Regulatory Flexibility Analysis for Small Businesses and Local Governments.

1. Effect of rule:

Small businesses and local governments will be affected by the rule only insofar as they have providers involved with intraoperative neurophysiological monitoring (IOM) – this proposal explicitly prohibits remote IOM except in very limited circumstances.

2. Compliance requirements:

The proposed rule does not impose new compliance requirements on the small businesses and local governments described above. Compliance with the proposal just means not allowing remote IOM except in very limited circumstances.

3. Professional services: Small businesses and local governments affected by the rule will not need any new professional services to comply with this rule.

4. Compliance costs:

Because this proposal is making an explicit clarification of a position the Board has already taken, there should be little increased costs associated with the proposal. Additionally, the clarity gained from explicitly prohibiting remote IOM (except in limited circumstances) may reduce disputes over medical bills, and therefore less administrative costs associated with disputing such medical bills.

5. Economic and technological feasibility: It is economically and technologically feasible for small businesses and local governments to comply with the proposed amendments. The proposal does not add any technological requirements – it simply explicitly prohibits remote IOM (except in limited circumstances).
6. Minimizing adverse impact: As stated above, the implementation of proposal is expected to curb confusion and make explicitly clear that remote IOM is not permitted except in limited circumstances.

7. Small business and local government participation: The Board has solicited comments for the proposal on its website from all participants in the workers’ compensation system, including small businesses and local governments.

The Board does not have a small employer or municipality database, but has sent an electronic communication describing the proposal to the health care provider subscribers for Board updates on February 11, 2022.