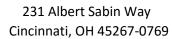


Department of Emergency Medicine

Division of Emergency Medical Services





07 May, 2017

Chairman Roegner, Vice Chairman Lipps, Ranking Member Leland, and members of the House Federalism and Interstate Relations Committee, thank you for allowing me the opportunity to provide testimony on HB 79.

I am an emergency physician with Board certification in both emergency medicine and EMS medicine. I currently practice at the University of Cincinnati Medical Center, a level I trauma center, where I am an Assistant Professor of Emergency Medicine, Associate Director of the Division of EMS, and Medical Director for Emergency Management. I am the medical director for a number of suburban and rural fire departments as well as being an Associate Medical Director for the Cincinnati Fire Department. Additionally, I am the medical director for both the Cincinnati Police Department SWAT Team and the Hamilton County Police Association SWAT team. I function operationally with both teams as well as occasionally with the FBI SWAT Team. I have taught and designed tactical emergency medical support courses for physicians, EMS professionals, and law enforcement officers associated with numerous law enforcement agencies.

TEMS providers are typical experienced EMS providers and are the utmost professionals in all that they do. They function, often in an unpaid capacity, in much the same environments encountered by law enforcement officer SWAT team members. As such, they are exposed to many of the same risks. We do this because we know that on-scene, tactically trained, high-level medical care is in the best interest of these law enforcement officers. Such medical support for tactical teams is rapidly becoming the gold standard around the country. Unfortunately, without HB79, many of these TEMS providers are asked to do so without a means of protecting themselves during life threatening events.

TEMS providers are often highly trained with firearms and held to the same qualification stand as all other members of their respective tactical teams. We train with live weapons side by side with our law enforcement colleagues and are required to maintain the same abilities, safety, and discipline. However, when the team is deployed for real-world activations, we are required to remove our holsters and weapons and enter austere environments relying solely on the protection provided by other team members. This arrangement leads to less safety for the TEMS provider and an unnecessary burden on the other tactical team members.

Allowing appropriate legal protection for the carrying of firearms on duty by TEMS providers while function with a tactical team would not produce a significant increased risk or liability. HB79 requires extensive firearms training and maintenance of qualification standards for all TEMS providers who would be allowed to carry a weapon operationally. While these standards are currently met by many teams, their formal codification would encourage those teams not currently meeting such standards to do so and would provide justification for the necessary resources.

Thank you again for the opportunity to provide testimony on House Bill 79. I am happy to provide any further information required.

Dustin J. Calhoun, MD Assistant Professor

Associate Director, Division of EMS

University of Cincinnati