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OHIO LEGISLATIVE SERVICE COMMISSION

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H.B. 138
134th General Assembly

Final Analysis

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Primary Sponsor: Rep. Baldrige

Effective date:*

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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.

* The Legislative Service Commission had not received formal notification of the effective date at the time this analysis was prepared. Additionally, the analysis may not reflect action taken by the Governor.

- Permanently reauthorizes EMS personnel who have received proper training to (1) administer COVID-19 tests and (2) collect and label test specimens.

DETAILED ANALYSIS

Services by EMS personnel

The act 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). Prior law enumerated the services that each type of EMS personnel could provide. The act 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.¹

The act makes two additional changes related to the general practice of EMS personnel. First, it permits EMS personnel to comply with a do-not-resuscitate (DNR) order issued by a physician assistant or advanced practice registered nurse.² Prior law permitted EMS personnel to comply with a DNR order only when issued by a physician. Second, the act 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. Prior law required that these protocols be established only for circumstances when communications failed or were prevented and a patient's life was in immediate danger.³

Qualifications of EMS organization medical directors

Continuing law authorizes the Board to adopt rules regarding the minimum qualifications of persons who provide medical direction to EMS personnel.⁴ The rules previously adopted by the Board required a physician to meet several qualifications to serve as a medical director of an EMS organization. Under those rules, a physician was required present to the Board evidence that the physician either (1) held national board certification in emergency medicine, (2) had completed an emergency medicine residency program, (3) held national board certification in a designated medical specialty and had completed an emergency medical services or emergency medicine fellowship, or (4) held a national subspecialty board certification in emergency medical services.⁵ A physician who could not provide evidence of any of those qualifications could still become a medical director upon the completion of an approved EMS medical director course.⁶

¹ R.C. 4765.11, 4765.35, 4765.37, 4765.38, and 4765.39.

² R.C. 4765.35(B)(2), 4765.37(B)(2), 4765.38(B)(2), and 4765.39(B)(2).

³ R.C. 4765.41.

⁴ R.C. 4765.11(A)(22).

⁵ Ohio Administrative Code (O.A.C.) 4765-3-05(A)(6).

⁶ O.A.C. 4765-3-05(B) and (C).

The act establishes several conditions regarding the Board's authority to adopt rules about the qualifications to serve as a medical director of an EMS organization or as a member of a physician advisory board. These conditions generally require that all physicians meet the same qualifications regarding medical experience and the completion of a medical director course.⁷

Concerning medical experience, the act prohibits the Board 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.⁸ With respect to completing a medical director course, the Board must 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 of having completed a medical director course.⁹

The act specifies that the above conditions apply only to physicians who are appointed to serve in either capacity on or after the act's effective date.¹⁰

Additionally, the act expressly requires each EMS organization to appoint a medical director or a cooperating physician advisory board.¹¹ Continuing 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 had not previously specifically addressed the appointment of these individuals.

Ambulance staffing for nonemergency patient transports

The act establishes requirements regarding the staffing levels of an ambulance when transporting a patient in nonemergency situations. The act defines "nonemergency transport" 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.¹²

During nonemergency transport, an ambulance is required to be staffed by at least two individuals. One individual (the driver) must meet the requirements to drive an ambulance in a nonemergency situation, as established in rules adopted by the Board. The act specifies that the driver does not necessarily need to be an EMT or paramedic. The second individual must be

⁷ R.C. 4765.42(B).

⁸ R.C. 4765.42(B)(1).

⁹ R.C. 4765.42(B)(2).

¹⁰ Section 3.

¹¹ R.C. 4765.42(A).

¹² R.C. 4765.431(A)(3).

an EMT (at the basic or intermediate level) or a paramedic. The act requires the Board to adopt any necessary rules to implement these requirements.¹³

Volunteer status of first responders

The act 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.¹⁴

EMS personnel and COVID-19 testing services

The act permanently revives 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 expired May 1, 2021 under S.B. 310 of the 133rd General Assembly.¹⁵

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
Passed Senate (30-0)	03-16-22
House concurred in Senate amendments (95-0)	03-23-22

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¹³ R.C. 4765.431.

¹⁴ R.C. 4765.30.

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