



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 303*
135th General Assembly

Bill Analysis

[Click here for H.B. 303's Fiscal Note](#)

Version: As Reported by Senate Health

Primary Sponsors: Reps. Hall and Santucci

Elizabeth Molnar, Attorney

SUMMARY

Training of EMS personnel

- Establishes a process by which a person may request the State Board of Emergency Medical, Fire, and Transportation Services to add new training or continuing education topics for emergency medical service personnel.

Medication aides

- Repeals the statute establishing standards and conditions for administering prescription medications that apply only when practicing as a medication aide in a residential care facility, while maintaining the statute providing for standards and conditions that are the same regardless of an aide's practice location, for example, a nursing home and residential care facility.
- Revises the foregoing standards and conditions, including by authorizing an aide to administer initial doses of prescription medications, clarifying that an aide may administer prescription medications on an as-needed basis regardless of whether the supervising nurse is present at the aide's practice location, and specifically authorizing a medication aide to administer schedule II controlled substances, but only if administered orally or topically.
- Requires the Board of Nursing to adopt in rule certain standards governing the approval of, and participation in, medication aide training programs, but only if the Board exercises its permissive authority under existing law to adopt such rules.

* This analysis was prepared before the report of the Senate Health Committee appeared in the Senate Journal. Note that the legislative history may be incomplete.

DETAILED ANALYSIS

Training of EMS personnel

The bill establishes a process by which a person may request, via a petition, the State Board of Emergency Medical, Fire, and Transportation Services (the Board) to add new training or continuing education topics in required emergency medical services (EMS) training or continuing education programs. A person must submit the petition in the manner prescribed by the Board. EMS personnel includes first responders, EMTs-basic, EMTs-I, or paramedics.¹

Once the Board receives a petition, it must review it and approve or deny the request in accordance with rules adopted by the Board.² If the Board approves a topic, it must require that the topic be added to the EMS training or continuing education programs. Additionally, the Board must adopt rules regarding the number of hours of training or continuing education that must be devoted to the approved topic.³

Under current law, the Board oversees EMS training and continuing education requirements. Current statutory requirements and rules adopted by the Board specify the content and hours of that training and education.⁴ In general, all training and continuing education programs are developed under the direction of a physician who specializes in emergency medicine.⁵

Medication aides

Standards for medication administration

The bill repeals the statute establishing standards and conditions for administering prescription medications that apply only while practicing as a medication aide in a residential care facility.⁶ Instead, it maintains the statute providing for standards and conditions applicable to a medication aide regardless of the aide's practice location, for example, a nursing home or residential care facility.⁷

The bill also revises in the following ways the standards and conditions for administering medications as a medication aide in a nursing home or residential care facility. First, it authorizes an aide to administer initial doses of prescription medications. Second, the bill clarifies that a medication aide may administer a prescription medication with a designation authorizing or requiring administration on an as-needed basis regardless of whether the supervising nurse is

¹ R.C. 4765.163(A).

² R.C. 4765.163(B).

³ R.C. 4765.163(C).

⁴ R.C. Chapter 4765.

⁵ R.C. 4765.16, not in the bill.

⁶ R.C. 4723.671, enacted on June 26, 2024, as part of S.B. 28 of the 135th General Assembly.

⁷ R.C. 4723.67, amended on June 26, 2024, as part of S.B. 144 of the 135th General Assembly.

present at the home or facility. And third, it specifically authorizes a medication aide to administer medications containing schedule II controlled substances, but only if administered orally or topically.⁸

Rulemaking – standards for medication aide training programs

While the bill maintains the law authorizing the Board of Nursing to adopt any rules governing the certification of medication aides, it does establish standards that the Board must follow when adopting rules regarding the approval of, and participation in, medication aide training programs.⁹ First, 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.¹⁰

Second, 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 supervised clinical practice components until either (1) a plan of correction is approved or (2) the home or facility resolves the danger. The Board also must allow the training program to continue any supervised components that commenced prior to the Department's notification.¹¹

HISTORY

Action	Date
Introduced	10-18-23
Reported, H. Homeland Security	05-28-24
Passed House (89-2)	06-12-24
Reported, S. Health	---

ANHB0303RS-135/sb

⁸ R.C. 4723.67(B).

⁹ R.C. 4723.69(B).

¹⁰ R.C. 4723.69(B)(2).

¹¹ R.C. 4723.69(B)(1).