

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical  
Officer

## NOTICE OF PUBLIC HEARING

### CHRIS MCHAN FOR ELKO COUNTY AMBULANCE, 540 COURT STREET, SUITE 101, ELKO, NV 89801, IS REQUESTING A VARIANCE, # 753, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS

NOTICE IS HEREBY GIVEN THAT Chris McHan for Elko County Ambulance, 540 Court St., Suite 101, Elko NV 89801, has requested a variance from Nevada Administrative Code (NAC) 450B.450(3).

A public hearing will be conducted on September 1, 2023, at 9:00 am by the Nevada State Board of Health to consider this request. This meeting will be held online and at physical locations, listed below.

#### **Physical Locations:**

Southern Nevada Health District (SNHD)  
Red Rock Trail Rooms A and B  
280 S. Decatur Boulevard; Las Vegas, Nevada 89107

Nevada Division of Public and Behavioral Health (DPBH)  
Hearing Room No. 303, 3rd Floor  
4150 Technology Way; Carson City, Nevada 89706

#### **Meeting Link:**

[https://teams.microsoft.com/join/19%3ameeting\\_N2E0OWNK...?context=%7b%22tid%22%3a%22e4a340e5-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22faba961c-6d7e-488b-8c7c-60c1eff2cb0%22%7d](https://teams.microsoft.com/join/19%3ameeting_N2E0OWNK...?context=%7b%22tid%22%3a%22e4a340e5-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22faba961c-6d7e-488b-8c7c-60c1eff2cb0%22%7d)

*Please Note: If you experience technical difficulties connecting online, please call into the meeting to participate by phone.*

#### **Join by Phone:**

1-775-321-6111  
Phone Conference ID Number: 196 838 95#

Chris McHan for Elko County Ambulance, 540 Court St., Suite 101, Elko, NV 89801, is requesting a variance from NAC 450B.450(3) which states:

NAC 450B.450 Provision of care, supplies and equipment by hospital or service; staffing of ambulance or air ambulance. ([NRS 450B.120](#), [450B.130](#), [450B.230](#))

1. Any hospital or service which meets the minimum requirements established by the board in [NAC 450B.461](#) to [450B.481](#), inclusive, may use licensed attendants who are paramedics to provide emergency care to the sick and injured:

3. When an ambulance providing emergency care is in operation, it must be staffed by:
- (a) At the advanced care level, two licensed attendants, one of whom must be certified as a paramedic;
  - (b) At the intermediate care level, two licensed attendants, one of whom must be certified as an advanced emergency medical technician;
  - (c) At the basic care level, two licensed attendants, one of whom must be certified as an emergency medical technician; or
  - (d) At the advanced, intermediate or basic care level:

NAC 450B.576 Driver-only program: Restrictions; application; approval of drivers required; expiration of approval; annual report. ([NRS 450B.120](#), [450B.130](#))

1. A driver-only program may not be operated:
  - (a) In a city whose population is more than 100,000; or
  - (b) If the Division has not approved an application to operate a driver-only program as described in this section.
2. At least 90 days before the holder of a permit intends to begin operating a driver-only program, the holder must apply to the Division for approval in the form prescribed by the Division. The application must include:
  - (a) A statement of the level of service that the driver-only program will provide. An applicant may apply to provide basic or intermediate emergency care.
  - (b) A description of the staff of the applicant.
  - (c) A letter of support from the medical director of the applicant.
  - (d) A list of drivers.
  - (e) A statement agreeing to ensure compliance with the requirements of subsections 3 and 4.
3. Each person who wishes to serve as a driver for a driver-only program must apply to the Division for approval in the form prescribed by the Division. A person shall not serve as a driver for a driver-only program without the approval of the Division. Approval to operate a driver-only program expires 2 years after the date on which the approval was granted.
4. On or before February 1 of each year, each service that has been approved to operate a driver-only program shall submit to the Division a report, which must include:
  - (a) The number of calls for emergency medical services that the service responded to during each month of the last preceding calendar year;
  - (b) The number of calls for emergency medical services that the service responded to using the driver-only program during each month of the last preceding calendar year; and
  - (c) A summary of each call for emergency medical services that the service responded to using the driver-only program which resulted in a negative outcome for the patient or a delay of care.
5. As used in this section, "driver-only program" means a program in which a service operates an ambulance to transport patients that is occupied by an attendant who is licensed pursuant to [chapter 450B](#) of NRS or certified to serve as an attendant pursuant to subsection 8 of [NRS 450B.160](#) and a driver who is not licensed or certified.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

Elko County Ambulance is a tired based system with Advanced Life Support response in Elko, NV and Spring Creek, NV. Applicant is seeking a variance to requirement that an ambulance must be staffed with two licensed providers for their station in Jackpot, NV. Response by Elko County Ambulance in Jackpot is

at Intermediate or Basic Life Support level. Based on the rural location of the Jackpot, NV, station, it is difficult to staff the ambulance with two providers at all times. Applicant seeks variance to use the Driver-Only program.

The authority of the State Board of Health to consider and grant a variance from the requirements of a regulation is set forth at NRS 439.200 and NAC 439.200 – 439.280.

Persons wishing to comment upon the proposed variance may appear at the scheduled public hearing or may submit written testimony at least five days before the scheduled hearing to:

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

Anyone wishing to testify for more than five minutes on the proposed variance must petition the Board of Health at the above address. Petitions shall contain the following: 1) a concise statement of the subject(s) on which the petitioner will present testimony; 2) the estimated time for the petitioner's presentation.

This notice has also been posted at the following locations:

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH), 4150 TECHNOLOGY WAY, CARSON CITY, NV  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH WEBSITE:

<http://dpbh.nv.gov/Boards/BOH/Meetings/Meetings/>

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
4150 Technology Way, Suite 300  
CARSON CITY, NV 89706

**APPLICATION FOR VARIANCE**

Please check the appropriate box that pertains to the NAC for which you are requesting a variance.

Division Administration  
(NAC 439, 441A, 452, 453A, & 629)

Health Care Quality & Compliance  
(NAC 449, 457, 459 & 652)

Child, Family & Community Wellness  
(NAC 392, 394, 432A, 439, 441A, & 442)

Health Statistics, Planning,  
Epidemiology and Response  
(NAC 440,450B, 452, 453, 453A, & 695C)

Public Health & Clinical Services  
(NAC 211, 444, 446, 447, 583, & 585)

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

We do hereby apply for a variance to \_\_\_\_\_ of the Nevada  
chapter/section \_\_\_\_\_  
Administrative Code (NAC). (For example: NAC 449.204)

Title of section in  
question: \_\_\_\_\_

Statement of existing or proposed conditions in violation of the NAC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
4150 Technology Way, Suite 300  
CARSON CITY, NV 89706

**APPLICATION FOR VARIANCE**

Date of initial operation (if existing): \_\_\_\_\_

**ATTENTION: Please read this section closely. Your request for variance will be examined against these criteria:**

Any person who, because of unique circumstances, is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right may apply for a variance from a regulation. (NAC 439.200(1))

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
  - (a) There are circumstances or conditions which:
    - (1) Are unique to the applicant;
    - (2) Do not generally affect other persons subject to the regulation;
    - (3) Make compliance with the regulation unduly burdensome; and
    - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
  - (b) Granting the variance:
    - (1) Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property; and
    - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he suffers or will suffer economic hardship by complying with the regulation, he must submit evidence demonstrating the costs of his compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable. (NAC 439.240)

**Therefore, it is important for your variance request to be as complete as possible. It is your responsibility to attach documentation supportive of your variance request.**

Statement of degree of risk of health \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
4150 Technology Way, Suite 300  
CARSON CITY, NV 89706

**APPLICATION FOR VARIANCE**

**Please state in detail the circumstances or conditions which demonstrate that:**

1. An exceptional and undue hardship results from a strict application of the Regulation:

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2. The variance, if granted, would not:
  - A. Cause substantial detriment to the public welfare.

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- B. Impair substantially the purpose of the regulation from which the application seeks a variance.

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The bureau may require the following supporting documents to be submitted with and as a part of this application:

1. Legal description of property concerned
2. General area identification map

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
4150 Technology Way, Suite 300  
CARSON CITY, NV 89706

**APPLICATION FOR VARIANCE**

- \_ 3. Plat map showing locations of all pertinent items and appurtenances
- \_ 4. Well log (if applicable)
- \_ 5. Applicable lab reports
- \_ 6. Applicable engineering or construction/remodeling information
- \_ 7. Other items (see following pages)

This application must be accompanied by evidence demonstrating the costs of your compliance with regulations or specific statutory standards. Your request will be placed on the Board of Health agenda 40 days or more after receipt in this office if accompanied by the required fee (NAC 439.210). The application and supporting documentation will form the basis for the Division of Public and Behavioral Health staff report and recommendation(s) to the Board. Failure to respond to the above statements may cause the Board to deny consideration of the application at the requested Board meeting.

Please schedule this hearing during:

The next regularly scheduled Board of Health meeting, regardless of location.

The next scheduled meeting in Carson City.

The next scheduled meeting in Las Vegas.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
4150 Technology Way, Suite 300  
CARSON CITY, NV 89706

**APPLICATION FOR VARIANCE**

**PLEASE SUBMIT YOUR APPLICATION FOR VARIANCE BY USING  
ANY OF THE FOLLOWING METHODS:**

**MAIL TO:**

Lisa Sherych, Administrator  
Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706

**FAX:**

775-687-7570

**EMAIL:**

[DPBH@health.nv.gov](mailto:DPBH@health.nv.gov)