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OHIO LEGISLATIVE SERVICE COMMISSION

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Office of Research
and Drafting

Legislative Budget
Office

H.B. 441*
133rd General Assembly

Occupational Regulation Report

[Click here for H.B. 441's Bill Analysis / Fiscal Note](#)

Primary Sponsors: Reps. Plummer and West

Impacted Professions: Peace officers and emergency medical service personnel

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LSC is required by law to issue a report for each introduced bill that substantially changes or enacts an occupational regulation. The report must: (1) explain the bill's regulatory framework in the context of Ohio's statutory policy of using the least restrictive regulation necessary to protect consumers, (2) compare the regulatory schemes governing the same occupation in other states, and (3) examine the bill's potential impact on employment, consumer choice, market competition, and cost to government.¹

SUMMARY OF PROPOSED REGULATIONS

The bill requires first responders and emergency medical technicians ("emergency medical service personnel") and peace officers to undergo pre-license training and continuing education on identifying and interacting with individuals with dementia. The bill stipulates that the initial, pre-license dementia training course must include at least two hours of instruction, and the continuing education course must include at least one hour of instruction. The precise number of dementia-related training hours is set by rule of the Attorney General for peace officers, and by rule of the State Board of Emergency Medical, Fire, and Transportation Services ("the Board") for emergency medical service personnel.

The current training and continuing education requirements for peace officers and emergency services personnel are summarized in the table below. The bill does not necessarily

*This report addresses the "As Introduced" version of H.B. 441. It does not account for changes that may have been adopted after the bill's introduction.

¹ R.C. 103.26, not in the bill.

increase the number of training and continuing education hours prescribed for those professions – it just specifies that some of the hours required under continuing law must address dementia identification and interaction. The Attorney General or the Board may adjust the total number of hours currently prescribed for peace officers and emergency services personnel to account for the addition of dementia training, but the bill does not mandate such an adjustment.²

Table 1. Training and Continuing Education for Peace Officers and Emergency Medical Service Personnel

License	Training	Continuing Education
Peace officer	Basic training curriculum consisting of a minimum of 737 hours ³	Up to 24 hours per year ⁴
First responder (EMR)	Minimum of 48 hours ⁵	15 hours every three years ⁶
Emergency medical technician – basic (EMT)	Minimum of 150 hours ⁷	30-40 hours every three years ⁸
Emergency medical technician – intermediate (AEMT)	Minimum of 200 hours ⁹	60 hours every three years ¹⁰
Emergency medical technician – paramedic	Minimum of 900 hours ¹¹	86 hours every three years ¹²

² R.C. 109.749 and 4765.162.

³ Ohio Attorney General, Peace Officer Training Academy, [How to Become a Peace Officer in Ohio](#).

⁴ Ohio Administrative Code (O.A.C.) 109:2-18-02, not in the bill.

⁵ R.C. 4765.11, 4765.16, and 4765.30; O.A.C. 4765-8-01 and 4765-12-05, not in the bill.

⁶ R.C. 4765.11, 4765.16, and 4765.31; O.A.C. 4765-8-06, 4765-12-03, and 4765-12-05, not in the bill.

⁷ R.C. 4765.11 and 4765.30; O.A.C. 4765-8-01 and 4765-15-05, not in the bill.

⁸ R.C. 4765.11, 4765.16, and 4765.31; O.A.C. 4765-8-06, 4765-15-03, and 4765-15-05, not in the bill.

⁹ R.C. 4765.11 and 4765.30; O.A.C. 4765-8-01 and 4765-16-06, not in the bill.

¹⁰ R.C. 4765.11, 4765.16, and 4765.31; O.A.C. 4765-8-06 and 4765-16-03, not in the bill.

¹¹ R.C. 4765.11 and 4765.30; O.A.C. 4765-8-01 and 4765-17-04, not in the bill.

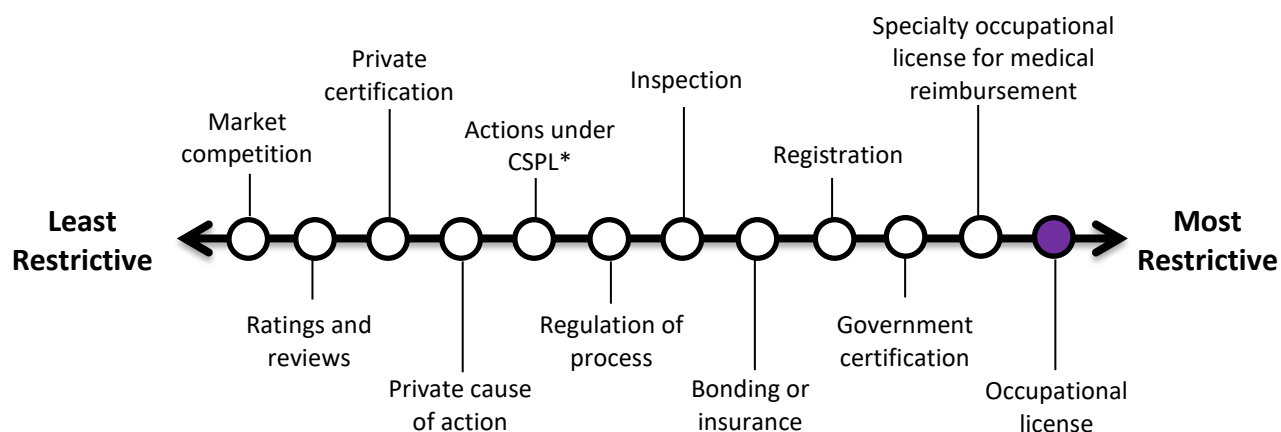
¹² R.C. 4765.11 and 4765.29; O.A.C. 4765-8-01 and 4765-17-04, not in the bill.

LEAST RESTRICTIVE REGULATION COMPARISON

Ohio's general regulatory policy

The general policy of the state is reliance on market competition and private remedies to protect the interests of consumers in commercial transactions involving the sale of goods or services. For circumstances in which the General Assembly determines that additional safeguards are necessary to protect consumers from “present, significant, and substantiated harms that threaten health, safety, or welfare,” the state’s expressed intent is to enact the “least restrictive regulation that will adequately protect consumers from such harms.”¹³

The degree of “restrictiveness” of an occupational regulation is prescribed by statute. The following graphic identifies each type of occupational regulation expressly mentioned in the state’s policy by least to most restrictive:



*CSPL – The Consumer Sales Practices Law

Necessity of regulations

Representative Phil Plummer and Representative Thomas West, the sponsors of H.B. 441, testified that additional training is necessary to advise peace officers and emergency medical service personnel as to the best techniques for interacting with individuals with dementia. The testimony suggests that such interactions are likely to increase in coming years due to Ohio’s aging population and an increased likelihood that individuals with dementia may be living at home without a caregiver. The Representatives indicate that training is especially important in light of the challenges created by the COVID-19 pandemic.¹⁴

¹³ R.C. 4798.01 and 4798.02, not in the bill.

¹⁴ Representative Phil Plummer and Representative Thomas West, [Sponsor Testimony, House Bill 441](#), May 28, 2020.

Restrictiveness of regulations

Although H.B. 441 involves occupational licensure, which is the most restrictive of all regulatory options within the state’s continuum, the bill does not appear to significantly increase the restrictiveness of regulations. The bill modifies four existing licenses by adding a new component to the training and continuing education curriculum. Depending on the rules adopted by the Attorney General and the Board, the new component could be worked into the training and continuing education hours already required by continuing law, or it could necessitate a modest increase in the number of required hours. Any increase in hours should be negligible in comparison to existing requirements.

IMPACT STATEMENT

Opportunities for employment

Law enforcement officers receive certification courses through the Ohio Police Officer Training Commission and Academy (“OPOTC”), while emergency medical service personnel receive certification training from Board-certified instructors. The table to the right shows the approximate number of active commissions

Total Peace Officers Commissioned	33,709
Total Active EMS Providers	42,656

or certifications.¹⁵ Of the number of persons certified as emergency medical service personnel, approximately 64.8% also hold a firefighter certification, thus the bill would also increase dementia awareness among the firefighter community. As noted in the H.B. 441 fiscal note, the current training programs for these positions incorporate some training on the required subject. It is the opinion of LBO that compliance with the bill’s requirements will not measurably affect the supply or demand for law enforcement officers or emergency medical service personnel.

Consumer choice and market competition

The bill has little to no direct impact on consumer choice or market competition.

Cost to government

For the bill’s cost to government, see the [LBO fiscal note](#).

¹⁵ OPOTC data from the commission’s 2019 Annual Report, while Emergency Medical, Fire, and Transportation Services data is from the Board’s October 2020 active certification update.

STATE-BY-STATE COMPARISON

The following table compares the laws regarding dementia training for law enforcement and emergency medical service personnel in states that have enacted those requirements.

Table 2. State Dementia Training Requirements			
State	Who is required to receive training?	Content of training	Duration of training
California ¹⁶	Emergency Medical Technicians-I, Emergency Medical Technicians-II, Emergency Medical Technicians-Paramedic, and law enforcement officers	How to interact effectively with persons with dementia and their caregivers	Not specified
Connecticut ¹⁷	Emergency Medical Responders, Emergency Medical Technicians, and Advanced Emergency Medical Technicians	How to recognize symptoms of and how to care for individuals with Alzheimer's disease and dementia	30 hours of refresher training every two years
Florida ¹⁸	Law enforcement officers	How to identify and investigate elder abuse and neglect, including instruction on identifying and responding appropriately to persons suffering from dementia	Not specified

¹⁶ California Health and Safety Code 1797.170-1797.172; California Penal Code 13515.295.

¹⁷ Connecticut General Statutes 20-206mm(e).

¹⁸ Florida Statutes 943.135 and 943.17296.

Table 2. State Dementia Training Requirements

State	Who is required to receive training?	Content of training	Duration of training
Illinois ¹⁹	Law enforcement personnel	How to handle missing persons cases involving Alzheimer's disease and other related dementia, or dementia-like cognitive impairment	Not specified
Indiana ²⁰	Law enforcement officers	How to interact with (1) persons with autism, mental illness, addictive disorders, intellectual and developmental disabilities; (2) missing and endangered adults; and (3) persons with Alzheimer's disease and dementia	Six hours
Louisiana ²¹	Peace officers and emergency medical service personnel	Alzheimer's and dementia training must be incorporated into training programs for both peace officers and emergency medical service personnel	Not specified

¹⁹ 50 Illinois Compiled Statutes Annotated 705/10.10.

²⁰ Indiana Code Annotated 5-2-1-9(a)(9).

²¹ Louisiana Revised Statutes 40:1133.1 and 40:2405.8.

Table 2. State Dementia Training Requirements

State	Who is required to receive training?	Content of training	Duration of training
New Hampshire ²²	Law enforcement officers	May use existing training developed by the Department of Health and Human Services and include additional components that effectively assist law enforcement officers in responding to incidents involving persons with Alzheimer's disease and other related dementia	Not specified
Oklahoma ²³	Law enforcement officers	How to recognize and manage a person experiencing dementia or Alzheimer's disease	Basic training courses for law enforcement certification must include a minimum of two hours of education and training related to dementia Full-time peace officers must complete 25 hours of continuing law enforcement training, including two hours on mental health training

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²² New Hampshire Revised Statutes Annotated 106-L:8.

²³ Oklahoma Statutes, Title 70, 3311.4 to 3311.5.