

CSI - Ohio

The Common Sense Initiative

Business Impact Analysis

Agency Name: Department of Public Safety-Division of EMS

Regulation/Package Title: National Accreditation of Ohio Paramedic Training Programs

Rule Number(s): OAC 4765-1-01, OAC 4765-7-02, OAC 4765-7-13

Date: 8-17-2012

Rule Type:

☒ New

☒ Amended

☐ 5-Year Review

☐ Rescinded

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. Under the CSI Initiative, agencies should balance the critical objectives of all regulations with the costs of compliance by the regulated parties. Agencies should promote transparency, consistency, predictability, and flexibility in regulatory activities. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

Regulatory Intent

1. Please briefly describe the draft regulation in plain language.

Draft OAC 4765-1-01 provides definitions for terminology used in Chapter 4765 of the Administrative Code In accordance with section 4765.11 of the Revised Code and is being proposed to amend the definitions of terminology used in chapter 4765 of the Administrative Code. The draft regulation adds the "Commission on Accreditation of Allied

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Health Education Programs” or “CAAHEP” and the “Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions” or “CoAEMSP”, as well as the terms “Letter of review” and “Self-study” as used in Chapter 4765 of the Administrative Code. The draft regulation updates the EMS provider name changes as used in Chapter 4765 of the Administrative Code and in accordance with section 4765.11 of the Revised Code.

Draft OAC 4765-7-02 is being proposed in accordance with section 4765.11 of the Revised Code to update the EMS provider names used in this chapter, to amend the requirements for an EMS training institution that operates a paramedic training program to remain accredited. The draft regulation requires the institution to obtain and hold a current and valid certificate of national accreditation issued by the Commission on Accreditation of Allied Health Educational Programs or a letter of review issued by the Committee on Accreditation of Allied Educational Programs in the Emergency Medical Services Professions by January 1, 2018, to continue to operate its paramedic training program.

Draft OAC 4765-7-13 is being proposed in accordance with section 4765.11 of the Revised Code to require an EMS institution that operates an Ohio accredited paramedic training program on or after January 1, 2018, to hold a current and valid certificate of national accreditation issued by the Commission on Accreditation of Allied Health Educational Programs or a letter of review issued by the Committee on Accreditation of Educational Programs in the Emergency Medical Services Professions.

2. Please list the Ohio statute authorizing the Agency to adopt this regulation.

Section 4765.11 of the Revised Code.

3. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program? If yes, please briefly explain the source and substance of the federal requirement.

No

4. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.

Although not required to implement or enforce federal legislation or law, this draft regulation complies with a national initiative, the EMS Education Agenda for the Future approved by the United States National Highway Traffic Safety Administration, who oversees EMS at the federal level. This systems approach was designed to ensure educational outcomes for EMS providers were aligned with the expectations of the public

safety services through national curricula standards, national accreditation and national standard testing.

Candidates who graduate from a non-CAAHEP accredited paramedic training program that began on or after January 1, 2013, and who have successfully passed the national standard paramedic examination, may not be eligible for national certification, but will be eligible for an Ohio certificate to practice provided the applicant meets the requirements under section 4765.30 of the Revised Code and Chapter 4765-8 of the Administrative Code.

Beginning January 1, 2018 candidates who do not graduate from nationally accredited paramedic training programs will not be eligible to test through the National Registry of Emergency Medical Technicians, the national standard testing services used by all Ohio emergency training programs. Therefore, Ohio candidates who do not graduate from nationally accredited paramedic programs will not receive national certification. National accreditation and certification will provide paramedic students with the professional training necessary for them to successfully compete in Ohio's job market, as well as those of neighboring states if employed with EMS organizations that engage in inter-state patient transportation.

The draft regulation also implements the EMS Board's response to the February 2011 United States National Highway Traffic Safety Administration's "State of Ohio Reassessment of Emergency Medical Services," which was to ensure the EMS system has essential trained and certified/licensed persons to perform required tasks. To provide a comprehensive statewide plan for assuring a stable EMS workforce including consistent training and recruitment/retention programs with effective local, regional and state support.

5. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?

The draft regulation will protect Ohio paramedic students by ensuring the students' education and eligibility for certification through national standard testing are not jeopardized.

6. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?

Success will be measured by an increase in the number of institutions who hold a certificate of accreditation issued by the EMS board to operate a paramedic training program and a certificate of accreditation issued by CAAHEP, a decrease in the number of phone calls

regarding national accreditation and the absence of eligibility issues for paramedic students who wish to take the national standard examination.

Development of the Regulation

7. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.

If applicable, please include the date and medium by which the stakeholders were initially contacted.

The draft regulations were developed by the national accreditation ad hoc committee created by the EMS board at its regular meeting February 17, 2011. The committee membership consisted of three Board members representing fire service organizations, hospitals, emergency medical physicians and education institution operating paramedic training programs, and four EMS community members representing education institutions operating national accredited paramedic training programs.

The national accreditation ad hoc committee met on May 5, 2011, October 18, 2011, December 20, 2011, and February 17, 2012. The national accreditation ad hoc committee was disbanded by the EMS board on April 18, 2012, and the responsibility for the regulations was then tasked to the EMS Education Subcommittee. This committee's membership consisted of two Board members, representing fire service organizations, emergency medical physicians and education institution operating paramedic training programs and ten EMS community members, representing fire services, hospital and post-secondary accredited institutions operating paramedic training programs and institutions operating national accredited paramedic training programs.

The EMS Education Subcommittee met on April 13, 2012 and May 15, 2012 where the draft regulations were reviewed and revised.

8. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

Stakeholders provided language and feedback to the draft regulation content. Stakeholders input ensured the draft regulations were congruent with statutory requirements of section 4765 of the Revised Code and prospective students were protected. Stakeholders also compared Ohio statute against the national accreditation standards in an effort to minimize duplication of the two accreditation processes.

9. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

There is no scientific data to be considered.

- 10. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?**

The EMS board discussed and researched alternative testing services and accreditation organizations for two years. No alternative met the requirements needed for national standard testing and the national certification needed by Ohio paramedics employed by EMS organizations that transport patients from neighboring states or those that serve as medics in the military service.

- 11. Did the Agency specifically consider a performance-based regulation? Please explain. Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.**

The commission on accreditation of allied health education programs is the only national accrediting organization for EMS education programs. The EMS board was granted a five-year testing eligibility extension by the National Registry of EMTs allowing Ohio paramedic candidates to test through the national standard testing service until January 1, 2018. In addition, the EMS board has secured grant assistance, up to \$5000.00 per paramedic training program, to cover the costs incurred by paramedic programs seeking initial national accreditation.

- 12. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?**

A review of section 4765 of the Revised Code and chapter 4765 of the Administrative Code was completed.

- 13. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.**

The decision to require Ohio paramedic training programs to obtain national accreditation followed a period of two years which included state surveys, research with border states, presentations by state and national EMS organizations, and public forums for Ohio stakeholders. The EMS board also requested and was granted a five-year testing eligibility extension by the National Registry of EMTs allowing Ohio paramedic candidates to test through the national standard testing service until January 1, 2018. In addition the EMS board has secured grant assistance for paramedic programs seeking initial national accreditation.

The division will provide stakeholders with final rules, rule summaries and guidance using the division's web site and listserv as well as making presentations at state and local EMS conferences.

Adverse Impact to Business

14. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:

- a. Identify the scope of the impacted business community;**
- b. Identify the nature of the adverse impact (e.g., license fees, fines, employer time for compliance); and**
- c. Quantify the expected adverse impact from the regulation.**

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a “representative business.” Please include the source for your information/estimated impact.

There are forty-five accredited institutions operating paramedic training programs that will be impacted by the regulation. The estimated cost of initial compliance is \$0.00 after the \$5000.00 grant award pursuant to section 4765.07 of the Revised Code. The estimated cost of initial compliance was determined using the costs posted on the Committee on the Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) website at <http://www.coaemsp.org/Fees.htm>.

Site Visit Facilitation	\$ 2700.00
First Annual CoAEMSP Fee	\$ 1200.00
Technology Fee	\$ 250.00
Self-Study Report Evaluation Fee	<u>\$ 500.00</u>
	\$ 4650.00
Grant Award	up to <u>\$ 5000.00</u>
Initial Estimated Cost	\$ 0.00

The estimated annual cost to an accredited institution for continued compliance is approximately \$1200.00, charged and collected by CoAEMSP. Every five years, an institution will incur approximately \$3200.00 in additional costs to complete the Commission on the Accreditation of Allied Health Education Programs reaccreditation process. (Costs obtained from CoAEMSP at <http://www.coaemsp.org/Fees.htm>) The education subcommittee of the EMS Board determined that a student could incur additional tuition costs ranging from zero to twenty dollars, based on the sponsoring institution's tuition policy.

15. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

National accreditation has been approved by forty-seven states including those bordering Ohio. National accreditation and certification is economically necessary for Ohio paramedics employed with EMS organizations that transport patients from neighboring states. Students who graduate from an Ohio accredited institution operating a paramedic training program must be assured eligibility for national standard testing and national certification. In addition the military services require its medics to obtain certification through the National Registry of Emergency Medical Technicians, the national standard testing organization.

Regulatory Flexibility

16. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

An Ohio EMS accredited institution is not required to operate a paramedic training program. Over half of the current Ohio accredited institutions do not operate paramedic training programs. Institutions may continue to hold a Certificate of Accreditation issued by the EMS Board and operate Emergency Medical Responder, Emergency Medical Technician and Advanced Emergency Medical Technician training programs. In addition, institutions holding certificates of accreditation may form a consortium to operating paramedic training programs under a single national accreditation certificate.

17. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

The EMS Board will look at each situation on a case-by-case basis in order to comply with section 119.04 of the Revised Code.

18. What resources are available to assist small businesses with compliance of the regulation?

Small businesses may apply to the EMS board for a grant award of up to \$5000.00 per paramedic program for eligible expenses incurred in seeking national accreditation. Eligible expenses include the site visit facilitation costs, the first annual CAAHEP fee, the one-time technology fee and the application/self-study evaluation fee.

Grant funds will be distributed through a reimbursement process as costs are incurred by the grantee. Pursuant to section 4765.07 of the Revised Code, the EMS board will administer

grant awards for the years occurring not later than award year ending June 30, 2017 to assist paramedic training programs seeking national accreditation.