As Introduced

132nd General Assembly Regular Session 2017-2018

H. B. No. 197

Representative Patton

A BILL

То	enact sections 4765.362, 4765.363, and 5164.11	1
	of the Revised Code to provide for insurance	2
	reimbursement for EMT services in nonemergency	3
	situations.	4

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

Section 1. That sections 4765.362, 4765.363, and 5164.11	5
of the Revised Code be enacted to read as follows:	6
Sec. 4765.362. (A) As used in this section and section	7
4765.363 of the Revised Code:	8
(1) "Health care practitioner" has the same meaning as in	9
section 3701.74 of the Revised Code.	10
(2) "Health plan issuer" has the same meaning as in	11
section 3922.01 of the Revised Code.	12
(3) "Policy of health insurance" means any policy,	13
contract, plan, or agreement of sickness and accident insurance;	14
subscriber policies, contracts, certificates, agreements, or any	15
other evidence of coverage issued by health plan issuers; any	16
certificate, contract, or policy issued by a fraternal benefit	17
society; any certificate issued pursuant to a group insurance	18

policy; and any evidence of coverage issued by a multiple	19
employer welfare arrangement.	20
	0.1
(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

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4765.361 of the Revised Code and may include all of the	48
<pre>following:</pre>	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

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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
<pre>emergency medical technician-paramedic;</pre>	87
(2) The usual, customary, and reasonable rate for the	88
<pre>service in question;</pre>	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
<pre>emergency medical technician-paramedic.</pre>	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

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