#### **ACTION:** Revised

# Rule Summary and Fiscal Analysis Part A - General Questions

**Rule Number:** 4765-12-04

Rule Type: Amendment

**Rule Title/Tagline:** Emergency medical responder scope of practice.

**Agency Name:** State Board of Emergency Medical, Fire, and Transportation Services

**Division:** 

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### I. Rule Summary

- 1. Is this a five year rule review? No
  - A. What is the rule's five year review date? 3/1/2023
- 2. Is this rule the result of recent legislation? No
- 3. What statute is this rule being promulgated under? 119.03
- 4. What statute(s) grant rule writing authority? 4765.35 and 4765.11
- 5. What statute(s) does the rule implement or amplify? 4765.35
- 6. What are the reasons for proposing the rule?

Rules 4765-12-04 is amended to add approved additional services to the EMR scope of practice as set forth in section 4765.35 of the ORC.

7. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-12-04 sets forth the emergency medical services that may be performed by an emergency medical responder (EMR) and the conditions under which the services may be performed. The rule states that a medical director for an emergency medical organization may limit the scope of practice for EMRs within the organization. The rule

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requires EMRs performing emergency medical services within the scope of practice to have received training as part of their initial certification course or through subsequent training approved by the EMFTS board, or in certain emergency medical services, after having received training approved by the local medical director. The rule is amended to add CO-oximetry in paragraph (B)(4).

- 8. Does the rule incorporate material by reference? No
- 9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.

Not Applicable

10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.

The rule is being revised filed to correct a typo in the authoriztion statute.

# **II.** Fiscal Analysis

11. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.

This will have no impact on revenues or expenditures.

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Not Applicale

12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

The costs to add CO-oximetry to the EMR scope will be minimal as will the added time required to include training in the curriculum. The EMR curriculum currently includes training in the use of a pulse oximeter, which is similar to the CO-oximeter.

- 13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No
- 14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

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15. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

# III. Common Sense Initiative (CSI) Questions

- 16. Was this rule filed with the Common Sense Initiative Office? No.
- 17. Does this rule have an adverse impact on business? Yes
  - A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
  - B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
  - C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes
    - Accredited EMS training programs may incur minimal costs to include training in the use of a CO-oximeter into EMR training.
  - D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No