



Common Sense Initiative

Mike DeWine, Governor
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Business Impact Analysis

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

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

EMS Curriculums

Rule Number(s): 4765-6-01, 4765-6-02, 4765-6-03, 4765-6-04, 4765-6-05, 4765-6-06, 4765-6-07

Date of Submission for CSI Review: 8/26/25

Public Comment Period End Date: 5/9/2025

Rule Type/Number of Rules:

New/ 0 rules

No Change/ 5 rules (FYR? Yes)

Amended/ 2 rules (FYR? Yes)

Rescinded/ 0 rules (FYR?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.

Chapter 4765-6 of the Ohio Administrative Code (OAC) sets forth general provisions for evaluating, approving, and delivering emergency medical services that expand the scope of practice for EMS providers, in accordance with section 4765.11 of the Revised Code (RC), as well as curriculum and instruction guidelines for EMS accredited programs.

A summary of each of the seven rules proposed as part of OAC Chapter 4765-6 is:

4765-6-01	Amend	Procedures for additional services.
Rule 4765-6-01 sets forth the procedures by which the Board evaluates and may authorize additional services to expand EMS scopes of practice. This rule is amended to change the time period for amending rules in this chapter.		
4765-6-02	No Change	General provisions.
Rule 4765-6-02 sets forth the conditions under which EMS training programs and EMS continuing education programs are offered. This rule refers readers to the incorporated by reference rule.		
4765-6-03	No Change	Additional services in a declared emergency.
Rule 4765-6-03 sets forth the additional services which may be performed by an EMS provider in the event of an emergency declared by the governor that affects public health.		
4765-6-04	No Change	Research study impacting scope of practice.
Rule 4765-6-04 sets forth the requirements and process for an entity to seek approval from the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS) to conduct a research study that would allow EMS providers to temporarily perform services beyond their scopes of practice.		
4765-6-05	No Change	Exposure to a nerve or organophosphate agent.
Rule 4765-6-05 sets forth the conditions under which an EMS provider may administer medication in response to suspected or known exposure to a nerve or organophosphate agent.		
4765-6-06	No Change	Withdrawing of blood for evidence collection.
Rule 4765-6-06 sets forth the conditions under which an advanced emergency medical technician or a paramedic may withdraw blood for the purpose of evidence collection.		
4765-6-07	Amend	Rescue task force awareness training requirements.
Rule 4765-6-07 sets forth the Rescue Task Force (RTF) training requirements for emergency medical services certification and renewal. The rule refers to a training module provided for accredited EMS training programs and an online training module made available to accredited EMS training programs and individuals. This rule refers readers to the incorporated by reference rule. This rule is amended to remove the effective date, and to remove the requirement for practitioners to complete the training during their first renewal cycle.		

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.**

R. C. 4765.11, R. C. 4765.35, R. C. 4765.37, R. C. 4765.38, and R. C. 4765.39. are the authorizing statutes. R. C.1547.11, R. C. 4765.16, R. C. 4765.35, R. C. 4765.37, R. C. 4765.38, R. C. and 4765.39 are the amplification statutes.

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 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)?**

Rules OAC 4765-6-01 to 4765-6-07 set parameters for the delivery of pre-hospital emergency medical services training and patient care to assure well-trained EMS providers, improved response in emergencies, and increased safety while delivering services.

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

The success of the regulations will be measured by analyzing the data in the Emergency Medical Services Incident Reporting System (EMSIRS) to evaluate response, determine the number of times these procedures are performed, if reported, and the success of delivery. EMSIRS was established by the Board for the collection of information on all urgent and emergent responses regarding the delivery of emergency medical services in Ohio.

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.

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 amendments for rules in chapter 4765-6 were drafted by Division of EMS staff during April 2025. These drafts were shared with the Division's email list on GovDelivery from April 28 to May 9, 2025. Four comments were received by email and reviewed by Division of EMS staff and the ODPS rules coordinator.

The chapter, draft amendments, and received comments were shared with the State Board of EMFTS at the June 18, 2025 meeting for their review and discussion. The Board approved the filing of Chapter 4765-6 with JCARR at this meeting.

The appointees to the State Board of EMFTS 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 programs and the Ohio Department of Public Safety. Board members communicate with these stakeholder organizations to keep their members apprised of the rule review and revision process.

When the rules and BIA are filed with CSI, they will be sent to subscribers to the email lists by the Division of EMS using the GovDelivery notification system. Approximately 60,000 non-exclusive email addresses will receive the rules; recipients will have an opportunity to provide comments during the following sixteen business days.

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

A total of four responses were sent by email to the DPS rules coordinator during the open comment period from April 28 to May 9, 2025. One response included two comments:

- One comment agreed with the proposed amendments
- Two comments noted that a 5-year review period was too long for updates to the EMS Scope of Practice (NOTE: this would only apply to any additional approved services, not to all changes in the SOP)
- Two comments said they were against continuing education being offered only through accredited schools (NOTE: this refers to 4765-6-02(D), which is being filed as “No Change”, and states that continuing education “shall be taught through an EMS accredited or EMS approved institution”)

The above comments were seen as a misreading or misunderstanding of the amendment (in the case of the update period for rules relating to additional approved services) or the existing rule (in the case of continuing education provision). The chapter, draft amendments, and received comments were shared with the State Board of EMFTS at the June 18, 2025 meeting for their review and discussion. The Board approved the filing of Chapter 4765-6 with JCARR at this meeting.

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?

EMS curricula and scopes of practice are based on research studies and results acquired by the State Board of EMFTS from national EMS organizations, national publications, and research funded through Division of EMS grants. Provisions in the rules reflect the Board’s statutory responsibility to adopt rules that establish standards for the performance of emergency medical services by emergency medical responders (EMR), emergency medical technicians (EMT), advanced emergency medical technicians (AEMT) and paramedics pursuant to section 4765.11 of the RC.

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.*

In order to assure safe, effective, and efficient response and delivery of emergency medical services, few regulatory alternatives can be considered for scopes of practice. The foundation for Ohio's EMS scope of practice is the National Association of State EMS Officials (NASEMSO) *National Model EMS Clinical Guidelines*. Members of the Medical Oversight Committee (MOC) and the State Board of EMFTS, the state medical director, and DEMS staff monitor the NASEMSO guidelines, suggestions from members of the EMS community, and current research and industry recommendations and consider and adopt revisions to the scope of practice on an ongoing basis as authorized in sections 4765.35 (EMR), 4765.37 (EMT), 4765.38 (AEMT), and 4765.39 (Paramedic) of the RC. Curriculum and continuing education rules are revised to reflect changes in the scope of practice rules.

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 RC and Chapter 4765 of the OAC was completed. The Division of Emergency Medical Services staff and DPS legal staff reviewed Chapter 4729. of the RC and Chapter 4729 of the OAC to avoid duplication and/or conflict with Board of Pharmacy authority. In addition, the Division of Emergency Medical Services staff and DPS legal staff reviewed Chapter 4731. of the RC and agency 4731 of the OAC to avoid duplication and/or conflict with Medical Board authority.

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.

Using the Division’s website (<https://ems.ohio.gov/home>) and the gov.delivery.com user groups, the division will provide stakeholders with final rules, rule summaries, and changes to Chapter 4765-6 of the OAC. The approved Ohio EMS refresher curriculum (<https://ems.ohio.gov/programs-services/program-directors/approved-ems-ce-program/ohio-approved-curricula/ohio-approved-curricula>) and CE requirements (<https://ems.ohio.gov/education-and-testing/continuing-education-requirements>) are published to the EMS website. DEMS staff notify the accredited EMS training programs and approved EMS CE programs about the approved Ohio EMS curriculum and rule revisions via email. Division of EMS staff are available via telephone and/or face-to-face meetings to assist institutions and approved sites. Questions may be submitted via email to “Ask EMS” (ASKEMS@dps.ohio.gov) or directly to the Division’s education staff (EMSEducation@dps.ohio.gov).

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 the ODPS website “*Administrative Rules*” page (<https://publicsafety.ohio.gov/what-we-do/administrative-rules-reviews/>). The laws and rules associated with emergency medical services are provided as links at the “*Laws & Rules*” site (<https://ems.ohio.gov/laws-and-rules>), and the amended rules, when they become effective, will be available through that link. The Division of EMS will use the EMS GovDelivery system, which includes EMS-Instructors, EMS-Agency, EMS General, and EMS for Children lists, to distribute the final rules to stakeholders when they become effective.

Division of EMS staff will receive email notification of the rule changes and attend section briefings regarding the implementation policy and procedures. During its meetings, the State Board of EMFTS and its committees, subcommittees, advisory boards, and work groups receive 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.

The appointees to the State Board of EMFTS 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 programs and the Ohio Department of Public Safety. Board members communicate with these stakeholder organizations to keep their members apprised of the rule review and revision process.

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:

1,837 EMS organizations
1,178 Fire organizations
42,647 EMS providers
39,249 Fire Service providers
6,927 Fire and Emergency Services Instructors (FESI) II
26 FESI I
124 EMS Assistant Instructors
1,991 Continuing Education (CE) Instructors
232 Physician EMS Instructors
85 EMS accredited programs
62 Chartered Fire Training programs
556 approved EMS (CE sites) programs
293 medical directors

SOURCE: Division of Emergency Medical Services, August 2025

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.

OAC chapter 4765-6 in and of itself, does not require specific expenditures. However, the rules amplify Revised Code that specifies the EMS authorized services and EMS curriculum standards. The nature of the adverse impact may result from obtaining or providing training when additional services are approved by the Board as maximum scope of practice boundaries for each level of EMS provider. The cost of compliance will be determined by the EMS organization and its medical director, who determines the extent to which the emergency medical services approved by the Board are adopted into local protocol.

OAC rule 4765-6-01 sets forth the procedures the Board shall take when approving additional services. Stakeholders have indicated that there would be no cost to comply with these rules.

OAC rule 4765-6-02 sets forth the general provisions to be met by a training program operating EMS initial training programs approved by the Board. This rule, in and of itself, does not require specific expenditures. However, it requires compliance with the education standards set forth in rules 4765-12, 4765-15, 4765-16, and 4765-17.

OAC rule 4765-6-04 sets forth the process by which the Board shall approve research studies impacting scope of practice. EMS organizations are not required to conduct a research study; organizations that chose to conduct a study would consider the costs to submit a research proposal; obtain necessary equipment, if needed; conduct the study; report findings; submit a final report; and appear before the Board, if requested.

OAC rules 4765-6-03 and 4765-6-05 set forth the conditions under which an EMS provider may administer immunizations and necessary medications for exposure to a nerve agent. Stakeholders have indicated that there would be no cost to comply with these rules.

OAC rule 4765-6-06 does not mandate an EMS organization to comply with this rule about withdrawing blood for evidence collection. An organization may comply with the written approval of its medical director. The medical director determines the level of emergency medical services provided and the extent to which the scope of practice is adopted into local protocol. Stakeholders have indicated that there would be no cost to comply with this rule.

OAC rule 4765-6-07 requires accredited EMS training programs to incorporate RTF awareness training into EMR and EMT initial training. For those programs that will be adding the training, an RTF training module has been made available free of charge in two formats. A classroom training module is posted at the “*EMS Training Resources*” website (<https://ems.ohio.gov/programs-services/program-directors/accredited-ems-program/resources>) and an online, one credit-hour course to be completed by individuals (Catalog ID WBT923) is available at the ODPS Public Safety Training Campus (<https://ems.ohio.gov/education-and-testing/training-and-education>). The online course can also be accessed by individuals seeking continuing education credit. The time required to complete the online course is estimated to be less than one hour.

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*).

No proposed changes should reduce or increase a regulatory burden imposed on the business community.

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

Pursuant to section 4765.11 of the RC, the Board is statutorily required to promulgate rules in regard to establishing standards of performance for EMS providers and the procedures for approving additional emergency medical services to be performed by EMS providers beyond those specified in law. Allowing additional services pursuant to a research study will determine whether such services are necessary to be included in the scope of practice for patient health and safety.

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 response and delivery of emergency medical services, few alternatives can be considered for scopes of practice. The rules do not mandate an EMS organization to offer EMS training or EMS continuing education or to adopt any procedure or purchase any equipment. In addition, an EMS organization issued a certificate of accreditation or approval is not required to operate all levels or specific levels of EMS training.

OAC rule 4765-6-02 allows EMS providers to receive credit for previous training when evidence demonstrates such training meets competency in advanced EMT or paramedic training objectives. Advanced emergency medical technicians and paramedics may provide evidence of previous training that establishes his or her competency in training objectives.

The RTF training module has been made available free of charge in two formats. A classroom training module is posted at the “*EMS Training Resources*” website (<https://ems.ohio.gov/programs-services/program-directors/accredited-ems-program/resources>), and an online, one credit-hour course to be completed by individuals (Catalog ID WBT923) is available at the ODPS Public Safety Training Campus (<https://ems.ohio.gov/education-and-testing/training-and-education>).

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 Chapter 4765-6, in and of itself, does not impose a penalty or sanction. However, provisions in RC section 4765.33, section 4765.23, and section 4765.18 establish that the Board may impose administrative sanctions up to and including revocation of a provider certificate, a certificate of accreditation, or a certificate of approval 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 Board's assistant attorney general to ensure compliance with Chapter 119. of the RC. The Board reviews each situation on a case-by-case basis and may consider all information relevant to the requirements of agency 4765 of the OAC and RC Chapter 4765.

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

Pursuant to section 4765.07 of the RC, the EMS board administers grant awards as defined in section 4513.263 of the RC. Grants are awarded to EMS organizations for EMS training and equipment and to research entities to conduct research that may improve accessibility and quality of emergency medical services in this state. 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: <https://ems.ohio.gov/programs-services/ems-grants>.

The RTF training module has been made available free of charge in two formats. A classroom training module is posted at the “*EMS Training Resources*” website (<https://ems.ohio.gov/programs-services/program-directors/accredited-ems-program/resources>), and an online, one credit-hour course to be completed by individuals (Catalog ID WBT906) is available at the ODPS Public Safety Training Campus (<https://ems.ohio.gov/education-and-testing/training-and-education>).

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, certifications, medical, direction, scope of practice, and training and education. The *Agency Directory* at the EMS website (<https://ems.ohio.gov/help-center/agency-directory>) includes the email addresses, telephone numbers, including a toll free number (1-800-233-0875), and the names of EMS staff. The Division of EMS staff members also attend and present information at various conferences, seminars, symposiums, and public events 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, and the Ohio State Fair.