Ohio | Common Sense Initiative

Mike DeWine, Governor
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Business Impact Analysis

Agency, Board, or Commission Name: Ohio Department of Public Safety (ODPS) - Division of Emergency Medical Services (EMS), State Board of Emergency Medical, Fire, and Transportation Services (EMFTS)

Rule Contact Name and Contact Information:
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Regulation/Package Title (a general description of the rules' substantive content):
EMS Scope of Practice - Capnography

Rule Number(s): 4765-15-04, 4765-16-04, 4765-17-03

Date of Submission for CSI Review: May 18, 2020

Public Comment Period End Date: June 10, 2020

Rule Type/Number of Rules:

New/_0_ rules — **No Change/_0__ rules (FYR? ___)**

Amended/__3_ rules (FYR? _No_) — **Rescinded/__0_ rules (FYR? ___)**

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

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Reason for Submission

1. **R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.**

   Which adverse impact(s) to businesses has the agency determined the rule(s) create?

   The rule(s):

   a. ☐ **Requires a license, permit, or any other prior authorization to engage in or operate a line of business.**

   b. ☐ **Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.**

   c. ☒ **Requires specific expenditures or the report of information as a condition of compliance.**

   d. ☐ **Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.**

Regulatory Intent

2. **Please briefly describe the draft regulation in plain language.**
   Please include the key provisions of the regulation as well as any proposed amendments.

   ABOUT WAVEFORM CAPNOGRAPHY

   - Waveform capnography is written as PETCO2 (Partial End Tidal Carbon Dioxide)
   - Waveform capnography is used to measure exhaled carbon dioxide levels, CPR [cardiopulmonary resuscitation] quality, and determine ROSC (Return of Spontaneous Circulation).
   - Think of ROSC as "Return of Life." If CPR is being done, and the patient's heart starts beating again on its own, the patient has achieved ROSC, or return of life.
   - Waveform capnography is the most reliable and sensitive indicator of proper ETT [endotracheal tube] placement.

   SOURCE: Saving American Hearts, Inc., posted December 23, 2019 (https://savingamericanhearts.com/blog/advanced-cardiac-life-support-acls-study-guide-new-2015-guidelines-of-the-american-heart-association/) and EMS staff

   Rules 4765-15-04, 4765-16-04, and 4765-17-03 of the Ohio Administrative Code (OAC) set forth the scopes of practice established by the Ohio State Board of Emergency Medical, Fire, and Transportation Services (EMFTS) for the emergency medical technician (EMT), advanced

emergency medical technician (AEMT), and paramedic certificates to practice. In Ohio Revised Code (RC) section 4765.011, the designations of individuals certified to practice emergency medical services are described. An emergency medical technician-basic or EMT-basic is also known as an EMT. An emergency medical technician-intermediate or EMT-I is also known as an Advanced Emergency Medical Technician (AEMT).

A summary of each of the scope of practice rules being amended is provided below:

4765-15-04	**Amend**	**Emergency medical technician scope of practice.**
Rule 4765-15-04 sets forth the emergency medical services that may be performed by an emergency medical technician (EMT) and the conditions under which the services may be performed. 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. **The rule is amended to require the use of waveform capnography for all patients requiring invasive airway devices with the exception of stable patients with no cardiac or pulmonary complaints or symptoms unless ordered by the transferring physician.**		
4765-16-04	**Amend**	**Advanced emergency medical technician scope of practice.**
Rule 4765-16-04 sets forth the emergency medical services that may be performed by an advanced emergency medical technician (AEMT) and the conditions under which the services may be performed. The rule states that a medical director for an emergency medical organization may limit the scope of practice for AEMTs within the organization. The rule requires AEMTs 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. **The rule is amended to require the use of waveform capnography for all patients requiring invasive airway devices with the exception of stable patients with no cardiac or pulmonary complaints or symptoms unless ordered by the transferring physician.**		
4765-17-03	**Amend**	**Paramedic scope of practice.**
Rule 4765-17-03 sets forth the emergency medical services that may be performed by a paramedic and the conditions under which the services may be performed. The rule states that a medical director for an emergency medical organization may limit the scope of practice for paramedics within the organization. The rule requires paramedics 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. **The rule is amended to require the use of waveform capnography for all patients requiring invasive airway devices with the exception of stable patients with no cardiac or pulmonary complaints or symptoms unless ordered by the transferring physician.**		

3. **Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.**

Rule Number	4765-15-04	4765-16-04	4765-17-03
Authorized by	RC 4765.11 and 4765.37	RC 4765.11 and 4765.38	RC 4765.11 and 4765.39
Rule amplifies	RC 4765.37	RC 1547.11, 4765.38, 4511.19, and 4506.17	RC 1547.11, 4765.39, 4765.391, 4511.19, and 4506.17

4. **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.

   The regulations do not implement federal requirements, nor are they being adopted to participate in a federal program.

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

   Not applicable.

6. **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 section 4765.11 of the Revised Code, the EMFTS Board is directed to adopt rules that establish the standards for the performance of emergency medical services by EMS providers and to adopt procedures for approving additional emergency medical services the EMTs, AEMTs, and paramedics are authorized to perform under sections 4765.37, 4765.38, and 4765.39, respectively, of the Revised Code.

   The rule changes related to waveform capnography are proposed by the State Board of EMFTS following its review of research, which recommended "…that continuous quantitative waveform capnography should also be used to monitor the effectiveness of cardiopulmonary resuscitation (CPR) and the early detection of the return of spontaneous circulation (ROSC) in the patient who has sustained a cardiopulmonary arrest."

   In addition, the State Board of EMFTS determined that "…the advent of capnometry and capnography devices that non-invasively monitor PETCO2 has expanded the ability of all health care providers, particularly those in the prehospital setting, to more rapidly detect airway compromise due to hypoventilation or improperly placed or displaced invasive airway devices."

   SOURCE: *(Regarding the Use of Capnometry and Capnography for Patients in the Prehospital Setting - February 2018)*

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

   Success of the regulation will be measured using data reported by agencies to the emergency medical services incidence reporting system (EMSIRS).

8. **Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?**

   If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.

   No, none of the proposed rules contained in this rule package are being submitted pursuant to RC 101.352, 101.353, 106.032, 121.93, or 121.931.

Development of the Regulation

9. **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 Ohio State Board of Emergency Medical, Fire, and Transportation Services (EMFTS) is a twenty-one member board. The director of the Ohio Department of Public Safety designates a member of the Ohio Department of Public Safety as a member of the Board. Twenty members who each have "background or experience in emergency medical services or trauma care" are appointed by the Governor with the advice and consent of the Ohio Senate. The Governor attempts "to include members representing urban and rural areas, various geographical regions of the state, and various schools of training" in making appointments to the Ohio State Board of EMFTS. The appointees to the board represent Ohio's fire and emergency medical services, private medical transportation services, mobile intensive care providers, air medical providers, trauma programs, hospitals, emergency physicians, EMS training institutions, and ODPS. Members of the EMFTS Board and individuals with similar backgrounds and experiences make up the committees, subcommittees, and workgroups of the EMFTS Board.

   Scope of practice rules are an agenda item at the bi-monthly meetings of the Medical Oversight Committee (MOC) and frequently appear on the bi-monthly meeting agendas of the Education Committee. Other committees may participate in the development of amendments to rules and to the EMS scope of practice. In addition, the state medical director, EMS education coordinators, and other staff of the Ohio Division of EMS, and legal staff of the Ohio Department of Public Safety participate in revisions to administrative rules and the scope of practice.

   The EMFTS Board meetings are generally scheduled for every other month, with an additional meeting during May. MOC and the Education Committee, as well as other

committees and subcommittees, generally meet every other month. The EMFTS Board meeting schedule is available at the About Us Website. All meetings, including recent on-line meetings, are open to the public.

Stakeholders are invited to participate when the rules are filed with the Common Sense Initiative (CSI) office during the public comment period, which is open for sixteen business days after the filing date. Stakeholders are also invited to participate when the rules are filed with the Joint Committee on Agency Rule Review (JCARR), including by attending or submitting information for the public hearing that is scheduled during a thirty-one-to-forty-day window after the filing date with JCARR. Information about the proposed rules, public comment period, and the public hearing is posted at the Ohio Department of Public Safety Administrative Rules Webpage. In addition, subscribers to Ohio EMS Stay Connected topic groups receive notification of rule filings and opportunities to participate via gov.deliery.com.

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

The American Heart Association published recommendations to increase the emphasis on waveform capnography to verify ETT placement and optimize CPR quality and detect ROSC as early as 2010. The Medical Oversight Committee (MOC) of the State Board of EMFTS drafted a position paper recommending waveform capnography "… for inclusion in prehospital protocols by EMS medical directors and implementation by EMTs providing emergency care, within the parameters of the Ohio EMS scope of practice, to endotracheally intubated patients" in April 2011.

The MOC is organized to address issues "pertaining to quality assurance, medical control, scope of practice, medical standards of curricula or other related issues assigned by the EMFTS Board." Since April 2011, the committee has monitored the use of capnography in the prehospital setting by reviewing research, capnography survey results provided by the NASEMSO* Medical Directors Council, and EMSIRS** data about capnography use in metro, suburban, rural, and Appalachian regions of Ohio.

The MOC revised the EMFTS capnography position paper in 2014 and 2018. *Regarding the Use of Capnometry and Capnography for Patients in the Prehospital Setting* - February 2018 is posted at the EMS website. The MOC created and posted training information, entitled *Waveform Capnography for Ohio EMS - A Vital Adjunct for Improved Safety Outcomes*, in 2015, following the EMFTS Board's December 17, 2014 approval of the mandatory utilization of waveform capnography for all patients requiring invasive airway devices. In the motion, the Board set an effective date of January 1, 2021 to require the use of waveform capnography to provide a five-year transition period for EMS agencies and schools.

In addition, the EMFTS Board approved a motion presented by the Resource Management Committee at the December 17, 2014 meeting. The motion revised the Priority 1 grant

process to encourage agencies to purchase equipment and training to achieve Board priorities, including waveform capnography.

Stakeholders will continue to comment throughout the rule revision process. Draft and proposed rules are available at the EMS Laws & Rules Website / ODPS Administrative Rules Webpage and provided to members of Ohio EMS Stay Connected topic groups using gov.delivery.com. Subscribers in groups including EMS agencies, EMS instructors, and EMS general bulletins are provided with information and asked to provide comments.

**National Association of State EMS Officials*
*** Ohio EMS Incidence Reporting System*

11. 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?

In its February 2018 capnography position paper, the State Board of EMFTS cites research demonstrating that capnography and capnometry are superior to pulse oximetry. The position paper states that advancements in technology and the availability of lightweight portable digital capnometers and waveform capnographs "for use by EMS providers to assess a patient's ventilatory status, confirm correct invasive airway device placement, and rapidly identify invasive airway device displacement" offers the capability to provide continuous assessment of the patient's ventilatory status and to potentially create a capnograph, a dynamic written record of the patient's PETCO2. The EMFTS Board also cites American Heart Association guidelines that recommend continuous quantitative waveform capnography to monitor "the effectiveness of cardiopulmonary resuscitation (CPR) and the early detection of the return of spontaneous circulation (ROSC) in the patient who has sustained a cardiopulmonary arrest."

12. 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?

No alternative regulations were considered. Pursuant to section 4765.11 of the Revised Code, the EMFTS board is directed to adopt rules that establish the standards for the performance of emergency medical services, and the procedures for approving the additional emergency medical services authorized by sections 4765.37, 4765.38, and 4765.39 of the RC.

13. 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 curricula set forth in OAC chapters 4765-15, 4765-16, and 4765-17 provide a competency-based education standard. Pursuant to section 4765.16 of the RC, accredited EMS training organizations and approved continuing education institutions may develop

their own training courses under the direction of a physician who specializes in emergency medicine.

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

The Ohio Division of Emergency Medical Services is the only authority for EMS training, instruction and certification; therefore, a review of Chapter 4765. of the RC and agency 4765 of the OAC was completed.

15. 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 EMFTS Board approved the rule amendments requiring the use of waveform capnography for patients requiring invasive airway devices in December 2014, but scheduled the effective date for the rules to be January 1, 2021. The five-year lead time was scheduled to provide EMS schools time to implement revised curricula and EMS agencies time to acquire the equipment to perform waveform capnography. EMS grant funds are available for the purchase of waveform capnography equipment, heart monitors/defibrillators and AEDs [automated external defibrillators]. The EMFTS Board, MOC, and the state medical director have provided a training resource, available at no charge, entitled *Waveform Capnography for Ohio EMS - A Vital Adjunct for Improved Safety Outcomes*, posted at the EMS Training & Education Webpage.

Using the Division's Website EMS.ohio.gov and the Ohio EMS Stay Connected topic groups, the division provides stakeholders with proposed and final rules, rule summaries, and changes to amended rules in OAC chapters. The approved Ohio EMS scopes of practice will be published at the EMS website. The Division of EMS staff has been in contact with EMS accredited training centers and continuing education program directors about the capnography requirements, and will provide the approved Ohio EMS rule revisions to them via email. Division of EMS staff will receive email notification of the rule changes and attend section briefings regarding implementation policy and procedures.

The Division of EMS posts information about the rule review process, including those rules scheduled for review, drafts open for public comment, proposed rules and public hearing notices, and recently adopted rules, at its *Laws & Rules Overview* Web site (https://www.ems.ohio.gov/laws.aspx) and at the Ohio Department of Public Safety *Administrative Rules* Web site (https://publicsafety.ohio.gov/wps/portal/gov/odps/what-we-do/administrative-rules-reviews/).

The laws and rules associated with emergency medical services are provided as links at the "*Laws and Rules Overview*" site (https://www.ems.ohio.gov/laws.aspx), and the amended rules, when it becomes effective, will be available through that link. The Division of EMS will use the Ohio EMS Stay Connected topic groups, which includes EMS instructors, EMS agencies, and "EMS for Children" lists to distribute the final rules to stakeholders when they

become effective. During their meetings, the EMFTS Board, its committees and workgroups receive regular updates about EMS rules.

Adverse Impact to Business

16. 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; and

The scope of the impacted stakeholder community fluctuates but includes approximately:

- 41,382 EMS providers;
- 566 EMS instructors;
- 92 EMS accredited institutions, which includes 37 paramedic training programs; and
- 566 approved EMS continuing education institutions.

SOURCE: Ohio Division of Emergency Medical Services, March 2020

- 1,020 EMS organizations and
- 252 EMS registered medical directors.

SOURCE: Ohio Division of Emergency Medical Services, May 2020

b. Identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance,); and

The nature of the adverse impact for accredited institutions that may result from the proposed changes to OAC chapters 4765-15, 4765-16, and 4765-17 would be the expense of providing or obtaining training that meets the medical standard of care established by the EMFTS Board.

Adverse impacts for EMS organizations include the cost of acquiring waveform capnography equipment, heart monitors/defibrillators and AEDs.

EMS providers who have not received waveform capnography training as part of an initial certification course will require training from their EMS medical directors. Medical directors will also update their EMS organizations' protocols to include the use of waveform capnography.

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.

Adverse impacts for accredited institutions 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 institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. 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; $1000-$2000 for AEMT training; and $4000-$10,000 for paramedic 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.

AED/AED Upgrades
Equipment and equipment upgrades ranged in cost from $349.00 to $15,000.00 per unit. Smaller related equipment items and consumables ranged in cost from $7.29 to $224.00 per unit.

Heart Monitor/Defibrillator
Equipment and equipment upgrades ranged in cost from $1,000.00 to $67,908.00 per unit. Smaller related equipment items and consumables ranged in cost from $1.00 to $988.10 per unit.

Waveform Capnography
Equipment and equipment upgrades ranged in cost from $433.50 to $6,703.20 per unit. Smaller related equipment items and consumables ranged in cost from $7.81 to $355.00 per unit.

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

SOURCE: *The tuition information was updated in 2017 by Ohio Department of Public Safety Division of EMS staff following review of a sample of initial and renewal applications submitted by accredited institutions during the period of 01/01/2017 to 08/01/2017. The information was reviewed on May 7, 2020 by Division of EMS staff.*

The equipment and supplies costs were derived by EMS staff using information about recent EMS grant expenditures, a general knowledge of EMS equipment, and current pricing information obtained on-line.

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

Revisions to the scope of practice rules are made pursuant to sections 4765.11, 4765.37, 4765.38, and 4765.39 of the Revised Code. The EMFTS Board is statutorily required to promulgate rules in regard to establishing the curricula, procedures, and standards for the performance of EMS providers, training institutions, and instructors. EMS providers respond to medical and traumatic emergencies in the pre-hospital setting and function without direct oversight. It is critical that the EMS workforce maintain an acceptable knowledge and skill level to provide quality care before and during transport to a medical facility. EMS agencies utilizing EMS providers depend upon the EMFTS Board and the Division of EMS to ensure individuals issued a certificate to practice have met a recognized standard. The Division of EMS' intent to ensure high standards in a provider's professional conduct, delivery of emergency medical services, and safe patient care justifies the minimal adverse impact to the impacted community.

The amendments to the scopes of practice proposed for rules 4765-15-04, 4765-16-04, and 4765-17-03 created a minimal need for additions to EMS provider training. A five-year lead time was scheduled to allow EMS training institutions to revise curricula over time, and the EMFTS Board, MOC, and state medical director provided training assistance at no cost. EMS organizations used the EMS training and assistance grant funds to purchase waveform capnography equipment.

The Division of EMS staff determined that the amendments to rules 4765-15-04, 4765-16-04, and 4765-17-03 will enhance patient care with minimal costs of compliance to the provider.

Regulatory Flexibility

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

In order to assure safe, effective, and efficient delivery of emergency medical services, no alternatives can be considered for curriculum and training standards. The rules do not mandate an EMS organization to operate a training program, adopt any procedure, or purchase any equipment. In addition, an EMS organization issued a certificate of accreditation is not required to operate all levels of EMS training. Each EMS organization, with the approval of its medical director, determines the extent to which the provider scope of practice is adopted into local protocol and, therefore, the equipment and training required.

19. 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 scope of practice rules in agency 4765 of the OAC in and of themselves do not impose any penalties or sanctions. However, as set forth in provisions of RC sections 4765.33 and 4765.50, the EMFTS Board may impose administrative sanctions up to and including revocation of a certificate of accreditation, certificate of approval, certificate of practice, or certificate to teach for violations of Chapter 4765. of the RC or any rule adopted under it.

If disciplinary action is considered, each case is submitted first to the EMFTS Board's Assistant Attorney General to ensure compliance with RC Chapter 119. The EMFTS Board reviews each situation on a case-by-case basis and may consider all information relevant to the requirements of OAC agency 4765 and RC Chapter 4765.

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

The State Board of EMFTS provides funds from its Priority 1 Training & Equipment Grant program. As set forth in division (A)(1) of section 4765.07 of the RC, "First priority shall be given to emergency medical service organizations for the training of personnel, for the purchase of equipment and vehicles, and to improve the availability, accessibility, and quality of emergency medical services in this state. In this category, the board shall give priority to grants that fund training and equipping of emergency medical service personnel." A supplemental grant program that distributes remaining funds from the Priority 1 Training & Equipment Grant for each fiscal year was established in 2017. The EMS "Grant Program" Web page can be found using the following link: https://www.ems.ohio.gov/grants.aspx.

During its December 2014 meeting, in addition to the motion requiring waveform capnography to be effective January 1, 2021, the EMFTS Board approved a motion to change the Priority 1 grant process to ensure awards are "…granted to those agencies that need to purchase equipment and training to achieve priorities [such as requiring waveform capnography] set by the Board."

The total EMS grant reimbursement for waveform capnography, heart monitor/defibrillator and AED for state fiscal years 2014-2020 is **$3,163,269.47**. The amounts per state fiscal year for the Priority One grants and Supplemental grants are provided below:

Priority One (2014-2020)		
Grant Year		**Amount Reimbursed**
SFY 2014	$	176,256.03
SFY 2015	$	199,169.11
SFY 2016	$	354,091.28
SFY 2017	$	538,413.86
SFY 2018	$	229,045.73
SFY 2019	$	257,212.47
SFY 2020	$	202,878.17
Grand Total Priority One Grants	***$***	***1,957,066.65****

*Reimbursements in the Waveform Category, Heart Monitor/Defibrillator, AED categories

Supplemental Grants (2017-2020)			
Grant Year	**Total Purchase**		**Amount Reimbursed**
SFY 2017	9	$	222,592.87
SFY 2018	22	$	542,080.34
SFY 2019	9	$	259,748.81
SFY 2020	9	$	181,780.80
Grand Total Supplemental Grants	***49***	***$***	***1,206,202.82***

In addition, the Medical Oversight Committee of the EMFTS Board has developed a training module, approved by the State Medical Director, available at no charge. The module "Waveform Capnography Training," can be found at the EMS "Training & Education Resources" Website at https://www.ems.ohio.gov/education-resources.aspx.

The EMS Web page includes links to the laws and rules associated with emergency medical services, along with an overview section about accredited and approved continuing education institutions, certifications, medical direction, scope to practice, and training and education. The *Agency Directory* at the EMS Web site (https://www.ems.ohio.gov/about-directory.aspx) includes the email addresses, telephone numbers, including a toll free number (1-800-233-0875), and the names of EMS staff.

In past years, Ohio Division of EMS staff members attended and presented information at various conferences, seminars, and symposiums throughout the State of Ohio, such as the annual International Trauma Life Support (ITLS) Emergency Care Conference, the Ohio Association of Emergency Medical Services (OAEMS) Summer Conference, Ohio Fire and EMS Expo, Ohio EMS Grant Hospital/Ohio Health Conference, Ohio Ambulance Association Conference, Ohio State Fire Instructors Society, and the Ohio State Fair. The Ohio Division of EMS has presented stakeholder conferences and Webinars for stakeholders, including EMS program directors and medical directors.

The Ohio Division of EMS has adapted its methods of communicating with and assisting stakeholders during the state of emergency declared by the Governor through Executive Order 2020-01D, issued March 9, 2020. The State Board of EMFTS and its committees have been holding on-line meetings open for public participation. The submission deadline for Priority 1 and supplemental grant applications has been April 1; it was extended to May 1, 2020 for State Fiscal Year (SFY) 20200-02021. EMS staff members will work with stakeholders groups to provide information and participate in conferences, seminars, and symposiums restructured to comply with the executive order and Responsible RestartOhio protocols.