

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

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

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## NOTICE OF PUBLIC HEARING

Joey Lohner, Rural Medevac Alliance, 102 S. Main St., Yerington, NV 89447, IS REQUESTING A VARIANCE, CASE # 759, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN THAT Joey Lohner, Rural Medevac Alliance, 102 S. Main St., Yerington, NV 89447, has requested a variance from Nevada Administrative Code (NAC) 450B.384.

A public hearing will be conducted on September 6, 2024, 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/l/meetup-join/19%3ameeting\\_ZjcxNGQzYjQtMzMtMj00MTNiLTg1ZWYtMmExODkwZTBkMTQ0%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjcxNGQzYjQtMzMtMj00MTNiLTg1ZWYtMmExODkwZTBkMTQ0%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%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: 382 183 728#

Joey Lohner, Rural Medevac Alliance, 102 S. Main St., Yerington, NV 89447, is requesting a variance from NAC 450B.384, which states:

“The holder of a certificate issued pursuant to Joey Lohner NAC 450B.360 shall not practice beyond the scope of the certificate unless authorized by the health authority which issued the certificate”.

Applicant is requesting approval to allow Paramedics employed by Applicant to perform prehospital Tube Thoracostomy. Current National EMS Scope of Practice, Tube Thoracostomy at the Paramedic level of care is not recognized by the National Highway Traffic Safety Administration (NHTSA). The current standards call for the Paramedic to assist with placement and monitoring of a patient with a chest tube in place.

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/>

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## MEMORANDUM

**DATE:** August 8, 2024  
**TO:** John Pennell, Chair  
State Board of Health  
**FROM:** Cody Phinney, Administrator  
Division of Public and Behavioral Health  
**RE:** Case # 759, Rural Medevac Alliance

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### Summary of Variance Request:

For the below stated reasons, the Division of Public and Behavioral Health (DPBH) staff recommends that the State Board of Health approve Variance Case # 759, submitted by Joey Loehner on behalf of Rural Medevac Alliance ("Applicant") requesting a variance from the requirement of Nevada Administrative Code (NAC) 450B.384. Applicant is requesting approval to allow Paramedics employed by Applicant to perform prehospital Tube Thoracostomy. Current National EMS Scope of Practice, Tube Thoracostomy at the Paramedic level of care is not recognized by the National Highway Traffic Safety Administration (NHTSA). The current standards call for the Paramedic to assist with placement and monitoring of a patient with a chest tube in place.

### Regulation:

NEVADA ADMINISTRATIVE CODE (NAC) 450B.384 STATES:

"The holder of a certificate issued pursuant to Joey Lohner NAC 450B.360 shall not practice beyond the scope of the certificate unless authorized by the health authority which issued the certificate."

### Degree of risk to public health or safety:

There is little to no risk to the public health in allowing the Applicant to train and authorize Paramedics to perform Tube Thoracostomy in the prehospital setting. The Applicant, with support of the agency Medical Director, has presented a program for training, implementation of the skill set, and continued competency.

### Exceptional and undue hardship:

Air medical transport times, typically in rural communities can be more than an hour. Strict application of NAC 450B.384 prevents the Applicant from providing an alternative to management of critically ill patients the pre-hospital setting by Paramedics.

### Staff Recommendation

DPBH staff recommends the State Board of Health approve Case # 759, Joey Loehner, Rural Medevac Alliance variance to NAC 450B.384, on the conditions that (1) Applicant provide documentation of successful training prior to any attempts at Thoracostomy; (2) training is conducted by a documented Nevada Emergency Medical Services Registered Nurse or Emergency Medical Physician; and (3) any and all attempts at Thoracostomy are reviewed within 72 hours of event.

Transport times in frontier and rural settings can be significant. Improved control and management of pre-hospital patients with critical respiratory illness could improve patient outcome. Only paramedics who are endorsed as Critical Care Paramedics through the Division may be authorized to perform this skill after documentation of training. The Applicant must report any adverse outcomes from improper placement of the chest tube within 72 hours of occurrence to the Division. The report should include at a minimum, type of occurrence and steps for correction, remediation or removing that skill set from the provider involved in the occurrence. All Thoracostomy procedures will be reviewed by the Medical Director within 72 hours.

### Public Comments:

None received

### Presenter:

Bobbie Sullivan, Emergency Medical Services Program Manager

### Attachments:

None



102 S. Main St | Yerington, NV 89447 | (559) 310-7999

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Rural Medevac Alliance is seeking a variance to Nevada Administrative Code NAC 450B.384.

The variance requested is as follows:

- Allowing Paramedics and EMS Registered Nurses to perform Tube Thoracostomies (Chest Tubes) under a set of strict guidelines, training requirements and under the authority of the Medical Director, Ryan Hodnick.

**NAC 439.200(1):** 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 439.240:**

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.

**NAC 439.240 Response:**

**A1:** The nature of air medical transport is unpredictable with immense variability in patient care times. With this variability, it is impossible to predict time to definitive care. The unknown time to definitive care, coupled with the extreme variability in patient condition demonstrates the need for additional skills to provide appropriate care for the patients and communities served by Rural Medevac Alliance.

**A2:** Approval of the Thoracostomies variance would only affect Rural Medevac Alliance employees.

**A3:** Current regulation burdens Rural Medevac Alliance and in turn our patients through limiting the level of care RMA is able to provide. As noted above, the nature of air medical transport is unpredictable with immense variability on patient care times. The ability to perform Thoracostomies has proven mortality reduction (3) thus Thoracostomies are the preferred approach for chest decompression (4).

**B2:** Approval of this variance would not be detrimental or pose a danger to public health and Safety, rather, would reduce mortality.

**STATEMENT OF DEGREE OF RISK OF HEALTH:**

Thoracostomies are associated with a low rate of major complications and are the preferred approach for chest decompression (4).

**AN EXCEPTIONAL AND UNDUE HARDSHIP RESULTS FROM A STRICT APPLICATION OF THE REGULATION:**

Prehospital finger and tube thoracostomies are procedures which if applied appropriately, can result in life-saving medical care. Needle thoracostomy is considered to be a first-line treatment in the case of tension pneumothoraces (tPTX), however it has not been well validated. "Needle thoracostomy was associated with high failure rates for relief of tension physiology due to both mechanical failure and inadequate tPTX evacuation." (1). A recent study using two different radiologic methods of assessing failure revealed that "39 percent and 76 percent of attempts at needle thoracostomy failed to reach the pleural space." (2) With lengthy transport times and critically ill trauma patients, it is imperative to have a multi-modal approach to treating tension pneumothoraces and hemothoraces. By employing finger and tube thoracostomies, flight clinician's will be able to reduce patient mortality (3).

**THE VARIANCE, IF GRANTED, WOULD NOT:**

**A. CAUSE SUBSTANTIAL DETRIMENT TO THE PUBLIC WELFARE.**

By providing rigorous training and a substantial QA/QI process with medical director involvement, finger and tube thoracostomies will be closely monitored to ensure appropriate patient care is provided. In the prehospital environment, "Finger thoracostomy was frequently performed by intensive care flight paramedics. It was associated with a low rate of major complications and given the deficiencies of needle thoracostomy, should be the preferred approach for chest decompression" (4).

**B. IMPAIR SUBSTANTIALLY THE PURPOSE OF THE REGULATION FROM WHICH THE APPLICATION SEEKS A VARIANCE.**

While invasive procedures need to be closely monitored for appropriate and efficacious use in a clinical setting, there is clear benefit to employing finger and tube thoracostomies in the HEMS environment. An additional study suggests "that flight crews can use finger thoracostomy/tube

thoracostomy in their practice on patients with actual or potential pneumothoraces with limited complications and generate clinical improvement in a subset of patients” (5).

## **TRAINING REQUIREMENTS:**

All providers will receive initial training during the RMA new hire orientation. The training will contain a lecture followed by a hands on / skills portion. All hands on / skills will be checked off by an approved RMA instructor and RMA Medical Director. Continuing education will occur during our quarterly skills assessments. The quarterly skills assessments require the provider not only to demonstrate proficiency with the hands on / skills portion, but also to be able to answer a predetermined set of questions to demonstrate competency. Lastly, to ensure proper utilization, all Thoracostomies ePCRs will be 100% reviewed.

## **CITED:**

1. Martin, Matthew MD; Satterly, Steven MD; Inaba, Kenji MD; Blair, Kelly MD. Does needle thoracostomy provide adequate and effective decompression of tension pneumothorax?. *Journal of Trauma and Acute Care Surgery* 73(6):p 1412-1417, December 2012. | DOI: 10.1097/TA.0b013e31825ac511
2. Lesperance RN, Carroll CM, Aden JK, Young JB, Nunez TC. Failure Rate of Prehospital Needle Decompression for Tension Pneumothorax in Trauma Patients. *Am Surg*. 2018 Nov 1;84(11):1750-1755. PMID: 30747628.
3. Sharrock MK, Shannon B, Garcia Gonzalez C, Clair TS, Mitra B, Noonan M, Fitzgerald PM, Olausen A. Prehospital paramedic pleural decompression: A systematic review. *Injury*. 2021 Oct;52(10):2778-2786. doi: 10.1016/j.injury.2021.08.008. Epub 2021 Aug 11. PMID: 34454722.
4. Hannon L, St Clair T, Smith K, Fitzgerald M, Mitra B, Olausen A, Moloney J, Braitberg G, Judson R, Teague W, Quinn N, Kim Y, Bernard S. Finger thoracostomy in patients with chest trauma performed by paramedics on a helicopter emergency medical service. *Emerg Med Australas*. 2020 Aug;32(4):650-656. doi: 10.1111/1742-6723.13549. Epub 2020 Jun 21. PMID: 32564497.
5. High K, Brywczyński J, Guillaumondegui O. Safety and Efficacy of Thoracostomy in the Air Medical Environment. *Air Med J*. 2016 Jul-Aug;35(4):227-30. doi: 10.1016/j.amj.2016.04.002. Epub 2016 May 17. PMID: 27393758.

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: 02/19/2024

Name of Applicant: Joey Loehner

Phone: 559-310-7999

Mailing Address: 102 S. Main St

City: Yerington

State: NV

Zip: 89506

We do hereby apply for a variance to  
chapter/section

**See Attached** of the Nevada

Administrative Code (NAC). (For example: NAC 449.204)

Title of section in  
question:

**See Attached**

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

**See Attached**



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):     N/A    

**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

**See Attached**

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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:

**See Attached**

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

**See Attached**

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

**See Attached**

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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: \_\_\_\_\_

*Joey Loehner*

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

**Joey Loehner**

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

**CEO**

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

**02/19/2024**

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)



102 S. Main St | Yerington, NV 89447 | (559) 310-7999

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February 19, 2024

State of Nevada EMS  
4150 Technology Way  
Suite 101  
Carson City, NV 89701

Physician Support of Variance Request

To whom it may concern,

I, Ryan Hodnick, do hereby support the request to allow Paramedics and EMS Registered Nurses to perform Tube Thoracostomies (Chest Tubes) under the specified requirements, guidance, oversight, and training as detailed in the variance application.

Should you have any question relating to this request, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Hodnick", with a stylized flourish at the end.

Ryan Hodnick  
Medical Director  
Rural Medevac Alliance  
[lasvegas.em@gmail.com](mailto:lasvegas.em@gmail.com)