

INFORMATIONAL STATEMENT

The informational statement required by NRS 233B.066 numerically conforms to the subsections of the statute as follows:

1. EXPLANATION OF THE NEED FOR THE ADOPTED REGULATION

This proposed regulation expands the scope of practice for an advanced emergency medical technician and paramedic in hospitals and correctional institutions. The proposed regulation will permit advanced emergency medical technician and paramedic to possess and administer dangerous drugs in a hospital or correctional institution according to the hospital or correctional institution's adopted written policies and protocols and pursuant to an order issued by a practitioner. This expanded scope of practice will increase patient care access and assist in alleviating clinical staffing shortages in hospitals and correctional institutions.

2. A DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, A SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

The Board solicited comment on the proposed amendment by (1) posting notice, with links to the full text of the proposed amendment, to the LCB Administrative Regulation Notices webpage, (2) posting a copy of the full text of the proposed changes to the Board's website as part of the Board Hearing materials, (3) posting notice to the Nevada Public Notice website, operated by the Department of Administration, with a link back to a full text of the proposed amendment on the Board's website, and (4) posting notices and agendas in numerous public locations per NRS Chapter 233B.

The Board also solicited comment from representatives of relevant industry associations that Board Staff deemed likely to have an interest in the proposed amendment. The Board further provided time for public comment at the workshop(s) concerning the proposed amendment. The Board received the following comments:

- Elizabeth Bickle, Registered Nurse and a union member for National Organizing Committee (NNOC), is not in favor of the proposed regulation. She stated the proposed regulation would endanger patients by allowing paramedics to administer drugs in the hospital setting. She further stated that paramedics are valuable first responders, but their certification training is for pre-hospital emergency care followed by a hand off to doctors or nurses when the patient arrives at the hospital. Nursing education programs require registered nurses to complete two years of classroom education including training and pharmacology, and Ms. Bickle's nursing program required about a thousand hours of clinical training in various hospital settings. In addition, registered nurses need to have the relevant clinical competencies for the patient areas that they work in.

Nursing assessments are a principal duty as a registered nurse, and ongoing patient assessment allow a nurse to determine if a patient's condition is improving or worsening and to anticipate complications. Medication administration is a high risk procedure and is prone to errors, complications, and can be fatal to a patient, and requires ongoing assessment by a nurse. Ms. Bickle does not believe the Board has the authority to allow paramedics to administer drugs in a hospital setting. This year the legislature failed to pass SB495 which would have allowed paramedics to provide services in the hospital, and the Legislature acted appropriately. Ms. Bickle believes that the Board should not expand paramedics practice setting to the hospitals.

- Arielle Hernandez, Regulatory Policy Specialist with National Nurses Organizing Committee (NNOC) – Nevada, is not in favor of the proposed regulation. It would endanger patients by allowing paramedics to help administer controlled substances to patients in a hospital setting. NNOC request the Board to withdraw the proposed regulation for the following reasons: 1) paramedics are valuable first responders but do not have the clinical education and experience required to care for patients in a hospital setting. They are trained in pre-hospital care specifically to stabilize a patient during transport until nurses and physicians take over at the hospital. Registered Nurses have the clinical education and experience to do ongoing assessments when administering medication to monitor a patient condition to determine whether their condition is improving or to anticipate potential complications. Administration of controlled substances is a high risk procedure and requires ongoing assessments by registered nurses in the direct care context. 2) paramedics have no authorization under existing law to provide services in the hospital setting once a hospital takes responsibility of a patient. SB495 would have allowed paramedics to provide services in the hospital setting, but the regulation failed to pass. 3) Notwithstanding the Board's authority to regulate administration of controlled substances by paramedics, the Board lacks the authority to permit paramedics to provide services in the hospital setting generally, and the laws governing emergency medical services heavily restrict the setting where paramedics can provide services. 4) NNOC request the Board focus on nursing retention and recruitment rather than shifting care to paramedics. Ms. Hernandez submitted written public comment to the Board for review, as well.
- Adam Hart, Registered Nurse and union member for National Nurses Organizing Committee (NNOC), is not in favor of the proposed language. He states it would threaten patient safety. Paramedics and registered nurses are crucial to the healthcare system, but they both play different roles. The setting and timeframes differ dramatically. Paramedics are valuable but follow specific protocols and often use a limited set of medications. While registered nurses care for patients over a multiple day continuum, sometimes medications take time to take effect and health conditions can change during the course of the patient's treatment. The administering of medication is not just about getting prescribed medications into the patients body, but it requires professional judgement to help keep patients safe. Without professional judgment then there is a risk of medication

error and mortality would increase. Before administering medications, registered nurses review several factors of the patient to prevent medication errors. Mr. Hart assumes this proposed regulation is due to not having enough registered nurses in Nevada, but Nevada has seen a 38% increase of active RN licenses in Nevada since 2020 according to data from the National Council of State Board of Nursing. The issue isn't Nevada having a shortage of nurses, but it has an understaffing crisis and the focus should be on nursing retention. Registered nurses are seeking ratios to provide safe care, and it would improve nurse retention and could be the solution rather than replacing nurses with paramedics in the hospital setting.

Parties interested in obtaining a copy of the summary of the comments solicited should contact Board Coordination at teamBC@pharmacy.nv.gov or call Darlene Nases at (775) 850-1440 ext. 120.

3. THE NUMBER OF PERSONS WHO: (A) ATTENDED EACH HEARING; (B) TESTIFIED AT EACH HEARING; AND (C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

The number of persons who attended the hearing was: 71

The number of persons who testified at the hearing was: 3

The number of agency submitted statements was: 1

The name of persons who testified at the hearing:

- Elizabeth Bickle
- Arielle Hernandez
- Adam Hart

4. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

The Board solicited comment on the proposed amendment by (1) posting notice, with links to the full text of the proposed amendment, to the LCB Administrative Regulation Notices webpage, (2) posting a copy of the full text of the proposed changes to the Board's website as part of the Board Hearing materials, (3) posting notice to the Nevada Public Notice website, operated by the Department of Administration, with a link back to a full text of the proposed amendment on the Board's website, and (4) posting notices and agendas in numerous public locations per NRS Chapter 233B.

The Board also solicited comment from representatives of relevant industry associations that Board Staff deemed likely to have an interest in the proposed amendment. Further, the Board provided time for public comment at the workshop(s) concerning the proposed amendment. The Board received the following comments:

- Elizabeth Bickle, Registered Nurse and a union member for National Organizing Committee (NNOC), is not in favor of the proposed regulation. She stated the proposed regulation would endanger patients by allowing paramedics to administer drugs in the hospital setting. She further stated that paramedics are valuable first responders, but their certification training is for pre-hospital emergency care followed by a hand off to doctors or nurses when the patient arrives at the hospital. Nursing education programs require registered nurses to complete two years of classroom education including training and pharmacology, and Ms. Bickle's nursing program required about a thousand hours of clinical training in various hospital settings. In addition, registered nurses need to have the relevant clinical competencies for the patient areas that they work in. Nursing assessments are a principal duty as a registered nurse, and ongoing patient assessment allow a nurse to determine if a patient's condition is improving or worsening and to anticipate complications. Medication administration is a high risk procedure and is prone to errors, complications, and can be fatal to a patient, and requires ongoing assessment by a nurse. Ms. Bickle does not believe the Board has the authority to allow paramedics to administer drugs in a hospital setting. This year the legislature failed to pass SB495 which would have allowed paramedics to provide services in the hospital, and the Legislature acted appropriately. Ms. Bickle believes that the Board should not expand paramedics practice setting to the hospitals.
- Arielle Hernandez, Regulatory Policy Specialist with National Nurses Organizing Committee (NNOC) – Nevada, is not in favor of the proposed regulation. It would endanger patients by allowing paramedics to help administer controlled substances to patients in a hospital setting. NNOC request the Board to withdraw the proposed regulation for the following reasons: 1) paramedics are valuable first responders but do not have the clinical education and experience required to care for patients in a hospital setting. They are trained in pre-hospital care specifically to stabilize a patient during transport until nurses and physicians take over at the hospital. Registered Nurses have the clinical education and experience to do ongoing assessments when administering medication to monitor a patient condition to determine whether their condition is improving or to anticipate potential complications. Administration of controlled substances is a high risk procedure and requires ongoing assessments by registered nurses in the direct care context. 2) paramedics have no authorization under existing law to provide services in the hospital setting once a hospital takes responsibility of a patient. SB495 would have allowed paramedics to provide services in the hospital setting, but the regulation failed to pass. 3) Notwithstanding the Board's authority to regulate administration of controlled substances by paramedics, the Board lacks the authority to permit paramedics to provide services in the hospital setting generally, and the laws governing emergency medical services heavily restrict the setting where paramedics can provide services. 4) NNOC request the Board focus on nursing retention and recruitment rather than shifting care to paramedics. Ms. Hernandez submitted written public comment to the Board for review, as well.

- Adam Hart, Registered Nurse and union member for National Nurses Organizing Committee (NNOC), is not in favor of the proposed language. He states it would threaten patient safety. Paramedics and registered nurses are crucial to the healthcare system, but they both play different roles. The setting and timeframes differ dramatically. Paramedics are valuable but follow specific protocols and often use a limited set of medications. While registered nurses care for patients over a multiple day continuum, sometimes medications take time to take effect and health conditions can change during the course of the patient's treatment. The administering of medication is not just about getting prescribed medications into the patients body, but it requires professional judgement to help keep patients safe. Without professional judgment then there is a risk of medication error and mortality would increase. Before administering medications, registered nurses review several factors of the patient to prevent medication errors. Mr. Hart assumes this proposed regulation is due to not having enough registered nurses in Nevada, but Nevada has seen a 38% increase of active RN licenses in Nevada since 2020 according to data from the National Council of State Board of Nursing. The issue isn't Nevada having a shortage of nurses, but it has a understaffing crisis and the focus should be on nursing retention. Registered nurses are seeking ratios to provide safe care, and it would improve nurse retention and could be the solution rather than replacing nurses with paramedics in the hospital setting.

Parties interested in obtaining a copy of the summary of the comments solicited should contact Board Coordination at teamBC@pharmacy.nv.gov or call Darlene Nases at (775) 850-1440 ext. 120.

5. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

This regulation meets the requirements and was adopted with no changes.

6. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

- A) BOTH ADVERSE AND BENEFICIAL EFFECTS.

There should be no adverse economic impact from this regulation amendment on the regulated entities or on the public. The regulation amendment will have a beneficial effect on the regulated entities and on the public by increasing access to patient care.

- B) BOTH IMMEDIATE AND LONG-TERM EFFECTS.

Both the immediate and long-term economic effects on regulated entities and on the public will be beneficial by increasing access to patient care.

7. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

The cost to the Board for enforcement of the proposed regulation cannot be determined at this time.

8. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, THE NAME OF THE REGULATING FEDERAL AGENCY.

The Board of Pharmacy is not aware of any similar regulations of other state or government agencies that the proposed regulation overlaps or duplicates.

9. IF THE REGULATION INCLUDES PROVISIONS WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISIONS.

The regulation does not contain provisions which are more stringent than a federal regulation which regulates the same activity.

10. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

There is no fee assessed with this proposed regulation.