SENATE BILL NO. 71–COMMITTEE ON HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE NEVADA COMMISSION ON MINORITY AFFAIRS)

PREFILED NOVEMBER 17, 2026

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to emergency medical services. (BDR 40-116)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: May have Fiscal Impact.
Effect on the State Highway Fund: No.

CONTAINS UNFUNDED MANDATE (§ 4)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

~

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

AN ACT relating to emergency medical services; creating an endorsement to allow certain emergency medical providers to provide alternative emergency response and referral services; requiring the preparation of certain reports; requiring Medicaid to cover alternative emergency response and referral services; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the operator of an ambulance or air ambulance or a fire-fighting agency that operates vehicles at the scene of an emergency to obtain a permit from the applicable health authority, which is either the district board of health or the Division of Public and Behavioral Health of the Department of Human Services, depending on the county. (NRS 450B.077, 450B.103, 450B.200, 450B.240, 450B.265) Existing law requires the district board of health or the State Board of Health, depending on the county, to adopt regulations to provide for the issuance of an endorsement on such a permit which allows an emergency medical provider who is employed by or serving as a volunteer for the holder of the permit to provide community paramedicine services. (NRS 450B.060, 450B.1993) Existing law defines "emergency medical provider" to mean an emergency medical

technician, advanced emergency medical technician or paramedic. (NRS 450B.199) **Sections 4, 8 and 10** of this bill provide for the issuance of a similar endorsement which authorizes an emergency medical provider who is employed by or serves as a volunteer for the holder of a permit to provide alternative emergency response and referral services. **Section 3** of this bill defines "alternative emergency response and referral services" to mean services provided by an emergency medical provider in response to a call for 911 emergency service which involve: (1) treating the patient in place, without providing emergency medical transportation to the patient; (2) treating the patient and referring the patient to an appropriate non-emergency setting; or (3) triaging and transporting the patient to an alternative destination. **Section 2** of this bill defines "alternative destination" to refer to certain health care facilities that provide non-emergency care. **Section 6** of this bill indicates the applicability of the definitions set forth in **sections 2 and 3** to the provisions governing emergency medical services generally.

Section 4 requires the district board of health or State Board of Health, as applicable, to adopt regulations prescribing the qualifications and requirements for: (1) the issuance of an endorsement to provide alternative emergency response and referral services; and (2) the provision of alternative emergency response and referral services by emergency medical providers. **Section 4** requires those regulations to require the holder of a permit who wishes to obtain such an endorsement to: (1) appoint a medical director; and (2) enter into certain agreements with certain providers of health care, or the entities for which such providers provide services, and alternative destinations involved in the provision of alternative emergency response and referral services. **Section 4** also requires those regulations to require the medical director of the holder of a permit to establish certain protocols for the provision of alternative emergency response and referral services. **Section 9** of this bill establishes the types of emergency medical providers who are authorized to provide alternative emergency response and referral services. **Sections 3 and 7** of this bill clarify that alternative emergency response and referral services are not community paramedicine services. **Section 3** additionally provides that alternative emergency response and referral services do not include the provision of routine medical care provided at the scene of an emergency, regardless of whether the patient to whom such care is provided is transported to a medical facility. **Section 4** requires the district board of health or State Board of Health, as applicable, to adopt regulations prescribing the activities that constitute the provision of such routine medical care and for which an endorsement to provide alternative emergency response and referral services is accordingly not required.

Section 5 of this bill requires: (1) the holder of a permit with an endorsement to provide alternative emergency response and referral services to submit certain quarterly reports to the applicable health authority; and (2) each health authority to prepare and submit to the Legislature an annual report concerning the effect of the provision of such services, including the effect on certain communities and groups of patients.

Sections 11 and 12 of this bill prohibit, respectively: (1) a person or governmental entity from providing alternative emergency response and referral services without a valid permit with an endorsement issued pursuant to **section 4**; and (2) an emergency medical technician, advanced emergency medical technician or paramedic from providing alternative emergency response and referral services unless the person is employed by or serves as a volunteer for the holder of a valid permit with such an endorsement and meets the requirements established by the district board of health or State Board of Health, as applicable. A violation of **section 11 or 12** would be a misdemeanor. (NRS 450B.900)

Existing law requires the Nevada Health Authority to administer Medicaid. (NRS 422.270) Existing law requires Medicaid to provide coverage for certain goods and services provided to recipients of Medicaid.

(NRS 422.271705-422.27247, 422.27497) **Section 14** of this bill requires Medicaid to provide coverage for alternative emergency response and referral services provided to a recipient of Medicaid. **Section 13** of this bill requires the Authority to administer **section 14** in the same manner as other provisions relating to Medicaid.

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

Section 1. Chapter 450B of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this act.

Sec. 2. ***"Alternative destination" means a facility that provides medical care and typically provides care that is of a lower acuity than the care provided by facilities listed in paragraphs (a) and (b) of subsection 2. The term:***

1. Includes, without limitation:

(a) A federally-qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B);

(b) A rural clinic, as defined in NRS 449.0175;

(c) An urgent care facility;

(d) The office of a physician or a medical clinic selected by the patient;

(e) A facility, other than a facility described in subsection 2, that provides behavioral health services, including, without limitation, such a facility that provides crisis stabilization services, as defined in NRS 449.0915; and

(f) Any facility described in paragraphs (a) to (e), inclusive, which is owned or operated by the owner or operator of a hospital or affiliated with a hospital, as defined in NRS 449.012, including, without limitation, where the facility is operating under the license of the hospital.

2. Does not include:

(a) Except as otherwise provided in paragraph (f) of subsection 1, a hospital, as defined in NRS 449.012, and including, without limitation, a critical access hospital;

(b) An independent center for emergency medical care, as defined in NRS 449.013;

(c) A facility for the treatment of irreversible renal disease, as defined in NRS 449.0046;

(d) A facility for skilled nursing, as defined in NRS 449.0039; or

(e) A private residence.

Sec. 3. ***"Alternative emergency response and referral services":***

1. Means services that:

(a) Are provided in response to a call for 911 emergency service;

(b) Are provided by an emergency medical technician, advanced emergency medical technician or paramedic;

(c) Include one or more of the following activities:

(1) Treating the patient in place, without providing emergency medical transportation services to the patient;

(2) Treating the patient in place and referring the patient to an appropriate facility or provider of health care as necessary for the patient to receive proper follow-up treatment in a non-emergency setting; or

(3) Triaging and transporting the patient to an alternative destination; and

(d) May include, with respect to the activities described in paragraph (c), coordinating the care of the patient with a physician, physician assistant, advanced practice registered nurse or, where appropriate, a provider of behavioral health care.

2. Does not include:

(a) Community paramedicine services.

(b) The provision of routine medical care at the scene of an emergency for which an endorsement to provide alternative emergency response and referral services is not required, as specified in the regulations adopted pursuant to paragraph (a) of subsection 2 of section 4 of this act.

Sec. 4. *1. The board shall adopt regulations to provide for the issuance of an endorsement on a permit which allows an emergency medical provider who is employed by or serves as a volunteer for the holder of the permit to provide alternative emergency response and referral services:*

(a) With the affirmative consent of the patient; and

(b) In accordance with appropriate protocols established by the medical director appointed by the holder of the permit.

2. The regulations adopted pursuant to subsection 1 must:

(a) Prescribe the activities that constitute the provision of:

(1) Routine medical care that an emergency medical provider who is employed by or serves as a volunteer for the holder of a permit is authorized to provide to a patient at the scene of an emergency, regardless of whether the holder of the permit holds an endorsement to provide alternative emergency response and referral services.

(2) Alternative emergency response and referral services that may only be provided by an emergency medical provider who is employed by or serves as a volunteer for the holder of a permit that holds an endorsement to provide alternative emergency response and referral services.

(b) Prescribe the circumstances where the provision of alternative emergency response and referral services in lieu of emergency medical transportation is appropriate, which must include, without limitation, regulations that prescribe:

(1) The particular conditions for which or patient populations for whom emergency medical transportation, rather than alternative emergency response and referral services, must be provided in response to a call for 911 emergency service;

(2) Criteria that must be utilized by an emergency medical provider in determining whether the provision of alternative emergency response and referral services in response to a call for 911 emergency service is appropriate;

(3) Criteria for determining whether a patient has the capacity to consent to the provision of alternative emergency response and referral services pursuant to paragraph (a) of subsection 1; and

(4) The circumstances requiring an emergency medical provider who is providing alternative emergency response and referral services to a patient to escalate the level of care of the patient and instead provide the patient with traditional emergency medical care, including, without limitation, emergency medical transportation.

(c) Establish the manner in which a holder of a permit may apply for the issuance or renewal of an endorsement.

(d) Establish the qualifications of and requirements for a holder of a permit to obtain an endorsement. Such qualifications and requirements must include, without limitation, requirements that:

(1) The holder of the permit appoint a medical director; and

(2) The medical director appointed pursuant to subparagraph (1) oversee all alternative emergency response and referral services provided by the emergency medical providers employed by or volunteering for the holder of the permit.

(e) Require the medical director appointed pursuant to subparagraph (1) of paragraph (d) to establish protocols governing the provision of alternative emergency response and referral services. Such protocols must include, without limitation, protocols:

(1) Governing the circumstances where an emergency medical provider is required to coordinate the care of a patient with a physician, physician assistant or advanced practice registered nurse or, if the primary concern with respect to the patient is the behavioral health of the patient, a provider of

behavioral health care, when providing alternative emergency response and referral services to the patient;

(2) Governing the use of telehealth when coordinating the care of a patient with a physician, physician assistant, advanced practice registered nurse or provider of behavioral health care pursuant to subparagraph (1); and

(3) For preparing, maintaining and safeguarding patient records and other documentation pertaining to the provision of alternative emergency response and referral services.

(f) Require the holder of the permit to enter into an agreement with each:

(1) Physician, physician assistant, advanced practice registered nurse and provider of behavioral health care who may, in accordance with the protocols established pursuant to paragraph (e), coordinate the care of patients with an emergency medical provider employed by or volunteering for the holder of the permit, except that the holder of a permit may enter into an agreement with the entity for which such a physician, physician assistant, advanced practice registered nurse or provider of behavioral health care serves as an employee or independent contractor in lieu of the physician, physician assistant, advanced practice registered nurse or provider of behavioral health care, as applicable; and

(2) Alternative destination to which patients may be transported.

(g) Prescribe the required content of the agreement required by paragraph (f).

(h) Establish requirements concerning the termination of alternative emergency response and referral services provided to a patient, including, without limitation, requirements governing:

(1) The transfer of the care of a patient to an alternative destination, including requirements concerning the acceptance of patients by an alternative destination; and

(2) Instructions and recommendations for follow-up care.

(i) Establish the required training and qualifications of an emergency medical provider who will provide alternative emergency response and referral services and the proof necessary to demonstrate such training and qualifications.

(j) Establish the continuing education requirements or other evidence of continued competency for the renewal of the endorsement.

(k) Include such other requirements as the board deems necessary to carry out the provisions of this section.

3. The holder of a permit may apply for an endorsement to provide alternative emergency response and referral services

pursuant to this section by submitting to the health authority an application on a form prescribed by the board and in accordance with procedures established by the board pursuant to subsection 2. The health authority shall not approve an application for an endorsement or a renewal of an endorsement unless the applicant meets the requirements prescribed by the board by regulation pursuant to subsection 2. No additional fee may be charged for an endorsement.

4. An endorsement issued pursuant to this section expires on the same date as the permit and is renewable annually thereafter at least 30 days before the expiration date.

5. An emergency medical provider may provide alternative emergency response and referral services only as an employee of or volunteer for the holder of a permit who has obtained an endorsement and only if the emergency medical provider possesses the training and qualifications required by the board. Any services provided must not exceed the scope of practice of the emergency medical provider.

6. As used in this section, "telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 5. *1. Each holder of a permit who has obtained an endorsement to provide alternative emergency response and referral services pursuant to section 4 of this act shall submit a quarterly report to the health authority that issued the endorsement. The report must include, without limitation:*

(a) Information concerning the alternative emergency response and referral services provided pursuant to section 4 of this act, including, without limitation, the types of services provided and the number of persons to whom such services were provided;

(b) The impact of providing alternative emergency response and referral services on:

(1) The overall services provided to patients;

(2) The health and safety outcomes of patients who received alternative emergency response and referral services; and

(3) The volume of patients transported by the holder of the permit in the immediately preceding quarter to the emergency departments of hospitals;

(c) Metrics that indicate, on a cumulative basis, the practical effectiveness of the provision of alternative emergency response and referral services by the holder of the permit, including, without limitation:

(1) The average amount of time that elapsed between receiving a request for emergency medical services in response to

a call for 911 emergency service and the arrival of emergency medical providers at the scene of the emergency;

(2) The average amount of time spent on each call for 911 emergency service resulting in the provision of alternative emergency response and referral services, including time spent by emergency medical providers at the scene of an emergency and transporting a patient to an alternative destination, if applicable;

(3) To the extent measurable by the holder of the permit, the effect of providing alternative emergency response and referral services on:

(I) The number of subsequent calls for 911 emergency service made by or on behalf of particular patients; and

(II) The frequency at which a patient who receives alternative emergency response and referral services is later admitted to the emergency department of a hospital for the same condition for which the patient received those services;

(4) The estimated financial effect of providing alternative emergency response and referral services; and

(5) Such other metrics relating to the practical effectiveness of the provision of alternative emergency response and referral services as may be prescribed by the health authority; and

(d) Such other information as prescribed by the health authority or requested by the Legislature or the Joint Interim Standing Committee on Health and Human Services.

2. On or before February 1 of each year, each health authority shall:

(a) Prepare a report regarding the alternative emergency response and referral services provided in the jurisdiction of the health authority during the immediately preceding year. The report must include, without limitation, a summary of:

(1) The information received pursuant to subsection 1; and

(2) The estimated impact of the provision of alternative emergency response and referral services on:

(I) The outcomes pertaining to the health and safety of patients to whom such services were provided;

(II) The overall health and health-related outcomes with respect to the communities in which such services were provided; and

(III) The overall services provided to patients, including, without limitation, services provided to patients who are members of minority groups, patients in rural areas and patients in medically underserved areas of the State; and

(b) Submit the report prepared pursuant to paragraph (a) to the Director of the Legislative Counsel Bureau for transmittal to the Legislature in odd-numbered years or the Joint Interim

Standing Committee on Health and Human Services in even-numbered years.

3. As used in this section, "minority group" has the meaning ascribed to it in NRS 232.0083.

Sec. 6. NRS 450B.020 is hereby amended to read as follows:

450B.020 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 450B.025 to 450B.110, inclusive, ***and sections 2 and 3 of this act,*** have the meanings ascribed to them in those sections.

Sec. 7. NRS 450B.0615 is hereby amended to read as follows:

450B.0615 "Community paramedicine services" means services provided by an emergency medical technician, advanced emergency medical technician or paramedic to patients who do not require emergency medical transportation and provided in a manner that is integrated with the health care and social services resources available in the community. ***The term does not include alternative emergency response and referral services.***

Sec. 8. NRS 450B.100 is hereby amended to read as follows:

450B.100 "Permit" means the permit issued by the health authority under the provisions of this chapter to:

1. A person, agency of the State or political subdivision to own or operate an ambulance or air ambulance in the State of Nevada; or

2. A fire-fighting agency to provide:

(a) Medical care by emergency medical technicians, advanced emergency medical technicians or paramedics to sick or injured persons:

(1) At the scene of an emergency; or

(2) At the scene of an emergency and while transporting those persons to a medical facility; ~~[and]~~

(b) Community paramedicine services, but only if the fire-fighting agency has obtained an endorsement on the permit to provide such services pursuant to NRS 450B.1993 ~~[.]~~ ***; and***

(c) Alternative emergency response and referral services, but only if the fire-fighting agency has obtained an endorsement on the permit to provide such services pursuant to section 4 of this act.

Sec. 9. NRS 450B.199 is hereby amended to read as follows:

450B.199 As used in this section and NRS 450B.1993 and 450B.1996, ***and sections 4 and 5 of this act,*** 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. 10. NRS 450B.200 is hereby amended to read as follows:

450B.200 1. The health authority may issue a permit for:

(a) The operation of an ambulance or an air ambulance; or

(b) The operation of a vehicle of a fire-fighting agency:

(1) At the scene of an emergency; ~~[and]~~

(2) To provide community paramedicine services, but only if the holder of the permit has obtained an endorsement on the permit to provide such services pursuant to NRS 450B.1993 ~~[.]~~ ***; and***

(3) To provide alternative emergency response and referral services, but only if the holder of the permit has obtained an endorsement on the permit to provide such services pursuant to section 4 of this act.

2. Each permit must be evidenced by a card issued to the holder of the permit.

3. No permit may be issued unless the applicant is qualified pursuant to the regulations of the board.

4. An application for a permit must be made upon forms prescribed by the board and in accordance with procedures established by the board, and must contain the following:

(a) The name and address of the owner of the ambulance or air ambulance or of the fire-fighting agency;

(b) The name under which the applicant is doing business or proposes to do business, if applicable;

(c) A description of each ambulance, air ambulance or vehicle of a fire-fighting agency, including the make, year of manufacture and chassis number, and the color scheme, insigne, name, monogram or other distinguishing characteristics to be used to designate the applicant's ambulance, air ambulance or vehicle;

(d) The location and description of the places from which the ambulance, air ambulance or fire-fighting agency intends to operate; and

(e) Such other information as the board deems reasonable and necessary to a fair determination of compliance with the provisions of this chapter.

5. The board shall establish a reasonable fee for annual permits. Revenue from such fees collected by the Division must be accounted for separately and does not revert to the State General Fund at the end of any fiscal year.

6. All permits expire on July 1 following the date of issue, and are renewable annually thereafter upon payment of the fee required by subsection 5 at least 30 days before the expiration date.

7. The health authority shall:

(a) Revoke, suspend or refuse to renew any permit issued pursuant to this section for violation of any provision of this chapter or of any regulation adopted by the board; or

(b) Bring an action in any court for violation of this chapter or the regulations adopted pursuant to this chapter,

➥ only after the holder of a permit is afforded an opportunity for a public hearing pursuant to regulations adopted by the board.

8. The health authority may suspend a permit if the holder is using an ambulance, air ambulance or vehicle of a fire-fighting agency which does not meet the minimum requirements for equipment as established by the board pursuant to this chapter.

9. In determining whether to issue a permit for the operation of an air ambulance pursuant to this section, the health authority:

(a) Except as otherwise provided in paragraph (b), may consider the medical aspects of the operation of an air ambulance, including, without limitation, aspects related to patient care; and

(b) Shall not consider economic factors, including, without limitation, factors related to the prices, routes or nonmedical services of an air ambulance.

10. The issuance of a permit pursuant to this section or NRS 450B.210 does not authorize any person or governmental entity to provide those services or to operate any ambulance, air ambulance or vehicle of a fire-fighting agency not in conformity with any ordinance or regulation enacted by any county, municipality or special purpose district.

11. A permit issued pursuant to this section is valid throughout the State, whether issued by the Division or a district board of health. An ambulance, air ambulance or vehicle of a fire-fighting agency which has received a permit from the district board of health in a regulating health district is not required to obtain a permit from the Division, even if the ambulance, air ambulance or vehicle of a fire-fighting agency has routine operations outside the county.

12. The Division shall maintain a central registry of all permits issued pursuant to this section, whether issued by the Division or a district board of health.

13. The board shall adopt such regulations as are necessary to carry out the provisions of this section.

Sec. 11. NRS 450B.240 is hereby amended to read as follows:

450B.240 1. A person or governmental entity shall not engage in the operation of any ambulance or air ambulance service in this state without a currently valid permit for that service issued by the health authority.

2. A fire-fighting agency shall not provide the level of medical care provided by an advanced emergency medical technician or paramedic to sick or injured persons at the scene of an emergency or while transporting those persons to a medical facility without a currently valid permit for that care issued by the health authority.

3. A person or governmental entity shall not provide ~~[community]~~ ***:***

(a) Community paramedicine services or represent, advertise or otherwise imply that it is authorized to provide community paramedicine services without a currently valid permit with an endorsement to provide community paramedicine services issued by the health authority pursuant to NRS 450B.1993.

(b) Alternative emergency response and referral services or represent, advertise or otherwise imply that it is authorized to provide alternative emergency response and referral services without a currently valid permit with an endorsement to provide alternative emergency response and referral services issued by the health authority pursuant to section 4 of this act.

4. 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.250 is hereby amended to read as follows:

450B.250 1. Except as otherwise provided in this chapter, a person shall not serve as an attendant on any ambulance or air ambulance and a firefighter shall not provide the level of medical care provided by an advanced emergency medical technician or paramedic to sick or injured persons at the scene of an emergency or while transporting those persons to a medical facility unless the person holds a currently valid license issued by the health authority under the provisions of this chapter.

2. A person shall not provide ~~[community]~~ ***:***

(a) Community paramedicine services unless the person:

~~[(a)]~~ ***(1)*** Is certified as an emergency medical technician, an advanced emergency medical technician or a paramedic;

~~[(b)]~~ ***(2)*** Is employed by or serves as a volunteer for a person or governmental entity which has a currently valid permit with an endorsement to provide community paramedicine services issued by the health authority pursuant to NRS 450B.1993; and

~~[(c)]~~ ***(3)*** Meets the qualifications and has satisfied any training required by regulations adopted pursuant to NRS 450B.1993.

(b) Alternative emergency response and referral services unless the person:

(1) Is certified as an emergency medical technician, an advanced emergency medical technician or a paramedic;

(2) Is employed by or serves as a volunteer for a person or governmental entity which has a currently valid permit with an endorsement to provide alternative emergency response and referral services issued by the health authority pursuant to section 4 of this act; and

(3) Meets the qualifications and has satisfied any training required by regulations adopted pursuant to section 4 of this act.

Sec. 13. NRS 232.4993 is hereby amended to read as follows:

232.4993 1. The Authority shall administer:

(a) The provisions of chapters 449, 449A, 634B, 640D, 640E, 652, 695I and 695K of NRS and NRS 232.4996 to 232.49969, inclusive, 287.0402 to 287.049, inclusive, and 422.001 to 422.410, inclusive, ***and section 14 of this act,*** and 422.580, 439.258, 439.271 to 439.2794, inclusive, 439.581 to 439.597, inclusive, 439.800 to 439.918, inclusive, 439A.200 to 439A.290, inclusive, 439A.350 to 439A.398, inclusive, 439B.600 to 439B.695, inclusive, 439B.800 to 439B.875, inclusive, and 444.003 to 444.430, inclusive, and all other provisions of law relating to the functions of the divisions of the Authority; and

(b) Any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

2. The Governor may delegate functions to the Authority other than those described in NRS 232.49903 to 232.49945, inclusive.

Sec. 14. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. To the extent that federal financial participation is available, the Director shall include under Medicaid coverage for alternative emergency response and referral services provided to a recipient of Medicaid in accordance with section 4 of this act and the regulations adopted pursuant thereto.

2. The Authority shall establish requirements governing the coverage described in subsection 1, including, without limitation:

(a) Requirements governing the eligibility of providers of alternative emergency response and referral services for reimbursement.

(b) A requirement that Medicaid reimburse each provider of alternative emergency response and referral services for the particular alternative emergency response and referral services provided to a recipient of Medicaid regardless of whether:

(1) The recipient of Medicaid is transported to a medical facility, as defined in NRS 449.0151; or

(2) Multiple providers of alternative emergency response and referral services respond to the call for 911 emergency service, if each such provider of alternative emergency response and referral services provides the recipient of Medicaid to whom the call pertains with distinctive and non-duplicative alternative emergency response and referral services.

(c) A requirement that the coverage described in subsection 1 include coverage for and distinctive requirements for reimbursement of:

(1) The assessment of a recipient of Medicaid at the scene of an emergency performed by emergency medical providers

authorized by section 4 of this act to provide alternative emergency response and referral services;

(2) The alternative emergency response and referral services provided to a recipient of Medicaid after the assessment described in subparagraph (1), including, without limitation, the transportation of the recipient of Medicaid to an alternative destination; and

(3) The services of a physician, physician assistant, advanced practice registered nurse or provider of behavioral health care who coordinates the care of a recipient of Medicaid with an emergency medical provider in the course of providing alternative emergency response and referral services to the recipient of Medicaid, including, without limitation, where such coordination occurs through telehealth.

(d) Separate requirements concerning the coverage required by this section:

(1) For recipients of Medicaid whose care is reimbursed on a fee-for-service basis; and

(2) For recipients of Medicaid who receive coverage through the Medicaid managed care program established pursuant to NRS 422.273.

3. The Authority shall:

(a) Apply to the Secretary of Health and Human Services for any waiver of federal law or apply for any amendment to the State Plan for Medicaid that is necessary for the Authority to receive federal funding to provide the coverage described in subsection 1.

(b) Fully cooperate in good faith with the Federal Government during the application process to satisfy the requirements of the Federal Government for obtaining a waiver or amendment pursuant to paragraph (a).

4. As used in this section:

(a) "Alternative destination" has the meaning ascribed to it in section 2 of this act.

(b) "Alternative emergency response and referral services" has the meaning ascribed to it in section 3 of this act.

(c) "Emergency medical provider" has the meaning ascribed to it in NRS 450B.199.

(d) "Provider of alternative emergency response and referral services" means the holder of an endorsement to provide alternative emergency response and referral services issued pursuant to section 4 of this act and the regulations adopted thereto.

(e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 15. The provisions of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 16. 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. 17. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 16, inclusive, 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, 2027, for all other purposes.

㉚