the level of care and type of transportation to be used for emergency care;

(i) Establish medical criteria for the level of care provided for a situation in which a person on the scene is treated and released;

(j) Establish standing orders and procedures and the criteria under which the providers of emergency care may operate before initiating contact with a physician at a base station; and

(k) Conduct an audit to ensure the quality of the medical system of the service in conjunction with the activities of the designated base hospital or health facility.

6. The medical director of the service may delegate his or her duties to any other qualified physician. If the medical director of the service wishes to delegate his or her duties pursuant to this subsection, he or she shall provide written notification to the Division before delegating his or her duties.

7. If a medical director of a service wishes to resign, he or she:
 - (a) Shall provide written notification of such intentions to the Division and the service not less than 30 days before the effective date of the resignation; and
 - (b) May provide recommendations for an interim replacement.
8. If the medical director of a service is unable to carry out his or her responsibilities, he or she shall designate an alternate physician to assume the duties of the medical director.
9. *The Division shall impose against a service that provides emergency care without a permit an administrative penalty of:*
 - (a) *For services provided on or after the effective date of this regulation and before July 1, 2018, \$200 per day;*
 - (b) *For services provided on or after July 1, 2018, and before July 30, 2019, \$300 per day;*
and
 - (c) *For services provided on or after July 1, 2019, \$500 per day.*

Sec. 38. NAC 450B.526 is hereby amended to read as follows:

450B.526 The Division shall prescribe forms for an operator's use in applying for a permit to operate a 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.
2. The name and signature of the medical director of the service.
3. A copy of the written agreement between the 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; 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;

(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 for each level of emergency care provided by the service that are approved by the medical director of the service and *on file with* the 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 by the medical director.

7. A copy of the requirements of the service for testing each level of licensure, including the requirements for knowledge of the protocols of the 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 Division for testing the attendant.

Sec. 39. NAC 450B.532 is hereby amended to read as follows:

450B.532 The Division may require a review of the applicant's operations or a submission of updated information as a condition of renewal of ~~the~~ :

1. *The* permit to operate at a level of service of basic, intermediate or advanced emergency care, or any combination thereof ~~it~~ ; *or*

2. *A service community paramedicine endorsement.*

Sec. 40. 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, physician assistant or **registered** nurse ~~[practitioner 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.

Sec. 41. 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]~~ **and**, 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.

(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 or registered nurse who is providing instructions of medical care.

(2) The dispatch center.

~~{(3) If the air ambulance is used to transport patients from the scene of an emergency, a law enforcement agency.}~~

(e) Be equipped with survival equipment appropriate for mountain, desert and water environments 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.

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 filed with the Division by the service and included in the written protocols used by the service.

Sec. 42. NAC 450B.578 is hereby amended to read as follows:

450B.578 An ambulance, air ambulance or agency'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}~~ :

(a) A physician or advanced practice registered nurse; or

(b) A physician assistant or 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 on *a recordable telephone line*, magnetic tape or digital disc all transmissions between the hospital and the ambulance or agency's vehicle regarding care of patients, and retain the ~~{tapes or discs}~~ *recordings* for at least 90 days, if the ~~{tapes or discs}~~ *recordings* are not retained at a 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 the 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 one of its attendants or registered nurses if requested within 90 days after an event.

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

5. Include the report of emergency care in the medical record of the hospital for each patient.

Sec. 43. NAC 450B.600 is hereby amended to read as follows:

450B.600 1. An aircraft used by a service which has received a permit issued by the Division to operate a service using an air ambulance 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 an emergency medical services registered nurse ~~for a physician~~ and have the capability of being staffed with ~~two~~ **one additional** air ~~attendants~~.

~~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 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.] attendant.~~

3. An air attendant or emergency medical services registered nurse staffing an air ambulance must be examined biennially by a licensed physician , **physician assistant or advanced practice registered nurse** 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.

Sec. 44. NAC 450B.620 is hereby amended to read as follows:

450B.620 1. Each holder of a permit to operate a service shall file with the Division a list of all ambulances, air ambulances or agency'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's vehicles with the Division before any such unit ~~for aircraft~~ is placed in or removed from the service.

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

(a) *The* information required by subsection 3 and NAC 450B.766 to the Division in a format approved by the Division. The information submitted may be used for compiling statistics.

(b) *The information required by the National Emergency Medical Services Information System in a format approved by the Division.*

6. *The Division shall impose against a service that fails to comply with the requirements of this section an administrative penalty of:*

(a) *For a violation committed on or after the effective date of this regulation and before July 1, 2018, \$100;*

(b) *For a violation committed on or after July 1, 2018, and before July 1, 2019, \$150; and*

(c) *For a violation committed on or after July 1, 2019, \$200,*

↪ *for each quarter in which a violation occurs.*

Sec. 45. NAC 450B.640 is hereby amended to read as follows:

450B.640 1. The 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 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, the Division shall, at least once a year, inspect or cause to be inspected every ambulance, air ambulance or agency's vehicle operated in the service. 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 unit or aircraft inspected and shall schedule a date for reinspection after correction of the violation within 4 weeks after the violation was noted. *For each ambulance, air ambulance or agency's vehicle that is reinspected, the Division shall collect the fee prescribed in NAC 450B.700.*

3. The inspector shall give a copy of the report to the holder of the permit for the service inspected.

4. *If, upon reinspection, an inspector determines that a violation has not been corrected, the Division shall impose against the service an administrative penalty of:*

(a) For a reinspection conducted on or after the effective date of this regulation and before July 1, 2018, \$200;

(b) For a reinspection conducted on or after July 1, 2018, and before July 1, 2019, \$300;
and

(c) For a reinspection conducted on or before July 1, 2019, \$500,

↪ for each violation that has not been corrected.

Sec. 46. NAC 450B.650 is hereby amended to read as follows:

450B.650 1. Nothing contained in this chapter prohibits the 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.

Sec. 47. NAC 450B.660 is hereby amended to read as follows:

450B.660 1. Whenever the Division determines that any ambulance, air ambulance configured to be used for providing medical services, agency’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 Division shall immediately inform the operator of the service of the condition. The Division may immediately issue an order temporarily suspending the equipment or service from operation pending the institution of appropriate proceedings to revoke the permit *or endorsement* for the service or the license, ~~{or}~~ certificate *or endorsement* of an attendant, or may suspend the permit, license, ~~{or}~~

certificate *or endorsement* pending the correction of the condition if the operator of the service agrees to make the correction within a reasonable period.

2. Any type of permit issued to operate a service *or a service community paramedicine endorsement* may be revoked or suspended if, after an inspection by a representative of the Division, the holder of the permit *or endorsement* does not correct the violation within a reasonable period after receiving an order by the Division to do so. As used in this subsection, “reasonable ~~time~~ *period*” 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 Division or the medical director of a service may immediately suspend any attendant or air attendant of a service from medical duty who the 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 Division may suspend or revoke the holder’s license, certificate, ~~or~~ permit *or 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 Division.

5. Upon ~~such a~~ *the* suspension or revocation ~~of~~ *of a license, certificate, permit or endorsement or the imposition of disciplinary action on a holder of a license, certificate, permit or endorsement*, the holder may request a hearing pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

Sec. 48. NAC 450B.690 is hereby amended to read as follows:

450B.690 1. Any person whose permit to operate a service or whose certification, ~~{or}~~ license *or endorsement* to act as an attendant has been suspended or revoked or otherwise terminated in accordance with the provisions of this chapter may apply to the Division for a reinspection or reexamination for the purpose of reinstating the permit, certificate, ~~{or}~~ license ~~{}~~ *or endorsement*. The application must be submitted within 180 days after a final decision is issued by the Division relating to the suspension, revocation or termination of the permit, certificate, ~~{or}~~ license ~~{}~~ *or endorsement*, or not later than the scheduled date of expiration of the permit, certificate, ~~{or}~~ license ~~{}~~ *or endorsement*, whichever is earlier.

2. The Division shall conduct a complete inspection or coordinate a written examination approved by the Division in accordance with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation within 10 working days after receipt of a written application for such a reinstatement. After the inspection or receipt of the results of the examination, the Division shall:

- (a) Reinstatement or reissue the permit, certificate, ~~{or}~~ license ~~{}~~ *or endorsement*; or
- (b) Notify the person, in the manner described in NAC 450B.710, that the permit, certificate, ~~{or}~~ license *or endorsement* may not be reinstated or reissued because of the person's failure to comply with specified sections of this chapter.

Sec. 49. NAC 450B.700 is hereby amended to read as follows:

450B.700 The Division shall charge and collect the following fees:

On or after

the effective On or after On or after

date of this July 1, July 1,

regulation 2017, 2018,

and before and before and before On or after

July 1, 2017 July 1, 2018 July 1, 2019 July 1, 2019

1. For licenses:

(a) For issuing for a new <i>an initial</i> license to an attendant for for issuing a new license by reciprocity based on a current National Registry of Emergency Medical Technicians certification to an attendant]	\$10.00	\$12.00	\$30.00	\$61.00
(b) For renewing the license of an attendant.....	\$ 5.00	\$7.00	\$10.00	\$15.00
(c) <i>For the late renewal of a license, an</i> <i>additional</i>	<i>No</i>	\$30.00	\$50.00	\$100.00
<i>additional</i> <i>charge</i>				

On or after
the effective On or after On or after
date of this July 1, July 1,
regulation 2017, 2018,
and before and before and before On or after
July 1, 2017 July 1, 2018 July 1, 2019 July 1, 2019

2. For certificates:

(a) For issuing ~~{a new}~~ an initial
 certificate ~~{or renewing a certificate}~~ as an
 emergency medical dispatcher, emergency
 medical responder, emergency medical
 technician, advanced emergency medical
 technician or paramedic ~~{or for adding an~~
 endorsement other than an endorsement
 described in NAC ~~450B.493 and 450B.497~~\$10.00 **\$12.00 \$24.00 \$37.00**

(b) For renewing a certificate described
in paragraph (a)\$10.00 \$12.00 \$24.00 \$36.00

(c) For the late renewal of a certificate
described in paragraph (a), an additional.....No \$30.00 \$50.00 \$100.00

additional
charge

On or after

the effective On or after On or after

date of this July 1, July 1,

regulation 2017, 2018,

and before and before and before On or after

July 1, 2017 July 1, 2018 July 1, 2019 July 1, 2019

3. To apply ~~for~~ *for reciprocity:*

(a) For a paramedic by state reciprocity.....	\$50.00	<i>\$60.00</i>	<i>\$80.00</i>	<i>\$100.00</i>
(b) For an advanced emergency medical technician by state reciprocity	\$ 40.00	<i>\$50.00</i>	<i>\$65.00</i>	<i>\$75.00</i>
(c) For an emergency medical dispatcher, emergency medical responder or emergency medical technician by state reciprocity.....	\$ 30.00	<i>\$40.00</i>	<i>\$45.00</i>	<i>\$50.00</i>
{(d) For late renewal of a certificate.....	10.00}			

4. *For permits:*

(a) For issuing {a new} <i>an initial</i> permit to operate a service for an operator who will provide emergency care {or provide medical support at special events}	\$200.00	<i>..... \$500.00</i>	<i>..... \$900.00</i>	<i>..... \$1,300.00</i>
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On or after

the effective On or after On or after

date of this July 1, July 1,

regulation 2017, 2018,

and before and before and before On or after

July 1, 2017 July 1, 2018 July 1, 2019 July 1, 2019

~~5.~~ (b) For renewing a permit ~~to~~

operate a service for an operator who will

provide emergency care\$30.00 \$40.00 \$120.00 \$199.00

~~(a)~~ (c) For ~~a service~~ *operating new or*

additional units, an additional ~~\$30.00~~ \$7.00 \$23.00 \$39.00

~~plus~~ *per unit per unit per unit*

\$5.00

per unit

~~(b)~~ (d) For ~~making a~~ *the late renewal*

~~of a permit~~, an additional\$ 25.00 \$40.00 \$70.00 \$100.00

5. For endorsements:

(a) *For issuing an initial endorsement as*

an instructor\$10.00 \$25.00 \$40.00 \$50.00

(b) *For renewing an endorsement as an*

instructor\$10.00 \$15.00 \$15.00 \$15.00

On or after

the effective On or after On or after

date of this July 1, July 1,

regulation 2017, 2018,

and before and before and before On or after

July 1, 2017 July 1, 2018 July 1, 2019 July 1, 2019

6. For replacing or duplicating
documents or furnishing copies of records:

(a) Permit.....	\$2.00	\$5.00	\$10.00	\$15.00
(b) License.....	\$ 3.00	\$5.00	\$10.00	\$15.00
(c) Certificate for identification card	\$ 5.00	\$8.00	\$10.00	\$15.00
(d) Copies of personnel records or any				

other material:

(1) For electronic copies.....	No	No	No	No
charge		charge	charge	charge
(2) For printed copies	\$ 0.10	\$0.10	\$0.10	\$0.10
per copy		per copy	per copy	per copy

7. *For approval of training centers:*

(a) <i>For initial approval</i>	\$800.00	\$800.00	\$1,000.00	\$1,300.00
(b) <i>For renewing approval</i>	\$190.00	\$190.00	\$190.00	\$190.00

On or after

the effective On or after On or after

date of this July 1, July 1,

regulation 2017, 2018,

and before and before and before On or after

July 1, 2017 July 1, 2018 July 1, 2019 July 1, 2019

8. *For issuing documents verifying
certification by the National Registry of*

Emergency Medical Technicians\$15.00 \$15.00 \$25.00 \$50.00

9. *For a do-not-resuscitate
identification in the form of an*

identification card or document\$5.00 \$5.00 \$5.00 \$5.00

10. *For reviewing special event*

medical plans.....\$200.00 \$200.00 \$200.00 \$200.00

11. *For the reinspection of an
ambulance, air ambulance or agency's*

vehicleNo \$50.00 \$75.00 \$100.00

charge

12. *For initial designation or renewal*

of designation as a trauma center\$3,000.00 \$4,000.00 \$4,500.00 \$5,000.00

On or after
the effective On or after On or after
date of this July 1, July 1,
regulation 2017, 2018,
and before and before and before On or after
July 1, 2017 July 1, 2018 July 1, 2019 July 1, 2019

13. For the retrieval of data from the
Nevada Trauma Registry\$35 \$35 \$35 \$35
or the or the or the or the
actual actual actual actual
cost of cost of cost of cost of
retrieving retrieving retrieving retrieving
the data the data the data the data

Sec. 50. NAC 450B.710 is hereby amended to read as follows:

450B.710 If any application for:

1. A permit to operate a service at any level of service; ~~{or}~~
2. A license as an attendant of such a service ~~{or}~~;
3. *A service community paramedicine endorsement; or*
4. *An attendant community paramedicine endorsement,*

↪ is rejected by the Division for the applicant's failure to comply with the requirements of this chapter, the applicant must be notified of the action, the reasons for the rejection and the applicant's right of appeal pursuant to NAC 439.300 to 439.395, inclusive.

Sec. 51. NAC 450B.720 is hereby amended to read as follows:

450B.720 1. The 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, including a volunteer service, and each attendant into compliance with the requirements of this chapter for training.

2. ~~{Any}~~ ***Except as otherwise provided in subsection 5, a*** person proposing to conduct a program within this state for training for certification issued under this chapter must apply to the Division for approval at least 20 working days before the program is to begin. The Division shall not issue a certificate of completion of the program to any trainee unless the Division has approved the program. The person conducting the program shall not start the program until approval by the Division has been granted.

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

4. ~~{Curriculum}~~ ***Except as otherwise provided in subsection 5, 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 Division. The proposed change or modification, with an alternative acceptable to the Division, must be submitted in writing to the Division not less than 15 working days before the effective date of the use of the changed or modified curriculum or test.

5. ***The provisions of subsections 2 and 4 do not apply to a program of continuing education offered by a training center.***

6. Conferences, online courses and continuing education that are approved by the ~~{Continuing Education Coordinating Board for Emergency Medical Services}~~ **Commission on Accreditation for Pre-Hospital Continuing Education or the Division** 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.

7. *A person who conducts a program of training shall retain documentation of courses completed by students for at least 5 years after the date on which the course was completed.*

8. *A person must:*

(a) *Be certified as an emergency medical technician before receiving training for certification as an advanced emergency medical technician.*

(b) *Be certified as an advanced emergency medical technician before receiving training for certification as a paramedic.*

(c) *Maintain the certification described in paragraph (a) or (b), as applicable, until the completion of training for certification as an advanced emergency medical technician or paramedic, as applicable.*

Sec. 52. 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 ~~{-}~~ **pay a fee in the amount prescribed in NAC 450B.700 and provide:**

(a) ~~{Provide proof}~~ **Proof** of the successful completion of a course or courses in training equivalent to the national standard prepared by the National Association of ~~{Emergency Medical~~

~~Service]~~ **EMS** Educators as a national standard for instructors or an equivalent standard approved by the Administrator of the Division ~~[(b)]~~ and

~~[(b) Provide]~~ verification of current certification as an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic issued by the Division ~~[(b)]~~ ; *or*

(b) Proof that the applicant holds current certification as a Fire Service Instructor II, as described in Nevada Fire Service Professional Qualifications, available free of charge from the Nevada State Fire Marshal at the Internet address http://fire.nv.gov/bureaus/FST/Training_Manuals/.

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 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]~~ **EMS** Educators as a national standard for instructors or an equivalent standard approved by the Administrator of the Division.

3. *A physician, physician assistant or registered nurse who is not certified as an instructor may teach a program of training in emergency medical services if approved by the Division.*

4. *Except as otherwise provided in subsection 3, the Division shall impose against a person who serves as an instructor without a valid endorsement an administrative penalty of:*

(a) For instruction provided on or after the effective date of this regulation and before July 1, 2018, \$200;

(b) For instruction provided on or after July 1, 2018, and before July 1, 2019, \$250; and

(c) For instruction provided on or after July 1, 2019, \$300.

Sec. 53. 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 an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic.

2. The endorsement is renewable if the holder of the endorsement verifies participation as an instructor in 10 hours of emergency medical training within the 2 years immediately preceding the expiration date of the endorsement ~~[-]~~ *and pays a fee in the amount prescribed in NAC 450B.700.*

Sec. 54. NAC 450B.730 is hereby amended to read as follows:

450B.730 If the holder of a permit to operate a service or any licensee in the service is involved in any traffic ~~{accident}~~ **crash** or incident reportable to the Federal Aviation Administration as a hard landing with an air ambulance or agency's vehicle, he or she shall report the full details of the traffic ~~{accident}~~ **crash** or hard landing within 5 days after it occurs. The report must be submitted to the Division by certified mail, postmarked within 5 days after the traffic ~~{accident}~~ **crash** or hard landing, or by personal delivery of a written report. The report must be provided to the Division immediately if the traffic ~~{accident}~~ **crash** or hard landing involves an injury or death.

Sec. 55. NAC 450B.764 is hereby amended to read as follows:

450B.764 The Division shall develop a standardized system for the collection of information concerning the treatment of trauma and carry out a system for the management of

that information. The system *shall be known as the Nevada Trauma Registry and* must provide for the recording of information concerning treatment received before and after admission to a hospital.

Sec. 56. NAC 450B.768 is hereby amended to read as follows:

450B.768 1. Each hospital shall submit to the Division quarterly reports which comply with the criteria prescribed by the Division and which contain at least the 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 any other 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 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 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.

Sec. 57. NAC 450B.816 is hereby amended to read as follows:

450B.816 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,]~~ ***\$50 for a printed copy*** plus shipping and handling ~~[.]~~ ***or free of charge for an electronic copy.***

(b) *Guidelines for Design and Construction of* ~~[Hospital and Health Care]~~ ***Hospitals and Outpatient Facilities***, in the form most recently published by the ~~[American]~~ ***Facility Guidelines 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]~~ ***Facility Guidelines Institute*** ~~[of Architects]~~ at ~~[the AIA Store, 1735 New York Avenue, N.W., Washington, D.C. 20006-5292,]~~ ***AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283***, at the Internet address ~~[<http://www.aia.org>]~~ ***<http://www.fguidelines.org/>*** or by telephone at ~~[(800) 242-3837,]~~ ***(800) 242-2626***, for the price of ~~[\$52.50 for members or \$75 for nonmembers, plus \$7 for shipping and handling.]~~ ***\$200.***

2. The Board will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure the suitability of the revision for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publications adopted by reference pursuant to subsection 1.

Sec. 58. NAC 450B.819 is hereby amended to read as follows:

450B.819 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 agency approved by the Board, at least 6 months before the date of the verification review conducted pursuant to NAC 450B.820.

3. Any hospital in a county whose population is ~~{400,000}~~ **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, 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]* **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*.

Sec. 59. NAC 450B.8205 is hereby amended to read as follows:

450B.8205 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 agency 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 agency approved by the Board;

(b) Arrange for the verification review to be conducted directly with the agency 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 agency approved by the Board, which indicates that the hospital has complied with the standards for a level I, II or III center for the treatment of trauma or a pediatric 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. 60. NAC 450B.832 is hereby amended to read as follows:

450B.832 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 ~~the fee of \$3,000~~ **prescribed in NAC 450B.700** at the time it submits its application to the Health Division.

Sec. 61. NAC 450B.888 is hereby amended to read as follows:

450B.888 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.

Sec. 62. NAC 450B.955 is hereby amended to read as follows:

450B.955 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.]~~ ***the amount prescribed in NAC 450B.700.***

(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.

Sec. 63. NAC 450B.103 and 450B.665 are hereby repealed.

TEXT OF REPEALED SECTIONS

450B.103 “Emergency call” defined. (NRS 450B.120)

“Emergency call” means any call requiring immediate action or response by an ambulance or an agency’s vehicle.

450B.665 Authorized discipline. (NRS 450B.120, 450B.900)

1. The Division may assess an administrative penalty in the amount of \$50 per person per day against a service which allows a person to perform the duties of an attendant on an ambulance, air ambulance or agency’s vehicle without a valid certificate issued by the Division. The Division may temporarily deny an application for a certificate submitted by a person who performed the duties of an attendant without a valid certificate for a period not to exceed 30 days.

2. The Division may assess an administrative penalty in the amount of \$500 per day against a service which operates a unit without a permit issued by the Division.

3. If, upon inspection, the Division determines that a unit operated by a service has violated the provisions of this chapter or chapter 450B of NRS, the Division may:

(a) Prohibit the service from operating the unit until a reinspection which finds no violations has been completed and the service has paid a fee for the reinspection in the amount of \$100; or

(b) Require the service to submit a written statement within 3 working days after the inspection indicating that all violations have been corrected and requesting a reinspection of the unit.

SMALL BUSINESS IMPACT STATEMENT 2016

PROPOSED AMENDMENTS TO NAC 450B LCB File No. R068-16

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

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

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

Background

DPBH's Emergency Medical Systems (EMS) Program determined that the existing Nevada Administrative Code (NAC) 450B needs to be reviewed and regulation additions and changes proposed. Some of the changes are a result of the new Nevada Revised Statutes (NRS) that were passed in the 2015 Legislature. The proposed regulations include regulation language and revisions on program fees, permits and endorsements for Community Paramedicine, special event medical plans and EMS training programs.

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

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

A Small Business Impact Questionnaire was sent to EMS services through the EMS Committee listserv along with a copy of the proposed regulation changes, on June 2, 2016. The listserv reaches approximately 2,180 individuals in the EMS industry in Nevada such as Clinical Coordinators, Program Directors and Fire Chiefs. The questionnaire was also obtainable on the DPBH, EMS website. The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Response

Summary Of Comments Received (Zero (0) responses were received out of 2,183 small business impact questionnaires distributed)			
Will a specific regulation have an adverse economic effect upon your business?	Will the regulation(s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
NA	NA	NA	NA

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

Analysis was conducted by not receiving any questionnaires.

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

There is no estimated economic effects of the proposed regulations on small businesses.

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

The DPBH has held several opportunities for EMS agencies to provide input and comments regarding the proposed NAC 450B regulations, including the economic impact the proposed regulations may have. No modifications to the proposed regulations have been made due to no input. A workshop will be held on July 14, 2016, allowing further input by the public and EMS agencies regarding the proposed regulations and their impact. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on services.

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

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

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

For State Fiscal Year 2015, the total revenue for License and Fees was \$13,795 and the proposed fees increase will have an additional revenue generated of \$51,338.

New penalty fees are being proposed, including EMS providers operating without a license, reoccurring inspection violations, and failing to report required EMS data. That revenue is estimated at \$28,550.

New and revised EMS operating fees should generate an additional \$79,888 and this will be specifically used for EMS program operating costs. Revised certification and licensing fees should generate an extra \$65,847 in revenue, and this will be used specifically for education and training costs, per NRS 450B.1505.

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

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

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

The agency concludes the proposed regulations will produce negligible impact on small businesses. Most of NAC 450B had proposed regulation changes, but didn't appear to have economic impact on small business. Most proposed changes were to provide additional clarification to existing regulations while adding or updating others to current industry standards and practices.

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

Division of Public and Behavioral Health
Attn: Minden Hall
4150 Technology Way, Suite 200
Carson City, NV 89701
Phone: (775) 684-5948
Email: mihall@health.nv.gov

Certification by Person Responsible for the Agency

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

Signature Cody L. Phinney Date: 6/27/16

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY L. PHINNEY, MPH
Administrator

LEON RAVIN, MD
Acting Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Preparedness, Assurance, Inspections and Statistics (PAIS)

4150 Technology Way, Suite 200

Carson City, Nevada 89706

Telephone: (775) 684-5948 · Fax: (775) 684-5951

NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN, the Nevada Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) 450B – Emergency Medical Services. The workshop will be conducted on site and videoconference beginning at **10:00 am on July 14, 2016**, at the following locations:

Division of Public and Behavioral Health 4150 Technology Way, Room 303 Carson City, Nevada 89706	Southern Nevada Adult Mental Health Services 6161 W. Charleston Blvd., Building 1, West Hall Conference Room Las Vegas, Nevada 89146
Nevada Youth Training Center – Administrative Building in the School 100 Youth Center Road Elko, NV 89101	

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law. The proposed addition/change of regulations in LCB File No. R068-16.

- Clarify existing regulatory language
- Add new regulations

AGENDA

1. Introduction of workshop process
2. Presentation on the 2016 proposed regulations in LCB File No. R068-16 for NAC 450B – Emergency Medical Services and the Small Business Impact Statement.
3. Public Comment Regarding proposed changes to NAC Code 450B.
4. Adjournment.

A copy of the notice has been posted at the following locations:

Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City

Nevada State Library and Archives, 100 Stewart Street, Carson City

Emergency Medical Systems, 1020 Ruby Vista Drive, Ste. 102, Elko

Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas

Washoe County District Health Department, Ninth and Wells Street, Reno

Rawson-Neal Psychiatric Hospital, 1650 Community College Drive, Las Vegas

Nevada Early Intervention Services, 3811 W. Charleston Blvd. Ste. 112, Las Vegas

Nevada State Division of Public and Behavioral Health, Emergency Medical Systems web page: <http://dpbh.nv.gov/Reg/EMS/EMS-home/>

Nevada Public Notice Website: <http://notice.nv.gov>

Nevada Legislature Administrative Regulation Notices Meetings and Workshops Website: <https://leg.state.nv.us/App/Notice/A/>

A copy of the proposed regulation LCB File No. R068-16 and public workshop information may be obtained on the internet <http://dpbh.nv.gov/Reg/EMS/EMS-home/> in person, by mail (below), or calling (775) 684-5948.

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

Division of Public and Behavioral Health

Emergency Medical Systems

Attn: Minden Hall

4150 Technology Way, Suite 200

Carson City, NV 89701-5629

FAX (775) 684-3222

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

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

Elko County Library
720 Court Street
Elko, NV 89801

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

Churchill County Library
553 South Main Street
Fallon, NV 89406

Douglas County Library
1625 Library Lane
Minden, NV 89423

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

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

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095
Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

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

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

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

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

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141
Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

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

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

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

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