Joe Lombardo

*Governor*

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*Director*



**Department of   
Health and Human Services**



**

Cody Phinney, MPH

*Administrator*

Ihsan Azzam,   
Ph.D., M.D.

*Chief Medical Officer*

MEMOrandum

**DATE: May 10, 2024**

**TO: John Pennell, Chair**

**State Board of Health**

**FROM: Cody Phinney, Administrator**

**Division of Public and Behavioral Health**

**RE: Case # 758, Scott Johnson, REMSA**

Nevada Administrative Code (NAC) 450B.384 states:

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

**Staff Review**

The Applicant, Scott Johnson on behalf of REMSA, submitted a request for a variance from the requirements of NAC 450B.384, to expand the scope of practice for Emergency Medical Technicancs, after successful training, to be allowed to perform Intravenous Therapy (IV’s), Intraosseious Vascular Access (IO),Laryngeal Mask Ariway (LMA) and glucose screening test.

**Summary of Variance Request:**

The Applicant is seeking approval to expand the scope of practice for Emergency Medical Technicans (EMTs). The procedures which the Applicant requests to be included are Intravenous Therapy (IV’s), Intraosseious Vascular Access (IO), Laryngeal Mask Ariway (LMA) and glucose screening test.

**Intent of Regulation:**

The intent of the regulation is to follow National Highway Traffice Safety Administration (NHTSA) National EMS Scope of Practice dated 2019 and updated 2021, as it relates to pre-hospital emergency medical services. The current scope of practice does not allow for IV, IO or LMA as a skill at the EMT level. Blood glucose monitoring is a skill set for the EMT.

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

Emergency Medical Technician (EMT) is entry level into pre-hospital care, and considered having minimal knowledge and minimal range of skills or tasks with simple breadth and depth. The Advanced Emergency Medical Technician (AEMT) level is described as having fundemental breadth and depth with elemental knowledge and increased range of skills or tasks. Adding IV, IO and LMA skill to EMT providers is not a standard in the national scope of practice. The applicant agency responds in a system with other agencies that can and do respond to the same calls. Having different skill sets for providers of same certifications in the same response system could create unnecessary confusion, possbile delay of care.

**Exceptional and undue hardship:**

The Applicant states there is a shortage of Advanced Emergency Medical Technicans (AEMTs) due to other states not recognizing AEMT level. Current staff roster for applicant shows the applicant has 41% of staff are paramedics, 31% are AEMTs, and 22% are Emergency Medical Technicans, (EMTs). Statistical information supporting the request was not submitted by the applicant. No documentation or other support provided from the medical director to support this request. Applicant has not demonstrated a exceptional or undue hardship.

**Staff Recommendation**

Staff recomends the Board of Health deny Variance # 758 , Scott Johnson, REMSA, variance to NAC 450B.384.

**Impairment to the purpose of the regulation:**

None

**Public Comments:**

The topic was discussed at the April 10, 2024, Emergency Medical Services Advisory Committee meeting in general terms. All who voiced their thoughts on the idea of allowing EMTs to be taught to do airways and IV’s felt it is not in the best interest of the EMTs or the public.

**Presenter:**

Bobbie Sullivan, Manager

Emergency Medical Services Program

**Attachments:**

None.