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The provisions of NRS 433A.160 describe the professions that may place a 72-hour mental health hold on an individual. The Nevada Fire Chiefs Association does not support a language change to include Paramedics in this list. We believe that paramedicine in general, and specifically Community Paramedicine needs to be further studied as suggested in last session's AB361. Changing NRS 433A.160 without thoroughly looking at all aspects of the law is an approach that just deals with problems bit by bit.

An advanced life support ambulance is not the best resource to use to enact an emergency admission to a mental health facility. This takes a vital community resource away from providing advanced life support to critically ill or injured victims. In addition, we have a concern that the same paramedic who enacts the emergency admission will then be transporting that patient. This doesn't provide for any checks and balance in the system. The restriction of an individual's rights to freedom should be highly guarded. The present system allows for any number of professionals to initiate an emergency admission. Those professionals can choose several methods to transport the individual to a facility, including an ambulance. This separation is important, in that the same individual who places the 72-hour hold isn't benefitting financially from the emergency admission.

The transport of a mental health patient can be accomplished by a basic life support ambulance (if an ambulance is needed at all). Basic life support ambulances or wheel chair vans are not staffed with Paramedics; however, they are still capable of transporting individuals on 72-hour holds. This is a more appropriate use of pre-hospital care resources.

The other concern expressed most often by paramedics is the potential for violence. Paramedics are not trained or equipped to deal with violent offenders and until a law enforcement officer can evaluate the potential for violence, paramedics will often position themselves away from the scene of a mental health patient until the scene has been cleared and rendered safe.

Finally, changing who can place a patient on a 72-hour hold does not do anything to change outcomes for those patients. If we are going to make changes, we believe that the changes should be aimed at improving patient outcomes. We cannot see how this change accomplishes that goal.

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**EXHIBIT C HEALTH CARE**  
**Document Consists of 2 pages.**  
**Entire exhibit provided.**  
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The State EMS Advisory Committee took up this topic over the last couple of months. While the group did not make any official recommendations (they are planning to do that at their September meeting), no one testifying before the Committee spoke in favor of the changes.

If the Legislative Committee on Healthcare feels that this language must be changed, we would suggest that you make the language enabling. This will allow each jurisdiction to consider their available resources and made a determination on the best approach while considering the needs of the community, and the individuals affected.

In conclusion, the legal authority to restrict an individual's right to freedom shouldn't be taken lightly; we strongly support the checks and balances that the current law provides. We remain concerned about getting the right resource, to the right patient, at the right time. Using an advance life support ambulance isn't necessarily the best use of those resources. Finally, the safety of our paramedics to deal with violent individuals is a major concern.