



## **Economic Impact Analysis Virginia Department of Planning and Budget**

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### **12 VAC 5-31 – Virginia Emergency Medical Services Regulations Virginia Department of Health**

July 22, 2001

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The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with Section 9-6.14:7.1.G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1.G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

### **Summary of the Proposed Regulation**

The Department of Health (Department) proposes to replace its existing regulations regarding emergency medical services (12 VAC 5-30) with the proposed regulations (12 VAC 5-31). The new regulations consolidate and reorganize the text into a more logical, user-friendly manner and reflect improvements in practice standards and technology since the regulations were first promulgated ten years ago.

### **Estimated Economic Impact**

Many of the proposed changes to these Emergency Medical Services (EMS) regulations are intended to reduce ambiguity, provide more detailed guidance regarding specific requirements, and improve the Department's ability to monitor compliance with these standards. Several of the changes in the proposed regulation address requirements and standards the Department is currently enforcing or are already common practice in the industry. Putting these requirements into regulation should not result in any economic impact.

Some of the proposed changes, such as consolidating EMS vehicle classifications, allowing recertification of personnel through continuing education, delegating approval of variances and endorsement of EMS physicians to the Office of EMS, and providing definitions of terms used in the text, are intended to simplify and speed up the licensure, permitting, and certification processes. These changes also standardize equipment and personnel standards and allow for consistent interpretation and enforcement of requirements. Operator training and minimum equipment requirements for wheelchair inter-facility transport service providers are removed as they are determined to be unnecessary given that these providers transport passengers only and do not provide any patient care. Since these changes are not expected to negatively affect the quality or quantity of services provided, they are likely to result in a net economic benefit for both providers and recipients of emergency medical services in Virginia.

Other proposed changes do impose new requirements or standards on providers but are intended to reflect improvements in practice standards and technology since the regulations were first promulgated ten years ago. These changes are individually discussed in more detail below.

#### New Certification Levels Established

Under the proposed regulations, Emergency Medical Technician-Intermediate and Emergency Medical Technician-Enhanced, which are not currently recognized in Virginia, would be adopted as Virginia EMS certification levels. These levels would replace the EMT-Shock Trauma and EMT-Cardiac Tech certification levels, which are not recognized outside of Virginia. Existing EMT personnel will have up to six years to obtain the new certifications. By conforming the Virginia system to national education and practice standards, this change will allow for easier transfer of EMT personnel into and out of Virginia and may enhance the level of Advanced Life Support services available.

#### Background Checks Required

The current regulations specify crimes that disqualify individuals from providing EMT services. However, a background check on applicants is not mandated, although it is common practice by many agencies. The proposed regulations mandate that a background check be completed on all new members no more than 60 days prior to the individual's affiliation with the agency, as well as increases the list of disqualifying crimes to include founded complaints of child or elderly abuse and any crime involving sexual misconduct where the lack of affirmative

consent by the victim is an element of the crime. These additional requirements, while they may disqualify some individuals from providing EMS services, will enhance the level of protection provided for EMS patients.

The Virginia State Police (VSP) charges \$15 to complete a background check. Under agreement financed by the Health Department's Office of EMS, however, VSP provides background checks for EMS volunteers at no charge. In addition to the cost of the background check, mandating background checks for all new applicants may increase the workload of the State Police and may necessitate an increase in funding provided by the Office of EMS; the extent of any such increase is not known at this time.

#### Update Vehicle Requirements

The proposed regulations update EMS vehicle equipment requirements based on national and federal guidelines, including the guidelines recommended by the Committee on Trauma of the American College of Surgeons.<sup>1</sup> The minimum equipment listings are reformatted in chart form, which are much easier to use and will likely increase compliance. Approximately \$400 to \$500 of required equipment is removed; approximately \$1,000 of equipment is added to the required list, primarily pediatric equipment and supplies. In addition, an automated external defibrillator (AED) is now required on all ambulances. The cost of an AED is approximately \$3,000.

Many EMS agencies already meet or exceed the proposed requirements. For those agencies that do not meet the requirements, several options exist to assist with the purchase of equipment. Non-profit agencies qualify for matching funds through the Rescue Squad Assistance Fund, which is funded with monies collected annually through motor vehicle registration fees. In addition, \$594,000 was awarded to EMS agencies in September 2000 through the EMS Developmental Block Grant Awards, which funded the purchase of 199 AEDs.

For licensure of an EMS agency that does not use an EMS vehicle, the new regulations require that the individuals must maintain a minimum level of equipment. This can be expected to reduce the possibility of someone holding themselves out as a licensed emergency medical services provider without a minimum level of equipment. The Office of EMS estimates there are

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<sup>1</sup> Committee on Trauma, American College of Surgeons, "Essential Equipment for Ambulances," March 1994.

less than 25 providers that operate without vehicles. It is not known how many currently do not maintain the required level of supplies.

Several safety issues concerning EMS personnel and EMS vehicle equipment are also addressed in the proposed regulations. Equipment and supplies in the patient compartment must be secured or affixed to protect the crew and patient. There have been several reported incidents of equipment falling on personnel or patients and causing injuries and even death. The cost of complying with this new requirement is not known at this time. Smoking is prohibited in EMS vehicles as well as firearms, with exceptions noted (i.e., law enforcement offices, correctional facility personnel).

Lastly, the new regulations allow for mobile Advanced Life Saving (ALS) packages, which allows any EMS vehicle to be transformed into an ALS vehicle. Currently, EMS vehicles must be classified as ALS or BLS (Basic Life Saving) vehicles. This is common practice by many agencies now, as technology advances have resulted in more mobile equipment. Establishing Advanced Life Support equipment packages allows for fluidity in transfer of staff and equipment that reflects the “everyday and real life” needs of EMS agencies.

#### Increased Staffing Levels

The proposed regulation establishes a requirement for designated emergency response agencies to have a minimum of eight EMS personnel who are qualified to function as an Attendant-In-Charge (AIC). An AIC is someone authorized by the EMS agency’s operational medical director to use all the skills and equipment for their level of certification and the type of transport to be performed. The impact of this change is not known without knowing the current staffing levels of each individual agency.

#### Program Site Accreditation

The proposed regulation also sets requirements for program site accreditation to verify that a training program has demonstrated the ability to meet criteria established by the Office of EMS to conduct Basic and/or Advanced Life Support certification classes. This may initially reduce number of providers and could increase the costs of obtaining training. However, since low quality courses appear to have lower success rates, the overall cost of obtaining training may

remain the same or may even decrease. The level of EMS care provided may increase if personnel receive higher quality training as a result of this change.

#### Automated External Defibrillator Registry

Previously, only licensed emergency medical service agencies were permitted to administer cardiac defibrillation in the out-of-hospital setting. The *Code of Virginia* expanded that authority to entities that register their devices and meet approved training and operation standards. The proposed regulations establish a statewide registry for AED owners and sets requirements that address training standards for operators, maintenance of the devices, medical direction for registered users, and enforcement actions for individuals who fail to obtain registration. Currently, approximately 200 AEDs are included in the registry. Every minute of delay in defibrillation reduces the chances of a person surviving cardiac arrest by ten percent. By providing the necessary oversight, the proposed regulations may provide significant benefits to individuals who suffer cardiac arrests at locations equipped with automated external defibrillators.

### Summary of Economic Impact

The following table summarizes the anticipated effects resulting from the proposed changes to this regulation. While the overall net economic impact is not measurable at this time, it is likely to be positive.

#### **Estimated Economic Impacts of the Proposed Changes to Virginia Emergency Medical Services Regulations (12 VAC 5-31)**

<b>Proposed Change</b>	<b>Estimated Number Affected</b>	<b>Estimated Cost</b>	<b>Estimated Benefit</b>
New certification levels established	There are currently 1,804 certified EMT-Shock Trauma providers and 2,918 certified EMT-Cardiac Tech providers	Coursework in excess of what would have been required for recertification of current levels	Easier transfer of EMS personnel into and out of Virginia; may possibly enhance the level of advanced life support services available
Background checks required	All new applicants	No charge for EMS agencies requesting background checks; Some additional time required of Virginia State Police staff	Prevent possible abuses by EMT personnel
List of disqualifying crimes expanded	All new applicants, any currently certified individuals the Department becomes aware of	May disqualify some individuals from providing EMT services	
Vehicle equipment standards revised	There is no information currently available on how many EMS agencies do not meet the proposed requirements	\$1,000 per permitted vehicle to purchase additional required equipment, \$3,000 to purchase AED	Proposed equipment listings are in line with national and federal guidelines and may enhance services provided, especially for children
Staffing requirements increased	Not known at this time	Not known at this time	May improve level of care provided if agencies are currently understaffed
Program site accreditation required	All providers of Basic and/or Advanced Life Support certification classes	Unknown - overall costs may increase, remain the same or even decrease	May improve level of EMS care if personnel receive higher quality training
AED registry	All AED owners and operators	Unknown - includes costs of training and maintaining the registry	Likely to increase use of AEDs; ensure competency of operators

### **Businesses and Entities Affected**

There are approximately 800 licensed EMS agencies in Virginia and 33,000 certified EMS providers that will be affected by the proposed regulation.

### **Localities Particularly Affected**

The proposed regulation will not uniquely affect any particular localities.

## **Projected Impact on Employment**

The proposed regulation is not expected to have any significant impact on employment.

## **Effects on the Use and Value of Private Property**

The proposed regulation is not expected to have any significant effects on the use and value of private property.