07 February 2022

The Honorable Stephen Huffman
1 Capitol Square, Senate Building, Ground Floor
Columbus, OH 43215

Re: Opposition to Amendments to HB138; Written Testimony for Ohio Senate Health Committee Hearing on HB138, 09 February 2022

Dear Senator Huffman and Senate Health Committee Members:

I offer this written statement as evidence of my opposition to Amendment 134 2082-3 and Amendment 134 2081-2 of HB138.

I am an Emergency Medicine physician and EMS physician in Cincinnati, and I serve as medical director for seven fire-based EMS systems and two Dispatch centers. I am one of six physicians that serve Ohio's urban search and rescue team, and I am coordinating prehospital interventions across seven Ohio counties that address the opiate overdose epidemic. My lifelong commitment to prehospital care began 25 years ago as a volunteer EMT in rural and suburban areas outside Charlotte, NC. This lifelong experience across the spectrum of delivery systems is the basis for my opinions.

HB138, as passed by the House, is a meaningful piece of legislation that I fully support. While EMS providers are allowed to follow verbal orders from advance practice providers, EMS in Ohio cannot follow written orders. Without HB138, EMS cannot honor Do Not Resuscitate orders signed by an advanced practice provider; Rep. Baldridge's bill resolves this conflict, which will improve the end-of-life experiences for families across the state.

Unfortunately, Amendments 134 2082-3 and 134 2081-2 distract from the House version and will degrade the provision of emergency services across the state by weakening how ambulances are staffed and the quality of physician medical oversight.

Amendment 134 2082-3, which changes the required qualifications to be a medical director, addresses a problem that does not exist. The process approved by the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board) acknowledges the additional training received in Emergency Medicine residency programs and Fellowships in EMS Medicine. Emergency Medicine is the only specialty whose residency programs require exposure to, and in-depth training in, the fundamentals of physician oversight of EMS systems. Fellowships in EMS Medicine provide pathways for any post-residency physician to attain mastery of the subspecialty of prehospital care, which formally recognized by the American Board of Medical Specialties as a practice of medicine in 2010—the process is akin to internal medicine physicians seeking additional fellowship training to become a cardiologist. The EMFTS Board's process has pathways for non-Emergency Medicine and non-EMS Fellowship trained physicians to serve as a medical director. The criteria are reasonable, assure that systems are overseen by physicians with relevant experience, and are intended to protect patients. If passed, Amendment 134 2082-3 could allow a pathologist, with no knowledge or experience in emergency care, to take a brief online course and then be responsible and tasked to teach EMS providers how to handle childbirth, identify and triage stroke, resuscitate victims of cardiac arrest, and care for life-threatening time-dependent emergencies.

Bluntly, Amendment 134 2081-2, which permanently changes the minimum staffing of ambulances, is terrifying. When I was a volunteer EMT, I was frequently the sole provider on-scene for 10-15 minutes; even stable appearing patients could be overwhelming when performing initial assessments and gathering

information. My first EMS job was on for a non-emergency medical transport company; more than once, "routine" transports suffered an unanticipated medical emergency (including cardiac arrest) on the way to dialysis or a physician's office. Amendment 134 2081-2 as written, instead of a similarly trained partner, my driver would be of little more help than a Starbucks barista. The amendment ignores EMT training in the safe moving of patients, familiarity of equipment, radio operations, and other fundamental tasks of prehospital care.

I fully recognize the workforce issues that were strained before the pandemic, and I regret that crisis standards of care are needed. EMFTS Board already has an effective process for an EMS agency to seek relief of minimum staffing. When the only other option is to provide *no* service, the lesser of evils is for agencies to provide *better than nothing* service. Importantly, the EMFTS Board process is temporary; as the COVID-19 pandemic eventually fades, so will the need to provide substandard staffing. Amendment 134 2081-2 will make ambulance staffing changes permanent; the result will be a workforce even less prepared to handle the next emergency.

Instead of weakening the workforce, we should look for ways to increase the number of trained EMS providers, especially in rural and under-served areas. I will gladly support legislation that enhances the value and desirability of a lifetime of service through prehospital emergency medical care. **Amendment 134 2081-2 sends the message that an Amazon driver is as good as an EMT, and Amendment 134 2082-3 equates an infertility doctor to one who provides emergency care on a daily basis. Ohio deserves better.**

Most sincerely,

Jason McMullan, MD MS FAEMS
Director, Division of EMS
Associate Professor of Emergency Medicine
University of Cincinnati
Jason.McMullan@uc.edu