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OHIO LEGISLATIVE SERVICE COMMISSION

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Office of Research
and Drafting

Legislative Budget
Office

H.B. 23*
134th General Assembly

Occupational Regulation Report

[Click here for H.B. 23's Bill Analysis / Fiscal Note](#)

Primary Sponsors: Reps. Plummer and West

Impacted Professions: Peace officers and emergency medical service personnel

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LSC is required by law to issue a report for each introduced bill that substantially changes or enacts an occupational regulation. The report must: (1) explain the bill's regulatory framework in the context of Ohio's statutory policy of using the least restrictive regulation necessary to protect consumers, (2) compare the regulatory schemes governing the same occupation in other states, and (3) examine the bill's potential impact on employment, consumer choice, market competition, and cost to government.¹

LEAST RESTRICTIVE REGULATION COMPARISON

Ohio's general regulatory policy

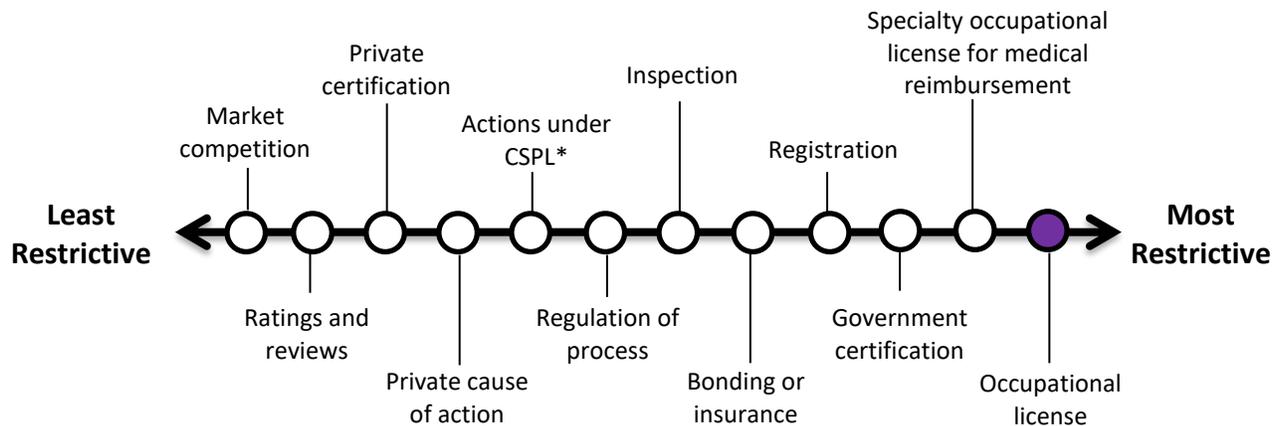
The general policy of the state is reliance on market competition and private remedies to protect the interests of consumers in commercial transactions involving the sale of goods or services. For circumstances in which the General Assembly determines that additional safeguards are necessary to protect consumers from "present, significant, and substantiated harms that threaten health, safety, or welfare," the state's expressed intent is to enact the "least restrictive regulation that will adequately protect consumers from such harms."²

The degree of "restrictiveness" of an occupational regulation is prescribed by statute. The following graphic identifies each type of occupational regulation expressly mentioned in the state's policy by least to most restrictive:

*This report addresses the "As Introduced" version of H.B. 23. It does not account for changes that may have been adopted after the bill's introduction.

¹ R.C. 103.26, not in the bill.

² R.C. 4798.01 and 4798.02, neither in the bill.



*CSPL – The Consumer Sales Practices Law

Necessity of regulations

Representative Phil Plummer and Representative Thomas West, the sponsors of H.B. 23, testified that additional training is necessary to advise first responders and emergency medical technicians (emergency medical service personnel) and peace officers as to the best techniques for interacting with individuals with dementia. The testimony suggests that such interactions are likely to increase in coming years due to Ohio's aging population and an increased likelihood that individuals with dementia may be living at home without a caregiver. The representatives indicate that training is especially important in light of the challenges created by the COVID-19 pandemic.³

Restrictiveness of regulations

Although H.B. 23 involves occupational licensure, which is the most restrictive of all regulatory options within the state's continuum, the bill does not appear to significantly increase the restrictiveness of regulations. The bill modifies four existing licenses by adding a new component to the training and continuing education curriculum. Depending on the rules adopted by the Attorney General and the State Board of Emergency Medical, Fire, and Transportation Services (the Board), the new component could be worked into the training and continuing education hours already required by continuing law, or it could necessitate a modest increase in the number of required hours. Any increase in hours should be negligible in comparison to existing requirements.

³ Representative Phil Plummer and Representative Thomas West, [Sponsor Testimony, House Bill 23](#), February 10, 2021.

IMPACT STATEMENT

Opportunities for employment

Neither the supply and demand for law enforcement labor nor emergency medical service personnel will be measurably affected by the provisions in H.B. 23, nor will the bill inhibit persons from completing training. Some training related to interacting with individuals with dementia is currently a part of the training package for peace officers and for emergency medical service personnel, so the bill to some extent codifies current practice. To the extent additional training becomes required under the bill, it is not expected that it would increase training time or costs sufficiently to discourage political subdivisions from hiring personnel in these occupations.

The peace officer training required under the bill is to be administered pursuant to rules developed by the Attorney General, in consultation with the Department of Aging. During FY 2019, over 33,700 peace officers were commissioned in Ohio among various jurisdictions, according to the Ohio Police Officer Training Academy.

Training required of emergency medical service personnel under the bill is to be administered under the purview of instructors accredited by the Board and courses developed in consultation with the Department of Aging. In February 2021, almost 43,500 active emergency medical service personnel were certified by the Board.

Consumer choice and market competition

The bill has no direct impact on consumer choice or market competition.

Cost to government

For the bill's cost to government, please refer to [LBO's fiscal note](#).

SUMMARY OF PROPOSED REGULATIONS

The bill requires emergency medical service personnel and peace officers to undergo prelicense training and continuing education on identifying and interacting with individuals with dementia. The bill stipulates that the initial, prelicense dementia training course must include at least two hours of instruction, and the continuing education course must include at least one hour of instruction. The precise number of dementia-related training hours is set by rule of the Attorney General for peace officers, and by rule of the Board for emergency medical service personnel.

The current training and continuing education requirements for peace officers and emergency services personnel are summarized in the table below. The bill does not necessarily increase the number of training and continuing education hours prescribed for those professions – it just specifies that some of the hours required under continuing law must address dementia identification and interaction. The Attorney General or the Board may adjust the total number of

hours currently prescribed for peace officers and emergency services personnel to account for the addition of dementia training, but the bill does not mandate such an adjustment.⁴

Training and Continuing Education for Peace Officers and Emergency Medical Service Personnel		
License	Training	Continuing Education
Peace officer	Basic training curriculum consisting of a minimum of 737 hours ⁵	Up to 24 hours per year ⁶
First responder (EMR)	Minimum of 48 hours ⁷	15 hours every three years ⁸
Emergency medical technician – basic (EMT)	Minimum of 150 hours ⁹	30-40 hours every three years ¹⁰
Emergency medical technician – intermediate (AEMT)	Minimum of 200 hours ¹¹	60 hours every three years ¹²
Emergency medical technician – paramedic	Minimum of 900 hours ¹³	86 hours every three years ¹⁴

⁴ R.C. 109.749 and 4765.162.

⁵ Ohio Attorney General, Peace Officer Training Academy, [How to Become a Peace Officer in Ohio](#).

⁶ Ohio Administrative Code (O.A.C.) 109:2-18-02, not in the bill.

⁷ R.C. 4765.11, 4765.16, and 4765.30; O.A.C. 4765-8-01 and 4765-12-05, not in the bill.

⁸ R.C. 4765.11, 4765.16, and 4765.31; O.A.C. 4765-8-06, 4765-12-03, and 4765-12-05, not in the bill.

⁹ R.C. 4765.11 and 4765.30; O.A.C. 4765-8-01 and 4765-15-05, not in the bill.

¹⁰ R.C. 4765.11, 4765.16, and 4765.31; O.A.C. 4765-8-06, 4765-15-03, and 4765-15-05, not in the bill.

¹¹ R.C. 4765.11 and 4765.30; O.A.C. 4765-8-01 and 4765-16-06, not in the bill.

¹² R.C. 4765.11, 4765.16, and 4765.31; O.A.C. 4765-8-06 and 4765-16-03, not in the bill.

¹³ R.C. 4765.11 and 4765.30; O.A.C. 4765-8-01 and 4765-17-04, not in the bill.

¹⁴ R.C. 4765.11 and 4765.29; O.A.C. 4765-8-01 and 4765-17-04, not in the bill.

COMPARISON TO OTHER STATES

Most states require extensive training and education for licensed peace officers and emergency medical service personnel. It is difficult to assess the national prevalence of dementia training requirements for these professions because, in many cases, state laws do not include an exhaustive list of topics to be addressed in approved training modules or courses of study. According to a 2015 survey conducted by Justice in Aging, ten states (Colorado, Florida, Indiana, Maryland, New Hampshire, New Jersey, Oklahoma, Oregon, South Carolina, and Virginia) expressly require dementia training for peace officers. Only one state (Connecticut) requires dementia training for emergency medical service personnel.¹⁵ Several states, including California (see below), have adopted dementia training requirements for peace officers and emergency medical service personnel since 2015, and it is possible that other states have implemented such training without an express statutory requirement.

The following table compares dementia training for law enforcement and emergency medical service personnel in a few of the states that have adopted express requirements.

State Dementia Training Requirements			
State	Who is Required to Receive Training?	Content of Training	Duration of Training
California ¹⁶	Emergency Medical Technicians-I, Emergency Medical Technicians-II, Emergency Medical Technicians-Paramedic, and law enforcement officers	How to interact effectively with persons with dementia and their caregivers	Not specified

¹⁵ Georgia Burke, and Gwen Orlowski, Justice in Aging, *Training to Serve People with Dementia: Is our Health Care System Ready?*, (August 2015).

¹⁶ California Health and Safety Code 1797.170-1797.172; California Penal Code 13515.295.

State Dementia Training Requirements			
State	Who is Required to Receive Training?	Content of Training	Duration of Training
Connecticut ¹⁷	Emergency Medical Responders, Emergency Medical Technicians, and Advanced Emergency Medical Technicians	How to recognize symptoms of and how to care for individuals with Alzheimer's disease and dementia	30 hours of refresher training every two years
Florida ¹⁸	Law enforcement officers	How to identify and investigate elder abuse and neglect, including instruction on identifying and responding appropriately to persons suffering from dementia	Not specified
Indiana ¹⁹	Law enforcement officers	How to interact with persons with autism, mental illness, addictive disorders, intellectual disabilities, developmental disabilities, Alzheimer's disease, and related "senile dementia"	Six hours of pre-employment basic training followed by periodic "in service" training for an unspecified number of hours

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¹⁷ Connecticut General Statutes 20-206mm(e).

¹⁸ Florida Statutes 943.135 and 943.17296.

¹⁹ Ind. Code Ann. 5-2-1-9.