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Office

S.B. 21
134th General Assembly

Fiscal Note & Local Impact Statement

[Click here for S.B. 21's Bill Analysis](#)

Version: As Reported by Senate Health

Primary Sponsors: Sens. Antonio and Manning

Local Impact Statement Procedure Required: No

Maggie West, Senior Budget Analyst

Highlights

- The State Board of Emergency Medical, Fire, and Transportation Services and the Department of Public Safety's Division of Emergency Medical Services, will incur one time and likely minimal ongoing annual operating costs to perform duties related to stroke patient protocols. The magnitude of the one-time costs, including guideline development, compliance review, and publication, have yet to be determined.
- The approximately 1,020 emergency medical service (EMS) organizations, operated by a mix of local governments, nonprofit corporations, and private businesses, will incur one time and likely minimal ongoing annual operating costs to comply with the bill's protocol and training requirements. The one-time costs for any given EMS organization will be dependent on the degree to which the organization's current protocol and training mirror the guidelines to be adopted by the Board.

Detailed Analysis

The bill changes the law regarding emergency medical services and stroke patient protocols, creating work and related operating costs for:

- The State Board of Emergency Medical, Fire, and Transportation Services;
- The Department of Public Safety's Division of Emergency Medical Services, which serves as the Board's administrative arm; and
- Approximately 1,020 emergency medical service (EMS) organizations operated by local governments, nonprofit corporations, and private businesses.

The State Board and EMS Division will incur one-time costs to develop guidelines for the assessment, triage, and transport of stroke patients by EMS personnel, subsequently review each

EMS organization's protocol for guideline compliance, make copies of each protocol publicly available, and review the guidelines periodically and update as needed.¹ A potential part of the state's work plan includes the development and implementation of an organized, searchable repository of stroke protocols accessible to EMS organizations and the public. The magnitude of the associated one-time costs has yet to be determined. The ongoing annual operating costs are likely to be minimal generally to ensure protocol compliance, including providing periodic personnel training.

Existing law, unchanged by the bill, requires the medical director or cooperating physician advisory board of each EMS organization to establish written protocols for the assessment, treatment, and transport to hospitals of stroke patients by emergency medical services personnel and to provide copies of the protocol to certain entities. To those entities, the bill adds the Department of Health. The one-time costs for an EMS organization will depend upon the degree to which that organization's existing protocol and personnel training mirror the guidelines developed by the State Board subsequent to the bill's enactment. Ongoing annual operating costs for each EMS organization generally are likely to be minimal. This includes submitting protocol copies annually to certain entities, and providing periodic personnel training. Because of the State Board's subsequent periodic review and potential update of its guidelines, an EMS organization may incur costs to make any necessary adjustment to its protocol and personnel training.

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¹ The bill requires the State Board of Emergency Medical, Fire, and Transportation Services, when developing the guidelines required by the bill, to consult with a diverse group of hospital leaders around this state.