

CSI - Ohio

The Common Sense Initiative

Business Impact Analysis

Agency Name: Division of Public Safety-Division of EMS

Regulation/Package Title: Accreditation of EMS Training Programs

Rule Number(s): O.A.C. rules 4765-7-01 through O.A.C. 4765-7-13

Date: February 20, 2014

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☒ Rescinded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.

Chapter 4765-7 of the Administrative Code (O.A.C.) sets forth the conditions under which the Emergency Medical, Fire, and Transportation Services Board (Board) may approve, renew, reinstate or deny an application for a certificate of accreditation or a certificate of approval to operate EMS training programs. In addition, this chapter sets forth the levels of EMS training which may be operated and the conditions under which accredited

77 SOUTH HIGH STREET | 30TH FLOOR | COLUMBUS, OHIO 43215-6117

CSIOhio@governor.ohio.gov

institutions and approved continuing education (CE) programs may offer emergency medical services (EMS) training utilizing online education and/or distance learning systems.

O.A.C. Chapter 4765-7 is proposed for filing pursuant to a completed R.C. 119.032 five-year rule review. EMS proposes to file O.A.C. rules 4765-7-03, 4765-7-05, and 4765-7-06 without change and to amend rules 4765-7-01, 4765-7-02, 4765-7-04, 4765-7-07, 4765-7-08, and 4765-7-09 to address materials incorporated by reference in compliance with R.C. sections 121.71 to 121.74. In addition EMS proposes to amend rules 4765-7-11 and 4765-7-13 by removing language which is no longer valid.

Additionally, rule 4765-7-01 is being amended to provide that the Board may issue a certificate of accreditation that is valid for up to five years in accordance with Am. Sub. H.B. 1, 128th General Assembly and rule 4765-7-02 is being amended to reflect statutory changes to the EMS provider titles set forth by Sub. H.B. 128, 129th General Assembly.

Finally, rule 4765-7-12 is being proposed as a rescinded/new rule due to LSC formatting guidelines as it is estimated that changes to the new rule strike approximately fifty percent of the text in the existing rule while adding a comparable amount of new text. This rule sets forth the conditions under which an accredited institution may be offer EMS training program through formats alternative to the traditional classroom setting using online and/or distance learning systems Changes to this rule update the terminology to reflect changes in technology and reorganize the paragraphs for clarity and consistency.

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

R.C. sections 4765.11, 4765.15, 4765.16 and 4765.17

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, the regulation does not implement a federal requirement

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

Not Applicable.

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)?

Pursuant to R.C. section 4765.11, the Board is directed to adopt rules that establish the standards and procedures under which the Board may issue, renew, suspend, or revoke certificates of accreditation and certificates of approval to operate EMS training and continuing education training programs and set forth the conditions under which accredited and approved institutions may operate these programs. Consistent, statewide, EMS training will help ensure well-trained EMS providers, efficient and effective delivery of pre-hospital patient care, improved response in emergencies, and increased safety while delivering services. In addition, the proposed regulations also 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 in compliance with the standards set forth in O.A.C. Chapter 4765-7. In addition, the Division of EMS will track first attempt and cumulative attempts passing percentages on the certification examinations, student complaints and complaints regarding EMS providers that lead to investigations.

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.

These rules were reviewed by the Education Committee of the Board. The committee members include EMS and continuing education training program directors, EMS instructors, EMS providers, and employers for private ambulance agencies and full-time and volunteer fire departments.

The Education Committee members were contacted via email to attend their regularly scheduled public meetings held on July 17, 2013, September 18, 2013 and November 20, 2013.

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

The Education Committee reviewed the regulations on July 17, 2013, September 18, 2013 and November 20, 2013. Committee discussion focused on O.A.C. rule 4765-7-12 due to advances in technology and software applications.

The committee raised the issue of compliance with CAAHEP and the Division of EMS. CAAHEP requires notification when a paramedic program utilizes online education or distance learning and may take some time before it takes action on the notification.

- *The Board addressed the comment and determined that an institution would need to wait for CAAHEP approval before offering paramedic training utilizing online education and/or distance learning. However, the institution would be able to offer EMR, EMT and AEMT training utilizing online education and/or distance learning following Board approval.*

The committee stated that the proposed rule should use the same terminology consistent with O.A.C. 4765-11-18, online education and/or distance learning for fire safety inspector and instructor training courses offered through a chartered program.

- The committee updated terminology language to be consistent with that in O.A.C. 4765-11-18 where appropriate to EMS training.

The committee questioned whether the required minimum course hours could be measured and if the rule should include language as such.

- The committee agreed that the language requiring institutions to maintain written or electronic documentation of compliance would suffice.

The committee wanted to ensure that the laboratory component of the program was not taught utilizing online education and/or distance learning systems.

- Committee agreed that adding language in paragraph (A) (10)(f) requiring skills practicum instruction, laboratory sessions, and testing utilize traditional classroom settings under the auspices of accredited institution.

Following discussion on November 20, 2013, the committee recommended that the package be submitted to the Board for approval to file with the Common Sense Initiative Office (CSIO) and the Joint Committee on Agency Rule Review (JCARR).

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At their regular board meeting on February 20, 2014, the Board approved a motion to file O.A.C. Chapter 4765-7 with CSIO and JCARR.

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?

The rules were developed using research recommendations from the EMS Education Agenda for the Future, a national initiative approved by the United States National Highway Traffic Safety Administration (NHTSA), who oversees EMS at the federal level. The research recommendations proposed a set of national education standards, national accreditation, and national standard testing, to ensure consistent performance outcomes for EMS providers to include, well-trained EMS providers, efficient and effective delivery of pre-hospital patient care, improved response in emergencies, and increased safety while delivering services.

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 Board discussed and researched alternative testing services and accreditation organizations for two years. It was determined that alternative regulations may not meet the purpose of the rules to assure safe, effective, and efficient EMS response. This regulation aligns with NHTSA's systems approach for national EMS education standards, scope of practice model, accreditation and standard testing. In addition, the regulation meets the needs of Ohio paramedics employed by EMS organizations that transport patients from neighboring states or those who 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 curriculum standards referenced in this regulation are competency-based (performance based) education standards. Pursuant to R.C. section 4765.16, EMS accredited institutions and approved CE institutions may develop their own training courses, under the direction of a physician who specializes in emergency medicine, which include all curricula areas set forth in R.C. section 4765.16 and meet the standards established in rules adopted by the Board under R.C. section 4765.11.

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

The Division of Emergency Medical Services is the only authority for EMS training, instruction and certification; therefore, a review of R.C. section 4765 and O.A.C. Chapter 4765 was completed. The Division of Emergency Medical Services staff reviewed section R.C. 4729 and O.A.C. Chapter 4729 to avoid duplication and/or conflict with Board of Pharmacy authority. In addition, the Division of Emergency Medical Services staff reviewed R.C. section 4731 and O.A.C. Chapter 4731 to avoid duplication and/or conflict with Medical Board authority.

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 Division of EMS will use the EMS web site and EMS listservs, to distribute the O.A.C. Chapter 4765-7 final rules and rule summaries to stakeholders. Notices to EMS organizations will be distributed through the Division newsletter, THE SIREN which is located at <http://ems.ohio.gov>. Division of EMS staff will receive email notification of the rule changes and attend section briefings regarding implementation policy and procedures.

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.

The scope of the impacted business community includes 1329 EMS organizations, 41,662 EMS providers, 99 EMS accredited institutions, which include 48 paramedic training programs, and 560 approved EMS continuing education institutions.

O.A.C. Chapter 4765-7, in and of itself, does not require specific expenditures. However, some provisions in these regulations require EMS training to be conducted in accordance with the standards adopted by the Board under R.C. section 4765.11, the curricula areas set forth in R.C. section 4765.16, and O.A.C. Chapter 4765, which would include the cost of

instructional materials, instructor time, and equipment as the program deems necessary. Stakeholders estimated that proposed amendments to these regulations would not increase the cost of compliance.

Adverse impact may result from seeking and maintaining certificates of accreditation, national accreditation, approval to operate EMS initial and continuing education training programs. These regulations require the EMS training institutions to retain written or electronic documentation that demonstrated compliance with curriculum standards and evaluation of student performance and achievement.

These regulations do not require an institution to provide EMS training programs, or once accredited and/or approved, to offer specific levels of training utilizing specific equipment and/or materials. The Committee estimates, however, that should an institution provide EMS training programs, its costs may range from \$5,731 to \$187,190 depending on the EMS level of training, typical class size, and instructor salaries, supplies, and equipment as the institution deems appropriate.

	EMR Training	EMT Training	AEMT Training	Paramedic Training
Training Hours	48 Hours	150 Hours	200 Hours	900 Hours
Instructor Payroll	\$3,312	\$73,746	\$90,785	\$163,786
Equipment	\$0	\$0	\$0	\$0
Student Supplies and equipment	\$2,399	\$6514	\$8346	\$18,404
Average Expense	\$5,731	\$85,260	\$104,130	\$187,190
Initial Training Tuition Range	\$0-\$500	\$500-\$1200	\$1000-\$2000	\$4000-\$10,000

These rules do require institutions to gain Commission on Accreditation of Allied Health Educational Programs (CAAHEP) national accreditation. The estimated cost of initial compliance is \$0.00 after the \$5000.00 grant award pursuant to R.C. section 4765.07. The estimated annual cost to an accredited institution for continued compliance is an annual fee of \$1200.00 and approximately \$3200.00 in additional costs every five years to complete the CAAHEP reaccreditation process. These costs are charged and collected by Committee on Accreditation of Educational Programs in the Emergency Medical Services Professions (CoAEMSP).

CAAHEP Accreditation Fees and Average Grant Request	
Site Visit Facilitation	\$ 2700.00
First Annual CoAEMSP Fee	\$1200.00
Technology Fee	\$ 250.00
Self-Study Report Evaluation Fee	\$ 500.00
Average Request	\$4,650.00
Grant Award	up to \$5000.00
Initial Estimated Cost	\$0.00

Costs obtained from CoAEMSP at <http://www.coaemsp.org/Fees.htm>

Source: The estimated cost of compliance was determined by the Education Committee of the Board and replies to a statewide survey sent to all accredited institutions to ascertain adverse impact. The committee utilized information provided on the CoAEMSP website to determine the initial and renewal costs of compliance. The committee members include EMS and continuing education training program directors, EMS instructors, EMS providers, and employers for private ambulance agencies and full-time and volunteer fire departments.

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

Pursuant to R.C. 4765.11, the Board is statutorily required to adopt rules that establish the standards and procedure under which the Board may issue, renew, suspend, or revoke certificates of accreditation, to operate training programs and certificates of approval, to operated EMS continuing education training programs. Ensuring professional standards in an EMS provider's professional conduct, delivery of emergency medical services and patient care justifies the minimal adverse impact to the business community.

CAAHEP national accreditation has been approved by forty-seven states including those bordering Ohio. CAAHEP accreditation and national 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.

The regulation does not mandate an EMS organization to operate a training program or purchase any equipment. In addition, an EMS organization issued a certificate of accreditation or approval is not required to operate all levels of EMS training. Organizations holding certificates of accreditation and approval may borrow equipment or any educational resources necessary to meet the curriculum standards. Organizations holding certificates of accreditation may form a consortium to operate paramedic training programs under a single national 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?

O.A.C. Chapter 4765-7, in and of itself, does not impose a penalty or sanction. However, provisions in R.C. section 4765.18 establish that the Board may impose administrative sanctions up to and including revocation of a certificate of accreditation and certificate of approval for violations of R.C. section 4765 or any rule adopted under it.

If disciplinary action is considered, each case is submitted first to Board's Assistant Attorney General to ensure compliance with R.C. section 119.04. The Board reviews each situation on a case-by-case and may consider all information relevant to the requirements of O.A.C. Chapter 4765 and R.C. Chapter 4765. Depending on the nature and severity of the violation the board may issue a lesser penalty or decide the case.

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

The Board administers grant awards set forth in R.C. section 4765.07, and as defined in R.C. section 4513.263. First priority includes awards to EMS organizations for the training of personnel, the purchase of equipment and to improve accessibility and quality of emergency medical services in this state. Sixth priority is a grant award of up to \$5000.00 per EMS institution for expenses incurred in seeking national accreditation of its paramedic program. 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 are distributed through a reimbursement process as costs are incurred by the grantee. The Division of EMS website includes a grants web page that summarizes distribution details

and provides grant applications. The EMS web page can be found using the following link:
www.ems.ohio.gov.