

Rule Summary and Fiscal Analysis (Part A)**State Board of Emergency Medical Services**

Agency Name

Division

Anna Firestone

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4765-15-04

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Emergency medical technician scope of practice.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **Yes**

2. Are you proposing this rule as a result of recent legislation? **Yes**

Bill Number: **HBAm. Sub. H.B. 284** General Assembly: **129**

Sponsor: **Representatives
Gonzales and Letson**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **4765.11**

5. Statute(s) the rule, as filed, amplifies or implements: **4765.37**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

The rule is being filed according to a R.C. 119.032 review. The rule is also being amended to implement statutory changes set forth by AM. Sub. H.B. 284, 129th General Assembly. In addition, the rule is being amended by the EMS board in accordance with R.C. 4765.11 to implement a change to the emergency medical

technician scope of practice.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

The rule sets forth the emergency medical services that may be performed by an emergency medical technician and the conditions under which they may be performed.

In accordance with R.C. 4765.37, the rule adds physician assistants to the list of health care professionals from which emergency medical service (EMS) personnel may obtain required authorization through a direct communication device to perform certain services or to perform emergency services in a hospital. In accordance with R.C. 4765.11, the rule also adds the administration of epinephrine auto-injectors by an emergency medical technician to a patient suffering from anaphylaxis.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. 119.032 Rule Review Date: **7/15/2013**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0

This rule is not expected to impact the agency's budget in the current biennium.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

N/A

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

The estimated cost of compliance was determined by the education subcommittee of the EMS board by averaging anticipated expenditures submitted by EMS providers, EMS accredited and continuing education training organizations, private ambulance agencies and fire service organizations representing full-time and volunteer fire departments.

The estimated cost of compliance to an EMS organization could range from zero to three thousand dollars depending on the size of the organization and the extent to which the EMT scope of practice is adopted into protocol. The general business expense could include: costs of direct labor, training materials and contractual services of the organization's medical director to revise the organization's written protocol.

The full-time fire departments and private ambulance agencies indicated that there would be little, if any, additional cost to comply with the rule because they employ EMS instructors. The volunteer agencies indicated they could incur direct labor costs for EMS instructors. The rule does not mandate an EMS organization to adopt any procedure or purchase the related equipment.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **Yes**

You must complete Part B of the Rule Summary and Fiscal Analysis in order to comply with Am. Sub. S.B. 33 of the 120th General Assembly.

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **Yes**

Yes. Pursuant to section 4765.50 of the Revised Code, no person shall represent himself as an EMS provider unless appropriately certified under section 4765.30 of the Revised Code.

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? **Yes**

Yes. The EMS Board may impose an administrative sanction up to and including revocation of a certificate to practice for any violation of chapter 4765 of the Revised Code or any rule adopted under it pursuant to section 4765.33 of the Revised Code.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **Yes**

The estimated cost of compliance was determined by the education subcommittee of the EMS board by averaging anticipated expenditures submitted by EMS providers, EMS accredited and continuing education training organizations, private ambulance agencies and fire service organizations representing full-time and volunteer fire departments.

The estimated cost of compliance to an EMS organization could range from zero to three thousand dollars depending on the size of the organization and the extent to which the EMT scope of practice is adopted into protocol. The general business expense could include: costs of direct labor, training materials and contractual services of the organization's medical director to revise the organization's written protocol.

The full-time fire departments and private ambulance agencies indicated that there would be little, if any, additional cost to comply with the rule because they employ EMS instructors. The volunteer agencies indicated they could incur direct labor costs for EMS instructors. The rule does not mandate an EMS organization to adopt any procedure or purchase the related equipment.

Rule Summary and Fiscal Analysis (Part B)

1. Does the Proposed rule have a fiscal effect on any of the following?

(a) School Districts	(b) Counties	(c) Townships	(d) Municipal Corporations
Yes	Yes	Yes	Yes

2. Please provide an estimate in dollars of the cost of compliance with the proposed rule for school districts, counties, townships, or municipal corporations. If you are unable to provide an estimate in dollars, please provide a written explanation of why it is not possible to provide such an estimate.

The education committee of the EMS board determined that the anticipated cost to an EMS organization could range from zero to three thousand dollars depending on the size of the organization and the extent to which the emergency medical technician scope of practice is adopted into protocol. The rule does not mandate an EMS organization to adopt any procedure or purchase the related equipment. An EMS organization could incur costs of direct labor, training materials and contractual services of the organization's medical director to revise the organization's written protocol.

3. If the proposed rule is the result of a federal requirement, does the proposed rule exceed the scope and intent of the federal requirement? **No**

4. If the proposed rule exceeds the minimum necessary federal requirement, please provide an estimate of, and justification for, the excess costs that exceed the cost of the federal requirement. In particular, please provide an estimate of the excess costs that exceed the cost of the federal requirement for (a) school districts, (b) counties, (c) townships, and (d) municipal corporations.

Not Applicable.

5. Please provide a comprehensive cost estimate for the proposed rule that includes the procedure and method used for calculating the cost of compliance. This comprehensive cost estimate should identify all of the major cost categories including, but not limited to, (a) personnel costs, (b) new equipment or other capital costs, (c) operating costs, and (d) any indirect central service costs.

The estimated cost of compliance was determined by averaging the expenditures

anticipated by representatives from one full-time, paid, metropolitan fire department, one full-time, paid, city fire department, two private ambulance agencies, two partial-paid volunteer agencies and one volunteer agency. The full-time fire departments and private ambulance agencies indicated that there would be little, if any, additional cost to comply with the rule because they employ EMS instructors. The volunteer agencies indicated they could need to pay an EMS instructor to teach the new skills.

(a) Personnel Costs

EMS Instructor Salaries/Benefits \$0-\$1000

Medical Director Contract \$0-\$3500

(b) New Equipment or Other Capital Costs

Equipment \$0

(c) Operating Costs

Protocol Revision \$0-\$1,500

(d) Any Indirect Central Service Costs

Indirect Services \$0-\$200

(e) Other Costs

Printing/Supplies \$0-\$300

6. Please provide a written explanation of the agency's and the local government's ability to pay for the new requirements imposed by the proposed rule.

Pursuant to 4765.07 of the Revised Code the state board of emergency medical services administers a grant program under which first priority is given to emergency medical service organizations to fund the training and equipping emergency medical service personnel. In addition, the State of Ohio EMS Board Regional Physicians Advisory Board Emergency Medical Services Guidelines and Procedures Manual is available on the Ohio EMS website and to assist in the development of local protocols.

7. Please provide a statement on the proposed rule's impact on economic development.

There are over 42,000 emergency medical services providers in Ohio that strive every day to deliver the highest standard of emergency medical service to their communities. According to BusinessWeek (9/9/2011) between 2005 and 2009 healthcare employment has outpaced manufacturing employment in Ohio by 21%. Of the 20 largest employers in Ohio, six are healthcare providers employing 131,600 workers. (Ohio Department of Development 2009).