

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-15-04

Rule Type: Amendment

Rule Title/Tagline: Emergency medical technician 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?** Yes
 - A. **What is the rule's five year review date?** 8/29/2023
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?** 4765.11, 4765.37
5. **What statute(s) does the rule implement or amplify?** 4765.37
6. **Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires?** No
 - A. **If so, what is the citation to the federal law or rule?** Not Applicable
7. **What are the reasons for proposing the rule?**

This rule is being is being filed according to a R.C. 106.03 periodic rule review, to reflect EMFTS Board action, and to add dementia training to the EMT scope of practice.
8. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

Rule 4765-15-04 sets forth the scope of practice for EMTs. The rule states that a medical director for an emergency medical organization may limit the scope of practice for EMTs within the organization. The rule requires EMTs 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. Rule 4765-15-04 is amended to delete two items from the EMT scope of practice: pneumatic paragraph (B)(11) "pneumatic anti-shock garment" and paragraph (B)(15) "administration of activated charcoal," as approved by the EMFTS Board in April 2022, and to establish dementia training as required by HB23 (134th General Assembly).

9. **Does the rule incorporate material by reference? No**
10. **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

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

This revision corrects reference to Revised Code sections.

II. Fiscal Analysis

12. **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.

\$0

Not Applicable

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

Adverse impacts are costs for accredited institutions, which vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole

ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, the costs of compliance for the EMS training institutions will vary depending on the level of EMS training and the number of training hours required for each level of certification provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate.

The costs of compliance to the EMS student will also vary depending on the level of EMS certification and number of training hours required. In general, tuition costs range from \$500-\$1200 for EMT training. Adverse impacts for EMS organizations include the cost of acquiring waveform capnography equipment, heart monitors/defibrillators, and AEDs and updating protocols. EMS agencies, their chiefs and medical directors may choose from a wide variety of equipment available on the market. With this range of choices comes a comparatively wide range of price points. Overall equipment grant reimbursement requests ranged from \$349.00 to \$15,000.00 per unit. Smaller related equipment items and consumables ranged from \$7.29 to \$224.00 per unit.

The costs to add dementia recognition to the EMT scope will be minimal as will the added time required to include training in the curriculum.

Adverse impacts for medical directors to train EMS providers and update protocols will be minimal.

The Division of EMS staff determined that the amendment will enhance patient care with minimal costs of compliance to the provider.

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B).** No
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C).** No
16. **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

17. **Was this rule filed with the Common Sense Initiative Office?** Yes
18. **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

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- 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

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

- 19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable