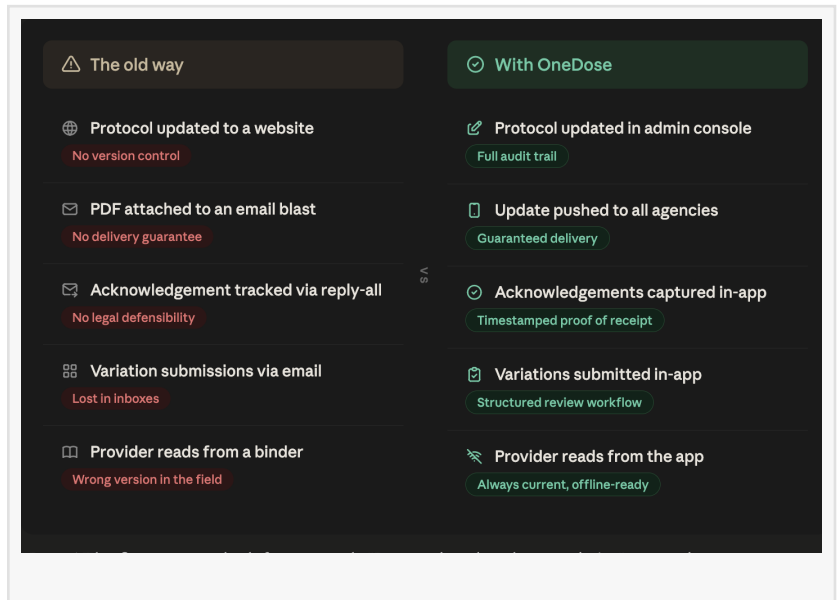


Why State EMS Leaders Should Consider OneDose for EMS Protocols

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Most state EMS offices have some responsibility for EMS model guidelines and protocols, but the legal and operational framework varies dramatically. According to Kupas et al. (Prehospital Emergency Care, 2015), 21 states operate under mandatory statewide protocols carrying the force of statute, 17 publish model state protocols that agencies adopt optionally at the agency level, and 12 have no statewide framework at all — leaving protocol authority to local medical direction.



That distribution matters because the core operational challenge looks similar across the first two groups, even when the legal weight differs. In both mandatory and model-protocol states, state offices have to keep documents current, distribute them to hundreds of agencies, manage approval workflows for variations, and ensure providers in the field are actually working from the right version. The traditional toolkit — PDFs distributed by email, three-ring binders in trucks, approval workflows run out of an inbox — doesn't scale. [OneDose](#) is built to centralize that work without adding cost to the state.

OneDose Essentials Is Free

OneDose Essentials is the free tier available to any state and its agencies. It gives state leaders a system of record for protocols, delivered through an offline-capable mobile app and paired with a web-based admin console. Out of the box, Essentials handles protocol document management with version control, hospital directories (locations, phone numbers, operational notes), state-level notifications (acknowledgements, mini-quizzes, medication recall alerts, policy or guideline changes, hospital diversions), and integrations with platforms like Juvare for situational awareness.

Every Essentials feature is free with no cap on the number of users. No per-seat pricing, no

contract required to get started, no obligation to upgrade.

Works for Both Mandatory and Model States

For the 21 states with mandatory statewide protocols, OneDose becomes the official distribution and acknowledgement layer. Update a protocol in the admin console, and every agency in the state pulls the new version on their next sync. Notifications and acknowledgements give state offices proof of receipt — useful for QA, useful for legal defensibility.

For the 17 model-protocol states, the same architecture works differently. Agencies that adopt the state model subscribe to it and stay current automatically. Agencies that maintain their own variations or wholly separate protocols still operate within the system — they just point at their own protocol set rather than the state's. The state office gets visibility either way.

An Umbrella Structure That Respects Agency Autonomy

OneDose is built around a hierarchy: the state sits at the top, and each agency operates its own account underneath. Agencies subscribe to the state guidelines that apply to them and layer in their own agency-specific content — drug shortage workarounds, local operating procedures, mutual aid contacts — without pushing that content back up to the state. The state controls what gets distributed downstream. Agencies control what stays at their level.

That structure is what makes OneDose viable for both mandatory and model-protocol states, and for any mix of agencies in between.

Built-In Review and Approval

For states that require agencies to submit modified protocols (or their own protocol sets) for state approval, OneDose has an embedded review workflow. State medical directors and EMS leadership click through proposed protocols in the admin console and approve them in-app — replacing PDF attachments emailed back and forth, spreadsheets tracking who submitted what, and the institutional memory problem that comes with running approvals out of an inbox.

The system generates an audit trail of every change and approval. Mid-year revisions and additional submissions all flow through the same central place.

OneDose Premium: Clinical Tools Without State Funding

Most states can't fund premium clinical software for the agencies they oversee. With OneDose, that funding burden doesn't have to exist. Essentials provides the statewide protocol management layer at no cost. Individual agencies that want additional clinical capabilities can purchase OneDose Premium directly without affecting the state's budget or procurement process — smart dosing calculators with built-in safety guardrails, eMACC™ vial scanning for medication identity cross-checks, Live Patient Record for mutual-aid and hospital handoffs, ePCR and documentation integrations, and tools like checklists, scoring systems, and CPR Assist.

If an agency already utilizes a dosing or protocol app they like, nothing changes — Essentials still works for state protocols, and Premium is an option rather than a mandate. Pricing is competitive with comparable point solutions in the market.

Nebraska: 70% of Eligible Agencies in Six Months

Nebraska — a model-protocol state — partnered with OneDose in late 2024 to deploy a revised

statewide EMS protocol set. Within six months of launch, 230 of Nebraska's 425 EMS agencies adopted OneDose. That's roughly 68% of agencies eligible (those that follow the state model protocols, ~340 total), with more than 1,200 unique EMS providers actively using the platform.

Nebraska is a largely rural state with intermittent connectivity in much of its service area — exactly the operational environment where offline-capable protocol access matters. Even agencies that maintain their own protocols outside the state model found value in adopting OneDose and customizing it for their own use.

The rollout itself was hands-on, not self-serve: a dedicated onboarding page, a webinar series that qualified for state-approved CE credit, targeted email communications, and direct outreach to agencies. That's the model we replicate for every state partnership.

What This Means for Your State

If your office is updating protocols, managing an approval workflow, or trying to give your agencies a modern clinical tool without finding a budget for it, OneDose is worth a conversation. Essentials costs your state nothing and integrates with your existing systems in place today with minimal disruption. Premium gives your agencies an option without changing your bottom line. The umbrella structure lets both coexist — whether your state operates under mandatory protocols, a model framework, or somewhere in between.

To talk through how this might apply to your state, reach out at sales@myonedose.com or visit myonedose.com.

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