

DEPARTMENT OF HEALTH AND HUMAN SERVICES





NOTICE OF PUBLIC HEARING

Rob Bryant, MD, Classic Air Medical, 803 Murray Way, Elko Nevada, 89801, IS REQUESTING A VARIANCE, CASE # 777, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN THAT Rob Bryant, MD, Classic Air Medical, 803 Murray Way, Elko Nevada 89801, has requested a variance from Nevada Administrative Code (NAC) 450B.384.

A public hearing will be conducted on March 7, 2025, 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_ZWEINGZjMDAtM2JmZi00NjVjLWExMzYtNTRjZDFkZGRmY2lz%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: 679 573 018#

Robt Bryant, MD, Classic Air Medical, 803 Murray Way, Elko, Nevada 89801, 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/

Joe Lombardo Governor

Richard Whitley, MS *Director*



DEPARTMENT OF HEALTH AND HUMAN SERVICES





Cody Phinney, MPH Administrator

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

MEMORANDUM

DATE: December 10, 2024

TO: John Pennell, Chair

State Board of Health

FROM: Cody Phinney, Administrator

Division of Public and Behavioral Health

RE: Case # 777, Classic Air/MedX

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 # 777, submitted by Rob Bryant, MD, on behalf of Classic Air Medical ("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 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 compectency.

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 # 777, Rob Bryant, MD Classic Air Medical, 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 Thoracomy 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 authroized 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 occurance 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 preceudures will be reviewed by the Medical Director within 72 hours.

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None recevied

Presenter:

Bobbie Sullivan, Emergency Medical Serivces Program Manager

Attachments:

None



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APPLICATION FOR VARIANCE

 $\label{eq:propriate} \textbf{Please check the appropriate box that pertains to the NAC for which you are requesting a variance.}$

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Division Adn (NAC 439, 44	ninistration 41A, 452, 453A, & 629)	Health Care Qu (NAC 449, 45	uality & Compliance 7, 459 & 652)	
	& Community Wellness 4, 432A, 439, 441A, & 442)		Epidemiology B, 452, 453, 453A, &	
	& Clinical Services 14, 446, 447, 583, & 585)			
Date: 12/11/2024				
Name of Applicant:	Classic Air Medical	Phone:	775-751-5458	
Mailing Address:	803 Murray Way			
City: Elko	State: N\	Zip:	89801	
We do hereby apply for a variance to chapter/section NAC 450 B 447 of the Nevada Administrative Code (NAC). (For example: NAC 449.204) Title of section in question: Additional Authorized Activities				
Statement of existing	or proposed conditions in violatio	on of the NAC:	rmed	
or suspected pneumothorax with hemodynamic instability				

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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/she/they suffers or will suffer economic hardship by complying with the regulation, they must submit evidence demonstrating the costs of 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 supporting your variance request.

Statement of degree of risk of

health Current NASEMSO guidelines suggest needle thoracostom for suspected tension pneumothorax (version 3.0) Trauma, general management, p208-20 Support guidelines (2017) suggest simple thoracotomy (finger thoracostomy) for managem 'Classical management of tension pneumothorax in the prehospital arena is needle decomp that may be ineffective and potentially dangerous. Bilateral simple thoracotomies are advoc



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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:					
Needle thoracostomy may be ineffective, and can result in a pneumothorax					
if a chest was needled unnecessarily.					
2. The variance, if granted, would <u>not:</u>					
A. Cause substantial detriment to the public welfare.					
Finger thoracostomy is used in neighboring states (ID, WY, UT, AZ, NM, CO)					
by Classic Air Medical with successful roll out, and good historical success.					
-used in traumatic cardiac arrests					
-used in suspected tension pneumothorax with hemodynamic instability					
with appropriate analgesia and ultrasound confirmation (when available)					
B. Impair substantially the purpose of the regulation from which the application seeks a variance.					
This is a flight program specific request that doesn't change the baseline level					
of care provided by other paramedic agencies.					
The bureau may require the following supporting documents to be submitted with and as a part of this application:					
Specific Request:					

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APPLICATION FOR VARIANCE

1.	Legal description of property concerned
_ 2. _ 3.	General area identification map Plot 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.

I am/we are requesting this variance request be placed on the next regularly scheduled Board of Health agenda. It is understood that I/we can attend in person at either physical location in Carson City or Las Vegas or we may attend virtual.

Signature:	
Printed Name:	Rob Bryant MD
Title:	Associate Medical Director, Classic Air N
Date:	12/11/2024



NEVADA STATE BOARD OF 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:

Secretary, Nevada State Board of Health

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

FAX:

775-687-7570

EMAIL:

<u>DPBH@health.nv.gov</u> StateBOH@health.nv.gov