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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Legislative Budget
Office

H.B. 303
135th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 303's Bill Analysis](#)

Version: As Reported by Senate Health

Primary Sponsors: Reps. Hall and Santucci

Local Impact Statement Procedure Required: No

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Highlights

- The additional workload for the State Board of Emergency Medical, Fire, and Transportation Services and the Division of Emergency Medical Services, which serves as the Board's administrative arm, resulting from petitions to mandate emergency medical services (EMS) training for specific medical conditions may be such as to necessitate the hiring of at least one staff member.
- The Board of Nursing could realize minimal administrative costs to adopt or update rules relating to the bill's medication aide provisions.

Detailed Analysis

Emergency medical service training

The bill establishes a process by which any person may petition to request that a topic be included in a training or continuing education program for emergency medical services (EMS) agencies and practitioners. The bill specifically requires the State Board of Emergency Medical, Fire, and Transportation Services, which is housed within the Department of Public Safety, to receive and review petitions, approve or deny them, and if approved, adopt rules regarding the inclusion of the topic and the number of hours required.¹

As a result of the bill, the Board and the Division of Emergency Medical Services, which serves as the Board's administrative arm, would experience an increase in workload and related administrative costs to receive and review such petitions. According to the Ohio Department of

¹The bill is subject to existing law's prohibition against the adoption of a new regulatory restriction unless the agency simultaneously removes two or more other existing regulatory restrictions.

Public Safety (ODPS), the Board already receives several requests to mandate EMS training for specific medical conditions, but the review process is permissive currently. If the bill is enacted, the number of such requests are expected to increase and the Board will be mandated to review and consider each request. The resulting workload may necessitate the hiring of at least one staff member to handle the petitions and additional duties imposed by the bill, according to Board representatives. Additionally, the Division of Emergency Medical Services would be required to ensure that those additional trainings are conducted and completed by their licensees.

Impact to EMS agencies

In the event that a petition to mandate EMS training for an approved topic is approved by the Board, the bill may indirectly impact certain EMS agencies. The Board generally gives broad authority to EMS agencies in how they fund and provide that training to their employees or volunteers (i.e., online versus in person).

Medication aides

The bill repeals a statute that establishes standards and conditions for administering prescription medications that apply only while practicing as a medication aide in a residential care facility. Instead, it maintains the statute providing for standards and conditions that apply to a medication aide regardless of the aide's practice location. The bill also makes modifications to these standards and conditions. The Board could realize minimal administrative costs if any rules need to be updated or adopted.

The bill establishes standards that the Board of Nursing must follow when adopting rules regarding the approval of, and participation in, medication aide training programs. If the Board sets a minimum or maximum number of days for participating in or completing a training program in rule, the rule must base that number on calendar days rather than business days. When the Board addresses in rule supervised clinical practice components of a training program provided in a nursing home or residential care facility that has been notified by the Department of Health of real and present danger related to its medication administration or skilled nursing care, the Board must prohibit the home or facility from commencing further components until either a plan of correction is approved or the home or facility resolves the danger. The bill also requires the Board to allow the training program to continue any supervised components that commenced prior to the Department of Health's notification. The Board could realize minimal administrative costs to adopt or update rules. If this changes any Board procedures with regards to its training approval process, this might result in some administrative costs.