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# OHIO LEGISLATIVE SERVICE COMMISSION

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Office

**S.B. 106**  
**135<sup>th</sup> General Assembly**

## Final Analysis

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**Primary Sponsor:** Sen. Schaffer

**Effective date:** June 12, 2024

Jill Rowland, Attorney

### SUMMARY

- Requires, under certain conditions, the Administrator of Workers' Compensation or a self-insuring public employer to pay for services used to determine whether a health care professional serving air ambulance patients sustained an injury or occupational disease after exposure to blood or bodily fluids or a drug or other chemical substance.
- Allows a workers' compensation claimant to provide a signed medical release form that is equivalent to the release form prepared by the Bureau of Workers' Compensation under continuing law or adopted by the Bureau under the act.

### DETAILED ANALYSIS

#### Post-exposure testing for certain health care professionals

The act expands the post-exposure testing coverage under Workers' Compensation, which covers diagnostic testing for safety officers under certain conditions, to include a physician, registered nurse, or other licensed health care professional who is doing either of the following:

- Staffing a rotorcraft or fixed wing air ambulance for a licensed air medical service organization (including transporting a patient from an incident scene or medical facility into the air ambulance);
- Transporting a patient from an air ambulance to the entrance of a hospital.

The act applies to claims arising on or after June 12, 2024 (the act's effective date).<sup>1</sup>

<sup>1</sup> R.C. 4123.026, with conforming changes in R.C. 2929.14 and 2941.1414, by reference to R.C. 4766.17, not in the act; Section 3.

Thus, the act requires the Administrator of Workers' Compensation or a self-insuring public employer (a public employer authorized to directly pay compensation and benefits in a claim) to pay for post-exposure medical diagnostic services to investigate whether a health care professional sustained an injury or occupational disease from coming into contact with the blood or other body fluid of another person in the course of and arising out of the employee's employment. Under continuing law, these post-exposure diagnostic tests are covered if they are consistent with the standards of medical care existing at the time of exposure and the employee came into contact with the blood or bodily fluid through any of the following means:

- A splash or spatter in the eye or mouth, including when received in the course of conducting mouth-to-mouth resuscitation;
- A puncture in the skin; or
- A cut or other opening in the skin such as an open sore, wound, lesion, abrasion, or ulcer.<sup>2</sup>

Continuing law governing post-exposure testing also requires the Administrator or a self-insuring employer to pay the costs of conducting post-exposure medical diagnostic services to investigate whether a safety officer sustained an injury or occupational disease after exposure to a drug or other chemical substance in the course of employment. The act expands this coverage to include a health care professional staffing an air ambulance or transporting a patient from an air ambulance to a hospital.<sup>3</sup>

Under continuing law, all of the following employees are also covered by the post-exposure testing requirement:

- A peace officer who has arrest powers;
- A paid or volunteer firefighter of a lawfully constituted fire department;
- A paid or volunteer first responder, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic certified under the Emergency Medical Services Law;
- A detention facility employee, including a corrections officer.<sup>4</sup>

## Medical release forms

The act expands the allowable forms that a workers' compensation claimant may use to authorize the release of medical information, records, and reports necessary for claim administration. Former law restricted the form to one prepared by the Bureau of Workers' Compensation (BWC). Under the act, BWC may prepare the form or alternatively may adopt a

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<sup>2</sup> R.C. 4123.026(A).

<sup>3</sup> R.C. 4123.026(B).

<sup>4</sup> R.C. 4123.026(C), by reference to R.C. 2935.01, not in the act, and R.C. Chapter 4765.

form. In addition, the act authorizes a claimant to provide a signed equivalent form, including a standard authorization form prescribed by the Medicaid Director.

The act also specifies that medical information, records, and reports released in accordance with a signed form must be causally or historically related to physical, psychological, or psychiatric injuries relevant to the claim.<sup>5</sup>

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## HISTORY

Action	Date
Introduced	04-11-23
Reported, S. Insurance	09-13-23
Passed Senate (33-0)	09-13-23
Reported, H. Insurance	02-07-24
Passed House (94-0)	02-07-24
Senate concurred in House amendments (32-0)	02-28-24

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<sup>5</sup> R.C. 4123.651 by reference to 3798.10, not in the act.