OHIO LEGISLATIVE SERVICE COMMISSION

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Office of Research and Drafting

Legislative Budget Office

S.B. 220
136th General Assembly

Fiscal Note & Local Impact Statement

Click here for S.B. 220's Bill Analysis

Version: As Introduced

Primary Sponsor: Sen. Manchester

Local Impact Statement Procedure Required: No

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Detailed Analysis

The bill allows an emergency medical service (EMS) organization[1] to establish a community paramedicine program, which would allow an emergency medical technician-basic (EMT-basic), emergency medical technician-intermediate (EMT-I), or emergency medical technician-paramedic (EMT-paramedic) to provide nonemergency medical services to members of the community. A community paramedicine program established under the bill must operate under the direction of the emergency medical service organization's medical director or cooperating physician advisory board. The bill also specifies other requirements for the program, including the types of nonemergency services that may be provided by such EMTs.

The bill requires a health benefit plan issued, delivered, or renewed in this state on or after the bill's effective date that directly or indirectly covers health care services performed by an EMT to cover, to the same extent, health care services performed by such EMTs under a community paramedicine program. So long as an EMS organization operating a community paramedicine program has a valid Medicaid provider agreement, the services from the community paramedicine program are provided to Medicaid recipients, and said services are provided in accordance with administrative requirements of the program, the bill also requires that Ohio's Medicaid Program cover nonemergency medical services provided by these community paramedicine programs.

[1] An emergency medical service organization is a public or private organization using first responders, EMTs-basic, EMTs-I, or paramedics, or a combination of first responders, EMTs-basic, EMTs-I, and paramedics, to provide emergency medical services.

Fiscal effect

The bill has no direct fiscal effect to the state and local governments. However, if an EMS that is run by a local government chose to establish a community paramedicine program permitted under the bill it may increase the local government's costs by an undetermined amount to establish the program, including any ongoing costs.[2] Any increase in such costs would be offset by required insurance reimbursements for services provided by such EMTs.

Depending on the extent of additional or new services offered through community paramedicine programs, the bill may have fiscal effects for the Ohio Department of Medicaid. Any increases in service costs due to the bill's changes would be shared expenses between the state and federal governments. Typically, the federal government provides support for approximately 65% of Ohio's Medicaid services costs.

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[2] According to an article, Community Paramedicine: Connecting Patients to Care and Reducing Costs, prepared by the National Conference of State Legislatures (NCSL), "A 2023 survey (PDF) by the National Association of Emergency Medical Technicians reported that about 400 emergency medical service agencies across the country have launched mobile integrated health or community paramedicine programs." Additionally, based on an internet search using keywords "community paramedicine program in Ohio," there are multiple local governments in the state that have created community paramedicine programs.