



Common Sense Initiative

Mike DeWine, Governor
Jon Husted, Lt. Governor

Carrie Kuruc, Director

MEMORANDUM

TO: Joseph Kirk, Ohio Department of Public Safety

FROM: Ethan Wittkorn, Regulatory Policy Advocate

DATE: January 8, 2019

RE: **CSI Review – Paramedic scope of practice - Pediatric Non-Emergent Transport with Ventilator (4765-17-03)**

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 Commission as provided for in ORC 107.54.

Analysis

This Ohio Department of Public Safety (Department) rule package consists of one amended rule. The rule was submitted to the CSI Office on November 8, 2019, and the public comment period was open through December 4, 2019. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI office on November 8, 2019.

This rule establishes the emergency medical services that may be performed by a paramedic and the allowable conditions under which the services may be performed. Amendments to the rule include the addition of paragraph (B) which allows a non-emergent ambulance to transport stable patients less than sixteen years of age with a condition requires a tracheostomy tube and ventilator if the patient's caregiver accompanies the patient during transport. Additionally, the amended paragraph requires the caregiver to have training in the use of the ventilator and stipulates that if a licensed registered nurse or respiratory therapist is accompanying the patient, the caregiver is not required to accompany the patient.

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During the period of early stakeholder outreach, the Department's staff, including the twenty-one members of the Ohio State Board of Emergency Medical, Fire, and Transportation Services, legal staff, the state Medical Director, EMS education coordinators, the Department's Medical Oversight committee, and others worked on revisions to the proposed rule. During the CSI public comment period, one comment was received. The comment pointed out that paragraph (A)(21) was a duplicate of (A)(13), leading to the Board deleting paragraph (A)(21) to correct the error.

Impacted communities include 1,235 EMS organizations, 41,225 EMS providers, 90 EMS accredited institutions including 38 paramedic training programs, and 533 approved EMS continuing education institutions. Impacts include training necessary for paramedics and the addition of newly allowed services to each accredited institution's curriculum. The Department states that costs for EMS students and facilities will vary based on the level of training and the training hours required for certification. The Department states that the rules are necessary to meet statutory requirements in 4765.11 and 4765.39.

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.