

As Introduced

132nd General Assembly

Regular Session

2017-2018

H. B. No. 197

Representative Patton

A BILL

To enact sections 4765.362, 4765.363, and 5164.11
of the Revised Code to provide for insurance
reimbursement for EMT services in nonemergency
situations.

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BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 4765.362, 4765.363, and 5164.11
of the Revised Code be enacted to read as follows:

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Sec. 4765.362. (A) As used in this section and section
4765.363 of the Revised Code:

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(1) "Health care practitioner" has the same meaning as in
section 3701.74 of the Revised Code.

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(2) "Health plan issuer" has the same meaning as in
section 3922.01 of the Revised Code.

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(3) "Policy of health insurance" means any policy,
contract, plan, or agreement of sickness and accident insurance;
subscriber policies, contracts, certificates, agreements, or any
other evidence of coverage issued by health plan issuers; any
certificate, contract, or policy issued by a fraternal benefit
society; any certificate issued pursuant to a group insurance

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policy; and any evidence of coverage issued by a multiple 19
employer welfare arrangement. 20

(B) An emergency medical technician-basic, emergency 21
medical technician-intermediate, or emergency medical 22
technician-paramedic may provide a nonemergency medical service 23
to an individual pursuant to a care plan established for the 24
individual by the individual's primary care physician in 25
consultation with the technician's medical director or 26
cooperating physician advisory board. 27

(C) The care plan shall do both of the following: 28

(1) Ensure that any medical service provided by the 29
emergency medical technician-basic, emergency medical 30
technician-intermediate, or emergency medical technician- 31
paramedic is coordinated with other community health care 32
practitioners and local health agencies so the medical service 33
is not duplicated by different practitioners and agencies; 34

(2) Be made in consultation with the health care 35
practitioners providing the individual's care coordination 36
services, if the individual is participating in a care 37
coordination program. 38

As used in this division, "care coordination" means the 39
deliberate organization of patient care activities between two 40
or more participants, including the patient, involved in a 41
patient's care to facilitate the appropriate delivery of health 42
care services. 43

(D) Medical services provided by an emergency medical 44
technician-basic, emergency medical technician-intermediate, or 45
emergency medical technician-paramedic to an individual under a 46
care plan shall meet the requirements set forth in section 47

4765.361 of the Revised Code and may include all of the 48
following: 49

(1) Health assessments; 50

(2) Chronic disease monitoring and education; 51

(3) Medication compliance; 52

(4) Immunizations and vaccinations; 53

(5) Laboratory specimen collection; 54

(6) Hospital discharge follow-up care; 55

(7) Other minor medical procedures approved by the 56
technician's medical director or cooperating physician advisory 57
board. 58

Sec. 4765.363. (A) A policy of health insurance shall 59
contain a provision prescribing that when a covered individual 60
receives a nonemergency medical service from an emergency 61
medical technician-basic, emergency medical technician- 62
intermediate, or emergency medical technician-paramedic in 63
accordance with section 4765.361 or 4765.362 of the Revised 64
Code, the service shall be covered under the policy. 65

(B) After the medical service is provided to the covered 66
individual, the health plan issuer shall provide the emergency 67
medical technician-basic, emergency medical technician- 68
intermediate, or emergency medical technician-paramedic with a 69
written explanation of benefits that specifies the applicable 70
reimbursement, as well as the applicable deductible, copayment, 71
or coinsurance amounts owed by the covered individual for the 72
services. 73

(C) An emergency medical technician-basic, emergency 74

medical technician-intermediate, or emergency medical 75
technician-paramedic shall not bill a covered individual for 76
anything other than the applicable deductible, copayment, or 77
coinsurance amounts for the medical service, as prescribed under 78
this section. 79

(D) The emergency medical technician-basic, emergency 80
medical technician-intermediate, or emergency medical 81
technician-paramedic may bill the health plan issuer for the 82
service rendered. The health plan issuer shall reimburse the 83
technician the greatest of the following: 84

(1) The amount of the bill from the emergency medical 85
technician-basic, emergency medical technician-intermediate, or 86
emergency medical technician-paramedic; 87

(2) The usual, customary, and reasonable rate for the 88
service in question; 89

(3) The amount reimbursed for the service in question 90
under the medicare reimbursement rate. 91

(E) A violation of this section shall be considered a 92
violation of the relevant licensing or certification law by the 93
state board of emergency medical, fire, and transportation 94
services, the state medical board, the department of health, and 95
any other licensing entity overseeing the emergency medical 96
technician-basic, emergency medical technician-intermediate, or 97
emergency medical technician-paramedic. 98

Sec. 5164.11. As used in this section, "emergency medical 99
technician-basic," "emergency medical technician-intermediate," 100
and "emergency medical technician-paramedic" have the same 101
meanings as in section 4765.01 of the Revised Code. 102

The medicaid program shall cover nonemergency medical 103

<u>services performed by an emergency medical technician-basic,</u>	104
<u>emergency medical technician-intermediate, or emergency medical</u>	105
<u>technician-paramedic in accordance with section 4765.361 or</u>	106
<u>4765.362 of the Revised Code.</u>	107