



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 303
135th General Assembly

Final Analysis

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

Primary Sponsors: Reps. Hall and Santucci

Effective date:*

Elizabeth Molnar, Attorney

SUMMARY

Training of EMS personnel

- Directs the State Board of Emergency Medical, Fire, and Transportation Services to establish a process by which any person may request the Board to include topics in the training and continuing education programs required 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.
- Revises the standards and conditions maintained by the act, 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 to adopt such rules.

* 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.

DETAILED ANALYSIS

Training of EMS personnel

The act requires the State Board of Emergency Medical, Fire, and Transportation Services to establish a process by which any person may submit to the State Board a petition requesting that a topic be included in an emergency medical services (EMS) training or continuing education program. A petition must be submitted in a manner prescribed by the State Board, and the petitioner is prohibited from seeking to add a broad category of topics.¹

On receiving a petition, the State Board must review it and determine whether to approve or deny the topic's addition. In doing so, the State Board must act in accordance with rules it adopts.² If approved, the State Board must require the topic to be included in EMS training or continuing education programs and must adopt rules regarding the number of hours required for the approved topic.³

Under continuing law, the State Board oversees training and continuing education requirements for EMS personnel, which include first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, and paramedics. Those requirements 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 act repeals the statute establishing standards and conditions for administering prescription medications that apply only while practicing as a medication aide in a residential care (assisted living) facility.⁶ Instead, it maintains the statute providing for standards and conditions applicable to a medication aide regardless of practice location.⁷

The act also revises in the following ways the standards and conditions for administering medications as a medication aide in a nursing home or assisted living facility. First, it authorizes an aide to administer initial doses of prescription medications. Second, the act 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 act.

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 act 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 exercising its permissive authority to adopt rules regarding the approval of, and participation in, medication aide training programs.⁹ First, if the Board sets in rule a minimum or maximum number of days for participating in or completing a training program, the number of days must be based 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 setting 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 setting from commencing further supervised clinical practice components until either of the following occurs:

1. A plan of correction is approved;
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	12-11-24
Passed Senate (31-0)	12-11-24
House concurred in Senate amendments (90-1)	12-11-24

24-ANHB0303EN-135/ar

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).