ASSEMBLY BILL NO. 463–COMMITTEE ON HEALTH AND HUMAN SERVICES

MARCH 23, 2015

Referred to Committee on Health and Human Services

SUMMARY—Enacts the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact. (BDR 40-1020)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact. Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 1-5, 8, 10-16) (NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

EXPLANATION - Matter in bolded italics is new; matter between brackets fomitted material; is material to be omitted.

AN ACT relating to emergency medical services; ratifying, enacting and entering into the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact is an interstate compact that allows a person who is licensed to practice as an emergency medical technician, advanced emergency medical technician or paramedic to practice in another state that is a member of the Compact under certain circumstances. Specifically, such a person may practice in a state other than the state in which he or she is licensed, referred to as the "remote state," if the state in which he or she is licensed, referred to as his or her "home state": (1) requires licensees to pass the National Registry of Emergency Medical Technicians examination and undergo a criminal background check; (2) has provisions in place for receiving and investigating complaints concerning licensees; and (3) notifies the Commission, which is the administrative body of the Compact, of any disciplinary action taken against or significant investigation of a licensee. A person who practices in a remote state under the Compact is subject to the jurisdiction and rules of the remote state while practicing there, and his or her privilege to practice in any remote state may be revoked by the authorities in a remote state in which he or she practices. The Compact prohibits a person whose license to practice has been revoked or is under restriction or suspension in his or her home state from practicing in a remote state. A person's privilege to practice in a remote state under the Compact includes transporting a patient: (1) from the person's home state to a remote state; (2) from a remote state to the person's home



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state; (3) within a remote state; and (4) from a remote state to another remote state that is a member of the Compact. The Compact specifies that a person must enter a remote state in all circumstances, meaning that the Compact does not authorize a person to obtain regular employment with an emergency medical services agency in a remote state without obtaining a license in that state.

The Compact also requires member states to consider a veteran or member of the military, or spouse thereof, who holds an active National Registry of Emergency Medical Technicians certification at or above the level of an emergency medical technician, advanced emergency medical technician or paramedic as satisfying the minimum requirements for certification as an emergency medical technician, advanced emergency medical technician or paramedic, as applicable. Member states are required to expedite applications for licensure submitted by such persons.

The Commission is authorized to adopt rules and impose an annual assessment on each member state to fund the activities of the Commission. The Commission is required to provide for the development and maintenance of a database and reporting system containing information concerning the licensure of persons in each member state and any disciplinary action or investigation of any person licensed in a member state. Section 2 of this bill adopts the language necessary to enter the Compact. Sections 1, 3-5, 8 and 10-16 of this bill make conforming changes to clarify that: (1) an emergency medical technician, advanced emergency medical technician or paramedic who has not been certified by a health authority in this State is authorized to practice in this State under the conditions set forth in the Compact; and (2) a person practicing as an emergency medical technician, advanced emergency medical technician or paramedic under the conditions set forth in the Compact has the same rights and responsibilities as a person certified as such in this State. Sections 6, 7 and 9-11 of this bill provide that a veteran or member of the military, or spouse thereof, who holds an active National Registry of Emergency Medical Technicians certification at or above the level of an emergency medical technician, advanced emergency medical technician or paramedic is not required to obtain additional training to be certified as such, in conformance with the Compact.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 441A.195 is hereby amended to read as follows:

441A.195 1. A law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner or any of their employees or volunteers, any other person who is employed by or is a volunteer for an agency of criminal justice or any other public employee or volunteer for a public agency who, in the course of his or her official duties, comes into contact with human blood or bodily fluids, or the employer of such a person or the public agency for which the person volunteers, may petition a court for an order requiring the testing of a person or decedent for exposure to a communicable disease if the person or decedent may have exposed the officer, emergency medical attendant, firefighter, county coroner or medical examiner or their





employee or volunteer, other person employed by or volunteering for an agency of criminal justice or other public employee or volunteer for a public agency to a communicable disease.

- 2. When possible, before filing a petition pursuant to subsection 1, the person, employer or public agency for which the person volunteers, and who is petitioning shall submit information concerning the possible exposure to a communicable disease to the designated health care officer for the employer or public agency or, if there is no designated health care officer, the person designated by the employer or public agency to document and verify possible exposure to communicable diseases, for verification that there was substantial exposure. Each designated health care officer or person designated by an employer or public agency to document and verify possible exposure to communicable diseases shall establish guidelines based on current scientific information to determine substantial exposure.
- 3. A court shall promptly hear a petition filed pursuant to subsection 1 and determine whether there is probable cause to believe that a possible transfer of blood or other bodily fluids occurred between the person who filed the petition or on whose behalf the petition was filed and the person or decedent who possibly exposed him or her to a communicable disease. If the court determines that probable cause exists to believe that a possible transfer of blood or other bodily fluids occurred and, that a positive result from the test for the presence of a communicable disease would require the petitioner to seek medical intervention, the court shall:
- (a) Order the person who possibly exposed the petitioner, or the person on whose behalf the petition was filed, to a communicable disease to submit two appropriate specimens to a local hospital or medical laboratory for testing for exposure to a communicable disease; or
- (b) Order that two appropriate specimens be taken from the decedent who possibly exposed the petitioner, or the person on whose behalf the petition was filed, to a communicable disease and be submitted to a local hospital or medical laboratory for testing for exposure to the communicable disease.
- The local hospital or medical laboratory shall perform the test in accordance with generally accepted medical practices and shall disclose the results of the test in the manner set forth in NRS 629.069.
- 4. If a judge or a justice of the peace enters an order pursuant to this section, the judge or justice of the peace may authorize the designated health care officer or the person designated by the employer or public agency to document and verify possible





exposure to a communicable disease to sign the name of the judge or justice of the peace on a duplicate order. Such a duplicate order shall be deemed to be an order of the court. As soon as practicable after the duplicate order is signed, the duplicate order must be returned to the judge or justice of the peace who authorized the signing of it and must indicate on its face the judge or justice of the peace to whom it is to be returned. The judge or justice of the peace, upon receiving the returned order, shall endorse the order with his or her name and enter the date on which the order was returned. Any failure of the judge or justice of the peace to make such an endorsement and entry does not in and of itself invalidate the order.

- 5. Except as otherwise provided in NRS 629.069, all records submitted to the court in connection with a petition filed pursuant to this section and any proceedings concerning the petition are confidential and the judge or justice of the peace shall order the records and any record of the proceedings to be sealed and to be opened for inspection only upon an order of the court for good cause shown.
- 6. A court may establish rules to allow a judge or justice of the peace to conduct a hearing or issue an order pursuant to this section by electronic or telephonic means.
- 7. The employer of a person or the public agency for which the person volunteers, who files a petition or on whose behalf a petition is filed pursuant to this section or the insurer of the employer or public agency, shall pay the cost of performing the test pursuant to subsection 3.
 - 8. As used in this section:
- (a) "Agency of criminal justice" has the meaning ascribed to it in NRS 179A.030.
- (b) "Emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS [-] or authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.
- **Sec. 2.** Chapter 450B of NRS is hereby amended by adding thereto a new section to read as follows:

The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact is hereby ratified, enacted into law and entered into with all jurisdictions legally joining the Compact, in substantially the form set forth in this section:





EMS PERSONNEL LICENSURE INTERSTATE COMPACT

3 SECTION 1. PURPOSE

In order to protect the public through verification of competency and ensure accountability for patient care related activities, all states license EMS personnel, such as emergency medical technicians, advanced EMTs and paramedics. This Compact is intended to facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and to authorize state EMS authorities to afford immediate legal recognition to EMS personnel licensed in a member state. This Compact recognizes that states have a vested interest in protecting the health and safety of the public through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This Compact is designed to achieve the following purposes and objectives:

- 1. Increase public access to EMS personnel;
- 2. Enhance the ability of the member states to protect the health and safety of the public, especially patient safety;
- 3. Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
- 4. Support licensing of military members who are separating from an active duty tour, and their spouses;
- 5. Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;
- 6. Promote compliance with the laws governing the practice of EMS personnel in each member state; and
- 7. Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

SECTION 2. DEFINITIONS

As used in this Compact:

A. "Advanced emergency medical technician" or "AEMT" means an individual licensed with the cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model, published by the National Highway Traffic Safety Administration.





- B. "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.
- C. "Alternative program" means a voluntary, nondisciplinary substance abuse recovery program approved by a state EMS authority.
- D. "Certification" means the successful verification of entrylevel cognitive and psychomotor competency using a reliable, validated and legally defensible examination.
- E. "Commission" means the national administrative body of which all states that have enacted this Compact are members.
- F. "Emergency medical technician" or "EMT" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
 - G. "EMS" means emergency medical services.
- H. "Home state" means a member state where an individual is licensed to practice emergency medical services.
- I. "License" means the authorization by a state for an individual to practice as an EMT, AEMT, paramedic or a level between EMT and paramedic.
- J. "Medical director" means a physician licensed in a member state who is accountable for the care delivered by EMS personnel.
- 31 K. "Member state" means a state that has enacted this 22 Compact.
 - L. "Paramedic" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
 - M. "Privilege to practice" means an individual's authority to deliver emergency medical services in remote states as authorized under this Compact.
- 40 N. "Remote state" means a member state in which an 41 individual is not licensed.
- 42 O. "Restricted" means the outcome of an adverse action that limits a license or the privilege to practice.





1 "Rule" means a written statement by the Commission promulgated pursuant to section 12 of this Compact that: 2

1. Is of general applicability;

4 2. Implements, interprets or prescribes a policy or 5 provision of this Compact; or 6

organizational, procedural or practice 3. Is an

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→ And has the force and effect of statutory law in a member state. The term includes the amendment, repeal or suspension of an existing rule.

"Scope of practice" means defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute or court decision, the term tends to represent the limits of services an individual may perform.

"Significant investigatory information" means:

- 1. Investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or
- 2. Investigative information that indicates individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.
- "State" means any state, commonwealth, district or territory of the United States.
- "State EMS authority" means the board, office or other agency with the legislative mandate to license EMS personnel.

SECTION 3. HOME STATE LICENSURE

A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this Compact.

- B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this Compact.
- C. A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:
- Currently requires the use of the National Registry of Emergency Medical Technicians examination as a condition of issuing initial licenses at the EMT and paramedic levels;





2. Has a mechanism in place for receiving and investigating complaints about individuals;

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory

information regarding an individual;

- 4. Not later than 5 years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including, without limitation, the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have a suitability determination in accordance with 5 C.F.R. § 731.202 and submit documentation of such as promulgated in the rules of the Commission; and
 - 5. Complies with the rules of the Commission.

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

- A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with section 3 of this Compact.
- B. To exercise the privilege to practice under the terms and provisions of this Compact, an individual must:
 - 1. Be at least 18 years of age;
- 2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic or state-recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
 - 3. Practice under the supervision of a medical director.
- C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.
- D. Except as otherwise provided in subsection C of section 4 of this Compact, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action, it shall promptly notify the home state and the Commission.
- E. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a





remote state under the privilege to practice until the individual's home state license is restored.

F. If an individual's privilege to practice in any remote state is restricted, suspended or revoked, the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

- 1. The individual originates a patient transport in a home state and transports the patient to a remote state;
- 2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;
- 3. The individual enters a remote state to provide patient care or transport within that remote state;
- 4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state; or
- 5. Other conditions as determined by the rules promulgated by the Commission.

SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

Upon a declaration of the governor of a member state of a state of emergency or disaster that activates the Emergency Management Assistance Compact ratified in NRS 415.010, all relevant terms and provisions of the Emergency Management Assistance Compact shall apply and to the extent any terms or provisions of this Compact conflict with the Emergency Management Assistance Compact the terms of the Emergency Management Assistance Compact shall prevail with respect to any individual practicing in the remote state in response to such a declaration.

SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

A. Member states shall consider a veteran, active military service member and member of the National Guard and Reserves





who is separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted certification from the National Registry of Emergency Medical Technicians at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members and members of the National Guard and Reserves separating from an active duty tour, and their spouses.

C. All individuals functioning with a privilege to practice under this section remain subject to the adverse actions provisions of section 8 of this Compact.

SECTION 8. ADVERSE ACTIONS

A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

B. If an individual's license in any home state is restricted or suspended, the individual is not eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

- I. All home state adverse action orders shall include a statement that the individual's privileges under this Compact are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and the state EMS authority of the remote state.
- 2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and the state EMS authority of the remote state.
- C. A member state shall report adverse actions and any occurrences that the individual's privileges under this Compact are restricted, suspended or revoked to the Commission in accordance with the rules of the Commission.
- D. A remote state may take adverse action on an individual's privilege to practice within that state.
- E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.
- F. The state EMS authority of a home state shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the





home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

G. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

The state EMS authority of a member state, in addition to any other powers granted under state law, is authorized under this Compact to:

- 1. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by the state EMS authority of a member state for the attendance and testimony of witnesses or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence are located.
- 2. Issue cease and desist orders to restrict, suspend or revoke an individual's privilege to practice in the member state.

SECTION 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

- A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice and:
- 1. The Commission is a body politic and an instrumentality of the Compact states.
- 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and





jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, voting and meetings:

- 1. Each member state shall have and be limited to one delegate. The responsible official of the state EMS authority or his or her designee shall be the delegate to this Compact for each member state. Any delegate may be removed or suspended from office as provided by the laws of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the Governor of the member state will determine which entity will be responsible for assigning the delegate.
- 2. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for the delegates' participation in meetings by telephone or other means of communication.
- 3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
- 4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section 12 of this Compact.
- 5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:
- a. Noncompliance of a member state with its obligations under this Compact;
- b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- c. Current, threatened or reasonably anticipated litigation;
- d. Negotiation of contracts for the purchase or sale of goods, services or real estate;
- e. Accusing any person of a crime or formally censuring any person;





- f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law

7 enforcement purposes;

- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to this Compact; or
- j. Matters specifically exempted from disclosure by federal or member state statute.
- 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including, without limitation, a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or an order of a court of competent jurisdiction.
- C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including, but not limited to:
 - 1. Establishing the fiscal year of the Commission.
 - 2. Providing reasonable standards and procedures:
- a. For the establishment and meetings of other committees; and
- b. Governing any general or specific delegation of any authority or function of the Commission.
- 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals and proprietary information, including, without limitation, trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the





meeting revealing the vote of each member with no proxy votes allowed.

- 4. Establishing the titles, duties and authority, and reasonable procedures for the election, of the officers of the Commission.
- 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, such bylaws shall exclusively govern the personnel policies and programs of the Commission.

6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees.

- 7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment or reserving of all of its debts and obligations, as applicable.
- 8. Publishing its bylaws and filing a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.
- 9. Maintaining the financial records of the Commission in accordance with the bylaws.
- 23 10. Meeting and taking such actions as are consistent with 24 the provisions of this Compact and the bylaws.
 - D. The Commission shall have the following powers:
 - 1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
 - 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;
 - 3. To purchase and maintain insurance and bonds;
 - 4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a member state;
 - 5. To hire employees, elect or appoint officers, fix compensation, define duties and grant such individuals appropriate authority to carry out the purposes of this Compact and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;
 - 6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services and to





receive, utilize and dispose of the same, provided that at all times the Commission shall strive to avoid any appearance of impropriety or conflict of interest;

7. To lease, purchase or accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed, provided that at all times the Commission shall strive to avoid any appearance of impropriety;

To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, real, personal or

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- To establish a budget and make expenditures;
- *10.* To borrow money:
- To appoint committees, including, without limitation, advisory committees comprised of members, state regulators, state legislators or their representatives, consumer representatives and such other interested persons as may be designated in this Compact and the bylaws:
- To provide to and receive information from, and to cooperate with, law enforcement agencies;
 - *13*. To adopt and use an official seal; and
- To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice. 23
 - E. Financing of the Commission:
 - The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.

The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment,

supplies, materials and services.

3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

The Commission shall not incur obligations of any kind before securing the funds adequate to meet the same, and the Commission shall not pledge the credit of any of the member

states, except by and with the authority of that member state.





5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

F. Qualified Immunity, Defense and Indemnification:

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacities, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities. Nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, if the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct. Nothing herein shall be construed to prohibit that person from retaining his or her own counsel.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.





SECTION 11. COORDINATED DATABASE

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- The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure information, adverse action information and significant investigatory information on all licensed individuals in member states.
- B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:
 - Identifying information;
 - 2. Licensure data;
 - 3. Significant investigatory information;
 - 4. Adverse actions against an individual's license;
- An indicator that an individual's privilege to practice is 17 restricted, suspended or revoked;
 - 6. Nonconfidential information related to participation in an alternative program;
 - 7. Any denial of an application for licensure and each reason for such denial; and
 - 8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.
 - C. The administrator of the coordinated database shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.
 - D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.
 - E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

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SECTION 12. RULEMAKING

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- The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any member state.





- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Before the promulgation and adoption of a final rule or rules by the Commission, and at least 60 days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
 - 1. On the Internet website of the Commission; and
- 2. On the Internet website of the state EMS authority of each member state or the publication in which each member state would otherwise publish proposed rules.
 - E. The notice of proposed rulemaking shall include:
- 1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
- 2. The text of the proposed rule or amendment and the reason for the proposed rule;
- 3. A request for comments on the proposed rule from any interested person; and
- 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- F. Before the adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
 - 1. At least 25 persons;
 - 2. A governmental subdivision or agency; or
 - 3. An association having at least 25 members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time and date of the scheduled public hearing and:
- 1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than 5 business days before the scheduled date of the hearing.
- 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
- 3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection





shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.

- 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, based on the rulemaking record and the full text of the rule.

If no written notice of intent to attend the public hearing by an interested party is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

- Upon the determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, an opportunity for comment or a hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
- 27 Meet an imminent threat to public health, safety or 28 welfare; 29
 - 2. Prevent a loss of Commission or member state funds;
 - Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 - Protect public health and safety.
 - The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the Internet website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission before the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.



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SECTION 13. OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight:

1. The executive, legislative and judicial branches of state government in each member state shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of this Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, technical assistance and termination:

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

(a) Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and any other action to be taken by the Commission; and

(b) Provide remedial training and specific technical assistance regarding the default.

2. If a member state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.





- 4. A state that has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of the termination, including, without limitation, obligations that extend beyond the effective date of the termination.
- 5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.
- 6. The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including, without limitation, reasonable attorney's fees.

C. Dispute Resolution:

- 1. Upon request by a member state, the Commission shall attempt to resolve disputes related to this Compact that arise among member states and between member and nonmember states.
- 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

D. Enforcement:

- 1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.
- 2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of this Compact and its promulgated rules and bylaws. The relief sought may include, without limitation, both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including, without limitation, reasonable attorney's fees.
- 3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.





SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

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- A. This Compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of this Compact.
- B. Any state that joins the compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which this Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day this Compact becomes law in that state.
- C. Any member state may withdraw from this Compact by enacting a statute repealing the same.
- I. A member state's withdrawal shall not take effect until 6 months after enactment of the repealing statute.
- 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act before the effective date of withdrawal.
- D. Nothing contained in this Compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this Compact.
- E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 15. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any member state thereto, the Compact shall remain in full force and effect as to the remaining member states. Nothing in this Compact supersedes state law or rules related to licensure of EMS agencies.





Sec. 3. NRS 450B.025 is hereby amended to read as follows:

450B.025 "Advanced emergency medical technician" means a person certified by the health officer as having satisfactorily completed a program of training for certification as an advanced emergency medical technician pursuant to NRS 450B.191 [.] or authorized to practice in this State as an advanced emergency medical technician pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.

Sec. 4. NRS 450B.065 is hereby amended to read as follows:

450B.065 "Emergency medical technician" means a person certified by the health officer as having satisfactorily completed a program of training for certification as an emergency medical technician pursuant to NRS 450B.1905 [or authorized to practice in this State as an emergency medical technician pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.

Sec. 5. NRS 450B.095 is hereby amended to read as follows:

450B.095 "Paramedic" means a person certified by the health officer as having satisfactorily completed a program of training for certification as a paramedic pursuant to NRS 450B.195 [.] or authorized to practice in this State as a paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.

Sec. 6. NRS 450B.130 is hereby amended to read as follows: 450B.130 1. The board shall adopt regulations establishing reasonable minimum standards for:

- (a) Sanitation in ambulances and air ambulances;
- (b) Medical and nonmedical equipment and supplies to be carried in ambulances and medical equipment and supplies to be carried in air ambulances and vehicles of a fire-fighting agency;
- (c) Interior configuration, design and dimensions of ambulances placed in service after July 1, 1979;
- (d) Permits for operation of ambulances, air ambulances and vehicles of a fire-fighting agency;
- (e) Records to be maintained by an operator of an ambulance or air ambulance or by a fire-fighting agency; and
- (f) Treatment of patients who are critically ill or in urgent need of treatment.
- 2. Any regulations adopted by the board pursuant to subsection 1 establishing reasonable minimum standards for a permit for the operation of an air ambulance or records to be maintained by an operator of an air ambulance must:





- (a) Except as otherwise provided in paragraph (b), be based on the medical aspects of the operation of an air ambulance, including, without limitation, aspects related to patient care; and
- (b) Not be based on economic factors, including, without limitation, factors related to the prices, routes or nonmedical services of an air ambulance.
- The health officers of this state shall jointly adopt regulations to establish the minimum standards for the certification or licensure of persons who provide emergency medical care. *The* regulations must not require additional training for initial licensure or initial certification as an emergency medical technician, advanced emergency medical technician or paramedic for an applicant who is a veteran or a member of the military or the National Guard, or a spouse thereof, and who holds a current valid and unrestricted certification by the National Registry of Emergency Medical Technicians as an emergency medical technician, advanced emergency medical technician or paramedic, as applicable. Upon adoption of the regulations, each health authority shall adopt the regulations for its jurisdiction. After each health authority adopts the regulations, the standards established constitute the minimum standards for certification or licensure of persons who provide emergency medical care in this state. Any changes to the minimum standards must be adopted jointly by the health officers and by each health authority in the manner set forth in this subsection. Any changes in the minimum standards which are not adopted in the manner set forth in this subsection are void.
- 4. A health officer may adopt regulations that impose additional requirements for the certification or licensure of persons who provide emergency medical care in the jurisdiction of the health officer, but the health officer must accept the certification or licensure of a person who provides emergency medical care from the jurisdiction of another health officer as proof that the person who provides emergency medical care has met the minimum requirements for certification or licensure.
- 5. As used in this section, "person who provides emergency medical care" means an emergency medical technician, advanced emergency medical technician, paramedic, attendant of an ambulance or air ambulance or firefighter employed by or serving with a fire-fighting agency.
 - **Sec. 7.** NRS 450B.160 is hereby amended to read as follows:
- 450B.160 1. The health authority may issue licenses to attendants and to firefighters employed by or serving as volunteers with a fire-fighting agency.



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- 2. Each license must be evidenced by a card issued to the holder of the license, is valid for a period not to exceed 2 years and is renewable.
 - 3. An applicant for a license must file with the health authority:
- (a) A current, valid certificate evidencing the applicant's successful completion of a program of training as an emergency medical technician, advanced emergency medical technician or paramedic, if the applicant is applying for a license as an attendant, or, if a volunteer attendant, at a level of skill determined by the board.
- (b) A current valid certificate evidencing the applicant's successful completion of a program of training as an emergency medical technician, advanced emergency medical technician or paramedic, if the applicant is applying for a license as a firefighter with a fire-fighting agency.
 - (c) A signed statement showing:

and

- (1) The name and address of the applicant;
- (2) The name and address of the employer of the applicant;
- (3) A description of the applicant's duties.
- (d) Such other certificates for training and such other items as the board may specify.
- 4. The board shall adopt such regulations as it determines are necessary for the issuance, suspension, revocation and renewal of licenses. The regulations must not require additional training for an applicant for the initial licensure of an applicant who is a veteran or a member of the military or the National Guard, or a spouse thereof, and who holds a current valid and unrestricted certification by the National Registry of Emergency Medical Technicians as an emergency medical technician, advanced emergency medical technician or paramedic.
- 5. Each operator of an ambulance or air ambulance and each fire-fighting agency shall annually file with the health authority a complete list of the licensed persons in its service.
 - 6. Licensed physicians, registered nurses and licensed physician assistants may serve as attendants without being licensed under the provisions of this section. A registered nurse who performs emergency care in an ambulance or air ambulance shall perform the care in accordance with the regulations of the State Board of Nursing. A licensed physician assistant who performs emergency care in an ambulance or air ambulance shall perform the care in accordance with the regulations of the Board of Medical Examiners.





- 7. Each licensed physician, registered nurse and licensed physician assistant who serves as an attendant must have current certification of completion of training in:
- (a) Advanced life-support procedures for patients who require cardiac care;
- (b) Life-support procedures for pediatric patients who require cardiac care; or
- (c) Life-support procedures for patients with trauma that are administered before the arrival of those patients at a hospital.
- The certification must be issued by the Board of Medical Examiners for a physician or licensed physician assistant or by the State Board of Nursing for a registered nurse.
- 8. The Board of Medical Examiners and the State Board of Nursing shall issue a certificate pursuant to subsection 7 if the licensed physician, licensed physician assistant or registered nurse attends:
- (a) A course offered by a national organization which is nationally recognized for issuing such certification;
- (b) Training conducted by the operator of an ambulance or air ambulance; or
 - (c) Any other course or training,
- approved by the Board of Medical Examiners or the State Board of Nursing, whichever is issuing the certification. The Board of Medical Examiners and the State Board of Nursing may require certification of training in all three areas set forth in subsection 7 for a licensed physician, licensed physician assistant or registered nurse who primarily serves as an attendant in a county whose population is 700,000 or more.
 - **Sec. 8.** NRS 450B.171 is hereby amended to read as follows:
- 450B.171 Except as otherwise provided in this chapter, unlicensed relatives of a sick or injured patient and other persons may ride in an ambulance if there are two attendants in the ambulance, each of whom is licensed pursuant to this chapter, authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act or exempt from licensing pursuant to subsection 6 of NRS 450B.160.
- **Sec. 9.** NRS 450B.1905 is hereby amended to read as follows: 450B.1905 1. A program of training for certification as an emergency medical technician must be:
- (a) Supervised by a physician and approved by the health authority; or





- (b) Presented by a national organization which is nationally recognized for providing such training and approved by the board.
- 2. A program of training for certification as an emergency medical technician must follow the curriculum or educational standards prepared by the United States Department of Transportation as a national standard for emergency medical technicians.
- 3. The board may adopt regulations which prescribe other requirements of training for certification as an emergency medical technician.
- 4. An owner of an ambulance shall not offer emergency medical care to a patient in urgent need of medical care or observation unless the attendant has successfully completed a program of training for certification as an emergency medical technician or is exempt, pursuant to subsection 6 of NRS 450B.160, from the requirement to obtain that training.
- 5. The board may by regulation prescribe additional requirements for receiving and maintaining certification as an emergency medical technician. The curriculum or educational standards for training must be:
 - (a) At the level of advanced first aid; or
- (b) At least equivalent to any curriculum or educational standards prepared by the Department of Transportation as a national standard for emergency medical technicians.
- 6. The regulations adopted pursuant to subsections 3 and 5 must not require additional training for the initial certification as an emergency medical technician of an applicant who is a veteran or a member of the military or the National Guard, or a spouse thereof, and who holds a current valid and unrestricted certification by the National Registry of Emergency Medical Technicians as an emergency medical technician, advanced emergency medical technician or paramedic.
 - **Sec. 10.** NRS 450B.191 is hereby amended to read as follows:
- 450B.191 1. A program of training for certification as an advanced emergency medical technician must be supervised by a licensed physician and approved by the health authority.
 - 2. A program of training for certification as an advanced emergency medical technician must include an approved curriculum in intravenous therapy and the management of a passage for air to the lungs. Only a certified emergency medical technician with experience as established by the board is eligible for this training.
 - 3. In order to maintain certification, each advanced emergency medical technician must annually:
 - (a) Comply with the requirements established by the board for continuing medical education; and





- (b) Demonstrate his or her skills as required by regulation of the board.
- 4. The board may by regulation prescribe the curriculum and other requirements for training and maintaining certification as an advanced emergency medical technician. The curriculum must be at least equivalent to any curriculum or educational standards prepared by the United States Department of Transportation as a national standard for advanced emergency medical technicians. The regulations must not require additional training for the initial certification as an advanced emergency medical technician of an applicant who is a veteran or a member of the military or the National Guard, or a spouse thereof, and who holds a current valid and unrestricted certification by the National Registry of Emergency Medical Technicians as an advanced emergency medical technician or paramedic.
- 5. A person shall not represent himself or herself to be an advanced emergency medical technician unless the person that:
- (a) Has on file with the health authority a currently valid certificate demonstrating successful completion of the program of training required by this section H; or
- (b) Is authorized to practice in this State as an advanced emergency medical technician pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.
- 6. Except as authorized by subsection 6 of NRS 450B.160 [-] or the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act, an attendant or firefighter shall not perform, and the owner, operator, director or chief officer of an ambulance or a fire-fighting agency shall not offer, emergency care as an advanced emergency medical technician without fulfilling the requirements established by the board.
 - **Sec. 11.** NRS 450B.195 is hereby amended to read as follows:
- 450B.195 1. Only a certified emergency medical technician with experience as established by the board is eligible for training as a paramedic.
- 2. A program of training for certification as a paramedic must be supervised by a licensed physician and approved by the health authority.
 - 3. To maintain certification, each paramedic must annually:
- (a) Comply with the requirements established by the board for continuing medical education; and
- (b) Demonstrate his or her skills as required by regulation of the board





- 4. The board may by regulation prescribe the curriculum and other requirements for training and maintaining certification as a paramedic. The curriculum must be at least equivalent to any curriculum or educational standards prepared by the United States Department of Transportation as a national standard for paramedics. The regulations must not require additional training for the initial certification as a paramedic of an applicant who is a veteran or a member of the military or the National Guard, or a spouse thereof, and who holds a current valid and unrestricted certification by the National Registry of Emergency Medical Technicians as a paramedic.
- 5. A person shall not represent himself or herself to be a paramedic unless the person [has]:
 - (a) Has on file with the health authority a currently valid certificate evidencing the person's successful completion of the program of training required by this section $\{\cdot,\cdot\}$; or
- (b) Is authorized to practice in this State as a paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.
- 6. Except as authorized by subsection 6 of NRS 450B.160 [-] or the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act, an attendant or firefighter shall not perform, and the owner, operator, director or chief officer of an ambulance or a fire-fighting agency shall not offer, emergency care as a paramedic without fulfilling the requirements established by the board.
- Sec. 12. NRS 450B.255 is hereby amended to read as follows: 450B.255 A person shall not represent himself or herself to be an emergency medical technician, advanced emergency medical technician or paramedic unless the person has been issued a currently valid certificate by the health authority or is authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic, as applicable, pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.
 - Sec. 13. NRS 450B.260 is hereby amended to read as follows:
- 450B.260 1. Except as otherwise provided in this section, the public or private owner of an ambulance or air ambulance or a fire-fighting agency which owns a vehicle used in providing medical care to sick or injured persons at the scene of an emergency or while transporting those persons to a medical facility shall not permit its operation and use by any person not licensed under this chapter.





- 2. An ambulance carrying a sick or injured patient must be occupied by a driver and an attendant, each of whom is licensed as an attendant pursuant to this chapter, authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act or exempt from licensing pursuant to subsection 6 of NRS 450B.160, except as otherwise provided in subsection 5 or in geographic areas which may be designated by the board and for which the board may prescribe lesser qualifications.
- 3. An air ambulance carrying a sick or injured patient must be occupied by a licensed attendant, a person who is authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act or a person exempt from licensing pursuant to subsection 6 of NRS 450B.160, in addition to the pilot of the aircraft.
- 4. The pilot of an air ambulance is not required to have a license under this chapter.
- 5. A person who operates or uses a vehicle owned by a fire-fighting agency is not required to be licensed under this chapter, except that such a vehicle may not be used to provide the level of medical care provided by an advanced emergency medical technician or paramedic to sick or injured persons:
- (a) At the scene of an emergency unless at least one person in the vehicle is licensed to provide the care; or
- (b) While transporting those persons to a medical facility unless at least two persons in the vehicle are licensed to provide the care.
- 6. Nothing in this section precludes the operation of an aircraft in this State in a manner other than as an air ambulance.
 - Sec. 14. NRS 41.139 is hereby amended to read as follows:
 - 41.139 1. Except as otherwise provided in subsection 2, a peace officer, firefighter or emergency medical attendant may bring and maintain an action for damages for personal injury caused by the willful act of another person, or by another person's lack of ordinary care or skill in the management of the person's property, if the conduct causing the injury:
 - (a) Occurred after the person who caused the injury knew or should have known of the presence of the peace officer, firefighter or emergency medical attendant;
 - (b) Was intended to injure the peace officer, firefighter or emergency medical attendant;
 - (c) Violated a statute, ordinance or regulation:





- (1) Intended to protect the peace officer, firefighter or emergency medical attendant; or
- (2) Prohibiting resistance to or requiring compliance with an order of a peace officer or firefighter; or
 - (d) Was arson.

- 2. This section does not impose liability on the employer of the peace officer, firefighter or emergency medical attendant.
 - 3. As used in this section:
- (a) "Emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS [-] or authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.
- (b) "Peace officer" has the meaning ascribed to it in NRS 169.125.
 - **Sec. 15.** NRS 41.504 is hereby amended to read as follows:
- 41.504 1. Any physician, physician assistant or registered nurse who in good faith gives instruction or provides supervision to an emergency medical attendant, physician assistant or registered nurse, at the scene of an emergency or while transporting an ill or injured person from the scene of an emergency, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, in giving that instruction or providing that supervision.
- 2. An emergency medical attendant, physician assistant, registered nurse or licensed practical nurse who obeys an instruction given by a physician, physician assistant, registered nurse or licensed practical nurse and thereby renders emergency care, at the scene of an emergency or while transporting an ill or injured person from the scene of an emergency, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, in rendering that emergency care.
- 3. As used in this section, "emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS [.] or authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act.





Sec. 16. NRS 484B.767 is hereby amended to read as follows: 484B.767 1. Except as otherwise provided in this section, a peace officer, a firefighter, an emergency medical technician, an advanced emergency medical technician or a paramedic certified pursuant to chapter 450B of NRS or authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act or an employee of a pedestrian mall, who operates a bicycle or an electric bicycle while on duty, is not required to comply with any provision of NRS or any ordinance of a local government relating to the operation of a bicycle or an electric bicycle while on duty if he or

- (a) Is responding to an emergency call or the peace officer is in pursuit of a suspected violator of the law; or
- (b) Determines that noncompliance with any such provision is necessary to carry out his or her duties.
 - 2. The provisions of this section do not:
- (a) Relieve a peace officer, firefighter, emergency medical technician, advanced emergency medical technician, paramedic or employee of a pedestrian mall from the duty to operate a bicycle or an electric bicycle with due regard for the safety of others.
- (b) Protect such a person from the consequences of the person's disregard for the safety of others.
- 3. As used in this section, "pedestrian mall" has the meaning ascribed to it in NRS 268.811.
 - **Sec. 17.** NRS 616A.035 is hereby amended to read as follows:
- 616A.035 1. "Accident benefits" means medical, surgical, hospital or other treatments, nursing, medicine, medical and surgical supplies, crutches and apparatuses, including prosthetic devices.
 - 2. The term includes:
 - (a) Medical benefits as defined by NRS 617.130;
- (b) Preventive treatment administered as a precaution to an employee who is exposed to a contagious disease while providing medical services, including emergency medical care, in the course and scope of his or her employment;
- (c) Preventive treatment administered as a precaution to a police officer, a salaried or volunteer firefighter or an arson investigator who:
 - (1) Was exposed to a contagious disease:
 - (I) Upon battery by an offender; or
- (II) While performing the duties of a police officer, firefighter or arson investigator,



 she:



- → if the exposure is documented by the creation and maintenance of a report concerning the exposure pursuant to subsection 1 of NRS 616C.052; or
- (2) Tests positive for exposure to tuberculosis or another contagious disease under the circumstances described in subsection 2 or 3 of NRS 616C.052; and
- (d) Preventive treatment for hepatitis administered as a precaution to a police officer, full-time salaried firefighter, arson investigator or emergency medical attendant employed in this State.
 - 3. The term does not include:

- (a) Exercise equipment, a hot tub or a spa for an employee's home:
 - (b) Membership in an athletic or health club;
- (c) Except as otherwise provided in NRS 616C.245, a motor vehicle; or
- (d) The costs of operating a motor vehicle provided pursuant to NRS 616C.245, fees related to the operation or licensing of the motor vehicle or insurance for the motor vehicle.
 - 4. As used in this section:
- (a) "Battery" includes, without limitation, the intentional propelling or placing, or the causing to be propelled or placed, of any human excrement or bodily fluid upon the person of an employee.
- (b) "Emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS [] or authorized to practice in this State as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified and enacted in section 2 of this act, whose primary duties of employment are the provision of emergency medical services.
- (c) "Hepatitis" includes hepatitis A, hepatitis B, hepatitis C and any additional diseases or conditions that are associated with or result from hepatitis A, hepatitis B or hepatitis C.
 - (d) "Preventive treatment" includes, without limitation:
- Tests to determine if an employee has contracted hepatitis or any other contagious disease to which the employee was exposed; and
- (2) If an employee tests positive for exposure to tuberculosis under the circumstances described in NRS 616C.052, such medication and chest X rays as are recommended by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.





Sec. 18. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 19. This act becomes effective on July 1, 2015.





