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S.B. 220
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsor: Sen. Manchester

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SUMMARY

- Permits emergency medical service (EMS) organizations to establish community paramedicine programs that allow emergency medical technicians (EMTs) to provide nonemergency medical services to members of the community.
- Requires the Medicaid program to cover services provided under a community paramedicine program if specified conditions are met.
- Prohibits health benefit plans issued on or after the bill's effective date that provide coverage for health care services performed by EMTs from excluding coverage for those services when performed in the context of a community paramedicine program.

DETAILED ANALYSIS

Community paramedicine programs

The bill permits EMS organizations to establish community paramedicine programs that permit emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic (collectively "EMTs") to provide nonemergency medical services to members of the community.¹

A community paramedicine program established under the bill must operate under the direction of the EMS organization's medical director or cooperating physician advisory board, which must establish the nonemergency services that may be provided by an EMT under the program. Those services may include all of the following:²

¹ R.C. 4765.362(A).

² R.C. 4765.362(B)(1)(a).

- Chronic disease management and prevention;
- Health evaluation and assessment;
- Home safety inspection and fall prevention;
- Health education;
- Medication compliance;
- Referral to other community services;
- Enhanced access to other health care services;
- Management of patients following surgery; and
- Care coordination.

Additionally, the bill requires each medical director or cooperating physician advisory board overseeing a community paramedicine program to establish (1) a protocol EMTs must follow when providing services under the program, (2) any training requirements that must be satisfied to provide services under the program, and (3) any continuing education requirements that must be satisfied to continue providing services under the program.³

The medical director or cooperating physician advisory board may partner with licensed health care professionals, health care facilities, and other nonprofit and for-profit health care entities, and establish plans for identifying social determinants of health and providing collaborative health services to at-risk residents living in the community served by the program.⁴

Finally, the bill permits nonemergency medical services provided through a community paramedicine program to be provided through telehealth.⁵

Medicaid coverage of services

The bill requires the Medicaid program to cover nonemergency medical services provided under a community paramedicine program if (1) the EMS organization operating the program holds a valid Medicaid provider agreement, (2) the services are provided to Medicaid recipients, and (3) the services are provided in accordance with the requirements the medical director or cooperating physician advisory board establishes for the program.⁶

Health benefit plans

S.B. 220 requires health benefit plans issued on or after the bill's effective date that provide coverage for health care services performed by an EMT to cover, to the same extent, services performed by EMTs under a community paramedicine program. In other words, if a

³ R.C. 4765.362(B)(1)(b), (c), and (d).

⁴ R.C. 4765.362(B)(2).

⁵ R.C. 4765.362(C).

⁶ R.C. 5164.11.

health benefit plan provides coverage for services provided by EMTs, then the health benefit plan cannot exclude coverage for those services just because they are provided in the context of a community paramedicine program.⁷

HISTORY

Action	Date
Introduced	06-10-25

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⁷ R.C. 3902.65.