



# Common Sense Initiative

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Joseph Baker, Director

## Business Impact Analysis

Agency, Board, or Commission Name: Ohio Department of Public Safety, Division of Emergency Medical, Fire and Transportation Services

Rule Contact Name and Contact Information: Joseph Kirk, 614-466-5605

Regulation/Package Title (a general description of the rules' substantive content):

EMS Curriculum rules

Rule Number(s): 4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04

Date of Submission for CSI Review: August 5, 2024

Public Comment Period End Date: August 19, 2024

**Rule Type/Number of Rules:**

New/\_\_\_ rules

No Change/\_\_\_ rules (FYR? \_\_)

Amended/ 4 rules (FYR? 0)

Rescinded/\_\_\_ rules (FYR?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.

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

[CSIPublicComments@governor.ohio.gov](mailto:CSIPublicComments@governor.ohio.gov)

### **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.*

Chapters 4765-12, 4765-15, 4765-16, and 4765-17 of the Administrative Code (OAC) set forth the curriculum standards, continuing education requirements, and scopes of practice established by the EMFTS board for the emergency medical responder (EMR), emergency medical technician (EMT), advanced emergency medical technician (AEMT), or paramedic certificate to practice.

Each rule is being amended to establish competency-based training methodology for completing education requirements towards an EMS certification rather than specifying a minimum number of hours for completing each course of instruction.

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.

Rules 4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04 are all authorized by Section 4765.11 of the Revised Code and amplify 4765.16 of the Revised Code.

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.*

While the revisions are not required to enable the state to obtain or maintain approval, the amendments are necessary in order to assist EMS accredited institutions that participate in the financial assistance programs authorized under Title IV of the Higher Education Act of 1965. Title IV aid programs are the primary source of federal financial assistance for students enrolled in postsecondary education, and each academic institution must certify that its programs are operated in compliance with Title IV requirements. 34 CFR § 668.14.

The U.S. Department of Education has promulgated new Title IV requirements that limit the number of hours in a gainful employment program to the minimum hours established by the State for training in the specified occupation. 34 CFR § 668.14(b)(26). These requirements become effective July 1, 2024. This change requires EMS accredited institutions to reduce their curriculum to the bare minimum hour requirements specified in the currently effective administrative rules. The EMS curriculum standards are designed to prepare each student to pass the certification exams and become effective EMS practitioners. Many schools have designed their curriculums to help ensure these outcomes, rather than focusing on the minimum hours for educational objectives. Any additional hours of instruction are designed to help students achieve their goal of helping their communities, thereby protecting the investment of students who receive federal loans and the investment of taxpayers who fund them. Therefore, the rule amendments more accurately reflect the competency-based goals of EMS education.

While the requirements are currently prohibited going into effect by a federal court injunction, the Department is preparing to meet the federal requirements if the US Department of Education rules go into effect while simultaneously more accurately reflecting the competency-based goals of EMS education.

- 5. If the regulation implements a federal requirement, but 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 EMS board is directed to adopt rules that establish the standards for the performance of emergency medical services by EMS providers. The EMS board is directed to adopt rules that establish the EMS curricula and the hours and materials used in adult and pediatric continuing education programs and courses.

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

Success of the regulation is measured by the increase in pass rates of Ohio candidates who attempt the National Registry certification examination. In addition, success of the regulation will be measured utilizing data collected in the Emergency Medical Services Reporting System (EMSIRS). EMSIRS can be analyzed to determine the duration of EMS responses and transports, the emergency

medical services performed by EMS providers, the frequency in which EMS providers perform the services, the success of emergency medical services performed, and the impact on patient care. The number of students attempting the examination, pass rates for the exams, and the various EMSIRS reports are reviewed annually to measure the success of this regulation.

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.*

Not applicable.

### **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 division of EMS uses govdelivery to send subscribers information about proposed rules and solicit stakeholder comments during the rule-review process. A govdelivery bulletin was sent on July 5, 2024 to all subscribers with the comment period ending on July 15, 2024.

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

Daniel Solomon- *"I am writing to express my full support for the proposed amendments to rules 4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04 regarding the transition to a competency-based training methodology for EMS certification. These changes are a significant step forward in ensuring that EMS training programs prioritize practical skills and competencies over a rigid minimum-hour framework.*

*The shift to competency-based training will allow for more flexibility in EMS education, better aligning the curriculum with real-world demands and the diverse learning paces of students. This approach is particularly beneficial in the context of EMS, where practical skills and the ability to respond effectively to emergencies are paramount."*

EMS Response- No response as the comments are in support of the rule amendments as proposed.

Jeremy S. Rieger- *"I'm writing to offer my public comment on the amendments to rules 4765-12-05, 4765-15-05, 4765-16-06 and 4765-17-04. I was trained at the Akron General EMS Education Program under the direction of Michael G. Simon, MBA, NRP in 2022 and 2023 for my EMT and Paramedic certifications. One of the things that stuck out to me during my education was that nothing was done to the bare minimum just to satisfy state requirements. We drilled and drilled during scenario-based training and psychomotor training labs until we were competent in skills or until the required number of hours or repetitions were met— whichever came last. In the classroom, Francine Terry, MD, MPH, P-EMSI went over all areas of study in fine detail. She was meticulous in*

*covering topics. The reason I mention these people is because they have never been satisfied with the bare minimum. Taking away an hour requirement allows training programs to cover material until someone with authority in the program determines that the students are competent. While this might seem smart, the threshold for competency is not always black and white. Students might be able to perform the task with competency for testing purposes, but because they were rushed through the skills practice, they may lack mastery required to perform the skills under pressure. When Dr. Nancy Caroline and Dr. Peter Safar spearheaded the first paramedic education program in Pittsburgh in the early 70s, which became the model for EMS education worldwide, they didn't do the bare minimum. They ran the first paramedics through drills ad nauseam until they were certain that the paramedics could perform the skills in the most stressful environments. If anything, the hours requirements for EMS certifications should be raised. Having an hours requirement for EMS certifications makes it harder for programs to rush students through training. There are many EMS education programs that rush students through training and do the bare minimum to graduate as many candidates as possible. The result of these programs is often low registry success rates. I believe taking away the hour requirements for EMS certifications in Ohio would only serve to enable this deplorable behavior from program administrators. Thank you for your time."*

**EMS Response-** Since the mid-1990s, the evolution of the National EMS Education Standards, developed and published by the National Highway Traffic Safety Administration Office of EMS, has moved away from a prescribed number of hours for each initial EMS certification course. Instead, minimal competencies or performance standards based upon each student's success rates in assessing and managing patients representing the spectrum of various illnesses and injuries in pediatric, adult, and geriatric patients are tracked to document attainment of the necessary competencies. Based on previous medical research in related disciplines, "eureka points" of success rates has shown that mastery is achieved when successful performance of these critical skills has been attained when a certain repetitive success rate has been achieved, for example, 16 of the last 20 attempted IVs were successfully established. These recommended success rates continue to be studied and refined by various EMS programs across the county and are endorsed by the National Association of EMS Educators, the Committee on Accreditation for the EMS Professions, and the National Registry of Emergency Medical Technicians.

**Kenan Mylander-** *"Why the change to strictly competency-based, versus minimum hours plus competency? One thing I have noticed is students coming out of programs can "just barely" do skills the way things are now. As a suggestion, instead of proving they can "just do the skill" what about keeping the minimum hours and increasing experience numbers to ensure extra practice for mastery of the skills?"*

*Are other states doing competency-based with no minimum hours? Or have other states "tried" this? If so, which states?*

*Should refreshers move to a competency-based system, or combination hours + competency-based system?"*

*Mr. Mylander also made several additional suggestions for addition to core competency training in Ohio that deal with scope of practice.*

**EMS Response-** These changes are a significant step forward in ensuring that EMS training programs prioritize practical skills and competencies over a rigid minimum-hour framework.

The shift to competency-based training will allow for more flexibility in EMS education, better aligning the curriculum with real-world demands and the diverse learning paces of students. This approach is particularly beneficial in the context of EMS, where practical skills and the ability to respond effectively to time-critical emergencies are paramount.

The additional suggestions have been forwarded to the Scope of Practice Ad Hoc Committee which is tasked with reviewing these requests and recommending appropriate scope of practice changes for consideration by the Emergency Medical, Fire, and Transportation Services (EMFTS) Board where this authority resides. Please note that on June 26, 2024, the EMFTS Board approved initiation of blood and blood products as an added competency for Paramedics in addition to other changes.

**Martha Lester-** *"Does the 'competency based training ' apply to initial / entry level education?*

*Does it include continuing education for recertification? (Currently a set number of hours which varies by certification level.)*

*Would this allow someone who already has a 'substantially similar' training in emergency care from another state or a non-accredited agency (such as American Red Cross Advanced FA, Ski Patrol, Wilderness Medicine, Lifeguard Training,...) to do a "challenge" test for certification (i. e., go through skill stations and take a written test)? [This could help to add more EMS workers in particular for volunteer departments and in case of large scale community events or disasters.]"*

**EMS Response-** The proposed changes to competency-based training in the referenced rules are only for Ohio approved EMS training courses for initial certification. Any "challenge" to the initial test for Ohio certification would need to be addressed by the National Registry of Emergency Medical Technicians who develop and administer the initial national EMS certification examinations throughout the USA. Reciprocity applicants who already hold EMS certification must meet training requirements that are substantially similar to the curriculum and certification standards of Ohio.

**Wade Hook-** *"The following are questions or statements related to the AOC rules 4765-12-05, 4765-15-05, 4765-16-06 and 4765-17-04.*

*Overall comments/questions include:*

*Noticed Minimum number of training hours was removed from each provider level; are we going to have a threshold minimum to meet per the OAC?*

*Areas with specific comments/questions include:*

*All Code References will follow the drafted outline as provided in the email to stakeholders:*

*AOC 4765-12-05 Emergency Responder Curriculum*

*(A)(8)(b): Ventilation with flow restricted oxygen powered device – is this practice still used in Ohio, does it need to be removed because it is outdated?*

4765-15-05 Emergency medical technician curriculum.

(B)(8)(a) Insertion of extraglottic and dual lumen airway devices on apneic and pulseless patients – replace with up-to-date terminology: insertion of supraglottic airway devices on apneic and pulseless patients.

(B)(8)(d) Flow restricted oxygen powered device – is this practice still used in Ohio, does it need to be removed because it is outdated?

(B)(11)(c) Epinephrine auto-injection administration: change to include intramuscular (IM) injection administration of Epinephrine along with auto-injection administration.

(B)(11)(d) Naloxone administration via auto-injector and intranasal route; change to include intramuscular (IM) injection administration as well. They are able to give intramuscular injections of epinephrine and glucagon under the new scope of practice why not include naloxone as well.

(B)(11)(f) 'NEW' Glucagon intramuscular (IM) injection administration.

(B)(17)(c) 'NEW' A minimum of three intramuscular injections

4765-16-06 Advanced emergency medical technician curriculum.

(B)(8)(a) Orotracheal intubation with apneic patients to include insertion of endotracheal, extraglottic and dual lumen airway devices; – replace with up-to-date terminology: insertion of endotracheal and supraglottic airway devices on apneic and pulseless patients.

(C) (3) A minimum of three insertions of extraglottic airway devices, which may be completed on a mannequin; REMOVE

(C) (4) A minimum of three insertions of dual lumen airway devices, which may be completed on a mannequin; REMOVE

Replace with: A minimum of three insertions of supraglottic airway devices, which may be completed on a mannequin;

4765-17-04 Paramedic curriculum.

(E)(2)(b) Maintenance of blood products; include changes to scope of practice initiation of blood products."

**EMS Response** - The proposed rule changes eliminate any specific reference to a specific threshold minimum number of hours. Continuing to reference a specific number of hours will only perpetuate highly variable and often substandard performance by graduates who were forced to learn and master all material in the precise amount of time as prescribed. The shift to competency-based training allows for more flexibility in EMS education, better aligning the curriculum with real-world demands and the diverse learning paces of students. This approach is particularly beneficial in the context of EMS, where practical skills and the ability to respond effectively to time-critical emergencies are paramount.

The additional suggestions have been forwarded to the Scope of Practice Ad Hoc Committee which is tasked with reviewing these requests and recommending appropriate scope of practice changes and curriculum updates for consideration by the Emergency Medical, Fire, and Transportation Services (EMFTS) Board where this authority resides. Please note that the EMFTS Board has been



implementing changes and updating the approved scopes of practice which can be reviewed at EMFTS Board Approves 'Added Competencies' for Ohio EMTs and Paramedics Effective June 26, 2024.

- 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?**

Changes to the EMS curriculum rule are based on evidence based research. The research studies and results are acquired from national EMS organizations, national publications, and research funded through Division of EMS grants, thus representing the best practices. The core competencies for Ohio approved curriculum for EMS mirror the competencies set forth in the "National EMS Education Standards" published by the NHTSA.

- 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? *Alternative regulations may include performance-based regulations, which define the required outcome, but do not dictate the process the regulated stakeholders must use to comply.***

No alternative regulations were considered.

- 13. 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 Chapter 4765. of the ORC and agency 4765 of the OAC was completed. Additionally, a review was conducted using RegExplorer to make sure there was no duplication of regulations.

- 14. 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.**

Access to approved Ohio EMS curriculum is published at [Forms & Applications | Emergency Medical Services \(ohio.gov\)](#) under "EMS Training Program Curriculum & Education Standards." CE requirements are published to the EMS web site at the following link: [Continuing Education Requirements | Emergency Medical Services \(ohio.gov\)](#). DEMS Staff will notify the EMS accredited and approved sites' program directors about the approved Ohio EMS curriculum and rule revisions via email and through information published on the "[Program Directors](#)" Webpages.

Division of EMS staff are available via telephone and/or face-to-face meetings to assist institutions and practitioners with the application process or with questions about the scopes of practice or continuing education. Questions may be submitted via email to "Ask EMS" ( <https://ems.ohio.gov/help-center/ask-ems>) or directly to the Division's staff using the "Agency Directory" ( <https://ems.ohio.gov/help-center/agency-directory/agency-directory>).

The Division of EMS posts information about the rule review process, including those rules scheduled for review, drafts open for public comment, and proposed rule public hearing notices at its "EMS Laws & Rules" Web site ( <https://ems.ohio.gov/laws-and-rules> ). The "EMS Laws & Rules" Web site includes links to chapters 4765. and 4766. of the Ohio Revised Code and links to the Ohio



Administrative Code chapters and rules associated with each EMS section. Access to rules filed with CSI and with the Joint Committee on Agency Rule Review (JCARR), as well as other filing documents is provided at the “EMS Laws & Rules” Web site through links with the “Register of Ohio” ( <https://registerofohio.state.oh.us/> ) and the Ohio Department of Public Safety “Administrative Rules” Web site ( <https://publicsafety.ohio.gov/what-we-do/administrative-rules-reviews> ).

The Division of EMS uses the EMS.gov.delivery.com system and its user lists to distribute the final rules, when they become effective, to stakeholders. Division of EMS staff will receive email notification of the rule changes and attend section briefings regarding the implementation of policy and procedures. During its meetings, the EMFTS Board receives regular updates about EMS rules. In addition, notification of the rule changes to Division staff will be delivered internally through staff meetings, and cross-training of staff on co-workers’ job responsibilities that will increase the overall knowledge and efficiency of the Division.

### **Adverse Impact to Business**

**15. Provide a summary of the estimated cost of compliance with the rule(s). Specifically, please do the following:**

**a. Identify the scope of the impacted business community, and**

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

- 1,580 EMS organizations;
- 41,312 EMS providers;
- 5,820 EMS Instructors;
- 266 EMS registered medical directors;
- 89 EMS accredited institutions, which include 38 paramedic training programs; and
- 571 approved EMS continuing education institutions.

**b. Quantify and identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance, etc.).**

*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 nature of the adverse impact which may result from changes to OAC chapters 4765-12, 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. 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. The costs of compliance to the EMS student will also vary depending on the level of EMS certification and number of training hours required.

The Division of EMS staff determined that the changes to chapters 4765-12, 4765-15, 4765-16, and 4765-17 will enhance patient care with minimal costs of compliance to the provider. Cost increases to the EMS accredited institutions and continuing education sites may include new equipment and resources and additional instructor hours to meet curriculum standards.

The nature of the adverse impact which may result from changes to OAC chapters 4765-12, 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. 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. The costs of compliance to the EMS student will also vary depending on the level of EMS certification and number of training hours required.

Tuition costs range from:

- \$300-\$700 for EMR Training,
- \$500-\$1200 for EMT training,
- \$1000-\$2000 for AEMT training, and
- \$4000-\$10,000 for paramedic training.

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. Costs 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.

The variance in costs for continuing education may also be dependent upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

The training programs will be required to provide training for a set of core competencies and may add competencies from a separate list at their own discretion.

Source: The information was updated in December 2022 by DEMS staff.

- 16. Are there any proposed changes to the rules that will reduce a regulatory burden imposed on the business community? Please identify. (*Reductions in regulatory burden may include streamlining reporting processes, simplifying rules to improve readability, eliminating requirements, reducing compliance time or fees, or other related factors*).**  
While a reduction in hours is possible, the main focus will remain competency based training.

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

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.

## **Regulatory Flexibility**

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

As set forth in the general provisions rule for EMT curriculum--rule 4765-6-02--an EMS training program for a certificate to practice as an emergency medical responder (EMR), emergency medical technician (EMT), advanced emergency medical technician (AEMT) is required to meet all knowledge and skill standards set forth in the corresponding curriculum rules.

### **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?**

OAC chapters 4765-12, 4765-15, 4765-16, and 4765-17 do not directly impose penalties or sanctions. However, provisions in the RC section establish that the Board may investigate allegations of violation of RC 4765. and the rules adopted thereunder (RC 4765.101) and impose administrative sanctions up to and including:

- suspension and/or revocation of and other disciplinary actions against a certificate to practice or a certificate to teach (RC 4765.112, 4765.114, 4765.115, 4765.116, 4765.18, 4765.23, and 4765.33);
- revocation of a certificate of accreditation and certificate of approval for violations of Chapter 4765. of the ORC or any rule adopted under it (RC 4765.18).

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

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

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 programs ([Ohio EMS & Fire Training Facilities](#)). Other Webpages include: [certifications](#), [medical direction](#), [scope of practice questions and answers](#), [education and testing](#), and a [help center](#). The "[Agency Directory](#)" includes a toll free number, the names and titles of EMS staff, and the names and email addresses of the Division of EMS sections.

The Division of EMS staff members also attend and present information at various conferences, seminars, and symposiums throughout the State of Ohio.

Division of EMS staff are available via telephone and/or face-to-face meetings to assist institutions in the application process. Questions may be submitted via email to "[Ask EMS](#)" or directly to the [Division's education staff](#).