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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 138  
134<sup>th</sup> General Assembly

## Bill Analysis

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**Version:** As Reported by Senate Health

**Primary Sponsor:** Rep. Baldrige

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### SUMMARY

- Eliminates the enumeration of specific services that may be provided by emergency medical service (EMS) personnel.
- Requires the State Board of Emergency Medical, Fire, and Transportation Services to establish the scope of practice for EMS personnel through rulemaking.
- Permits EMS personnel to comply with a do-not-resuscitate order issued by a physician assistant or advanced practice registered nurse.
- Requires the medical director or cooperating physician advisory board of each EMS organization to establish protocols for EMS personnel to follow when providing services at all times.
- Establishes conditions on the Board's adoption of rules regarding qualifications for a physician to serve as an EMS organization's medical director or a member of its cooperating physician advisory board that generally require all physicians to meet the same qualifications.
- Expressly requires an EMS organization to appoint a medical director or cooperating physician advisory board.
- Establishes ambulance staffing requirements when a patient is being transported in nonemergency situations.
- Eliminates a requirement that an individual seeking to practice as a first responder be a volunteer for a nonprofit EMS organization or nonprofit fire department.
- Permits EMS personnel who have received proper training to (1) administer COVID-19 tests and (2) collect and label test specimens.

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## DETAILED ANALYSIS

### Services by EMS personnel

The bill modifies the laws governing the services that may be provided by first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, and paramedics (EMS personnel). Existing law enumerates the services that each type of EMS personnel may provide. The bill eliminates this enumeration and, instead, requires the State Board of Emergency Medical, Fire, and Transportation Services to establish the scope of practice for each type of EMS personnel through the rulemaking process.<sup>1</sup>

The bill makes two additional changes related to the general practice of EMS personnel. First, the bill permits EMS personnel to comply with a do-not-resuscitate (DNR) order issued by a physician assistant or advanced practice registered nurse.<sup>2</sup> Existing law permits EMS personnel to comply with a DNR order only when issued by a physician. Second, the bill requires the medical director or cooperating physician advisory board of each EMS organization to establish protocols to be followed by EMS personnel when providing all services. Current law requires that these protocols be established only for circumstances when communications fail or are prevented and a patient's life is in immediate danger.<sup>3</sup>

### Qualifications of EMS organization medical directors

Current law authorizes the Board to adopt rules regarding the minimum qualifications of persons who provide medical direction to EMS personnel.<sup>4</sup> The rules adopted by the Board require a physician to meet several qualifications to be eligible to serve as a medical director of an EMS organization. Generally, a physician must present to the Board evidence that the physician (1) holds national board certification in emergency medicine, (2) has completed an emergency medicine residency program, (3) holds national board certification in a designated medical specialty and has completed an emergency medical services or emergency medicine fellowship, or (4) holds a national subspecialty board certification in emergency medical services.<sup>5</sup> A physician who cannot provide evidence of any of the above to the Board may still become a medical director upon the completion of an approved EMS medical director course.<sup>6</sup>

The bill establishes several conditions regarding the Board's authority to adopt rules regarding the qualifications that must be met to serve as a medical director of an EMS organization or as a member of a physician advisory board. These conditions generally require

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<sup>1</sup> R.C. 4765.11, 4765.35, 4765.37, 4765.38, and 4765.39.

<sup>2</sup> R.C. 4765.35(B)(2), 4765.37(B)(2), 4765.38(B)(2), and 4765.39(B)(2).

<sup>3</sup> R.C. 4765.41.

<sup>4</sup> R.C. 4765.11(A)(22).

<sup>5</sup> Ohio Administrative Code (O.A.C.) 4765-3-05(A)(6).

<sup>6</sup> O.A.C. 4765-3-05(B) and (C).

that all physicians meet the same qualifications regarding medical experience and the completion of a medical director course.<sup>7</sup>

Concerning requirements regarding medical experience, the bill specifies that the Board is prohibited from limiting eligibility to serve as a medical director to only physicians who have completed a residency or fellowship program in emergency medicine or a related area or those who are certified or eligible to be certified in a specialty or subspecialty of emergency medicine or a related area.<sup>8</sup> With respect to the completion of a medical director course, the bill requires the Board to permit a physician who has completed a residency or fellowship program in emergency medicine or a related field to use completion of that program as evidence that the physician has completed a medical director course.<sup>9</sup>

The bill specifies that the conditions it establishes regarding rules adopted by the Board related to qualifications for serving as a medical director or member of a cooperating physician advisory board for an EMS organization apply only to physicians who are appointed to serve in either capacity on or after the bill's effective date.<sup>10</sup>

Additionally, the bill expressly requires each EMS organization to appoint a medical director or a cooperating physician advisory board.<sup>11</sup> Existing law makes references to the existence of a medical director or physician advisory board for an EMS organization, including notification of their identities to the Board, but does not specifically contemplate the appointment of these individuals.

### **Ambulance staffing for nonemergency patient transports**

The bill establishes requirements regarding the staffing levels of an ambulance when it is used to transport a patient in nonemergency situations. The bill defines "nonemergency transport" of a patient as the transportation of a convalescent, nonambulatory individual who requires routine transportation to or from a medical appointment or service and does not require medical monitoring, aid, care, or treatment during the transport to the destination facility.<sup>12</sup>

During the nonemergency transport of a patient, an ambulance is required to be staffed by at least two individuals. One individual to serve as the driver who meets the requirements to drive an ambulance in a nonemergency situation, as established in rules adopted by the Board. The bill specifies that the driver does not necessarily need to be an EMT or paramedic. The second individual staffing the ambulance during the nonemergency transport of a patient must

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<sup>7</sup> R.C. 4765.42(B).

<sup>8</sup> R.C. 4765.42(B)(1).

<sup>9</sup> R.C. 4765.42(B)(2).

<sup>10</sup> Section 3.

<sup>11</sup> R.C. 4765.42(A).

<sup>12</sup> R.C. 4765.431(A)(3).

be an EMT (at the basic or intermediate level) or a paramedic. The bill requires the Board to adopt any necessary rules to implement these requirements.<sup>13</sup>

## **Volunteer status of first responders**

The bill eliminates a requirement that an individual seeking a certificate to practice as a first responder meet either of the following conditions: (1) be a volunteer for a nonprofit EMS organization or a nonprofit fire department or (2) receive a waiver of requirement to be such a volunteer.<sup>14</sup>

## **EMS personnel and COVID-19 testing services**

In addition to its changes regarding emergency services and ambulance staffing provided by EMS personnel, the bill reestablishes the authority of EMS personnel who have received proper training to (1) administer COVID-19 tests and (2) collect and label test specimens. This authority previously existed on a temporary basis (until May 1, 2021) under S.B. 310 of the 133<sup>rd</sup> General Assembly.<sup>15</sup>

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## **HISTORY**

Action	Date
Introduced	02-18-21
Reported, H. Transportation and Public Safety	06-09-21
Passed House (93-0)	06-16-21
Reported, S. Health	03-02-22

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<sup>13</sup> R.C. 4765.431.

<sup>14</sup> R.C. 4765.30.

<sup>15</sup> R.C. 4765.53; see Section 12 of SB 310 of the 133<sup>rd</sup> General Assembly.