



Common Sense Initiative

Mike DeWine, Governor
Jon Husted, Lt. Governor

Sean McCullough, Director

MEMORANDUM

TO: Joseph Kirk, Ohio Department of Public Safety

FROM: Joseph Baker, Business Advocate

DATE: May 23, 2022

RE: **CSI Review – Reporting Delivery of Emergency Medical Services and Trauma Care (OAC 4765-4-01, 4765-4-02, 4765-4-03, 4765-4-04, 4765-4-05, 4765-4-06, 4765-4-07, 4765-4-08, and 4765-4-09)**

On behalf of Lt. Governor Jon Husted, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Department as provided for in ORC 107.54.

Analysis

This rule package consists of nine no-change rules proposed by the Ohio Department of Public Safety (Department). This rule package was submitted to the CSI Office on April 1, 2022, and the public comment period was held open through April 25, 2022. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI Office on April 1, 2022.

Ohio Administrative Code (OAC) 4765-4-01 establishes definitions regarding the reporting of emergency medical services or trauma care information to the State Board of Emergency Medical, Fire and Transportation Services (Board). OAC 4765-4-02 sets forth the purpose of the chapter, which is to establish data standards that enable the Board to analyze emergency medical service delivery processes in Ohio. OAC 4765-4-03 requires emergency medical service (EMS) organizations to report all EMS incidents through the EMS incident reporting system, including the name of the organization, time, date and time of the incident, where it took place, certification levels of EMS personnel involved, and information, but allows for exceptions from such reporting responsibilities in the event of mass casualty incidents or natural disasters. The rule also requires

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healthcare facilities and other Board-designated entities to report various information regarding trauma care through the state trauma registry.

OAC 4765-4-04 sets forth data analytics processes and terms for more effectively analyzing outcomes considering circumstantial variability as well as confidentiality responsibilities when analyzing data that contains personal information. OAC 4765-4-05 further defines protected, confidential personal information and the responsibility of any individual who handles such information to maintain it securely and redact records upon request as appropriate, in addition to setting forth certain components of protected information with special protections (social security number, medical record number, and others). OAC 4765-4-06 requires information to be submitted in the method and format prescribed by the Board in a manner that protects patient confidentiality, identifies healthcare facilities and EMS organizations by number rather than name, and minimizes duplications.

OAC 4765-4-07 requires information that must be provided to be reported on a schedule determined by the Board but allows for extensions to be granted in certain circumstances as outlined on the Board's website. OAC 4765-4-08 establishes penalties for failure to report required information to the Board (potential ineligibility to participate in the EMS grants program) and requires the Board to notify any entity who fails to comply in writing regarding the consequences of failing to report. Finally, OAC 4765-4-09 clarifies that entities that are required to report to the state trauma registry who report information to a regional trauma registry are not required to also report to the state registry.

During early stakeholder outreach, the Department shared the proposed rules with members of the Trauma Committee, which includes various industry representatives. Additionally, the Board approved the rules prior to the Department filing the rules with CSI. During the CSI public comment period, the Department shared the rules with stakeholders including the Ohio Chapter of the American College of Emergency Physicians, the Ohio Hospital Association, the Ohio Children's Hospital Association, and others. No comments were received during early stakeholder outreach or during the CSI public comment period.

The business community impacted by the rules includes hospitals, acute care facilities, free standing emergency departments, and local EMS agencies. The adverse impact to business includes the administrative effort associated with complying with reporting responsibilities. The Department estimates that complying with the reporting requirements costs small healthcare facilities approximately \$652 each year, while costs for EMS agencies and private ambulance services are estimated at approximately \$17.62 annually. The adverse impact may also include the loss of Board grant eligibility for failure to comply with the reporting requirements. The

Department notes that the implementation of electronic data reporting systems has gradually reduced the time and expense of reporting information and that much of the information required of local EMS agencies and private ambulance services is already collected through the patient billing process, thus streamlining the reporting process. The Department states that the adverse impact to business is necessary to collect patient care data and assess the effectiveness of Ohio EMS and trauma care.

Recommendations

Based on the information above, the CSI Office has no recommendations on this rule package.

Conclusion

The CSI Office concludes that the Department should proceed in filing the proposed rules with the Joint Committee on Agency Rule Review.