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Bill Analysis
Legislative Service Commission

H.B. 138

123rd General Assembly
(As Introduced)

Reps. Schuck, Barrett, Bender, Evans, Ford, Metelsky, D. Miller, Sullivan, Sykes, Pringle, Van Vyven, Verich, Winkler, Young

BILL SUMMARY

- Requires the Director of Health to adopt quality-of-care standards for hospital trauma care.
- Requires hospitals to collect and report certain trauma data.
- Directs the State Board of Emergency Medical Services to develop triage protocols for the treatment of trauma victims.
- Requires emergency medical service organizations to develop written protocols for the treatment of trauma victims.
- Makes changes to current law governing the state trauma registry.
- Establishes a Trauma and Emergency Medical Services Grants Fund.
- Imposes additional cost for certain offenses to be used by the Trauma and Emergency Medical Services Grants Fund.
- Makes changes to current law governing the composition and operation of the State Board of Emergency Medical Services.
- Establishes a Firefighter and Inspector Training Committee and a Trauma Committee in the State Board of Emergency Medical Services.
- Makes changes in the current law governing the certification and training of emergency medical service personnel.
- Requires the State Board of Emergency Medical Services and the Department of Health to study and report on trauma care in Ohio.

- Permits emergency medical services organizations to contract to provide services in other jurisdictions.
- Allows private fire companies and emergency medical service organizations to participate in Department of Emergency Medical Services purchasing and salvage programs.
- Provides a sales tax exemption for the purchase of emergency medical equipment and supplies for trauma care and emergency medical services and education.

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CONTENT AND OPERATION



TRAUMA CARE

Overview

The bill requires the Department of Health to establish quality-of-care rules for hospital trauma care, directs the Board of Emergency Medical Services to develop triage protocols for the treatment of trauma victims, and makes other changes in current law relating to the funding and provision of emergency medical services.

"Trauma" (or "traumatic injury") is defined by the bill as "damage to or destruction of tissue that creates a risk of loss of life or limb, significant, permanent disfigurement, or significant, permanent disability, and is caused by any of the following:

- (1) Blunt or penetrating injury;
- (2) Exposure to electromagnetic, chemical, or radioactive energy;
- (3) Drowning, suffocation, or strangulation;
- (4) A deficit or excess of heat.

"Trauma care" is defined by the bill as "the assessment, diagnosis, transportation, treatment, or rehabilitation of a trauma victim by emergency medical service personnel or by a physician, nurse, physician assistant, respiratory therapist, physical therapist, chiropractor, occupational therapist, speech-language pathologist, audiologist, or psychologist licensed to practice in Ohio or another jurisdiction. (Sec. 4765.01.)

Quality-of-care standards for hospital trauma care

(secs. 3702.11 and 3702.161)

The Director of Health is required by current law to adopt safety standards, quality-of-care standards, and quality-of-care data reporting requirements for certain health care services.¹ The Director is authorized to monitor and inspect health care providers for compliance with these standards and reporting requirements. If a health care provider does not comply, the Director may assess a

¹ *These services are solid organ and bone marrow transplantation; stem cell harvesting and reinfusion; cardiac catheterization; open-heart surgery; obstetric and newborn care; pediatric intensive care; operation of linear accelerators; operation of cobalt therapy units; and operation of gamma knives.*

civil penalty. For a second or subsequent violation, the Director may issue an order that the health service cease.

Trauma rules

The bill extends to trauma care the requirement that the Director adopt safety and quality-of-care standards and data reporting requirements. The Director must adopt the rules for trauma care not later than one year after the bill's effective date. In developing these rules, the Director must consult and cooperate with the State Board of Emergency Medical Services and the Board's Trauma Committee and consult appropriate medical, hospital, and emergency medical service organizations. The rules must do all of the following:

(1) Establish safety and quality-of-care standards for hospitals that provide trauma care. These standards must be equivalent to the standards used by the American College of Surgeons to verify and categorize the level of trauma centers.

(2) Provide that a hospital that documents it is verified as a trauma center at a particular level by the American College of Surgeons is deemed to meet the safety and quality-of-care standards for trauma care at that level.

(3) Require each hospital that provides trauma care and is not verified as a trauma center by the American College of Surgeons to be inspected at least once every three years by the Director of Health or by a contractor of the Department of Health that has appropriate competence and independence.

(4) Require each hospital that is verified as a trauma center by the American College of Surgeons to promptly notify the Director if its verification status or level changes.

(5) Require each hospital that provides trauma care and is not verified as a trauma center by the American College of Surgeons to promptly notify the Director if there is a material change in its ability to provide trauma care at the level at which it is categorized as a trauma center.

(6) Require each hospital that provides trauma care to adopt and follow written protocols for peer review and quality improvement for trauma care.

(7) Provide for all of the following with regard to certificates that evidence the eligibility of hospitals to provide trauma care:

(a) Standards and procedures for issuance, renewal, suspension, and revocation of certificates;

(b) Procedure for appeals regarding the issuance, renewal, suspension, and revocation of certificates;

(c) Requirements for the maintenance and display or inspection of certificates held by trauma centers.

Requirements for compliance

The bill provides that not later than one year after its effective date, a hospital that is not categorized as a Level I or Level II trauma center must adopt and comply with both of the following:

(1) Written protocols for evaluating, stabilizing, and transferring trauma patients to hospitals in categories of trauma care higher than that of the transferring hospital;

(2) A written trauma patient transfer agreement with one or more hospitals in each category of trauma care higher than that of the transferring hospital.

The bill provides that the rules for trauma care may establish minimum requirements for the contents, maintenance, and inspection of trauma patient transfer agreements. The rules must take into consideration differences throughout Ohio in geography and the distribution of health care resources. The rules must not require that trauma patients be transferred to any particular hospital.

Prohibitions

The bill provides that once the Director of Health has adopted the trauma care rules, a hospital is prohibited from representing that it can provide trauma care inconsistent with its level of categorization as a trauma center. A hospital or physician is similarly prohibited from knowingly admitting to a hospital a patient who requires trauma care that is inconsistent with the hospital's level of categorization or transferring to another hospital a patient who requires trauma care that is inconsistent with that hospital's categorization as a trauma center.

Reporting trauma data

The bill requires hospitals that provide trauma care to do both of the following:

(1) Collect, maintain, and report to the state trauma registry information required in rules adopted by the State Board of Emergency Medical Services;

(2) Collect, maintain, and report to the Ohio Health Data Center, in the form and manner prescribed by the Director of Health, the information on the quality of trauma care the Director needs to perform the quality assurance functions required by the bill.

The bill requires the Director of Health and the State Board of Emergency Medical Services to consult and cooperate to eliminate duplicative and inconsistent data collection, maintenance, and reporting requirements for hospitals in the rules they adopt relating to hospital trauma care and trauma care provided by emergency medical service organizations.

Triage protocols for trauma victims

(sec. 4765.40)

The bill provides that not later than one year after its effective date, the State Board of Emergency Medical Services must adopt rules establishing written protocols for the triage of trauma victims. The rules must define trauma in a manner that is consistent with the bill's definition and must be designed to minimize undertriage and overtriage in assessing the needs of persons with severe injuries or burns that require specialized trauma care.

The triage protocols are to require a trauma victim to be transported directly to a trauma center that is qualified to provide appropriate trauma care under the standards established by the Director of Health, unless one or more of the following exceptions applies:

(1) It is medically necessary to transport the victim to another hospital for initial assessment and stabilization before transfer to a trauma center;

(2) It is unsafe or medically inappropriate to transport the victim directly to a trauma center due to adverse weather or ground conditions or excessive transport time;

(3) Transporting the victim to a trauma center would cause a shortage of local emergency medical resources;

(4) No appropriate trauma center is able to receive and provide trauma care to the victim without undue delay.

The bill provides that the triage rules must not require a trauma patient to be transported to a particular trauma center and must not prohibit or restrict the adoption of local or regional triage guidelines that direct to the trauma centers emergency victims that would not be transported to a trauma center under triage

rules adopted by the Board. In developing the rules, the Board must consider model triage rules and must consult with regional directors, regional physician advisory boards, and appropriate medical, hospital, and emergency medical services organizations. The Board must provide copies of the triage rules, and amendments to the rules, to each emergency medical services organization, regional director and regional physician advisory board, certified emergency medical services instructor, and person who regularly provides medical direction to emergency medical services personnel in Ohio; to each medical services organization in other jurisdictions that regularly provides emergency medical services in Ohio; and to others on request.

The bill prohibits a provider of emergency medical services or a person who provides medical direction to emergency medical services personnel in Ohio from failing to comply with the triage protocols established by the Board of Emergency Medical Services. The bill also provides that the Board of Emergency Medical Services must adopt rules that provide for the enforcement of its rules establishing triage protocols and for education regarding those rules for emergency medical services organizations and personnel, regional directors and regional physician advisory boards, emergency medical services instructors, and persons who regularly provide medical direction to emergency medical services personnel in Ohio.

Protocols for emergency medical service organizations

(secs. 4765.40 and 4765.41)

Current law requires the medical director or cooperating physician advisory board of each emergency medical service organization to establish written protocols to be followed by first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic 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. The bill provides that the protocols must be consistent with the protocols for the triage of trauma victims adopted by the State Board of Emergency Medical Services, but they may direct to a trauma center emergency victims that the rules do not require to be transported to a trauma center.

Guidelines for care of trauma victims; peer review and quality assurance programs

(sec. 4765.12)

Guidelines for care

The bill provides that not later than 18 months after its effective date, the State Board of Emergency Medical Services must develop and distribute guidelines for the care of trauma victims by emergency medical services personnel and for the conduct of peer review and quality assurance programs by emergency medical services organizations. The guidelines must be consistent with the trauma triage protocols adopted by the Board and must place emphasis on the special needs of pediatric and geriatric trauma victims. In developing the guidelines, the Board must consult with the entities with interests in trauma and emergency medical services and must consider any relevant guidelines adopted by national organizations, including the American College of Surgeons, American College of Emergency Physicians, and American Academy of Pediatrics. The Board must distribute the guidelines, and amendments to the guidelines, to each emergency medical services organization, regional director and regional physicians advisory board, certified emergency medical services instructor, and person who regularly provides medical direction to emergency medical services personnel in Ohio.

Peer review

The bill provides that not later than 18 months after its effective date, each emergency medical services organization in Ohio must implement ongoing peer review and quality assurance programs designed to improve the availability and quality of the emergency medical services it provides. The form and content of the programs shall be determined by each medical services organization. In implementing the programs, each emergency medical services organization must consider how to improve its ability to provide effective trauma care, particularly for pediatric and geriatric trauma victims, and must take into account the trauma care guidelines developed by the Board of Emergency Medical Services.

Trauma registry

(secs. 4765.06 and 4765.10)

Current law: information collection

Current law requires the State Board of Emergency Medical Services to establish an emergency medical services incidence reporting system for the collection of information regarding the delivery of emergency medical services in Ohio and the frequency at which the services are provided. All emergency medical services organizations are required to submit to the board any information that the Board determines is necessary for maintaining the incidence reporting system.

Current law also requires the Board to establish a trauma system registry to be used for the collection of information regarding the care of trauma victims in Ohio. The registry must provide for the reporting of trauma-related deaths, identification of trauma patients, monitoring of trauma care patient data, determination of the total amount of uncompensated trauma care provided annually by each facility that provides care to trauma victims, and collection of any other information specified by the Board.

Changes proposed by the bill

The bill repeals the information collection requirements in current law and specifies the purposes for which trauma registry data is to be collected, as well as the data to be collected. The bill requires the Board to establish trauma registry to be used for the following purposes:

(1) To collect and provide accurate, current, and comprehensive information on the occurrence of traumatic injury and the availability, cost, and quality of trauma care in Ohio;

(2) To improve the quality of trauma care by facilitating peer review and quality assurance by providers of emergency medical services and trauma care;

(3) To improve research and education on trauma and efforts to prevent traumatic injury, including programs of the Bureau of Workers' Compensation, Department of Public Safety, Department of Health, Department of Agriculture, and other public and private entities that deal with workplace, consumer, and domestic safety.

The bill provides that the information contained in the trauma registry must include all of the following:

(1) The causes, locations, times, and nature of traumatic injuries;

(2) The cost of trauma care provided by emergency medical service organizations, hospitals, and facilities that provide post-hospital trauma care;

(3) The distribution of trauma victims among emergency medical service organizations, hospitals, and facilities that provide care to trauma victims after hospitalization;

(4) Patient outcomes from recipients of trauma care, including the number and causes of trauma-related disabilities and deaths;

(5) Any other trauma-related information specified by the Board.

Current law: reporting

Current law provides that persons designated by the Board of Emergency Medical Services must submit to the Board any information the Board determines is necessary for maintaining the trauma registry. At the request of the Board, any state agency possessing information regarding trauma patient care must provide the information to the Board.

The Board is required by current law to maintain the trauma registry in accordance with rules it has adopted. Current law also provides that the Board of Emergency Medical Services must maintain, in accordance with its own rules, the confidentiality of any information collected that would identify a specific patient of emergency medical services or trauma care. In any report prepared by the Board, information regarding patients or recipients of emergency medical services or trauma care must be presented only in aggregate statistical form.

Changes proposed by the bill

The bill repeals the confidentiality requirements in current law and replaces them with different confidentiality requirements. The bill provides that the Board, and any employee or contractor of the Board or the Department of Public Safety, must not make public information it receives that identifies or would tend to identify a specific recipient or emergency medical services or trauma care. The bill also provides that the Board must adopt rules that specify procedures for ensuring the confidentiality of information that is not to be made public. These rules must specify the circumstances in which deliberations of the persons performing risk adjustment functions are not open to the public and records of those deliberations are maintained in confidence. The bill provides that its confidentiality provisions do not prohibit the Board from making public statistical information that does not identify or tend to identify a specific recipient or provider of emergency medical services or trauma care.

Risk adjustment functions

The bill provides that not later than one year after its effective date, the Board must adopt and implement rules that provide written standards and procedures for risk adjustment of information received by the Board. The rules must be developed in consultation with the Director of Health and appropriate medical, hospital, and emergency medical service organizations and may provide for risk adjustment by a contractor of the Board. Before risk adjustment standards and procedures are implemented, neither the Board nor any employee or contractor of the Board may make public any information that identifies or would tend to identify a specific provider of emergency medical services or trauma care. After

risk adjustment standards and procedures are implemented, the Board may make public such information only on a risk adjusted basis. The bill provides that no person who performs risk adjustment functions may, because of performing such functions, be held liable in a civil action for betrayal of professional confidence or otherwise in the absence of willful or wanton misconduct.

Funding

(secs. 733.40, 1547.79, 2949.092, 2949.093, 2949.111, 2949.18, 3375.50, 3375.51, 3375.52, 4501.11, 4513.263, and 4513.99; Section 3)

Current law provides that a portion of the fines for failure to use seat belts or other occupant restraining devices are to be deposited in the Emergency Medical Services Fund and the Emergency Medical Services Grants Fund, with 28% deposited into the Emergency Medical Services Fund and 51% deposited into the Emergency Medical Services Grants Fund.² The bill renames the Emergency Medical Services Fund the Trauma and Emergency Medical Services Fund and renames the Emergency Medical Services Grants Fund the Trauma and Emergency Medical Services Grants Fund. The bill also increases the portion of the fines for failure to use seat belts or other occupant restraining devices deposited in the Trauma and Emergency Medical Services Grants Fund to 54%.

The bill provides for additional amounts to be added to court costs for certain offenses. The following are the types of offenses for which the bill imposes additional costs: traffic offenses; watercraft and waterway safety offenses; unsafe aircraft operation; operating motor vehicle on runway; installing or maintaining a structure or object affecting airport operations without a permit; murder; homicide; assault; menacing; stalking; patient abuse or neglect; kidnapping; abduction; extortion; certain sex offenses; arson and certain related offenses; robbery; burglary; certain offenses against the public peace; endangering children; domestic violence; certain offenses against justice and public administration; certain offenses regarding weapons control; certain drug and controlled substance offenses; certain offenses regarding adulteration or misbranding of food or drugs; offenses regarding hazardous substances; placing harmful objects in food or confection; certain offenses regarding fire safety and prevention; certain offenses committed by manufacturers and distributors of paints, naval stores, linseed oil, or white lead; fireworks offenses; swimming pool offenses; failure to provide identity of toxic chemical; conspiracy while wearing disguise; entering cordoned-off riot area; abandoning a refrigerator; offenses

² *The 51% is reduced to 50% effective July 1, 1999.*

regarding discharging firearms; dueling; failure to place counter floors in construction; and improper use of ladders or scaffolding.

The money collected from these additional court costs is to be deposited in the Trauma and Emergency Services Grants Fund. The additional amount is \$25 if the violation is a felony and \$5 if the violation is not a felony. The money is to be placed in an escrow fund. The bill specifies that the escrow fund and interest on it are not subject to appropriation or reallocation by a county budget commission or the legislative or executive authority of a county or municipal corporation, except that the clerk of courts may retain the interest on the escrow fund to defray the costs of administration.

The bill provides that no person may be placed or held in a detention facility for failing to pay these additional costs. The bill also provides that when a person is subject to these additional costs, there are other costs to be paid in the case, and the person fails to pay the entire amount of the costs, the court is to give priority to the payment of the costs imposed by the bill.

The bill provides that in imposing additional costs for certain offenses, it is the intent of the General Assembly to deter behavior that increases the risk of traumatic injury and to impose on those individuals whose behavior increases the risk of traumatic injury the costs of preventing and treating traumatic injuries, in a manner consistent with *State, ex rel. Brown v. Galbraith*, (1977), 52 Ohio St.2d 158, a decision of the Ohio Supreme Court holding that "one who stands convicted of an offense should be made to share in the cost to society of criminal activity."

Emergency medical services grants

(sec. 4765.07)

Current law

Current law requires the State Board of Emergency Medical Services to establish an emergency medical services grant program under which grants are equitably distributed to emergency medical service organizations for the training of their personnel, for the purchase of equipment, and to improve the availability, accessibility, and quality of emergency medical services in Ohio. The grant program must be funded with monies from fines for failing to use occupant restraining devices. The Board must administer the grant program in accordance with procedures it establishes in rules and must give priority, in distributing the grants, to those grants that will be used to provide training and personnel.

Changes in the bill

The bill continues the emergency medical services grant program and establishes priorities for the distribution of grants. Under the bill, grants are to be distributed as follows:

(1) First priority must be given to emergency medical service organizations for the training of personnel, for the purchase of equipment and vehicles, and to improve the availability, accessibility, and quality of emergency medical services in Ohio. In this category, the Board must give priority to grants that fund the training and equipping of emergency medical service personnel.

(2) Second priority must be given to entities that research the causes, nature, and effects of traumatic injuries, educate the public about injury prevention, and implement, test, and evaluate injury prevention strategies.

(3) Third priority must be given to entities that research, test, and evaluate procedures that promote the rehabilitation, retraining, and reemployment of trauma victims and social service support mechanisms for trauma victims and their families.

(4) Fourth priority must be given to entities that research, test, and evaluate medical procedures related to trauma care.

The bill repeals the requirements in current law that the Board administer the grant program in accordance with procedures it establishes under rule and that the Board give priority, in distributing grants, to those grants that will be used to provide training to personnel. The bill specifies that money credited to the Trauma and Emergency Medical Services Grants Fund may be used for purposes not specified in the bill only to the extent the Board determines they exceed reasonably foreseeable funding needs and then upon such terms as the Board may determine.

State Board of Emergency Medical Services--duties

(sec. 4765.11)

The State Board of Emergency Medical Services is in the Division of Emergency Medical Services in the Department of Public Safety.³ Current law requires the Board to establish rules and procedures related to emergency medical

³ *The bill changes the division to the Office of Emergency Medical Services (sec. 4765.02).*

services, including performance standards, certification, and continuing education requirements.

The bill provides that the Board's procedures for renewing certificates for emergency medical services personnel and training programs must include any procedures necessary to ensure that adequate notice of renewal is provided to certificate holders.

Peer review and quality improvement

The bill requires the Board to adopt rules establishing minimum qualifications and peer review and quality improvement requirements for persons who provide medical direction to emergency medical services personnel. It provides that in developing and administering its rules, the Board must consult with regional directors and regional physician advisory boards. In developing and administering rules relating to trauma triage protocols for emergency medical service organizations, the bill requires that the Board consult and cooperate with the Director of Health to prevent duplication and inconsistencies between rules adopted by the Board and those adopted by the Department of Health.

State Board of Emergency Medical Services--composition

(sec. 4765.02)

The bill makes several changes related to the membership and operation of the State Board of Emergency Medical Services.

Number of members; geographic representation

Current law provides that the Governor is to appoint 17 members to the Board and that, in making the appointments, the Governor *must attempt* to include members representing urban and rural areas and the geographical areas of Ohio. The bill *requires* the Governor to appoint members representing urban and rural areas and the various geographical areas of Ohio.

Surgeon serving on the Board

Current law provides that one member of the Board must be a physician who is active in the practice of surgery and actively involved with emergency medical services. The bill continues this requirement and specifies that this Board member must be active in the practice of trauma surgery.

Hospital administrator serving on the Board

Current law provides that one Board member must be an administrator of a hospital with an active emergency room. The bill provides that beginning with the hospital administrator next appointed to the Board more than one year after the effective date of the bill, and continuing thereafter, the hospital administrator must be from a hospital that actively provides trauma care.

Department of Public Safety representative

Current law requires the Director of Public Safety to designate an employee of the Department of Public Safety to serve as a member of the Board at the Director's pleasure. This member is to serve as a liaison between the Department and the Division of Emergency Medical Services in cooperation with the executive director of the Board. The bill eliminates this member from the Board.

New Board member

The bill adds a member to the Board. This member must be a physician certified by the American Board of Surgery, American Board of Osteopathic Surgery, or American College of Emergency Physicians, who is the chief medical officer of an air medical agency and is currently active in providing emergency medical services. The Governor is to appoint this member from among three persons nominated by the Ohio Association of Air Medical Services.

Board operations

Current law requires the Board to organize annually by selecting a chair. The bill continues this requirement and requires the Board to also select a vice-chair. Current law provides that ten members of the Board constitute a quorum and that no action is to be taken without the concurrence of ten members of the Board. The bill amends this requirement to provide that a majority of all members of the Board constitute a quorum and that no action is to be taken without the concurrence of a majority of all members of the Board. The bill also provides that the Board may adopt bylaws to regulate its affairs. Current law requires the chair to call a meeting at the request of the executive director or medical director of the Board or on the written request of ten members. The bill continues this provision, except that the bill allows a meeting to be called at the written request of five members.

Release from employment to attend Board meetings

The bill provides that upon 24 hours' notice from a member of the Board, the member's employer must release the member from the member's employment

duties to attend a meeting of the full Board. The bill provides that it does not require the employer to compensate the member for the time the member is released from employment duties, but any civil immunity, workers' compensation, disability, or similar coverage that applies to a member must continue to apply while the member is released from employment.

Executive director's duties

(sec. 4765.03)

Current law requires the Director of Public Safety to appoint a full-time executive director for the State Board of Emergency Services. The executive director is required to attend each meeting of the Board, except meetings concerning the appointment or terms of employment of an executive director of the Board. The bill modifies this requirement to allow the Board to exclude the executive director from discussions concerning the employment or performance of the executive director or medical director of the Board.

Current law also requires the Board to appoint a medical director. The Board is permitted by current law to consider any recommendations for this appointment from the Ohio Chapter of the American College of Emergency Physicians, the Ohio Osteopathic Association, and the Ohio State Medical Association. The bill amends current law to also include recommendations from the Ohio Chapter of the American College of Surgeons and the Ohio Chapter of the American Academy of Pediatrics and to require the Board to consider these recommendations.

Current law provides that the medical director is to direct the executive director and advise the Board with regard to emergency medical service issues. The bill continues this provision and also requires the medical director to advise the Board with regard to trauma care. Current law provides that the medical director must attend each meeting of the Board, except meetings concerning the appointment of the medical director. The modifies this requirement to allow the Board to exclude the medical director from discussions concerning the appointment or performance of the medical director or executive director of the Board.

Firefighter and fire safety inspector training committee; trauma committee

(sec. 4765.04)

Firefighter and fire safety inspector training committee

The bill creates the Firefighter and Fire Safety Inspector Training Committee of the State Board of Emergency Medical Services. The Committee is to consist of the members of the Board who are chiefs of fire departments, and the members of the Board who are emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic, appointed from among persons nominated by the Ohio Association of Professional Firefighters or the Northern Ohio Fire Fighters and from among persons nominated by the Ohio State Firefighter's Association. Each member of the Committee, except the chairperson, may designate a person with fire experience to serve in that member's place. The members of the Committee or their designees must select a chairperson from among the members of their designees.

Trauma committee: members

The bill creates the Trauma Committee of the State Board of Emergency Medical Services. The Committee is to consist of the following members appointed by the Director of Public Safety:

(1) A physician who is certified by the American Board of Surgery or American Osteopathic Board of Surgery and actively practices trauma surgery, appointed from among three persons nominated by the Ohio Chapter of the American College of Surgeons, three persons nominated by the Ohio State Medical Association, and three persons nominated by the Ohio State Osteopathic Association;

(2) A physician who is certified by the American Board of Surgery or American Osteopathic Board of Surgery and actively practices orthopedic trauma surgery, appointed from among three persons nominated by the Ohio Orthopedic Society;

(3) A physician who is certified by the American Board of Neurological Surgeons or the American Osteopathic Board of Surgery and actively practices neurosurgery on trauma victims, appointed from among three persons nominated by the Ohio State Neurological Society;

(4) A physician who is certified by the American Board of Surgeons or American Board of Osteopathic Surgeons and actively specializes in treating burn victims, appointed from among three persons nominated by the Ohio Chapter of the American College of Surgeons;

(5) A dentist who is certified by the American Board of Oral and Maxillofacial Surgery and actively practices oral and maxillofacial surgery, appointed from among three persons nominated by the Ohio Dental Association;

(6) A physician who is certified by the American Board of Physical Medicine and Rehabilitation and actively provides rehabilitative care to trauma victims, appointed from among three persons nominated by the Ohio Society of Physical Medicine and Rehabilitation.

(7) A physician who is certified by the American Academy of Pediatrics and the American Board of Surgery or American Osteopathic Board of Surgery and actively practices pediatric trauma surgery, appointed from among three persons nominated by the Ohio Chapter of the American Academy of Pediatrics;

(8) A physician who is certified by the American College of Emergency Physicians, actively practices emergency medicine, and is actively involved in emergency medical services, appointed from among three persons nominated by the Ohio Chapter of the American College of Emergency Physicians;

(9) A physician who is certified by the American Board of Pediatrics and American College of Emergency Physicians, actively practices pediatric emergency medicine, and is actively involved in emergency medical services, appointed from among three persons nominated by the Ohio Chapter of the American Academy of Pediatrics;

(10) A physician who is certified by the American Board of Surgery, American Osteopathic Board of Surgery, or the American College of Emergency Physicians and is the chief medical officer of an air medical organization, appointed from among three persons nominated by the Ohio Association of Air Medical Services;

(11) A coroner or medical examiner appointed from among three people nominated by the Ohio State Coroners Association;

(12) A registered nurse who actively practices trauma nursing at a trauma center, appointed from among three persons nominated by the Ohio Association of Trauma Nurse Coordinators;

(13) A registered nurse who actively practices emergency nursing and is actively involved in emergency medical services, appointed from among three persons nominated by the Ohio Chapter of the Emergency Nurses' Association;

(14) The chief trauma registrar of a trauma center, appointed from among three persons nominated by the Alliance of Ohio Trauma Registrars;

(15) The administrator of a hospital that has an active emergency department and is verified as a trauma center by the American College of Surgeons or otherwise provides trauma care under rules adopted by the Director of Health, appointed from among three persons nominated by the Ohio Association of Hospitals and Health Care Systems;

(16) The operator of an ambulance company that actively provides trauma care to emergency patients, appointed from among three persons nominated by the Ohio Ambulance Association;

(17) The chief of a fire department that actively provides trauma care to emergency care patients, appointed from among three persons nominated by the Ohio Fire Chiefs' Association;

(18) An emergency medical technician or paramedic who actively provides trauma care to emergency patients, appointed from among three persons nominated by the Ohio Association of Professional Firefighters, three persons nominated by the Northern Ohio Fire Fighters, three persons nominated by the Ohio State Firefighters' Association, and three persons nominated by the Ohio Association of Emergency Medical Services;

(19) A person who actively advocates for trauma victims, appointed from three persons nominated by the Ohio Brain Injury Association and three persons nominated by the Governor's Council on People with Disabilities.

Trauma Committee: qualifications and appointment of members

The bill provides that members of the Committee must have substantial experience in their fields of practice, be residents of this state, and may be members of the State Board of Emergency Medical Services. In appointing members of the Committee, the Director of Public Safety must include members representing urban and rural areas and the various geographical areas of the state. The Director may not appoint to the Trauma Committee more than one member who is employed by or practices at the same hospital, health system, or emergency medical services organization.

The bill provides that the Director may refuse to appoint any of the persons nominated by an organization or organizations. In that event, the organization or organizations will continue to nominate the required number of persons until the Director appoints to the Committee one or more of the persons nominated by the organization or organizations. Initial appointments to the Committee must be made by the Director not later than 30 days after the bill's effective date. Members of the Committee serve at the pleasure of the Director, except that a member who

ceases to be qualified for the position to which the member was appointed ceases to be a member of the Committee. Vacancies are to be filled in the same manner as original appointments. Members of the Committee serve without compensation, but are to be reimbursed for actual and necessary expenses incurred in carrying out duties as members of the Committee.

Trauma Committee: operation and duties

The bill provides that the Committee must select a chairperson from among its members. A majority of all members of the Committee constitute a quorum. No action is to be taken without the concurrence of a majority of all members of the Committee. The Committee is to meet at the call of the chair, on written request of five Committee members, and at the direction of the State Board of Emergency Medical Services. The Committee must not meet at times or locations that conflict with meetings of the Board. The executive director and medical director of the Office of Emergency Medical Services are authorized by the bill to participate in any meeting of the Committee and must do so at the request of the Committee.

The bill provides that the Committee is to advise and assist the State Board of Emergency Medical Services and the Director of Health in matters related to trauma care and the establishment and operation of the state trauma registry. In matters relating to the state trauma registry, the Board and the Committee must consult with trauma registrars from trauma centers in Ohio and may appoint a subcommittee of the Committee to advise and assist with the trauma registry. The subcommittee may include persons with expertise relevant to the trauma registry who are not members of the Board or Committee. The bill provides that the Board may appoint other committees and subcommittees as it considers necessary.

The Board, and any of its committees or subcommittees, are authorized by the bill to request assistance from any state agency. The Board and its committees and subcommittees may permit persons who are not members of those bodies to participate in their deliberations, but no person who is not a member of the Board may vote on the Board and no person who is not a member of a committee may vote on that committee.

Air medical organizations

(secs. 4765.01 and 4765.09)

Current law requires the State Board of Emergency Medical Services to prepare recommendations for the operation of ambulance service organizations and emergency medical organizations. The bill continues this requirement and

also requires the Board to prepare recommendations for the operation of air medical organizations. "Air medical organization" is defined by the bill as an organization that provides emergency medical services, or transports emergency victims, by means of fixed or rotary wing aircraft.

The bill provides that within 30 days after the making of those recommendations, the Board must notify the board of county commissioners of any county, the board of township trustees of any township, the board of trustees of any joint ambulance district, or the board of trustees of any joint emergency medical services district in which there exist air medical organizations of any Board recommendations for the operation of air medical organizations. The recommendations must include:

(1) The definition and classification of medical aircraft.

(2) The design, equipment, and supplies for medical aircraft, including special equipment, supplies, training, and staffing required to assist pediatric and geriatric emergency victims.

(3) The minimum number and type of personnel for the operation of medical aircraft.

(4) The communications system necessary for the operation of medical aircraft.

(5) Reports to be made by persons holding certificates as emergency medical service providers to ascertain the quantity and quality of air medical organizations throughout Ohio.

Training of firefighters and emergency medical services personnel

(sec. 4765.10)

Current law requires the State Board of Emergency Medical Services to work with the State Fire Marshal's Office in coordinating the training of firefighters and emergency medical services when possible. The Fire Marshal's Office is required to cooperate with the Board to achieve this goal. The bill modifies this requirement to require the Board to work with appropriate state offices in coordinating the training of firefighters and emergency medical service personnel. Under the bill, other state offices that are involved in the training of firefighters or emergency medical service personnel are required to cooperate with the Board and its committees and subcommittees to achieve this goal.

Emergency services training program

(sec. 4765.16)

Current law provides that all courses offered through the emergency medical services training program or an emergency medical services continuing education program, other than ambulance driving, must be developed under the physician who specializes in emergency medicine. The bill continues this requirement and provides that the courses must also be developed in consultation with a physician who specializes in trauma surgery. The bill also requires the training program for emergency medical technicians-basic to include courses in triage protocols for trauma victims.

Emergency medical service personnel certification

(sec. 4765.30)

Current law provides that the State Board of Emergency Medical Services is to issue a certificate to practice as a first responder, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic to an applicant who meets certain requirements. A certificate to practice is valid for three years and may be renewed. The bill continues these provisions and also provides that not later than sixty days before the expiration date of an individual's certificate to practice, the Board must notify the individual of the scheduled expiration and furnish an application for renewal.

First responders

(sec. 4765.35)

Current law provides that a first responder may provide limited emergency medical services to patients until the arrival of an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic. In an emergency, a first responder may render such emergency medical services as opening and maintaining an airway, giving mouth to barrier ventilation, manual stabilization of fractures, and assisting in childbirth. The bill continues these provisions and specifies that in an emergency a first responder may also determine triage of trauma victims.

Current law also provides that if communications fail during an emergency situation, or the required response time prohibits communication, a first responder may perform emergency medical services, if, in the judgment of the first responder, the life of the patient is in immediate danger. Services performed under these circumstances must be performed in accordance with the written protocols

established by the emergency medical services organization with which the responder is affiliated. The bill modifies current law by providing that emergency medical services performed by first responder must be done in accordance with the written protocols for triage of trauma victims required by the bill.

Emergency medical technicians--basic

(sec. 4765.37)

Current law provides that in an emergency, an emergency medical technician-basic may determine the nature and extent of illness or injury and establish priority for required emergency medical services. An emergency medical technician-basic may render certain emergency medical services. The bill continues these provisions and specifies that, in certain circumstances, an emergency medical technician-basic may also determine triage of trauma victims.

Current law also provides that if communications fail during an emergency situation, or the required response time prohibits communication, an emergency medical technician-basic may perform certain emergency medical services, if, in the judgment of the emergency medical technician-basic, the life of the patient is in immediate danger. Services performed under these circumstances must be performed in accordance with the written protocols established by the emergency medical services organization with which the responder is affiliated. The bill provides that emergency medical services performed by emergency medical technicians-basic must be done in accordance with the written protocols for triage of trauma victims established by the State Emergency Medical Services Board.

Emergency medical technician--intermediate

(sec. 4765.38)

Current law authorizes an emergency medical technician-intermediate to do all of the following: establish and maintain an intravenous lifeline that has been approved by a cooperating physician or physician advisory board; perform cardiac monitoring; perform electrical interventions to support or correct cardiac function; and administer epinephrine. The bill continues these provisions and provides that an emergency medical technician-intermediate may also determine the triage of trauma victims.

Emergency medical technician--paramedic

(sec. 4765.39)

Current law authorizes an emergency medical technician-paramedic to do all of the following: perform cardiac monitoring; perform electrical interventions to support or correct the cardiac function; perform airway procedures; perform relief of pneumothorax; and administer appropriate drugs and intravenous fluids. The bill continues these provisions and provides that an emergency medical technician-paramedic may also determine triage of trauma victims.

Out-of-state EMS personnel

(sec. 4765.50)

Current law exempts from the certification requirements for emergency medical service personnel a person who performs the functions of a first responder, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic under the authority of the laws of a state that borders Ohio. The bill extends this exemption to certified emergency medical service personnel from any other jurisdiction.

Reports and studies

(sec. 4765.57; Sections 4 and 5)

The bill requires the State Board of Emergency Medical Services, with the assistance of the Trauma Committee, to study and evaluate the following matters:

(1) The status and needs of emergency medical services and trauma care provided between Ohio and other jurisdictions.

(2) Methods to improve specialized care provided by emergency medical service organizations to pediatric and geriatric trauma victims.

(3) The feasibility of recording and reporting information to the state trauma registry by means of portable electronic devices, such as electronic notepads. The study must include an analysis of the cost of acquiring, maintaining, and using such devices, potential sources of funding, and training required to ensure effective use of the devices.

(4) Methods to ensure that autopsies are performed on appropriate trauma victims and autopsy data is reported to the state trauma registry in a timely manner.

(5) Methods to increase advanced trauma life support, basic trauma life support, and prehospital trauma life support training among appropriate health care providers, particularly in rural areas of the state.

The bill provides that not later than 18 months after its effective date, the State Board of Emergency Medical Services must report its findings and recommendations to the Governor, General Assembly, and other appropriate authorities and organizations. The bill also provides that the study must be conducted, and its findings and recommendations developed, in cooperation with the following organizations, as appropriate: appropriate committees and subcommittees of the Board; regional directors and regional physician advisory boards; organizations that represent physicians, nurses, and hospitals that care for emergency and trauma patients; emergency medical service organizations; appropriate governmental entities; and the Ohio State Coroners' Association.

Department of Health: injury prevention

The bill requires the Director of Health to organize and coordinate a temporary commission to determine how to better prevent traumatic injuries in Ohio. The Commission's study is to include consideration of how to improve public safety education and how to prevent pediatric and geriatric injuries. The Departments of Public Safety, Natural Resources, Agriculture, Education, and the Bureau of Workers' Compensation are to participate in and assist with the commission's study.

Within 30 days after the bill's effective date, the Director of Health must appoint to the commission appropriate public health authorities, entities that conduct safety research and education, and advocates for injured persons. Commission members must have expertise in injury prevention, broadly represent relevant disciplines, and represent all regions of the state. Within 30 days after the bill's effective date, the Speaker of the House of Representatives must appoint to the commission one member of the majority party and one member of the minority party in the House of Representatives and the President of the Senate must appoint to the commission one member of the majority party and one member of the minority party in the Senate.

In conducting its study and developing its recommendations, the commission must consult with and cooperate with the Trauma Committee of the State Board of Emergency Medical Services. The Commission must conclude its study and disband not later than eighteen months after the bill's effective date, whereupon the Director must transmit the commission's findings to the Governor, General Assembly, chief executive of each state agency that is involved in the study, and other appropriate persons.

Department of Health: improving trauma care

The bill requires the Director of Health to organize and coordinate a temporary commission to determine how to improve the accessibility, affordability, quality, and cost-effectiveness of post-critical trauma care. The commission's study is to include consideration of appropriate transfer of trauma victims from regional trauma centers to other health care facilities; physical, psychological, and vocational rehabilitation of trauma victims; re-employment of trauma victims; social support mechanisms for families of trauma victims; and mitigation of the effects of pediatric and geriatric trauma victims. The Rehabilitation Services Commission, Bureau of Workers' Compensation, and Bureau of Employment Services are to participate in and assist with the commission's study.

Within 30 days after the bill's effective date, the Director of Health must appoint to the commission appropriate public health authorities; entities that represent injury victims; certified safety professionals; employers; employment training and placement services; agricultural organizations; highway safety and motorists' organizations; health insurers; providers of social services to injury victims; nursing and rehabilitation institutions; victims of violent crime; hospitals; and professionals active in physical, psychological, and vocational therapy. Commission members must have expertise in rehabilitation and retraining of injury victims, broadly represent relevant disciplines, and represent all regions of Ohio. Within thirty days after the bill's effective date, the Speaker of the House of Representatives must appoint to the commission one member of the majority party and one member of the minority party in the House of Representatives and the President of the Senate must appoint to the commission one member of the majority party and one member of the minority party in the Senate.

In conducting its study and developing its recommendations, the commission must consult with and cooperate with the Trauma Committee of the State Board of Emergency Medical Services. The commission must conclude its study and disband not later than 18 months after the bill's effective date, whereupon the Director must transmit the commission's findings to the Governor, General Assembly, chief executive of each state agency that is involved in the study, and other appropriate persons.

Technical changes

(secs. 4765.05, 4765.15, 4765.32, 4765.55, 4766.02, 4767.08, and 5502.01)

The bill amends several sections in current law to reflect name changes and other technical changes.

FIREFIGHTING AND EMERGENCY MEDICAL SERVICES ORGANIZATIONS

Agreements for fire protection or emergency medical services

(sec. 9.60)

Current law permits a firefighting agency or private fire company to contract with a governmental entity in Ohio or an adjoining state to provide fire protection, including ambulance and emergency medical services.⁴ Fire protection services can also be provided without a contract if all parties agree. The bill continues these provisions and also provides that the services may be provided to a governmental entity in Ohio or another jurisdiction and extends the authority to provide services to any public or private emergency medical services organization.

Current law provides that firefighting agencies and fire department members are immune from civil liability when they render service outside the boundaries of the firefighting agency. The bill continues this provision and specifies that the civil immunity provisions in current law for fire departments and emergency medical service organizations apply to a political subdivision that is operating a fire department or emergency medical service organization when the members are rendering service outside the boundaries of the political subdivision.

The bill also provides that a private fire company or private, nonprofit emergency medical service organization providing service to a governmental entity in Ohio or another jurisdiction has the same immunities and defenses in a civil action that a political subdivision has under current law. Similarly, the bill provides that the employees of a private fire company or private, nonprofit emergency medical service organization have the same immunities and defenses in a civil action that employees of a political subdivision have under current law.

Private fire company and EMS participation in purchasing and salvage programs

(secs. 9.60, 125.04, 125.13, and 3737.66)

Current law allows the Department of Administrative Services to permit a political subdivision to participate in contracts into which the Department has entered for the purchase of supplies and services. A political subdivision that desires to participate in the Department's purchase contracts is required to file with

⁴ A firefighting agency is a municipal corporation, township, township fire district, joint ambulance district, joint emergency medical services district, or joint fire district.

the Department a certified copy of an ordinance or resolution requesting participation and agreeing to be bound by the terms and conditions the Department prescribes and to pay vendors directly under each purchase contract. Purchases that a political subdivision makes through participating in the Department's contracts are exempt from any competitive selection procedures otherwise required by law.

Current law also authorizes the Director of Administrative Services to dispose of declared surplus or excess supplies the Department of Administrative Services has received from state agencies by sale, lease, or transfer. The Director must dispose of such supplies in the following order or priority: (1) to state agencies, (2) to state-supported or state-assisted institutions of higher education, and (3) to tax-supported agencies, municipal corporations, or other political subdivisions of the state.

The bill allows private fire companies and private nonprofit emergency medical service organizations to participate in the cooperative purchasing programs operated by the Department of Administrative Services under the same conditions that govern public agencies' participation.

A private fire company or private, nonprofit emergency medical service organization desiring to participate in the Department's purchasing contracts is required to file with the Department a written request for inclusion in the program signed by the chief officer of the company or organization. The request must include an agreement to be bound by the terms and conditions the Department prescribes and to make direct payments to the vendor under each purchase contract. It also allows private fire companies and emergency medical service organizations to obtain surplus or excess supplies with the same priority as municipal corporations or other political subdivisions. The bill defines a "private fire company" as a nonprofit group or organization owning and operating firefighting equipment not controlled by a firefighting agency.⁵ An "emergency medical services organization" is defined under current law as "a public or private organization using first responders, emergency medical technicians-basic, emergency medical technicians-I, or paramedics to provide emergency medical services. The bill permits the Department to charge a reasonable fee to cover the administrative costs it incurs as a result of an entity participating in a purchase contract.

SALES TAX EXEMPTION

⁵ A "firefighting agency" is a municipal corporation, township, township fire district, joint ambulance district, or joint fire district.

Sales tax exemption

(sec. 5739.02)

The bill provides a sales tax exemption for the sale of emergency and fire protection vehicles and equipment to nonprofit organizations for use in providing trauma care and emergency medical services and for sales to nonprofit organizations for use solely in conducting research or education regarding trauma prevention, trauma care, and emergency medical services.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	02-02-99	p. 166

H0138-I.123/nlr