

August 26, 2013

The Honorable Scott A. Haselman
Fulton County Prosecuting Attorney
152 South Fulton Street, Suite 240
Wauseon, Ohio 43567

SYLLABUS:

2013-028

1. Pursuant to R.C. 4765.50(D), emergency medical services (EMS) responders who are employed by, or volunteer with, a Michigan EMS organization and who are not certified as EMS responders under R.C. 4765.30 do not violate R.C. 4765.50(A) when providing emergency medical services in an Ohio township pursuant to contract. (1982 Op. Att’y Gen. No. 82-099, overruled, in part, on the basis of statutory amendment.)
2. EMS responders of a Michigan EMS organization that provides emergency medical services in an Ohio township pursuant to contract may not drive an ambulance in Ohio during an emergency run unless they satisfy the requirements of R.C. 4765.43(B).
3. R.C. 4765.40(D) requires EMS responders of a Michigan EMS organization that provides emergency medical services in an Ohio township pursuant to contract to comply with applicable regional protocols for the triage of adult and pediatric trauma victims.
4. R.C. 4765.40(D) requires EMS responders of a Michigan EMS organization that provides emergency medical services in a region of the state of Ohio that has not adopted regional protocols for the triage of adult and pediatric trauma victims to comply with state of Ohio protocols for the triage of adult and pediatric trauma victims.
5. R.C. 4765.35 and R.C. 4765.37-.39 require EMS responders of a Michigan EMS organization that provides emergency medical services in an Ohio township to comply with local protocols adopted by the Ohio EMS organization that has contracted for the provision of such services.
6. When a Michigan EMS organization provides emergency medical services in an Ohio township pursuant to contract, the medical director or cooperating physician advisory board of the Ohio EMS organization that has contracted for the provision of such services is responsible for implementing a performance

improvement or peer review process to help ensure that the Michigan EMS organization's EMS responders comply with applicable protocols. A Michigan EMS responder who fails to comply with applicable protocols when providing emergency medical services in Ohio may be subject to an injunction to prevent further violations of R.C. Chapter 4765 or the rules adopted thereunder.



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OPINION NO. 2013-028

The Honorable Scott A. Haselman
Fulton County Prosecuting Attorney
152 South Fulton Street, Suite 240
Wauseon, Ohio 43567

Dear Prosecutor Haselman:

You have requested an opinion concerning various questions related to the performance of emergency medical services in Fulton County by emergency medical services (EMS) responders¹ who are employed by, or volunteer with, an EMS organization² located in Morenci, Michigan. You explain that the board of county commissioners has contracted with the Michigan EMS organization to provide emergency medical services for a township located in Fulton County. Based on the information provided to us, it appears that the board of county commissioners is operating an EMS organization in the county and has elected to fulfill its obligation to provide emergency medical services for the township through a contract with the Michigan EMS organization. The Michigan EMS organization is located near the Ohio-Michigan border, and EMS units that are dispatched from this location can reach the township faster than EMS units that are dispatched from other parts of Fulton County. In light of this arrangement, you have asked the following questions:³

¹ For the purpose of this opinion, we will use the term “EMS responders” to refer collectively to first responders, EMTs-basic, EMTs-I, paramedics, and persons who perform the equivalent functions of a first responder, EMT-basic, EMT-I, or paramedic under the authority of the laws of another state. *See* R.C. 4765.01(A) (defining “[f]irst responder”); R.C. 4765.01(B) (defining “[e]mergency medical technician-basic” or “EMT-basic”); R.C. 4765.01(C) (defining “[e]mergency medical technician-intermediate” or “EMT-I”); R.C. 4765.01(D) (defining “[e]mergency medical technician-paramedic” or “paramedic”).

² R.C. 4765.01(H) defines the term “[e]mergency medical service organization” as “a public or private organization using first responders, EMTs-basic, EMTs-I, or paramedics, or a combination of first responders, EMTs-basic, EMTs-I, and paramedics, to provide emergency medical services.” The term “EMS organization” will be used throughout this opinion in accordance with this definition.

³ A county prosecuting attorney is not responsible for furnishing legal advice or representation to a Michigan-based EMS organization. However, your questions are of legitimate interest and

1. When a Michigan EMS organization provides emergency medical services in an Ohio township pursuant to contract, do the organization's EMS responders who are not certified as EMS responders under R.C. 4765.30 violate R.C. 4765.50(A)?
2. When a Michigan EMS organization provides emergency medical services in an Ohio township pursuant to contract, are the organization's EMS responders prohibited under R.C. 4765.43(B) from driving an ambulance in the state of Ohio during an emergency run?
3. When a Michigan EMS organization provides emergency medical services in an Ohio township pursuant to contract, are the organization's EMS responders required to comply with regional and state of Ohio protocols for the triage of adult and pediatric trauma victims?
4. When a Michigan EMS organization provides emergency medical services in an Ohio township pursuant to contract, do R.C. 4765.35 and R.C. 4765.37-.39 require the organization's EMS responders to comply with local protocols adopted by the Ohio EMS organization that has contracted for the provision of such services?
5. When a Michigan EMS organization provides emergency medical services in an Ohio township pursuant to contract, is the medical director of the Ohio EMS organization that has contracted for the provision of such services responsible for ensuring that the Michigan organization's EMS responders comply with applicable protocols?

R.C. Chapter 4765 and Ohio's EMS Personnel

Before addressing your specific questions, it is helpful to provide an overview of the law governing the provision of emergency medical services in Ohio. R.C. Chapter 4765 governs the provision of emergency medical services in the state of Ohio and creates the State Board of Emergency Medical, Fire, and Transportation Services (the State Board) to oversee such services. R.C. 4765.02(A)(1). Pursuant to R.C. 4765.11, the State Board has adopted rules to implement the

concern to the board of trustees of the Ohio township that is being served by the Michigan EMS organization and to the board of county commissioners that has entered into this agreement. Therefore, it is appropriate to address your questions by way of a formal opinion. *See* R.C. 309.09(A)-(B) (the prosecuting attorney is required to serve as the legal adviser for the board of county commissioners and all officers, boards, and commissions of non-home rule townships); *see also* R.C. 109.14 (the Attorney General "shall advise the prosecuting attorneys of the several counties respecting their duties").

provisions of R.C. Chapter 4765. *See* 11B Ohio Admin. Code 4765-1-01 to 11B Ohio Admin. Code 4765-19-04. The State Board is responsible for the certification and recertification of EMS responders within the state, as well as the accreditation of EMS training programs. *See* R.C. 4765.11(A); R.C. 4765.15; R.C. 4765.17; R.C. 4765.28-.30. Depending upon the level of training and certification attained, EMS responders are classified in the state of Ohio as either first responders, EMTs-basic, EMTs-I, or paramedics.⁴ *See* R.C. 4765.30; *see also* R.C. 4765.01(A)-(D).

Pursuant to R.C. 4765.30, the State Board is responsible for issuing a certificate to practice as a first responder, EMT-basic, EMT-I, or paramedic to an applicant who has completed the appropriate training, passed the appropriate examination, and satisfies other specified qualifications. R.C. Chapter 4765 sets forth the authorized services that may be performed by a person who is certified as a first responder, EMT-basic, EMT-I, and paramedic, respectively. R.C. 4765.35 (first responders); R.C. 4765.37 (EMTs-basic); R.C. 4765.38 (EMTs-I); R.C. 4765.39 (paramedics).

Provision of Emergency Medical Services by Out-of-State EMS Organizations

Various provisions of the Revised Code authorize governmental entities in Ohio to contract with certain entities located within or outside the state of Ohio for the provision of emergency medical services within Ohio. *See, e.g.,* R.C. 9.60(C); R.C. 307.05; R.C. 505.375(C)(7); R.C. 505.44; R.C. 505.72(B)(1). The General Assembly's intent in enacting these statutes is to ensure that people requiring emergency medical services in the state of Ohio receive prompt, efficient, and quality emergency medical care, regardless of whether such care is provided by EMS responders of an in-state or an out-of-state EMS organization. As in the circumstances you have presented, out-of-state EMS responders may, in some cases, be able to reach patients in the state of Ohio faster than EMS responders from an Ohio EMS organization. Therefore, in the interest of public safety and to ensure the prompt delivery of emergency medical care, the General Assembly has authorized Ohio governmental entities to contract with out-of-state EMS organizations for the provision of emergency medical services within Ohio.⁵

⁴ First responders are also referred to as "emergency medical responder[s]" or "EMR[s]" in R.C. Chapter 4765. R.C. 4765.011. EMTs-basic are also known as "emergency medical technician[s]" or "EMT[s]," EMTs-I are also known as "advanced emergency medical technician[s]" or "AEMT[s]," and paramedics are also referred to as "emergency medical technician[s]-paramedic." *Id.*; *see also* R.C. 4765.01(D).

⁵ R.C. Chapter 4766 governs the licensing of EMS organizations and the issuance of permits for EMS vehicles by the State Board. Pursuant to R.C. 4766.13, the State Board may license and issue vehicle permits to an EMS organization that is regulated by another state. Because your questions do not pertain to the licensing of the Michigan EMS organization or the issuance of vehicle permits to the Michigan EMS organization, we will not address R.C. Chapter 4766 in detail in this opinion. However, we note that out-of-state EMS organizations that receive patients in Ohio for transportation to a location in Ohio are subject to R.C. Chapter 4766, the rules adopted thereunder, and all applicable

Through enactment of these statutes, the General Assembly has implicitly authorized EMS responders of an out-of-state EMS organization to provide emergency medical services in the state of Ohio pursuant to contract. To facilitate such contracts, the General Assembly has provided out-of-state EMS responders with civil immunity when providing emergency medical services to or transportation of a patient in the state of Ohio, unless such services are administered in a manner that constitutes willful or wanton misconduct. R.C. 4765.49(F). As we explain later in this opinion, the General Assembly has also exempted an out-of-state EMS organization's EMS responders from the prohibition against a person representing that he is an EMS responder unless he has been issued a certificate under R.C. 4765.30. R.C. 4765.50(D). Thus, to facilitate agreements with out-of-state EMS organizations, the General Assembly has enacted certain statutory protections for out-of-state EMS responders who provide emergency medical services in the state of Ohio. With this background in mind, we will now address your specific questions regarding the provision of emergency medical services in an Ohio township by personnel of a Michigan EMS organization.

Exceptions to R.C. 4765.50(A)'s Prohibition

Your first question asks whether EMS responders of a Michigan EMS organization who are not certified as EMS responders under R.C. 4765.30 violate R.C. 4765.50(A) when providing emergency medical services in an Ohio township pursuant to contract. R.C. 4765.50(A) prohibits, except as provided in R.C. 4765.50(D), a person from representing that the person is a first responder, EMT-basic, EMT-I, or paramedic unless the person holds the appropriate certification issued under R.C. 4765.30.⁶ See R.C. 4765.30(A) (issuance of certificates to practice as a first responder); R.C. 4765.30(B) (issuance of certificates to practice as an EMT-basic); R.C. 4765.30(C) (issuance of certificates to practice as an EMT-I or paramedic). R.C. 4765.50 states in relevant part:

(A) Except as provided in division (D) of this section, no person shall represent that the person is a first responder, an emergency medical technician-basic or EMT-basic, an emergency medical technician-intermediate or EMT-I, or an

finer and sanctions for violations thereof. 11B Ohio Admin. Code 4766-2-14; *see also* 11B Ohio Admin. Code 4766-2-01(C).

Additionally, any EMS organization that desires to stock dangerous drugs, as defined by R.C. 4729.01(F) and 11A Ohio Admin. Code 4729-9-01(A), must apply for and maintain a license issued by Ohio's State Board of Pharmacy. 11A Ohio Admin. Code 4729-33-02(A); *see also* R.C. 4729.54; R.C. 4729.55. An EMS organization that desires to stock dangerous drugs must comply with all relevant provisions of R.C. Chapter 4729 and the rules adopted thereunder by Ohio's State Board of Pharmacy. *See, e.g.*, R.C. 4729.54; R.C. 4729.55; 11A Ohio Admin. Code Chapter 4729-33.

⁶ A person who violates R.C. 4765.50(A) is guilty of a minor misdemeanor on the first offense. R.C. 4765.99. For each subsequent violation of R.C. 4765.50(A), a person is guilty of a misdemeanor of the fourth degree. R.C. 4765.99.

emergency medical technician-paramedic or paramedic unless appropriately certified under [R.C. 4765.30].

....

(D) A person who is performing the functions of a first responder, EMT-basic, EMT-I, or paramedic under the authority of the laws of a jurisdiction other than this state, who is employed by or serves as a volunteer with an emergency medical service organization based in that state, and provides emergency medical services to or transportation of a patient in this state is not in violation of division (A) of this section.

A person who is performing the functions of a first responder, EMT-basic, EMT-I, or paramedic under a reciprocal agreement authorized by [R.C. 4765.10] is not in violation of division (A) of this section.

The plain language of R.C. 4765.50(D) thus provides two separate exemptions from R.C. 4765.50(A)'s prohibition against a person representing that he is an EMS responder unless appropriately certified under R.C. 4765.30. *See generally State v. Elam*, 68 Ohio St. 3d 585, 587, 629 N.E.2d 442 (1994) (“[t]he polestar of statutory interpretation is legislative intent, which a court best gleans from the words the General Assembly used and the purpose it sought to accomplish. Where the wording of a statute is clear and unambiguous, [the] only task is to give effect to the words used”). The first exemption, which is described in the first sentence of R.C. 4765.50(D), applies when a person who is authorized by the laws of another state to perform the functions of an EMS responder in that state, and who is employed by, or volunteers with, an EMS organization located in that state, provides emergency medical services to or transportation of a patient in the state of Ohio. R.C. 4765.50(D). For example, this situation may arise when, as in the circumstances you have presented, an Ohio governmental entity contracts with an EMS organization located outside the state of Ohio for the provision of emergency medical services within the state of Ohio. *See, e.g.*, R.C. 9.60(C); R.C. 307.05; R.C. 505.375(C)(7); R.C. 505.44; R.C. 505.72(B)(1).

The second sentence of R.C. 4765.50(D) provides that a person who performs the functions of an EMS responder pursuant to a certificate to practice by reciprocity is also exempt from R.C. 4765.50(A)'s prohibition. Certificates to practice by reciprocity may be issued by the State Board. *See* R.C. 4765.10(B)(2) (the State Board may “[e]nter into reciprocal agreements with other states that have standards for accreditation of [EMS] training programs and for certification of first responders, EMTs-basic, EMTs-I, [and] paramedics ... that are substantially similar to those established under [R.C. Chapter 4765] and the rules adopted under it”); *see also* 11B Ohio Admin. Code 4765-8-15. Pursuant to its rule-making authority, *see* R.C. 4765.11, the State Board has promulgated rule 4765-8-15, which establishes the procedures for granting certificates to practice by reciprocity. An applicant for a certificate to practice as an EMS responder in the state of Ohio who holds an EMS certificate or license from another state, the district of Columbia, or any branch of the U.S. military may be issued a certificate to practice by reciprocity if the applicant submits a completed application and meets other enumerated qualifications. Rule 4765-8-15(B). A person who holds a certificate to practice by reciprocity and performs the functions of an EMS responder in the state of Ohio does not run afoul of R.C. 4765.50(A)'s prohibition. R.C. 4765.50(D).

Thus, a person who does not hold a certificate issued under R.C. 4765.30 is exempt from R.C. 4765.50(A)'s prohibition when: (1) the person is certified or licensed as an EMS responder in another state, is employed by, or volunteers with, an EMS organization located in that state, and provides emergency medical services to or transportation of a patient in the state of Ohio, or (2) the person performs the functions of an EMS responder pursuant to a certificate to practice by reciprocity.⁷ It is possible for a person to satisfy both of these exemptions simultaneously. That is, an EMS responder of an out-of-state EMS organization who provides emergency medical services in this state may also hold a certificate to practice by reciprocity in Ohio. However, a person need not satisfy both of R.C. 4765.50(D)'s exemptions in order to avoid violating R.C. 4765.50(A). *See generally State v. Teamer*, 82 Ohio St. 3d 490, 491, 696 N.E.2d 1049 (1998) (a court "must give effect to the words of a statute and may not modify an unambiguous statute by ... inserting words not used"); *Lynch v. Gallia Cty. Bd. of Comm'rs*, 79 Ohio St. 3d 251, 254, 680 N.E.2d 1222 (1997) ("a reviewing court must not construe a statute so as to supply words that are omitted"). Thus, under R.C. 4765.50(D), EMS responders who are employed by, or volunteer with, a Michigan EMS organization and who are not certified as EMS responders under R.C. 4765.30 do not violate R.C. 4765.50(A) when providing emergency medical services in an Ohio township pursuant to contract.⁸

⁷ The legislative history of R.C. 4765.50 illustrates that the General Assembly intends for R.C. 4765.50(D) to provide two separate exemptions to R.C. 4765.50(A)'s prohibition. The language of the first sentence of R.C. 4765.50(D), providing the exemption for persons who are employed by, or volunteer with, an out-of-state EMS organization and who provide emergency medical services in this state, was enacted by the General Assembly in 1984. *See* 1983-1984 Ohio Laws, Part II, 3813, 3815-16 (Am. Sub. H.B. 446, eff. June 20, 1984). The second sentence of R.C. 4765.50(D), providing the exemption for persons performing the functions of an EMS responder pursuant to a certificate to practice by reciprocity, was added by the General Assembly in 1992. *See* 1991-1992 Ohio Laws, Part I, 343, 503 (Am. Sub. S.B. 98, eff. Nov. 12, 1992). It is a basic rule of statutory construction that "the General Assembly is not presumed to do a vain or useless thing, and ... when language is inserted in a statute it is inserted to accomplish some definite purpose." *State ex rel. Cleveland Elec. Illum. Co. v. City of Euclid*, 169 Ohio St. 476, 479, 159 N.E.2d 756 (1959), *appeal dismissed*, 362 U.S. 457 (1960); *accord State v. Wilson*, 77 Ohio St. 3d 334, 336, 673 N.E.2d 1347 (1997). The apparent purpose of the 1992 amendment to R.C. 4765.50(D) was to expand the circumstances under which a person may be exempt from R.C. 4765.50(A)'s prohibition.

⁸ In 1982 Op. Att'y Gen. No. 82-099, at 2-275, the Attorney General advised that "a person who desires to act as an EMT-A [now an EMT-basic], ADV EMT-A [now an EMT-I] or paramedic within Ohio must first be certified in Ohio to perform such functions, whether or not he has been certified by another state." The Attorney General reasoned that the terms of former R.C. 4731.87(C) and former R.C. 4731.871(B), allowing for certification of EMS responders by reciprocity, did not "abrogate[] the requirement of R.C. 4731.92 [now R.C. 4765.50] that a person be certified in Ohio prior to representing himself as an [EMS responder]." 1982 Op. Att'y Gen. No. 82-099, at 2-275. Since the issuance of the 1982 opinion, the General Assembly has amended R.C. 4765.50, providing

Qualifications to Drive an Ambulance in the State of Ohio

Your next question asks whether R.C. 4765.43(B) prohibits a Michigan EMS organization's EMS responders from driving an ambulance in Ohio during an emergency run. R.C. 4765.43 establishes certain requirements that must be met by an EMS organization when staffing an ambulance for an emergency run. R.C. 4765.43(B) provides the requirements for the driver of an ambulance during an emergency run, stating:

With respect to the driver of an ambulance during an emergency run, *both of the following apply*:

- (1) The driver must be at least eighteen years of age and hold a valid driver's license.
- (2) The driver *must meet at least one of the following criteria*:
 - (a) Hold a valid certificate issued under [R.C. 4765.30] to practice as a medical first responder, [EMT-basic], [EMT-I], or paramedic;
 - (b) Hold a valid fire training certificate issued pursuant to [R.C. 4765.55] to provide services as a firefighter;
 - (c) Be employed and in good standing as a sworn sheriff, deputy sheriff, constable, police officer, marshal, deputy marshal, or highway patrol trooper in this state;
 - (d) Have successfully completed either the emergency vehicle operations course approved by the national highway traffic safety administration or an equivalent course approved by the [State Board]. (Emphasis added.)

The language of R.C. 4765.43(B) indicates that the General Assembly intends that a driver of an ambulance during an emergency run, in addition to being at least eighteen years of age and holding a valid driver's license, meet at least one of the criteria specified in R.C. 4765.43(B)(2)(a)-(d). *See generally Provident Bank v. Wood*, 36 Ohio St. 2d 101, 105-06, 304 N.E.2d 378 (1973) (“[i]t is a cardinal rule that a court must first look to the language of the statute itself to determine the legislative intent. If that inquiry reveals that the statute conveys a meaning which is clear, unequivocal and

two exceptions to the requirement that a person be certified as an EMS responder in Ohio prior to representing himself as such. R.C. 4765.50(D); *see also* 1991-1992 Ohio Laws, Part I, 343, 503 (Am. Sub. S.B. 98, eff. Nov. 12, 1992); 1983-1984 Ohio Laws, Part II, 3813, 3815-16 (Am. Sub. H.B. 446, eff. June 20, 1984). Pursuant to R.C. 4765.50(D), a person who is not certified as an EMS responder in Ohio may represent himself as an EMS responder if: (1) the person is certified or licensed as an EMS responder in another state, is employed by, or volunteers with, an EMS organization located in that state, and provides emergency medical services to or transportation of a patient in the state of Ohio, or (2) the person performs the functions of an EMS responder in Ohio pursuant to a valid certificate to practice by reciprocity. Therefore, we overrule 1982 Op. Att’y Gen. No. 82-099 to the extent that it advises that a person who desires to act as an EMS responder in Ohio must first be certified as an EMS responder by Ohio, regardless of whether the person has been certified as an EMS responder by another state.

definite, at that point the interpretative effort is at an end, and the statute must be applied accordingly” (citations omitted)). According to the plain language of R.C. 4765.43(B), the driver of an ambulance during an emergency run, in addition to being at least eighteen years old and holding a valid driver’s license, must either: (1) be certified as an EMS responder in the state of Ohio pursuant to R.C. 4765.30; (2) be certified as a firefighter in the state of Ohio pursuant to R.C. 4765.55; (3) be employed in one of the law enforcement positions listed in division (B)(2)(c); or (4) have successfully completed one of the emergency vehicle operations courses specified in division (B)(2)(d). A person who is over eighteen years of age and holds a valid driver’s license, but does not meet any of the criteria listed in R.C. 4765.43(B)(2)(a)-(d), may not drive an ambulance in the state of Ohio during an emergency run. Thus, a Michigan EMS organization’s EMS responders may not drive an ambulance in the state of Ohio during an emergency run unless they satisfy the requirements of R.C. 4765.43(B), which includes meeting at least one of the criteria set forth in R.C. 4765.43(B)(2)(a)-(d).⁹

Regional and State of Ohio Protocols for the Triage of Adult and Pediatric Trauma Victims

You ask whether a Michigan EMS organization’s EMS responders are required to comply with regional and state of Ohio protocols for the triage of adult and pediatric trauma victims when providing emergency medical services in an Ohio township pursuant to contract. R.C. 4765.40 mandates the establishment of state protocols for the triage of adult and pediatric trauma victims:

(A)(1) ... the [State Board] shall adopt rules under [R.C. 4765.11] establishing written protocols for the triage of adult and pediatric trauma victims. The rules shall define adult and pediatric trauma in a manner that is consistent with [R.C.

⁹ Satisfying one of the requirements specified in R.C. 4765.43(B)(2)(a)-(d) will not pose an undue burden for a person who volunteers or is employed as an EMS responder with a Michigan EMS organization that regularly provides emergency medical services in the state of Ohio pursuant to contract. A Michigan EMS responder who desires to drive an ambulance in the state of Ohio during an emergency run should be able to satisfy the requirement of R.C. 4765.43(B)(2)(d) by successfully completing the emergency vehicle operations course approved by the National Highway Traffic Safety Administration or an equivalent course approved by Ohio’s State Board. It is not uncommon for EMS responders to be required to complete emergency vehicle operation education and competency requirements as part of a state’s EMS licensing scheme, and this is true of Michigan EMS responders. *See, e.g.*, Mich. Admin. Code 325.22132(m) (an ambulance operation shall require that each individual operating a licensed life support vehicle during an emergency response or patient transport has completed a vehicle operation education and competency assessment); Mich. Admin. Code 325.22162(l) (a medical first response service shall require that each individual operating a licensed life support vehicle during an emergency response has completed a vehicle operation education and competency assessment).

4765.01],¹⁰ minimizes overtriage and undertriage, and emphasizes the special needs of pediatric and geriatric trauma patients.

....

(3)(a) The state triage protocols adopted under division (A) of this section shall require trauma patients to be transported to an adult or pediatric trauma center that is able to provide appropriate adult or pediatric trauma care, but shall not require a trauma patient to be transported to a particular trauma center. The state triage protocols shall establish one or more procedures for evaluating whether an injury victim requires or would benefit from adult or pediatric trauma care, which procedures shall be applied by emergency medical service personnel based on the patient's medical needs....

....

(c) The [State Board] shall provide copies of the state triage protocols, and amendments to the protocols, to [certain enumerated entities, including] *each medical service organization in other jurisdictions that regularly provide emergency medical services in this state*; and to others upon request. (Emphasis and footnote added.)

Pursuant to R.C. 4765.40(A), the State Board has adopted protocols for the triage of adult and pediatric trauma victims. *See* 11B Ohio Admin. Code Chapter 4765-14. In accordance with R.C. 4765.40(A)(3)(c), these protocols have been distributed to, among other entities, each out-of-state EMS organization that regularly provides emergency medical services in the state of Ohio.

R.C. 4765.40(B) permits variations to Ohio's protocols for the triage of adult and pediatric trauma victims through the adoption of regional protocols for the triage of those trauma victims. *See* 11B Ohio Admin. Code 4765-3-04(D) (“[e]ach regional director or [regional physician advisory board] shall determine whether its region needs regional protocols for the triage of adult, pediatric and geriatric trauma victims”). Pursuant to R.C. 4765.05, the state of Ohio is divided geographically into prehospital EMS regions for purposes of overseeing the delivery of adult and pediatric prehospital emergency medical services. The State Board appoints a regional director or regional physician advisory board for each prehospital EMS region in the state. R.C. 4765.05(B). Regional protocols for the triage of adult and pediatric trauma victims, and amendments to such protocols, “shall be submitted in writing to the [State Board] by the regional physician advisory board or regional director, as appropriate, that serves a majority of the population in the region in which the protocols apply.” R.C. 4765.40(B)(2). When regional protocols for the triage of adult and pediatric trauma victims are approved by the State Board, the regional protocols supersede state protocols for the triage of adult and pediatric trauma victims in the region in which they apply. R.C. 4765.40(B)(3). Upon approval

¹⁰ Rules adopted under R.C. 4765.40(A) for the triage of adult and pediatric trauma victims shall be consistent with the definitions set forth in R.C. 4765.01. *See, e.g.*, R.C. 4765.01(N) (defining “[t]rauma” and “traumatic injury”); R.C. 4765.01(P) (defining “[t]rauma care”); R.C. 4765.01(R) (defining “[p]ediatric”); R.C. 4765.01(S) (defining “[a]dult”).

of regional protocols for the triage of adult and pediatric trauma victims, or amendment to such protocols, the State Board shall provide a copy of the protocols, or amendments thereto, to each out-of-state EMS organization that regularly provides emergency medical services in the region in which the protocols apply. R.C. 4765.40(B)(4).

With regard to state and regional protocols for the triage of adult and pediatric trauma victims, R.C. 4765.40(D) states, “[*n*]o provider of emergency medical services or person who provides medical direction to emergency medical service personnel *in this state* shall fail to comply with the state triage protocols adopted under [R.C. 4765.40(A)] or applicable regional triage protocols approved under [R.C. 4765.40(B)(2)].” (Emphasis added.) The phrase “no provider of emergency medical services ... in this state” is broad enough to include a Michigan EMS organization’s EMS responders who, pursuant to contract, provide emergency medical services in an Ohio township. *See generally* R.C. 1.42 (“[w]ords and phrases shall be read in context and construed according to the rules of grammar and common usage”). Thus, when a Michigan EMS responder provides emergency medical services in Ohio pursuant to a contract between a Michigan EMS organization and an Ohio governmental entity, the Michigan EMS responder is subject to R.C. 4765.40(D)’s mandate that “[*n*]o provider of emergency medical services ... *in this state* shall fail to comply with the state [of Ohio] triage protocols ... or applicable regional triage protocols.” (Emphasis added.)

To enable out-of-state EMS responders to comply with R.C. 4765.40(D)’s mandate, the State Board provides a copy of the state of Ohio protocols for the triage of adult and pediatric trauma victims to each out-of-state EMS organization that regularly provides emergency medical services in Ohio. R.C. 4765.40(A)(3)(c). If an out-of-state EMS organization regularly provides emergency medical services in a region of Ohio that has adopted regional protocols for the triage of adult and pediatric trauma victims pursuant to R.C. 4765.40(B), those regional protocols are provided to the out-of-state EMS organization. R.C. 4765.40(B)(4). As explained above, regional protocols adopted under R.C. 4765.40(B) supersede state protocols for the triage of adult and pediatric trauma victims adopted under R.C. 4765.40(A). Therefore, when a Michigan EMS organization provides emergency medical services pursuant to contract in a region of the state of Ohio that has adopted regional protocols for the triage of adult and pediatric trauma victims, R.C. 4765.40(D) requires the Michigan EMS organization’s EMS responders to comply with the regional protocols. When a Michigan EMS organization provides emergency medical services pursuant to contract in a region of the state of Ohio that has *not* adopted regional protocols for the triage of adult and pediatric trauma victims, R.C. 4765.40(D) requires the Michigan EMS responders to comply with the state of Ohio protocols for the triage of adult and pediatric trauma victims.

Protocols Adopted by a Local EMS Organization

Your fourth question relates to protocols adopted by a local EMS organization to govern the provision of emergency medical services when communications have failed or the required response time prevents communication and the life of the patient is in immediate danger. R.C. 4765.42 requires each EMS organization to have a medical director or cooperating physician advisory board. Pursuant to R.C. 4765.41, the medical director or cooperating physician advisory board of each EMS

organization shall establish written protocols to be followed by EMS responders in performing emergency medical services when communications have failed or the required response prevents communication and the life of the patient is in immediate danger. You indicate that the Fulton County Medical Director has established written protocols pursuant to the terms of R.C. 4765.41.

Your question arises in regard to the language of R.C. 4765.35 and R.C. 4765.37-.39, which set forth the authorized services that may be performed by a first responder, EMT-basic, EMT-I, and paramedic, respectively.¹¹ R.C. 4765.35 (first responders); R.C. 4765.37 (EMTs-basic); R.C. 4765.38 (EMTs-I); R.C. 4765.39 (paramedics). Certain services may be performed by a first responder, EMT-basic, EMT-I, or paramedic “only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or pursuant to an authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician.” See R.C. 4765.35(D)(1) (first responders); R.C. 4765.37(D)(1) (EMTs-basic); R.C. 4765.38(C)(1) (EMTs-I); R.C. 4765.39(C)(1) (paramedics); see also 11B Ohio Admin. Code 4765-12-04(B); 11B Ohio Admin. Code 4765-15-04(B); 11B Ohio Admin. Code 4765-16-04(B); 11B Ohio Admin. Code 4765-17-03(A). R.C. 4765.35, R.C. 4765.37, R.C. 4765.38, and R.C. 4765.39 are similar in that each section provides an exception under which an EMS responder may perform a service that would otherwise require written or verbal authorization in circumstances when communications have failed or the required response time prevents communication and the life of the patient is in immediate danger.

For example, R.C. 4765.35(D)(2) directs a first responder as follows:

If communications fail during an emergency situation or the required response time prohibits communication, a first responder may perform services [which have been determined to require prior authorization], if, in the judgment of the first responder, the life of the patient is in immediate danger. Services performed under these circumstances shall be performed in accordance with the [applicable state or regional protocols for the triage of adult and pediatric trauma victims] and *any applicable protocols adopted by the emergency medical service organization with which the first responder is affiliated.* (Emphasis added.)

See also R.C. 4765.37-.39 (providing the same directives to EMTs-basic, EMTs-I, and paramedics, respectively). R.C. 4765.35 and R.C. 4765.37-.39 thus require first responders, EMTs-basic, EMTs-I, and paramedics to comply with protocols adopted by the EMS organization with which they are

¹¹ An EMS responder may not perform a service unless the EMS responder has first received appropriate training on performing that service. See 11B Ohio Admin. Code 4765-12-04(D); 11B Ohio Admin. Code 4765-15-04(D); 11B Ohio Admin. Code 4765-16-04(D); 11B Ohio Admin. Code 4765-17-03(C). Such training must have been received as part of an initial certification course or through subsequent training approved by the State Board or by the EMS responder’s local Ohio medical director.

affiliated when performing services that would otherwise require authorization in circumstances when communication is unavailable and the life of the patient is in immediate danger. Your question asks about the phrase, “any applicable protocols adopted by the [EMS] organization with which the [EMS responder] is affiliated.” You wish to know, in the case of Michigan EMS responders who provide emergency medical services in an Ohio township pursuant to contract, whether this phrase refers to protocols adopted by the Ohio EMS organization that has contracted for the provision of such services or to protocols adopted by the Michigan EMS organization with which the EMS responder is employed or volunteers.

As a preliminary matter, we recognize that Michigan EMS responders who do not hold certificates issued under R.C. 4765.30 are not “[f]irst responder[s],” “EMT[s]-basic,” “EMT[s]-I,” or “paramedic[s]” as defined in R.C. 4765.01. See R.C. 4765.01(A)-(D) (defining each classification of EMS responder as “an individual who holds a current, valid certificate issued under [R.C. 4765.30]” to practice at that classification). However, “[t]he paramount consideration in determining the meaning of a statute is legislative intent.” *State v. Jackson*, 102 Ohio St. 3d 380, 2004-Ohio-3206, 811 N.E.2d 68, at ¶34. The General Assembly’s intent in enacting R.C. 4765.35 and R.C. 4765.37-.39 is to ensure that emergency medical services provided in circumstances when the life of a patient is in immediate danger and communication is unavailable are performed in accordance with clear, written guidelines established by a medical director or cooperating physician advisory board. Because R.C. 4765.35 and R.C. 4765.37-.39 allow EMS responders to perform, in limited circumstances, services that would otherwise require prior authorization, the legislature intends that those services be performed in accordance with formal guidance administered by the medical director or cooperating physician advisory board through written protocols. The overriding purpose of R.C. 4765.35 and R.C. 4765.37-.39, therefore, is to ensure that emergency patients in Ohio receive appropriate emergency medical care administered in accordance with clear, established protocols. If it were determined that these statutes do not apply to Michigan EMS responders who provide emergency medical services in an Ohio township pursuant to contract, this clear intent of the General Assembly would be thwarted. Such a determination would also allow EMS organizations to circumvent R.C. 4765.41’s requirement of establishing written protocols to govern the provision of emergency medical services when communications have failed and the life of the patient is in immediate danger by contracting with an out-of-state EMS organization for the provision of emergency medical services. We do not believe that the General Assembly’s intent in enacting the various statutes authorizing governmental entities to contract with out-of-state EMS organizations for the provision of emergency medical services is to enable the circumvention of the statutory requirement to establish written protocols to govern the provision of emergency medical care. Therefore, it is our opinion that R.C. 4765.35 and R.C. 4765.37-.39 apply to Michigan EMS responders who provide emergency medical services in an Ohio township pursuant to contract.

Let us now consider whether R.C. 4765.35 and R.C. 4765.37-.39 require Michigan EMS responders to comply with protocols adopted by the Ohio EMS organization that has contracted for the provision of such services or protocols adopted by the Michigan EMS organization with which they are employed or volunteer. We are of the opinion that the phrase “any applicable protocols adopted by the [EMS] organization with which the [EMS responder] is affiliated” refers to protocols

adopted under R.C. 4765.41 by the Ohio EMS organization for which the EMS responder is providing services. The term “affiliated” is not defined for purposes of R.C. 4765.35 or R.C. 4765.37-.39, nor has the term acquired a particular meaning from the courts. Absent such a definition, the term “affiliated,” as used in R.C. 4765.35 and R.C. 4765.37-.39, is to be “read in context and construed according to the rules of grammar and common usage.” R.C. 1.42. The common, ordinary meaning of the term “affiliate” is “to connect or associate oneself [with].” *Merriam-Webster’s Collegiate Dictionary* 21 (11th ed. 2005). When a Michigan EMS organization contracts with an Ohio governmental entity to provide emergency medical services in the state of Ohio, EMS responders of the Michigan organization become connected or associated with the Ohio EMS organization pursuant to the contract. Such EMS responders are thus “affiliated” with the Ohio EMS organization for which they are providing services. Therefore, they are required by the terms of R.C. 4765.35 and R.C. 4765.37-.39 to comply with protocols adopted by the Ohio EMS organization.

An examination of the legislative history of R.C. 4765.35 and R.C. 4765.37-.39 bolsters this conclusion. That history reveals that the protocols referred to in these several statutes are protocols adopted under R.C. 4765.41 by a medical director or cooperating physician advisory board of an Ohio EMS organization. For instance, former R.C. 4765.35 provided that services performed under that section “shall be performed in accordance with the written protocols *established under* [R.C. 4765.40, *now renumbered as R.C. 4765.41*] by the [EMS organization] with which the first responder is affiliated.” *See* 1995-1996 Ohio Laws, Part III, 4559, 4580-81 (Sub. H.B. 405, eff. Oct. 1, 1996) (emphasis added); *see also* 1991-1992 Ohio Laws, Part I, 343, 496-98 (Am. Sub. S.B. 98, eff. Nov. 12, 1992) (containing similar language in former R.C. 4765.37-.39 with respect to services performed by EMTs-A [now EMTs-basic], ADV EMT-A [now EMTs-I], and paramedics). Former versions of R.C. 4765.35 and R.C. 4765.37-.39 therefore specified that the protocols referred to in those sections are protocols adopted by an EMS organization pursuant to former R.C. 4765.40, which is now R.C. 4765.41. Because only Ohio EMS organizations are required by R.C. 4765.41 to adopt protocols, it is evident that the protocols referred to in R.C. 4765.35 and R.C. 4765.37-.39 are protocols adopted by an Ohio EMS organization.

Reading R.C. 4765.35 and R.C. 4765.37-.39 as part of the comprehensive statutory plan governing the provision of emergency medical services also supports the conclusion that the General Assembly intends out-of-state EMS responders to comply with protocols adopted by an Ohio EMS organization when providing emergency medical services in Ohio pursuant to contract. *See generally State ex rel. Pratt v. Weygandt*, 164 Ohio St. 463, 132 N.E.2d 191 (1956) (syllabus, paragraph two) (“[s]tatutes relating to the same matter or subject, although passed at different times and making no reference to each other, are *in pari materia* and should be read together to ascertain and effectuate if possible the legislative intent”). The General Assembly has authorized out-of-state EMS responders to provide emergency medical services in Ohio pursuant to contract, *see, e.g.*, R.C. 9.60(C), R.C. 307.05, and R.C. 505.44, and has granted such out-of-state EMS responders certain statutory protections when providing services in Ohio. *See, e.g.*, R.C. 4765.49(F) (granting out-of-state EMS responders civil immunity when providing emergency medical services to or transportation of a patient in the state of Ohio); R.C. 4765.50(D) (exempting EMS responders of an out-of-state EMS organization from the prohibition against a person representing that he is an EMS responder unless

appropriately certified under R.C. 4765.30). When out-of-state EMS responders provide emergency medical services in Ohio, R.C. 4765.40 requires them to comply with state of Ohio protocols for the triage of adult and pediatric trauma victims or applicable regional protocols approved by the State Board. *See* R.C. 4765.40(D). These protocols are furnished to each out-of-state EMS organization that regularly provides emergency medical services in the state of Ohio or the applicable region. R.C. 4765.40(A)(3)(c), (B)(4). When these protocols are amended, a copy of the amendments is furnished to each out-of-state EMS organization that regularly provides services in Ohio or the applicable region. Because the General Assembly intends out-of-state EMS responders to comply with these Ohio-specific protocols when providing services in Ohio, it is reasonable to conclude that the General Assembly also intends out-of-state EMS responders to comply with protocols adopted by an Ohio EMS organization when providing services in Ohio pursuant to contract.

Further, under the statutory plan governing the provision of emergency medical services within Ohio, out-of-state EMS organizations are subject to regulation by the state of Ohio when receiving a patient in Ohio for transportation to a location in Ohio. *See* R.C. 4766.09(B); Rule 4766-2-14; *see also* Rule 4766-2-01(C). Specifically, when an out-of-state EMS organization receives a patient in the state of Ohio for transportation to a location in Ohio, the out-of-state EMS organization must be licensed by the State Board and obtain vehicle permits for its emergency vehicles. *See* R.C. 4766.09(B); Rule 4766-2-14; *see also* Rule 4766-2-01(C). The out-of-state EMS organization may be penalized for violating the pertinent provisions of R.C. Chapter 4766 and the rules adopted thereunder. Rule 4766-2-14. That out-of-state EMS organizations are regulated by the State Board when providing emergency medical services in Ohio demonstrates that the General Assembly did not intend to relinquish Ohio's authority to regulate the provision of emergency medical care in this state when it enacted statutes authorizing emergency medical services to be performed by out-of-state EMS organizations. Thus, reading R.C. 4765.35 and R.C. 4765.37-.39 as part of the comprehensive statutory plan governing the provision emergency medical services within Ohio supports the conclusion that the General Assembly intends out-of-state EMS responders to comply with protocols adopted by an Ohio EMS organization when providing emergency medical services in Ohio pursuant to contract.

Finally, it is not unreasonable to expect Michigan EMS responders who regularly provide emergency medical services in the state of Ohio pursuant to contract to learn and implement local Ohio protocols when providing emergency medical care in this state. Requiring out-of-state EMS responders to follow local Ohio protocols when providing emergency medical services in Ohio will ensure uniformity in instances when an Ohio governmental entity contracts for the provision of emergency medical services by an out-of-state EMS organization as a supplement to, rather than a replacement for, services provided by Ohio EMS responders. *See, e.g.,* R.C. 9.60(C) (“[a]ny governmental entity in this state may contract with any firefighting agency, private fire company, or [EMS] organization of this state or another jurisdiction to obtain fire protection or emergency medical services, as appropriate, *whether on a regular basis or only in times of emergency*” (emphasis added)). In those instances, Ohio and Michigan EMS responders may simultaneously respond to a call for emergency medical services. When Ohio and Michigan EMS responders are present at the scene of an emergency, it is imperative that all of them follow a single, identical set of protocols in treating the

patient. Should the protocols of the respective EMS organizations vary, the emergency medical needs of the patient may be compromised if EMS responders attempt to implement conflicting protocols or disagree over the appropriate protocols to apply. Thus, requiring out-of-state EMS responders who provide services in Ohio pursuant to contract to comply with protocols adopted by an Ohio EMS organization promotes cooperation among EMS responders and serves the best interest of the patient.

For the foregoing reasons, we are of the opinion that when a Michigan EMS organization provides emergency medical services in an Ohio township pursuant to contract, R.C. 4765.35 and R.C. 4765.37-.39 require the organization's EMS responders to comply with local protocols adopted by the Ohio EMS organization that has contracted for the provision of such services.¹²

Ensuring Compliance with Applicable Protocols

Finally, you ask whether the medical director of an Ohio EMS organization that has contracted with a Michigan EMS organization for the provision of emergency medical services in an Ohio township is responsible for ensuring that Michigan EMS responders comply with applicable protocols when providing such services in the Ohio township. With regard to the enforcement of state or regional trauma triage protocols, 11B Ohio Admin. Code 4765-14-03(A) provides, "EMS medical directors shall be responsible for enforcing state or regional trauma triage protocols for EMS personnel under their medical direction through a performance improvement or peer review process." The State Board develops and distributes guidelines for the conduct of peer review and quality assurance programs by EMS organizations. R.C. 4765.12(A). In turn, each EMS organization in this state is responsible for "implement[ing] ongoing peer review and quality assurance programs designed to improve the availability and quality of the emergency medical services it provides." R.C. 4765.12(B).

The State Board has defined "peer review" as "[a] team process in which [EMS] providers continuously evaluate and improve their own patient care delivery system." Ohio Dep't of Pub. Safety, *Developing a Performance Improvement Program*, at 1, http://publicsafety.ohio.gov/links/ems_preformance_improve_manual.pdf (last visited Aug. 15, 2013). "[P]erformance improvement" has been defined by the State Board as "[t]he continuous study and improvement of process, system or organization." *Id.* The intent of peer review and performance improvement is to provide EMS responders with "data and information, in a non-punitive manner, on how well the system and process

¹² We are aware that the contract between the board of county commissioners and the Michigan EMS organization provides that protocols established in Michigan shall apply to provision of emergency medical services under the contract. However, "[i]t is elementary that no valid contract may be made contrary to statute, and that valid, applicable statutory provisions are parts of every contract." *Bell v. N. Ohio Tel. Co.*, 149 Ohio St. 157, 158, 78 N.E.2d 42 (1948). Because we have determined that R.C. 4765.35, R.C. 4765.37-.39, and R.C. 4765.40 apply to EMS responders of a Michigan EMS organization that provides emergency medical services in an Ohio township pursuant to contract, these statutory provisions must prevail over the contractual provision requiring compliance with Michigan protocols.

works.” *Id.* at 3. Guidelines provided by the State Board indicate that the peer review and performance improvement process generally involves an EMS organization’s medical director or cooperating physician advisory board reviewing particular emergency runs with the organization’s EMS responders. *See generally id.* This enables the medical director or cooperating physician advisory board, along with the EMS responders, to evaluate adherence to applicable protocols. *Id.* at 5. When the peer review or quality improvement process identifies deficiencies in protocol adherence, such deficiencies can be addressed through continuing education and training on applicable protocols. *Id.* at 3. The process of peer review and performance improvement thus helps to ensure compliance with applicable protocols. As stated earlier, EMS medical directors are responsible “for enforcing state or regional trauma triage protocols for EMS personnel under their medical direction through a performance improvement or peer review process.” Rule 4765-14-03(A); *see also* R.C. 4765.12(B) (each EMS organization in this state shall implement ongoing peer review and quality assurance programs). Therefore, when Michigan EMS responders provide emergency medical services in an Ohio township pursuant to contract, the medical director or cooperating physician advisory board of the Ohio EMS organization that has contracted for the provision of such services is responsible for implementing a performance improvement or peer review process to help ensure compliance with applicable protocols.

Additionally, R.C. 4765.101(A) provides that the State Board shall investigate any allegation that a person has violated R.C. Chapter 4765 or the rules adopted thereunder. Such allegations may involve the violation of applicable protocols. The Ohio Administrative Code provides that the State Board “shall investigate all complaints regarding violations of state or regional trauma triage protocols consistent with its current procedures for investigations.” Rule 4765-14-03(C). The State Board’s investigations procedures are set forth in Ohio Admin. Code Chapter 4765-10 and allow the board to take disciplinary actions against “certificate holder[s]” who have committed certain violations, including any violation of R.C. Chapter 4765 or the rules adopted thereunder. *See* 11B Ohio Admin. Code 4765-10-03. However, Michigan EMS responders who provide emergency medical services in an Ohio township pursuant to contract likely will not hold any certificate issued by the State Board. Therefore, these disciplinary procedures may not be effective in ensuring that Michigan EMS responders comply with applicable protocols when providing services in an Ohio township.

R.C. 4765.48, however, provides a mechanism for obtaining an injunction against any person violating R.C. Chapter 4765 or rules adopted thereunder. R.C. 4765.48 states:

The attorney general, the prosecuting attorney of the county, or the city director of law shall, upon complaint of the [State Board], prosecute to termination or bring an action for injunction against any person violating this chapter or the rules adopted under it. The common pleas court in which an action for injunction is filed has the jurisdiction to grant injunctive relief upon a showing that the respondent named in the complaint is in violation of this chapter or the rules adopted under it.

Therefore, when an EMS responder of a Michigan EMS organization fails to comply with applicable protocols when providing emergency medical services in an Ohio township, an injunction may be

sought to prevent further violations of R.C. Chapter 4765 or the rules adopted thereunder. As a final matter, we recommend that any contract for the provision of emergency medical services in the state of Ohio by an out-of-state EMS organization include a provision allowing for the termination of the contract upon the failure of EMS responders to comply with applicable protocols.

Conclusions

Based on the foregoing, it is my opinion, and you are hereby advised as follows:

1. Pursuant to R.C. 4765.50(D), emergency medical services (EMS) responders who are employed by, or volunteer with, a Michigan EMS organization and who are not certified as EMS responders under R.C. 4765.30 do not violate R.C. 4765.50(A) when providing emergency medical services in an Ohio township pursuant to contract. (1982 Op. Att’y Gen. No. 82-099, overruled, in part, on the basis of statutory amendment.)
2. EMS responders of a Michigan EMS organization that provides emergency medical services in an Ohio township pursuant to contract may not drive an ambulance in Ohio during an emergency run unless they satisfy the requirements of R.C. 4765.43(B).
3. R.C. 4765.40(D) requires EMS responders of a Michigan EMS organization that provides emergency medical services in an Ohio township pursuant to contract to comply with applicable regional protocols for the triage of adult and pediatric trauma victims.
4. R.C. 4765.40(D) requires EMS responders of a Michigan EMS organization that provides emergency medical services in a region of the state of Ohio that has not adopted regional protocols for the triage of adult and pediatric trauma victims to comply with state of Ohio protocols for the triage of adult and pediatric trauma victims.
5. R.C. 4765.35 and R.C. 4765.37-.39 require EMS responders of a Michigan EMS organization that provides emergency medical services in an Ohio township to comply with local protocols adopted by the Ohio EMS organization that has contracted for the provision of such services.
6. When a Michigan EMS organization provides emergency medical services in an Ohio township pursuant to contract, the medical director or cooperating physician advisory board of the Ohio EMS organization that has contracted for the provision of such services is responsible for implementing a performance improvement or peer review process to help ensure that the Michigan EMS organization’s EMS responders comply with applicable protocols. A Michigan EMS responder who fails to comply with applicable protocols when

providing emergency medical services in Ohio may be subject to an injunction to prevent further violations of R.C. Chapter 4765 or the rules adopted thereunder.

Very respectfully yours,

A handwritten signature in blue ink, appearing to read "Michael Dewine". The signature is fluid and cursive, with a long horizontal stroke at the end.

MICHAEL DEWINE
Ohio Attorney General