

EMERGENCY MEDICAL SERVICES OVERVIEW

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NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.

AGENDA

1. State Emergency Medical Services (EMS) Overview
2. Workforce Challenges
3. Licensing Issues
4. Future Considerations



STATE EMS OVERVIEW – Administration

- Located in DPBH's Bureau of Health Protection and Preparedness
- Authority = NRS/NAC 450B
- State Board of Health is the “health authority” which approves EMS regulations, variances.
- EMS Advisory Committee — can *review and advise only* on issues such as management and performance, protocols, regulations, budgeting and training.



STATE EMS OVERVIEW – What we do

- Certification and licensing
 - Paramedics, advanced emergency medical technicians (AEMT), emergency medical technicians (EMT), emergency medical responders (EMR)
 - Review and issue every application associated with EMS certifications, licenses, and endorsements.
 - Review and process background checks.
- Permitting of ground and air ambulance services, trauma centers
 - Review and approve initial and renewal permit applications, including non-emergent mental health transport and community paramedicine.
 - Review EMS agency protocols to ensure compliance with the National EMS Scope of Practice Model.
 - Inspect ground ambulance and fire apparatus annually.
 - Inspect air ambulances (fixed and rotor wing aircraft) annually.
- Inspection of large events and mass gatherings for compliance with NAC 450B.

STATE EMS OVERVIEW – What we do

- Managing Data
 - Collect patient care reports for all permitted agencies.
 - Track applications by military veterans for EMS licensing/certification
 - Provide technical assistance for agencies that have issues when uploading ePCR reports.
 - Submit data to National Emergency Medical Services Information System (NEMSIS)
 - Provide EMS data reports to state partners such as Northern Nevada Public Health, University of Nevada Reno-School of Medicine, Division of Emergency Management, Public Health Preparedness, etc.
- Representing Nevada on industry councils and boards
 - EMS has staff members sitting on multiple National Association of State EMS Officials (NASEMO) councils.
 - Includes EMS program manager serving as a commissioner on the EMS REPLICA.



STATE EMS OVERVIEW – What we do

- **Oversee Education**
 - Review and approve initial certification training program, continuing education, training center applications.
 - Proctor National Registry psychomotor exams.
 - Administer National Registry cognitive exams with our mobile testing lab as PearsonVue testing administrators.
 - Review and issue provisional licenses for students to complete required field internships.
 - Audit EMS training programs to ensure compliance with NRS and NAC 450B.
- **Radio Compliance**
 - Assist agencies with maintaining their radio compliance on the Nevada Shared Radio System.
 - Conduct radio checks with agencies and hospitals to ensure compliance.



STATE EMS OVERVIEW – What we do

- Provide technical assistance to agencies when agencies are applying for EMS protocol variances to the State Board of Health.
- Submit regulatory changes to Board of Health.
- Investigate complaints
- Issue Do-Not-Resuscitate (DNR) cards.



STATE EMS OVERVIEW – What we do

- Provide Administrative Support for *two* committees: EMS Advisory Committee *and* EMS for Children Committee
 - Complete agendas, minutes and gather meeting documentation.
- Emergency Management
 - EMS staff man the Receive, Stage and Store (RSS) team with Public Health Preparedness.
 - Staff the Emergency Operations Center Emergency Support Function Desk 8 during emergencies.
 - Member of National Wildfire Coordinating Group's Emergency Medical Support Group, which allows limited recognition of wildland firefighters/EMS personnel during federally recognized wildland fires.
- Participate in training exercises throughout Nevada to support readiness and response of pre-hospital providers.

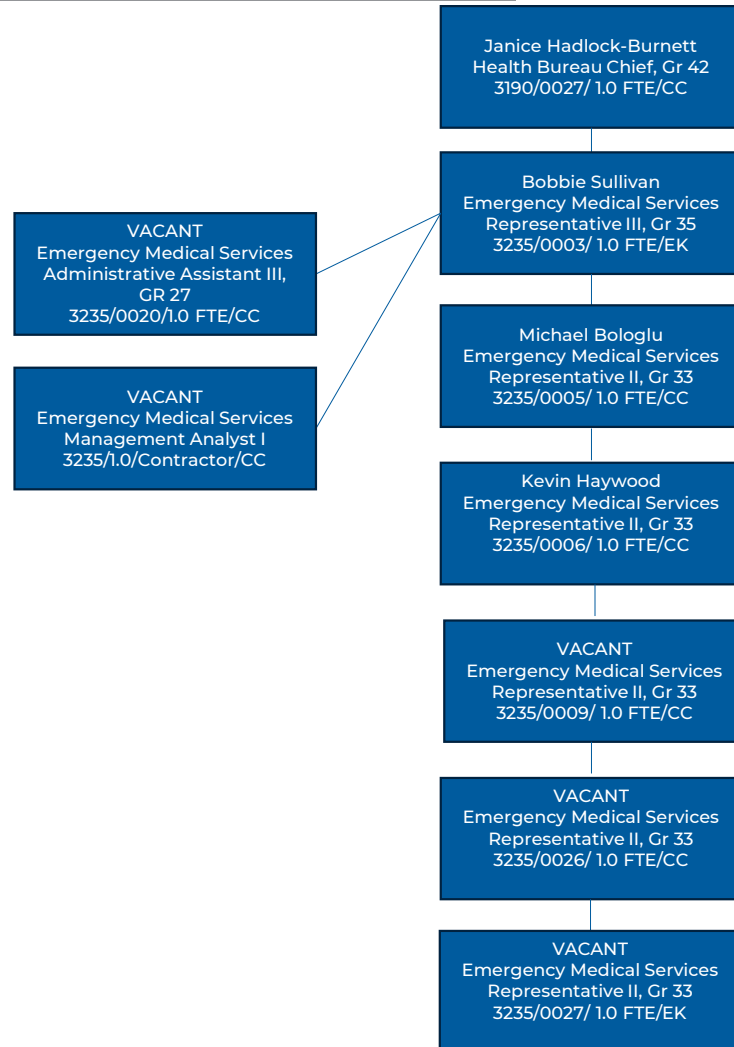
STATE EMS FUNDING



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Revenue Source — allowable uses	Funding Available for SFY24
General Funds — operating expenses	\$1,059,424
Emergency Medical Services for Children Grant — Pediatric safe transport initiative and Handtevy training initiative (empowers health care professionals to modernize emergency care for pediatrics and adults, profoundly improving patient outcomes).	\$189,657
Licensing Fees — used for tracking the training records of volunteer emergency services personnel.	\$96,077
Certification Fees — used to fund subgrants for training opportunities.	\$193,188
Helmsley Private Grant — Private grant of \$6,900,000 being used to distribute over 3,000 automatic external defibrillators (AED) to law enforcement around the state. Currently in final distribution of the AEDs phase of the grant. Data collected from deployment of the AEDs will be reviewed to help improve cardiac arrest outcomes.	\$1,722,231
Treasurer's Interest Distribution	\$3,619
Total	\$3,264,196

workforce Challenges Program Organization Chart



- 4/8 budgeted positions currently vacant (1 contract position also vacant)
- 1 position vacant was held by employee of 20+ years (loss of institutional knowledge)
- Data management is being performed by an EMS II, as the program does not have a data management position.
- EMS staff (not an outside vendor) must make continuous updates to the online licensing management system to maintain compliance with state laws and regulations.



Workforce Challenges

- Staff required to maintain certification and licensure, as other professional medical practitioners, including continuing education hours and skills.
- No opportunity for employment outside of the office: State staff cannot supplement their salaries by working for an outside agency due to conflict of interest.
- In the past two years, the candidates who have applied and been selected have declined the job offer due to the wages offered, even with accelerated salary.
- No opportunity for growth within the office.
- Competition from outside agencies.
- Burnout.
- Nationwide challenges: workforce shortages, skyrocketing costs, supply chain disruptions, decreasing fee-for-service revenue, stagnant revenues.

PAST LICENSING ISSUES



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- Delay in processing of applications.
- Without a sustainable software program to assist staff and applicants, processing applications was tedious and inefficient. Mail was lost, communications were delayed.
- Huge backlog of applications received between January and March of each year.
- Delays in processing applications due to required background check results.

LICENSING ISSUES RESOLVED



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- Move to date of birth expiration
 - March 31 expiration date: Previously, credentials of all providers expired on March 31 of the year in which a provider needs to renew their credentials. This creates a huge backlog with applications between January and March each year.
 - Date of birth expiration of credentials will be fully implemented after the 2025 renewal cycle.
- Straight-to-issue for most initial applications since April 2023.
 - In the past, applications were held pending results of background checks. This can cause delays waiting for the results to return from the Department of Public Safety. Based on discussion with our deputy attorney general, we are now issuing licenses prior to obtaining the results; if there are disqualifying convictions on the background result, then we proceed with the revocation process.

LICENSING ISSUES RESOLVED



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- Implementation of new software system
 - In 2019, EMS began using a software program which is better suited to meet the needs of the program.
 - Staff are able to make most state-specific software programming updates locally without needing to contact the vendor.
- Eliminating mailing of documentation from applicants as well as the program.

FUTURE CONSIDERATIONS

- Current plans are to re-implement EMS staff coverage by subject matter expert to provide a more direct, familiar and consistent contact with agencies by staff in the EMS office.
- Review of comparable state organization models for EMS.
- Nevada joined the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA) in September 2023.
 - Full implementation, including participation of SNHD Office of EMS & Trauma, is anticipated at any time.
 - Full realization of outcome of joining REPLICA will not be known for some time.

FUTURE CONSIDERATIONS

- The National Highway Traffic Safety Administration (NHTSA) recommends a current state-wide assessment of EMS in Nevada be conducted.
 - The most recent assessment, The 2009 State of Nevada Reassessment of Emergency Medical Services (Feb. 24 -27, 2009) recommends:
 - *“Addition of a Statewide Medical Director for EMS.”*
 - *“Consider legislation that requires Emergency Medical Services be provided to a community with a minimum population.”*
 - *“Current statute does not define which level of government is responsible for providing EMS and assuring qualified medical oversight. This is a glaring deficiency that leaves open questions about what responsibilities fall to state, county and local governments in assuring minimal EMS operations. These responsibilities need to be defined and enforced to avoid a future crisis in the availability of EMS to some communities.”*
- (Report is provided as an attachment.)

FUTURE CONSIDERATIONS

- Review and Evaluate
 - NASEMSO produced the 2017 NASEMSO Organization, Staffing, and Functions of State EMS Offices Survey.
 - This report summarizes the findings from a 2016-2017 survey of state EMS offices on how EMS offices are organizationally situated; how EMS offices are staffed; the specific areas in which EMS offices have definitive functional authority; and trends which may create change in these characteristics.
 - This is the most recent survey by NASEMO on this topic; Nevada was included in this report.
 - This report shows the majority of state EMS offices reporting for this survey are operating within health and human services.
 - With an analysis of the results, we can determine if there are other states with similar make-up to Nevada that might have a structure that would benefit our state.

~~FUTURE~~ CONSIDER ATIONS

- Emerging Trends — comments from the NASEMSO 2017 Report:
- What emerging trends do you see developing that may have an impact on state EMS offices in 5 to 10 years?
 - Constant legislative threats, funding, integrated health care/expanded role of EMS providers, increased training/certification requirements, declining eligibility of new recruits (drug usage, convictions, work ethic), increasing training/certification costs from national organizations, drug shortages, increasing/everchanging EMS data collection (NEMSIS).
 - Ever-diminishing EMS work force, increased educational/training demands, stagnant Centers for Medicare and Medicaid Services (CMS) and state reimbursement for EMS.
 - Data, data, data: It's too expensive to collect and who has time to analyze it anyway?
 - Health care changing so quickly that state laws, rules and policies have a hard time keeping up.
 - The changing health care system: Traditional EMS will become a component of a larger medical services organization that also includes mobile integrated health care, community paramedicine, etc.
- Report can be found at: [EMS_OfficeStructureFunction_2017-0428.pdf \(nasemso.org\)](#) and is provided as an attachment.



EMS ADVISORY COMMITTEE

- Under NRS 450B.153, can review and advise but has no authority to effect change.
- Implemented recommendations
 - Updated trauma transport guidelines (approved, not codified).
 - Removed requirement that a student must first be an advanced emergency medical technician in order to enter into a paramedic program of training.
 - Supported updates to pediatric skills verification forms.
 - Online application process for provisional attendant licenses (students).
 - Change expiration date of certification and licenses to date of birth from March 31.
 - Create sub-committee to develop minimum statewide treatment protocols.
 - Create sub-committee to review and make suggestions for budget and fees.

QUESTIONS?





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ACRONYMS

- EMS – Emergency Medical Services
- PHP – Public Health Preparedness
- NASEMSO – National Association of State EMS Officials
- CMS- Centers for Medicare & Medicaid Services
- REPLICA – Recognition of Emergency Medical Services Personnel Licensure Interstate Compact
- FTE – full-time Employee
- NHTSA – National Highway Transportation Safety Administration
- DEM – Division of Emergency Management
- SNHD – Southern Nevada Health District
- EOC – Emergency Operations Center
- RSS – Receive, Store and Ship
- NRS – Nevada Revised Statutes
- NAC – Nevada Administrative Code
- UNR-SOM – University of Nevada Reno - School of Medicine
- ESF-8 – Emergency Support Function, Desk 8
- CC – Carson City
- Ek – Elko
- AED – Automatic External Defibrillator
- ePCR – Electronic Patient Care Report
- WCHD/NNHD – Washoe County Health District, now Northern Nevada Health District