

Assembly Bill No. 158—Assemblymen O’Neill, Gray, Kasama;
DeLong, Dickman, Gallant, Gurr, Hansen, Hibbetts and
Koenig

CHAPTER.....

AN ACT relating to emergency medical services; ratifying the
Recognition of Emergency Medical Services Personnel
Licensure Interstate Compact; making an appropriation; and
providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law generally provides for the certification and regulation of advanced emergency medical technicians, emergency medical technicians and paramedics in this State. (Chapter 450B of NRS) **Section 2** of this bill ratifies the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact. The Compact authorizes: (1) emergency medical service personnel who are certified in this State to perform their professional duties in any other state that has ratified the Compact; and (2) emergency medical service personnel who are certified in another state that has ratified the Compact to perform their professional duties in this State. **Sections 1, 3-7 and 9-21** of this bill make various changes to clarify that a person who is authorized to practice as an emergency medical technician, advanced emergency medical technician or paramedic under the Compact, including by serving as an attendant on an ambulance or air ambulance: (1) is not prohibited from doing so because he or she is not licensed or certified in this State; and (2) is legally equivalent to an emergency medical technician, advanced emergency medical technician or paramedic who is certified in this State for certain purposes. **Section 8** of this bill provides that a person who is authorized to practice as an emergency medical technician, advanced emergency medical technician or paramedic under the Compact is not eligible for an endorsement to provide community paramedicine services. **Section 21.5** of this bill makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to cover certain fees related to the coordinated database established under the Compact.

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

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. Except as otherwise provided in NRS 259.047, 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:

(a) 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 was likely exposed to a communicable disease; and

(b) Testing of the person or decedent is necessary to determine the appropriate treatment for the officer, emergency medical attendant, firefighter, county coroner, medical examiner, employee or volunteer.

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 likely 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 likely 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 likely 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 likely 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 likely exposed him or her to a communicable disease. If the court determines that such probable cause exists, the court shall:

(a) Order the person who likely 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 likely 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 likely 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~~ **who is:**

(1) Licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS ~~;~~ **;** or



(2) Authorized to practice as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by 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 and entered into with all other jurisdictions legally joining the Compact, in substantially the form set forth in this section:

RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE COMPACT

SECTION 1. PURPOSE

In order to protect the public through verification of competency and ensure accountability for patient care related activities all states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), 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 authorize state EMS offices 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 public's health and safety 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 states' ability to protect the public's health and safety, 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 EMS personnel practice 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

In this Compact:

A. “Advanced emergency medical technician (AEMT)” 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.

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 entry-level 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 the Compact are members.

F. “Emergency medical technician (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. “Home state” means a member state where an individual is licensed to practice emergency medical services.

H. “License” means the authorization by a state for an individual to practice as an EMT, AEMT, paramedic or a level in between EMT and paramedic.

I. “Medical director” means a physician licensed in a member state who is accountable for the care delivered by EMS personnel.



J. “Member state” means a state that has enacted this Compact.

K. “Privilege to practice” means an individual’s authority to deliver emergency medical services in remote states as authorized under this 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. “Remote state” means a member state in which an individual is not licensed.

N. “Restricted” means the outcome of an adverse action that limits a license or the privilege to practice.

O. “Rule” means a written statement by the Commission promulgated pursuant to Section 12 of this Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or is an organizational, procedural or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal or suspension of an existing rule.

P. “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, it tends to represent the limits of services an individual may perform.

Q. “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 that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.

R. “State” means any state, commonwealth, district or territory of the United States.

S. “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:

1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) 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 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 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.

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 provided in Section 4, subsection C, 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 and/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; and*
- 5. Other conditions as determined by rules promulgated by the Commission.*



SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply, and to the extent any terms or provisions of this Compact conflict with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such 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 separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification 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.

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 shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

1. All home state adverse action orders shall include a statement that the individual's Compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.



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 remote state's EMS authority.*

C. *A member state shall report adverse actions and any occurrences that the individual's Compact privileges 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. *A home state's EMS authority 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

A member state's EMS authority, 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 a member state's EMS authority for the attendance and testimony of witnesses and/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 and/or evidence are located; and

2. Issue cease and desist orders to restrict, suspend or revoke an individual's privilege to practice in the 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.

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 law 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 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 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.*

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 the 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 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 the 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 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 order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or 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, bylaws and/or rules:

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 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, the 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; and

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 and/or reserving of all of its debts and obligations.

D. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.

E. The Commission shall maintain its financial records in accordance with the bylaws.



F. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

G. 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, grant such individuals appropriate authority to carry out the purposes of the 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 and/or conflict of interest;

7. To lease, purchase, 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;

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

9. To establish a budget and make expenditures;

10. To borrow money;

11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and



14. 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.

H. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.

2. 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.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the 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.

I. 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 capacity, 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, provided that nothing in this paragraph shall be construed to protect any such person from suit and/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, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel, and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

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

A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action 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:

- 1. Identifying information;*
- 2. Licensure data;*
- 3. Significant investigatory information;*
- 4. Adverse actions against an individual's license;*
- 5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;*



6. *Nonconfidential information related to alternative program participation;*

7. *Any denial of application for licensure and the reasons 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 coordinated database administrator 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.*

SECTION 12. RULEMAKING

A. *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. *Prior to 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 website of the Commission; and*

2. *On the website of each member state EMS authority or the publication in which each 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. Prior to 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.

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.

I. 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.

J. 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, if any, based on the rulemaking record and the full text of the rule.

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

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided that the usual rulemaking procedures provided in the 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:

- 1. Meet an imminent threat to public health, safety or welfare;*
- 2. Prevent a loss of Commission member state funds;*
- 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or*
- 4. Protect public health and safety.*

M. 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 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 prior to 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.

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 the 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/or any other action to be taken by the Commission; and

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

2. If a 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 the 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 and 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 termination, including obligations that extend beyond the effective date of 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 member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the 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 the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including 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**

A. The 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 the 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 the 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 the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. 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 prior to 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 state member 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~~ who is:

1. 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

2. Practicing as an advanced emergency medical technician in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by 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~~ **who is:**

1. 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**

2. Practicing as an emergency medical technician in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.

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

450B.095 “Paramedic” means a person ~~certified~~ **who is:**

1. Certified by the health officer as having satisfactorily completed a program of training for certification as a paramedic pursuant to NRS 450B.195 ~~§~~; **or**

2. Practicing as a paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.

Sec. 6. 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.

5. A person shall not represent himself or herself to be an advanced emergency medical technician unless the person 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 is practicing under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

6. Except as authorized by subsection 7 of NRS 450B.160 **[G]** *and the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by 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. 7. 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.

5. A person shall not represent himself or herself to be a paramedic unless the person 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 **[H]** *or is practicing under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

6. Except as authorized by subsection 7 of NRS 450B.160 **[G]** *and the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by 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. 8. NRS 450B.199 is hereby amended to read as follows:
450B.199 As used in this section and NRS 450B.1993 and 450B.1996, unless the context otherwise requires, “emergency medical provider” means an emergency medical technician, advanced emergency medical technician or paramedic **who is certified pursuant to this chapter.**

Sec. 9. NRS 450B.225 is hereby amended to read as follows:
450B.225 1. Except as otherwise provided in subsection 2 **or as otherwise authorized by the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act**, during any period in which an air ambulance is used to provide medical transportation services for which a permit is required, the air ambulance must be staffed with, at a minimum:

- (a) One primary attendant who:
 - (1) Is an emergency medical services registered nurse who has at least 3 years of critical care nursing experience;
 - (2) Has successfully completed an air ambulance attendant course which includes didactic and clinical components and is approved or in compliance with requirements set by the board; and
 - (3) Has demonstrated proficiency in basic prehospital skills and advance procedures as specified by the board; and
- (b) One secondary attendant who meets the same qualifications as a primary attendant pursuant to paragraph (a) or:
 - (1) Is certified as a paramedic;
 - (2) Has at least 3 years of field experience as a paramedic;
 - (3) Has successfully completed an air ambulance attendant course which includes didactic and clinical components and is approved or in compliance with requirements set by the board; and
 - (4) Has demonstrated proficiency in basic prehospital skills and advance procedures as specified by the board.

2. If, as determined by the pilot and medical director of the air ambulance, the weight of the secondary attendant could compromise the performance of the air ambulance, safety or patient care, an air ambulance providing medical transportation services may be staffed with only a primary attendant as described in paragraph (a) of subsection 1.

3. The board may adopt regulations specifying the acceptable documentation of the requirements set forth in paragraph (a) or (b) of subsection 1.

4. The health authority may issue a letter of endorsement and identification card to an emergency medical services registered



nurse or paramedic who satisfies the requirements of paragraph (a) or (b) of subsection 1.

Sec. 10. 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 practicing under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

Sec. 11. NRS 450B.260 is hereby amended to read as follows:

450B.260 1. Except as otherwise provided in this section ~~§~~ *or as authorized by the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act*, 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, ~~or~~ exempt from licensing pursuant to subsection 7 of NRS 450B.160 ~~§~~ *or authorized to practice in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act*, 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, ~~or~~ a person exempt from licensing pursuant to subsection 7 of NRS 450B.160 ~~§~~ *or a person authorized to practice in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act*, 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. 12. NRS 450B.655 is hereby amended to read as follows:

450B.655 “Dedicated advanced life support ambulance” means an ambulance equipped to provide advanced life support that:

1. Is capable of transporting a patient from a special event to a hospital but, upon delivering the patient, immediately returns to the site of the special event; and

2. Is staffed by:

(a) At least one licensed attendant who is an emergency medical technician and one licensed attendant who is a paramedic; or

(b) At least two other attendants, each with an equivalent or a higher level of skill than the levels described in paragraph (a) and each of whom is licensed pursuant to this chapter, ~~for~~ exempt from licensure pursuant to subsection 7 of NRS 450B.160 ~~for~~ *or authorized to practice in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

Sec. 13. NRS 450B.660 is hereby amended to read as follows:

450B.660 “First-aid station” means a fixed location at the site of a special event that is staffed by:

1. At least one licensed attendant who is an emergency medical technician, advanced emergency medical technician or paramedic; or

2. A person with a higher level of skill than the levels described in subsection 1 who is capable of providing emergency medical care within his or her scope of practice and is licensed pursuant to this chapter, ~~for~~ exempt from licensure pursuant to subsection 7 of NRS 450B.160 ~~for~~ *or authorized to practice in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

Sec. 14. NRS 450B.670 is hereby amended to read as follows:

450B.670 “Roving emergency medical technician team” means a team at the site of a special event that:

1. Consists of two or more ~~licensed attendants who are~~ emergency medical technicians, advanced emergency medical technicians or paramedics ~~for~~ *who are licensed attendants or authorized to serve as attendants under the Recognition of*



Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act; and

2. Has the medical supplies necessary to provide emergency medical care.

Sec. 15. NRS 450B.675 is hereby amended to read as follows:

450B.675 “Roving intermediate emergency medical technician team” means a roving emergency medical team that consists of two or more ~~[licensed attendants who are]~~ advanced emergency medical technicians or paramedics ~~[]~~ ***who are licensed attendants or authorized to serve as attendants under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.***

Sec. 16. NRS 450B.712 is hereby amended to read as follows:

450B.712 1. An authorized entity may obtain an order for auto-injectable epinephrine from a physician, osteopathic physician, physician assistant or advanced practice registered nurse, pursuant to NRS 630.374, 632.239 or 633.707 to be maintained by the authorized entity at any location under control of the authorized entity where allergens capable of causing anaphylaxis may be present. If a dose of auto-injectable epinephrine maintained by the authorized entity is used or expires, the authorized entity may obtain an additional dose of auto-injectable epinephrine to replace the used or expired dose.

2. Auto-injectable epinephrine maintained by an authorized entity pursuant to this section may be provided to a person for self-administration or may be administered to any person reasonably believed to be experiencing anaphylaxis by:

(a) An owner, employee or agent of the authorized entity who has received the training required pursuant to NRS 450B.714; or

(b) A person, other than an owner, employee or agent of the authorized entity, who is trained to recognize the symptoms of anaphylaxis and to administer auto-injectable epinephrine, who may include, without limitation, a provider of health care, a provider of emergency medical services, an athletic trainer or a family member of a person who suffers from allergies capable of causing anaphylaxis.

3. An authorized entity shall:

(a) Store auto-injectable epinephrine in a designated, secure location that is easily accessible and in compliance with the instructions provided by the manufacturer of the auto-injectable epinephrine and any requirements prescribed by the board; and

(b) Designate one or more employees or agents who have received the training described in NRS 450B.714 to be responsible



for the storage, maintenance and oversight of the auto-injectable epinephrine maintained by the authorized entity.

4. Not later than 30 days after a dose of auto-injectable epinephrine maintained by an authorized entity is administered, the authorized entity shall report, on a form prescribed by the board, the circumstances surrounding such administration. The board shall publish an annual report summarizing and analyzing the information reported by authorized entities pursuant to this subsection.

5. As used in this section:

(a) "Provider of emergency medical services" means a person ~~licensed~~ **who is:**

(1) *Licensed* as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to this chapter ~~§~~; **or**

(2) *Authorized to practice as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

(b) "Provider of health care" means a physician, nurse or physician assistant registered or licensed in this State.

Sec. 17. 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~~ who is:

(1) *Licensed* as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS ~~450B.010~~; or

(2) *Authorized to practice as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

(b) “Peace officer” has the meaning ascribed to it in NRS 169.125.

Sec. 18. 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~~ who is:

(a) *Licensed* as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS ~~450B.010~~; or

(b) *Authorized to practice as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

Sec. 19. NRS 432B.220 is hereby amended to read as follows:

432B.220 1. Any person who is described in subsection 4 and who, in his or her professional or occupational capacity, knows



or has reasonable cause to believe that a child has been abused or neglected shall:

(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused or neglected.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of the home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or has withdrawal symptoms resulting from prenatal substance exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) A person providing services licensed or certified in this State pursuant to, without limitation, chapter 450B, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C,



640D, 640E, 641, 641A, 641B, 641C, 641D or 653 of NRS ***H or practicing as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.***

(b) Any personnel of a medical facility licensed pursuant to chapter 449 of NRS who are engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of such a medical facility upon notification of suspected abuse or neglect of a child by a member of the staff of the medical facility.

(c) A coroner.

(d) A member of the clergy, practitioner of Christian Science or religious healer, unless the person has acquired the knowledge of the abuse or neglect from the offender during a confession.

(e) A person employed by a public school or private school and any person who serves as a volunteer at such a school.

(f) Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facility, institution or agency furnishing care to a child.

(g) Any person licensed pursuant to chapter 424 of NRS to conduct a foster home.

(h) Any officer or employee of a law enforcement agency or an adult or juvenile probation officer.

(i) Except as otherwise provided in NRS 432B.225, an attorney.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding abuse or neglect of a child and refers them to persons and agencies where their requests and needs can be met.

(k) Any person who is employed by or serves as a volunteer for a youth shelter. As used in this paragraph, "youth shelter" has the meaning ascribed to it in NRS 244.427.

(l) Any adult person who is employed by an entity that provides organized activities for children, including, without limitation, a person who is employed by a school district or public school.

(m) Any person who is enrolled with the Division of Health Care Financing and Policy of the Department of Health and Human Services to provide doula services to recipients of Medicaid pursuant to NRS 422.27177.

(n) A peer recovery support specialist, as defined in NRS 433.627, or peer recovery support specialist supervisor, as defined in NRS 433.629.



5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as reasonably practicable, report this belief to an agency which provides child welfare services or a law enforcement agency. If such a report is made to a law enforcement agency, the law enforcement agency shall notify an agency which provides child welfare services and the appropriate medical examiner or coroner of the report. If such a report is made to an agency which provides child welfare services, the agency which provides child welfare services shall notify the appropriate medical examiner or coroner of the report. The medical examiner or coroner who is notified of a report pursuant to this subsection shall investigate the report and submit his or her written findings to the appropriate agency which provides child welfare services, the appropriate district attorney and a law enforcement agency. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.

7. The agency, board, bureau, commission, department, division or political subdivision of the State responsible for the licensure, certification or endorsement of a person who is described in subsection 4 and who is required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State shall, at the time of initial licensure, certification or endorsement:

(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section;

(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is licensed, certified or endorsed in this State.

8. The employer of a person who is described in subsection 4 and who is not required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State must, upon initial employment of the person:

(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section;



(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is employed by the employer.

9. Before a person may serve as a volunteer at a public school or private school, the school must:

(a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section and NRS 392.303;

(b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section and NRS 392.303; and

(c) Maintain a copy of the written acknowledgment or electronic record for as long as the person serves as a volunteer at the school.

10. *The provisions of subsection 8 do not apply to the employer of a person practicing as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act.*

11. As used in this section:

(a) "Private school" has the meaning ascribed to it in NRS 394.103.

(b) "Public school" has the meaning ascribed to it in NRS 385.007.

Sec. 20. 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 under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act* or an employee of a pedestrian mall, who operates a bicycle, an electric bicycle or an electric scooter 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, an electric bicycle or an electric scooter while on duty if he or she:

(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, an electric bicycle or an electric scooter 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. 21. NRS 629.031 is hereby amended to read as follows:

629.031 Except as otherwise provided by a specific statute:

1. "Provider of health care" means:

(a) A physician licensed pursuant to chapter 630, 630A or 633 of NRS;

(b) A physician assistant;

(c) A dentist;

(d) A licensed nurse;

(e) A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS ~~§~~ *or authorized to practice as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by section 2 of this act;*

(f) A dispensing optician;

(g) An optometrist;

(h) A speech-language pathologist;

(i) An audiologist;

(j) A practitioner of respiratory care;

(k) A licensed physical therapist;

(l) An occupational therapist;

(m) A podiatric physician;

(n) A licensed psychologist;

(o) A licensed marriage and family therapist;

(p) A licensed clinical professional counselor;

(q) A music therapist;

(r) A chiropractic physician;

(s) An athletic trainer;

(t) A perfusionist;

(u) A doctor of Oriental medicine in any form;

(v) A medical laboratory director or technician;

(w) A pharmacist;

(x) A licensed dietitian;



(y) An associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;

(z) An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;

(aa) An alcohol and drug counselor or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS;

(bb) A behavior analyst, assistant behavior analyst or registered behavior technician; or

(cc) A medical facility as the employer of any person specified in this subsection.

2. For the purposes of NRS 629.400 to 629.490, inclusive, the term includes:

(a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and

(b) A person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.

Sec. 21.5. 1. There is hereby appropriated from the State General Fund to the Division of Public and Behavioral Health of the Department of Health and Human Services for maintenance fees and software licenses to connect to the coordinated database established under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact the following sums:

For the Fiscal Year 2023-2024 \$5,000

For the Fiscal Year 2024-2025 \$5,000

2. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 20, 2024, and September 19, 2025, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 20, 2024, and September 19, 2025, respectively.

Sec. 22. 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. 23. 1. This section becomes effective upon passage and approval.



2. Section 21.5 of this act becomes effective on July 1, 2023.
3. Sections 1 to 21, inclusive, and 22 of this act become effective:
 - (a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and
 - (b) On October 1, 2023, for all other purposes.

