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Synopsis of Senate Committee Amendments

(This synopsis does not address amendments that may have been adopted on the Senate Floor.)

H.B. 303 of the 135th General Assembly

Senate Health

Elizabeth Molnar, Attorney

Training of EMS personnel

Eliminates a House-passed provision that would have exempted rules adopted under the bill regarding emergency medical services training and continuing education from the existing law limiting regulatory restrictions adopted by certain agencies.

Medication aides

Adds to the House-passed version provisions that revise the law governing medication aides in the following ways:

- 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, for example, a nursing home and residential care facility.
- Modifies the foregoing standards and conditions, 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.
- If the Board of Nursing sets in rule a minimum or maximum number of days for participating in or completing a medication aide training program, requires the Board to base that number on calendar days rather than business days.
- If the Board addresses in rule supervised clinical practice components of a medication aide training program provided in a nursing home or residential care facility that has been notified by the Department of Health of real and present danger related to its medication administration or skilled nursing care, requires the Board to prohibit the home or facility

from commencing further supervised clinical components until either (1) a plan of correction is approved or (2) the home or facility resolves the danger. Also allows the training program to continue any supervised components that commenced prior to the Department's notification.