

Rule Summary and Fiscal Analysis (Part A)**Ohio Medical Transportation Board**

Agency Name

Division

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4766-2-15

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Changes to be reported to the board.**RULE SUMMARY**

1. Is the rule being filed for five year review (FYR)? **Yes**
2. Are you proposing this rule as a result of recent legislation? **No**
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: **4766.03**
5. Statute(s) the rule, as filed, amplifies or implements: **4766.04, 4766.07**
6. State the reason(s) for proposing (i.e., why are you filing,) this rule:
This rule is being filed according to a R.C. 106.03 periodic rule review.
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:

This rule sets forth changes (such as executive officers, board members, medical

director contact information and medical license number, and business identification numbers and contact information) a licensed medical transportation organization (MTO) is required to report to the EMFTS Board and provides the names of the forms that can be used to report the information. The rule also refers readers to O.A.C. rule 4766-2-18, Incorporated by reference, to provide information about the dates and location of the referenced forms. This rule adds the names of three board-approved forms that are used to report information to the board and adds the comment referring readers to O.A.C. rule 4766-2-18, Incorporated by reference, which provides the date of each form and the Web site address where the forms are located. The information to be provided to the EMFTS Board about an MTO's medical director has been specified as including the medical director's contact information and medical license number. Two items have been added to the list of information that must be reported to the Board when it changes: a tax ID or EIN number; and the name and contact information of the primary contact person. Paragraph (G), in addition to referring the "Headquarters Change of Address" form, sets forth the criteria under which and MTO can apply for a change of address for its headquarters location and states that a change in the headquarters address does not change the expiration date of the license.

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:

O.A.C. rule 4766-2-15 incorporates the "Deletion of Vehicle" form, dated April 2016; the "Change in Level of Service Medical Transportation Organization" form, dated July 2013; and the "Headquarters Change of Address" form, dated July 2013. To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to O.A.C. Rule 4766-2-18, which provides the date of the materials and the Web site address where the forms may be accessed.

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:

O.A.C. 4766-2-15 refers readers to O.A.C. 4766-2-18, Incorporated by reference, which incorporates the "Deletion of Vehicle" form; the "Change in Level of Service Medical Transportation Organization" form; and the "Headquarters Change of Address" form, which can be accessed at the Division of EMS "Forms & Applications" Web site at: <http://www.ems.ohio.gov/forms.aspx>

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. Five Year Review (FYR) Date: **1/13/2017**

(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.

0.00

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:

Not applicable.

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 costs of compliance for stakeholders include the time required to complete, as determined by the MTO's circumstance, one of three one-page forms: "Deletion of Vehicle" form; "Change in Level of Service Medical Transportation Organization" form; and "Headquarters Change of Address." The forms are available to MTOs at the Division of EMS "Forms & Applications" Web site at: <http://www.ems.ohio.gov/forms.aspx>. Each form requires the answers to fewer than twenty questions, such as the MTO's service name and code, address, contact information, vehicle information, and level of service, along with the date and signature of the owner/operator/chief/executive officer. The answers to the questions are readily available to the MTOs requesting the changes to their records, and the time to complete the forms should be minimal. MTOs submitting a "Deletion of Vehicle" form are required to remove the EMS decal that provides verification of the vehicle's permit and submit the form along with the removed decal by mail. The "Change in Level of Service Medical Transportation Organization" form and "Headquarters Change of Address" form must be submitted by mail with a fee of \$100, which covers the required inspections.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

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? **No**

This rule, in and of itself, does not require prior authorization to engage in or operate a line of business. However, it is part of a filing package that does, as some provisions in the Chapter 4766-2 require medical transportation organizations (MTOs) to obtain and maintain the appropriate licenses and vehicle permits to engage in business. This rule, O.A.C. 4766-2-15, does set forth the processes to be used by a licensed medical transportation organization (MTO) seeking to be licensed at a higher level of service or change the location and address of its headquarters. The process requires submission of the "Change in Level of Service Medical Transportation Organization" form or the "Headquarters Change of

Address" form and a license fee of \$100 to cover the cost of an inspection conducted to ensure compliance with the change in level of service standard or change of location.

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**

This rule requires the submission of a form--the "Deletion of Vehicle" form; the "Change in Level of Service Medical Transportation Organization" form; or the "Headquarters Change of Address" form#to the State Board of Emergency Medical, Fire, and Transportation Services by an MTO seeking to delete a vehicle, change its level of service, or notify the EMFTS Board of the change of address of its headquarters. The estimated costs of compliance for stakeholders include the time required to complete, as determined by the MTO#s circumstance, one of three one-page forms: "Deletion of Vehicle" form; "Change in Level of Service Medical Transportation Organization" form; and "Headquarters Change of Address." The forms are available to MTOs at the Division of EMS "Forms & Applications" Web site at: <http://www.ems.ohio.gov/forms.aspx>. Each form requires the answers to fewer than twenty questions, such as the MTO#s service name and code, address, contact information, vehicle information, and level of service, along with the date and signature of the owner/operator/chief/executive officer. The answers to the questions are readily available to the MTOs requesting the changes to their records, and the time to complete the forms should be minimal. MTOs# submitting a "Deletion of Vehicle" form are required to remove the EMS decal that provides verification of the vehicle#s permit and submit the form along with the removed decal by mail. The "Change in Level of Service Medical Transportation Organization" form and "Headquarters Change of Address" form must be submitted by mail with a fee of \$100, which covers the required inspections.