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*Bill Analysis*  
*Legislative Service Commission*

## **Sub. H.B. 138**

123rd General Assembly  
(As Passed by the House)

**Reps. Schuck, Barrett, Bender, Evans, Ford, Metelsky, D. Miller, Sullivan, Sykes, Pringle, Van Vyven, Verich, Winkler, Young, Bateman, Haines, Olman, DePiero, Barnes, Williams, Willamowski, Terwilleger, Vesper, Brading, Ogg, Roberts, Tiberi, Schuler, Perry, Goodman, Jones, Corbin, Callender, Calvert, Mottley, Austria, O'Brien, Thomas, Harshman-Ferderber, Cates, Flannery, Patton, Clancy, Damschroder, Sutton, Jerse, Salerno, Opfer, Myers**

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### **BILL SUMMARY**

- Requires adult trauma centers to be verified by the American College of Surgeons.
- Requires the Director of Health to adopt rules for the designation of pediatric trauma centers that are not verified by the American College of Surgeons.
- Prohibits hospitals and physicians from admitting, transferring, or failing to transfer a trauma patient under certain circumstances.
- Directs the State Board of Emergency Medical Services to develop state triage protocols for the treatment of adult and pediatric trauma victims.
- Provides for the establishment of regional trauma protocols.
- 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 costs for failure to use an occupant restraining device and for reinstating a driver's license suspended for OMVI.

- Directs a portion of the fines collected from state highway patrol tickets and arrests to the Trauma and Emergency Medical Services Grants Fund and allows the Director of Health to use funds from the Child Highway Safety Fund to defray the cost of inspecting certain pediatric trauma centers.
- 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 service organizations to contract to provide services in other jurisdictions.
- Allows private fire companies and emergency medical service organizations to participate in Department of Administrative 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.

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**CONTENT AND OPERATION**

**TRAUMA CARE**

**Overview**

The bill requires adult trauma centers to be verified by the American College of Surgeons, requires the Department of Health to adopt roles for the designation of pediatric trauma centers that are not verified by the American College of Surgeons, directs the State 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 provision of emergency medical services.

"Trauma" (or "traumatic injury") is defined by the bill as "severe damage to or destruction of tissue that satisfies both of the following conditions:

- (1) It creates a significant risk of any of the following:
  - (a) Loss of life;
  - (b) Loss of a limb;
  - (c) Significant, permanent disfigurement;
  - (d) Significant, permanent disability.
  
- (2) It is caused by any of the following:
  - (a) Blunt or penetrating injury;
  - (b) Exposure to electromagnetic, chemical, or radioactive energy;



- (c) Drowning, suffocation, or strangulation;
- (d) 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.

"Trauma center" is defined by the bill as "any hospital that is verified by the American College of Surgeons as an adult or pediatric trauma center, any hospital in Ohio that is designated by the Director of Health as a pediatric trauma center, and any hospital that is licensed or designated under the laws of another state as capable of providing specialized trauma care appropriate to the medical needs of the trauma patient." (Sec. 4765.01.)

### **Certification of pediatric trauma centers**

(sec. 3727.081)

The bill provides that not later than two years after its effective date, the Director of Health must adopt rules in accordance with the Administrative Procedure Act (Revised Code Chapter 119.) for the designation and redesignation of pediatric trauma centers that are not verified as pediatric trauma centers by the American College of Surgeons. The rules are to provide all of the following:

(1) Safety and quality of care standards for hospitals designated or redesignated as pediatric trauma centers. The standards must be substantially equivalent, but not necessarily identical, to the standards used by the American College of Surgeons to verify and categorize pediatric trauma centers;

(2) Procedures for hospitals to be designated and redesignated as pediatric trauma centers;

(3) Inspection by the Director of Health, or by a contractor of the Department of Health that has appropriate competence and independence, of hospitals that apply to be designated or redesignated as pediatric trauma centers. An inspection must confirm in writing whether or not a hospital complies with the safety and quality-of-care standards established by the Director of Health;

(4) Types of data relating to pediatric trauma care provided at or by hospitals that seek designation as pediatric trauma centers that must or may be reported to the Director;

(5) Designation and redesignation as a pediatric trauma center of a hospital that complies with the safety and quality-of-care standards established by the Director of Health and otherwise satisfy those requirements. The designation or redesignation of a hospital as a pediatric trauma center will be valid for three years unless suspended or revoked and will be evidenced by a certificate issued by the Director to the hospital.

(6) Fees the Department of Health may charge a hospital that applies for designation or redesignation as a pediatric trauma center. The fees must not exceed the lesser of the following amounts:

(a) The typical fee the American College of Surgeons charges to verify or reverify, as appropriate, trauma centers at a level comparable to that of the hospital seeking designation;

(b) The actual costs incurred by the Department of Health to inspect and designate or redesignate the hospital as a pediatric trauma center.

(7) Requirements that a hospital designated or redesignated as a pediatric trauma center do both of the following:

(a) Promptly notify the Director if there is a material change in the hospital's ability to provide pediatric trauma care at the level at which it is designated or redesignated as a pediatric trauma center;

(b) Adopt and follow written protocols for peer review and quality improvement of pediatric trauma care.

(8) Standards for the suspension or revocation of the designation or redesignation certificate of a hospital that fails to maintain compliance with the safety and quality-of-care standards established for pediatric trauma centers. Before suspending or revoking a hospital's certificate, the Director must give the hospital written notice of the proposed action. The notice must specify the deficiencies that are the basis of the proposed action and give the hospital a grace period, as the Director determines appropriate, to provide to the Director evidence that the deficiencies have been corrected. The grace period must not exceed the three-year term of the certificate and need not be granted with regard to any deficiency that threatens public health or safety.

(9) Procedures for all of the following with regard to certificates that evidence the designation or redesignation of a hospital as a pediatric trauma center:

- (a) The issuance, renewal, suspension, and revocation of certificates;
- (b) Appeals regarding the issuance, renewal, suspension, and revocation of certificates;
- (c) The maintenance and display or inspection of certificates held by pediatric trauma centers.

In developing these rules, the Director of Health is required by the bill to do all of the following:

- (1) Consult with the State Board of Emergency Medical Services and the Board's Trauma Committee to prevent inconsistencies in trauma-related rules and reporting requirements adopted by the Director and the Board;
- (2) Appoint and consult a committee of persons who have clinical and administrative expertise in pediatric trauma care;
- (3) Consult appropriate medical, hospital, and emergency medical service organizations that are knowledgeable about the special needs of pediatric patients, including verification of pediatric trauma centers, design and operation of pediatric facilities and equipment, qualifications of pediatric staff, interfacility transfer of pediatric trauma patients, pediatric trauma education and training curricula, and peer review and quality assurance functions in pediatric trauma centers;
- (4) Consider the special needs of pediatric trauma patients, the volume and distribution of pediatric trauma patients in Ohio, and the regionalized nature of existing pediatric trauma care resources in Ohio.

The bill provides that the Director of Health must appoint to the committee members who are residents of Ohio, are recognized experts in their fields of practice, and are familiar with pediatric trauma care in Ohio. The Director must also attempt to ensure that members represent urban and rural areas, all geographic regions of the state, and medical and osteopathic backgrounds.

The bill prohibits a hospital designated or redesignated as a pediatric trauma center from failing to comply with the bill's requirements for designation and redesignation of pediatric trauma centers, any rules adopted under those requirements, and any related order issued by the Director of Health.

The bill also provides that the Director of Health and any employee or contractor of the Department of Health must not make public any data reported to or collected by the Department that identifies or would tend to identify specific patients.

**Hospital trauma protocols and patient transfer agreements**

(sec. 3729.09)

**Trauma protocols**

The bill provides that not later than two years after its effective date, each hospital that is not a trauma center must adopt protocols for adult and pediatric trauma care provided in or by that hospital. Each hospital that is an adult trauma center and not a Level I or Level II pediatric trauma center must adopt protocols for pediatric trauma care provided in or by that hospital. Each hospital that is a pediatric trauma center and not a Level I or Level II adult trauma center must adopt protocols for adult trauma care provided in or by that hospital. In developing its trauma care protocols, each hospital must consider the guidelines for trauma care established by the American College of Surgeons, the American College of Emergency Physicians, and the American Academy of Pediatrics. Trauma care protocols must be in writing, comply with applicable federal and state laws, and include policies and procedures with respect to all of the following:

(1) Evaluation of trauma patients, including criteria for prompt identification of trauma patients who require a level of adult or pediatric trauma care that exceeds the hospital's capabilities;

(2) Emergency treatment and stabilization of trauma patients prior to transfer to an appropriate adult or pediatric trauma center;

(3) Timely transfer of trauma patients to appropriate adult or pediatric trauma centers based on a patient's medical needs. Trauma patient transfer protocols must specify all of the following:

(a) Confirmation of the ability of the receiving trauma center to provide prompt adult or pediatric trauma care appropriate to the patient's medical needs;

(b) Procedures for selecting an appropriate alternative adult or pediatric trauma center to receive a patient when it is not feasible or safe to transport the patient to a particular trauma center;

(c) Advance notification and appropriate medical consultation with the trauma center to which a trauma patient is being, or will be, transferred;

(d) Procedures for selecting an appropriate method of transportation and the hospital responsible for arranging or providing the transportation;

(e) Confirmation of the ability of the persons and vehicle that will transport a trauma patient to provide appropriate adult or pediatric trauma care;

(f) Assured communication with, and appropriate medical direction of, the persons transporting a trauma patient to a trauma center;

(g) Identification and timely transfer of appropriate medical records of the trauma patient being transferred;

(h) The hospital responsible for care of a patient in transit;

(i) The responsibilities of the physician attending a patient and, if different, the physician who authorizes a transfer of the patient;

(j) Procedures for determining, in consultation with an appropriate adult or pediatric trauma center and the persons who will transport a trauma patient, when transportation of the patient to a trauma center may be delayed for either of the following reasons:

(i) Immediate transfer of the patient is unsafe due to adverse weather or ground conditions.

(ii) No trauma center is able to provide appropriate adult or pediatric trauma care to the patient without undue delay.

(4) Peer review and quality assurance procedures for adult and pediatric trauma care provided in or by the hospital.

### **Hospital transfer agreements**

The bill provides that not later than two years after its effective date, each hospital must enter into the following written agreements unless the hospital comes within the exceptions described below:

(1) An agreement with one or more adult trauma centers in each level of trauma center categorization higher than that of the hospital that governs transfer of adult trauma patients from the hospital to those trauma centers;

(2) An agreement with one or more pediatric trauma centers in each level of trauma center categorization higher than that of the hospital that governs the transfer of pediatric trauma patients from the hospital to those trauma centers.

The bill provides that a Level I or Level II adult trauma center is not required to enter into an adult trauma patient transfer agreement with another hospital. A Level I or Level II pediatric trauma center is not required to enter into a pediatric trauma patient transfer agreement with another hospital. A hospital is not required to enter into an adult trauma patient transfer agreement with a Level III or Level IV adult trauma center, or enter into a pediatric trauma patient transfer agreement with a Level III or Level IV pediatric trauma center, if no trauma center of that type is reasonably available to receive trauma patients from the hospital.

The bill also provides that a trauma patient transfer agreement entered into by a hospital must comply with applicable federal and state laws and contain provisions conforming to the requirements for trauma care protocols.

**Public inspection of trauma protocols and transfer agreements**

A hospital is required by the bill to make its trauma care protocols and patient transfer agreements available for public inspection during normal working hours. A hospital must furnish a copy of those documents on request and may charge a reasonable and necessary fee for doing so, except that it must furnish copies of the documents to the Director of Health free of charge.

**Prohibitions: transfer and treatment of trauma patients**

(secs. 3727.10 and 4765.50)

**Hospitals**

The bill provides that beginning two years after its effective date, no hospital in Ohio may knowingly do any of the following:

(1) Represent that it is able to provide adult or pediatric trauma care to a severely injured patient that is inconsistent with its level of categorization as an adult or pediatric trauma center, provided that a hospital that operates an emergency facility may represent that it provides emergency care;

(2) Provide adult or pediatric trauma care to a severely injured patient that is inconsistent with applicable federal laws, state laws, and trauma care protocols and patient transfer agreements;

(3) Transfer a severely injured adult or pediatric trauma patient to a hospital that is not a trauma center with an appropriate level of adult or pediatric categorization or otherwise transfer a severely injured adult or pediatric trauma patient in a manner inconsistent with any applicable trauma patient transfer agreements adopted by the hospital.

### **Physicians**

The bill provides that effective two years after its effective date, no physician may purposefully do any of the following:

(1) Admit an adult trauma patient to a hospital that is not an adult trauma center for the purpose of providing adult trauma care;

(2) Admit a pediatric patient to a hospital that is not a pediatric trauma center for the purpose of providing pediatric trauma care;

(3) Fail to transfer an adult or pediatric trauma patient to an adult or pediatric trauma center in accordance with applicable federal law, state law, and adult and pediatric trauma protocols and patient transfer agreements.

### **Triage protocols for trauma victims**

(sec. 4765.40)

#### **State triage protocols**

The bill provides that not later than two years after its effective date, the State Board of Emergency Medical Services must adopt rules establishing written protocols for the triage of adult and pediatric trauma victims. The rules must define adult and pediatric trauma in a manner that is consistent with the bill's definitions, minimizes overtriage and undertriage, and emphasizes the special needs of pediatric and geriatric trauma patients.

The triage protocols are to require a trauma victim to be transported directly to an adult or pediatric trauma center that is qualified to provide appropriate adult or pediatric trauma care, 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 an adult or pediatric trauma center;

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

(3) Transporting the victim to an adult or pediatric trauma center would cause a shortage of local emergency medical service resources;

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

(5) Before transport of a patient begins, the patient requests to be taken to a particular hospital that is not a trauma center or, if the patient is less than 18 years of age or is not able to communicate, such a request is made by an adult member of the patient's family or a legal representative of the patient.

The state triage protocols adopted by the State Board of Emergency Medical Services must require trauma patients to be transported to an adult or pediatric trauma center that is able to provide appropriate adult and pediatric trauma care, but the protocols must not require a trauma patient to be transported to a particular trauma center. The state triage protocols are to establish one or more procedures for evaluating whether an injury victim requires or would benefit from adult or pediatric trauma care. These procedures are to be applied by emergency medical service personnel based on the patient's medical needs.

In developing the state triage protocols, the Board must consider relevant model triage rules and must consult with the Commission on Minority Health, regional directors, regional physician advisory boards, and appropriate medical, hospital, and emergency medical service organizations.

Before the Joint Committee on Agency Rule Review considers state triage protocols for trauma victims, or any amendments to them, proposed by the State Board of Emergency Medical Services, the bill requires the Board to send a copy of the proposal to the Ohio Association of Hospitals and Health Care Systems, the Ohio Osteopathic Association, and the Ohio Association of Children's Hospitals and hold a public hearing at which it considers the appropriateness of the protocols to minimize overtriage and undertriage of trauma victims. The Board must provide copies of the triage protocols, and amendments to the protocols, to each emergency medical service organization, regional director and regional physician advisory board, certified emergency medical service instructor, and person who regularly provides medical direction to emergency medical service personnel in Ohio; to each medical service organization in other jurisdictions that regularly provides emergency medical services in Ohio; and to others on request.

### **Regional trauma protocols**

The State Board of Emergency Medical Services is required by the bill to approve regional protocols for the triage of adult and pediatric trauma victims and any amendments to them, that provide a level of adult and pediatric trauma care comparable to the state triage protocols. The bill specifies that the Board may not otherwise approve regional protocols for trauma victims. The Board may not approve regional triage protocols for regions that overlap and must resolve any such disputes by apportioning the overlapping territory among appropriate regions in a manner that best serves the medical needs of the residents of that territory.

The Trauma Committee of the Board is to have reasonable opportunity to review and comment on regional triage protocols and amendments to the protocols before the Board approves or disapproves them.

Regional protocols for the triage of adult and pediatric trauma victims and any amendments to them must be submitted in writing to the State Board of Emergency Medical Services by the regional physician advisory board or regional director that serves a majority of the population in the region in which the protocols apply. Prior to submitting regional protocols or amendments to the protocols to the State Board of Emergency Medical Services, a regional physician advisory board or regional director must consult with each of the following that regularly serves the region in which the protocols apply:

- (1) Other regional physician advisory boards and regional directors;
- (2) Hospitals that operate an emergency facility;
- (3) Adult and pediatric trauma centers;
- (4) Professional societies of physicians who specialize in adult or pediatric emergency medicine or adult or pediatric trauma surgery;
- (5) Professional societies of nurses who specialize in adult or pediatric emergency nursing or adult or pediatric trauma surgery;
- (6) Professional associations of labor organizations of emergency medical service personnel;
- (7) Emergency medical service organizations and medical directors of such organizations;
- (8) Certified emergency medical service instructors.

The bill provides that regional protocols for the triage of adult and pediatric trauma victims must do all of the following:

- (1) Require patients to be transported to a trauma center that is able to provide an appropriate level of adult or pediatric trauma care;
- (2) Not discriminate among trauma centers for reasons not related to a patient's medical needs;
- (3) Seek to minimize undertriage and overtriage;

(4) Provide for situations (described above) in which a patient is not to be transferred;

(5) Supersede the state triage protocols in the region where the regional protocols apply.

The bill provides that on the approval of regional protocols for the triage of adult and pediatric trauma victims or an amendment to the protocols, the State Board of Emergency Services must provide written notice of the approval and a copy of the protocols or amendment to each entity in the region to which the Board is required to send a copy of the state triage protocols.

### **Review of triage protocols**

The bill requires the State Board of Emergency Medical Services to review the state triage protocols at least every three years to determine if they are causing overtriage or undertriage of trauma patients and must modify them as necessary to minimize overtriage and undertriage. Each physician advisory board or regional director that has regional protocols approved must review the protocols at least every three years to determine if they are causing overtriage or undertriage of trauma patients and must submit an appropriate amendment to the State Board as necessary to minimize overtriage and undertriage. The Board must approve the amendment if it will reduce overtriage or undertriage. Otherwise, the Board is prohibited from approving the amendment.

### **Prohibitions**

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

### **Protocols for emergency medical service organizations**

(sec. 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 protocols 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 two years 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 service personnel and for the conduct of peer review and quality assurance programs by emergency medical service 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 service organization, regional director and regional physician advisory board, certified emergency medical service instructor, and person who regularly provides medical direction to emergency medical service personnel in Ohio.

**Peer review**

The bill provides that not later than three years after its effective date, each emergency medical service 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 is to be determined by each medical service organization. In implementing the programs, each emergency medical service 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 State Board of Emergency Medical Services.

The bill also provides that information generated solely for use in a peer review or quality assurance program conducted on behalf of an emergency medical service organization is not a public record. Such information, and any discussion conducted in the course of a peer review or quality assurance program conducted on behalf of an emergency medical service organization, is not subject to discovery in a civil action and is not to be introduced into evidence in a civil action against the emergency medical service organization on whose behalf the information was generated or the discussion occurred. The bill provides that in the absence of willful or wanton misconduct, no emergency medical organization that conducts a peer review or quality assurance program or on whose behalf a peer review or quality assurance program is conducted and no person who conducts such a program is to be liable in a civil action for betrayal of professional confidence or any other matter resulting from the conduct of the peer review or quality assurance program.

**Trauma registry**

(secs. 4765.06 and 4765.10)

**Current law: information collection and reporting**

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 service 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.

Current law provides that persons designated by the Board must submit to the Board any information it 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

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 modifies the provisions in current law related to the reporting of information to the trauma registry. It also repeals the confidentiality requirements in current law and replaces them with different confidentiality requirements.

The bill provides that rules relating to the state trauma registry may not prohibit the operation of other trauma registries and may provide for the reporting of information to the state trauma registry by or through other trauma registries in a manner consistent with information otherwise reported to the state trauma registry. Other trauma registries may report aggregate information to the state trauma registry, provided that the information can be matched to the person who reported it. Information maintained by another trauma registry and reported to the state trauma registry in lieu of being reported directly to the state trauma registry is a public record and must be maintained, made available to the public, held in confidence, and risk adjusted and is not subject to discovery or introduction into evidence in a civil action. Any person who provides, maintains, or risk adjusts such information must comply with all applicable laws and has the same immunities as a person who performs the same function for the state trauma registry.

The bill also specifies that the Board or any employee or contractor of the Board or the Department of Public Safety is not to make public information it receives that would tend to identify a specific recipient of emergency medical services or adult or pediatric trauma care.

### **Risk adjustment functions**

The bill provides that not later than two years 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 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 or the Department of Public Safety 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 specifies that the Board must adopt rules that specify procedures for ensuring the confidentiality of information that is not to be made public. The 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 also specifies that it does 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 adult or pediatric trauma care. 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. 4511.191, 4511.81, 4511.99, 4513.263, 4513.99, and 5503.04; 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.<sup>1</sup> 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%.

Current law imposes a \$25 fine for operating an automobile without a seat belt or other occupant restraining device and imposes a \$15 fine for riding as a passenger in an automobile without wearing a seat belt or occupant restraining device. The bill increases both of these fines by \$5.

Under current law 65% of all fines for not using child restraint seats goes to the Child Highway Safety Fund administered by the Department of Health. The bill directs 100% of these fines to the Child Highway Safety Fund and allows the Department of Health to use the funds to defray the cost of inspecting state-designated pediatric trauma centers.

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<sup>1</sup> *The 51% is reduced to 50% effective July 1, 1999.*

Current law provides that 45% of fines from state highway patrol tickets and arrests goes to the General Revenue Fund and 55% goes to counties and municipalities. The bill increases the state share to 50% and directs the additional 5% to the Emergency Medical Services Grants Fund.

Current law imposes a \$405 fee for reinstating a driver's license suspended for OMVI. The bill increases the fee by \$20 and directs that amount to the Trauma and Emergency Medical Services Grants Fund.

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 to 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 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 adult and pediatric 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.

### **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. Current law requires the Board to establish rules and procedures related to emergency medical services, including performance standards, certification, and continuing education requirements.

The bill provides that the Board's procedures for renewing certificates for emergency medical service 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 service personnel. The bill provides that in developing and administering its rules, the Board must consult with regional directors and regional physician advisory boards and emphasize the special needs of pediatric and geriatric patients.

## **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 the Director of Public Safety is to appoint one member. In making appointments to the Board, the Governor *must attempt* to include members representing urban and rural areas and the geographical areas of Ohio. The bill adds two members to the Board and specifies that the Governor is to appoint all members of the Board, except the member appointed by the Director of Public Safety. The bill provides that in making the appointments, the Governor shall also attempt to include members representing various schools of training.

### **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.

### **New Board members**

The bill adds two members to the Board. One of the new members 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.

The other new member must be the administrator of a hospital that is not a trauma center. The Governor is to appoint this member from among three persons nominated by the Ohio Association of Hospitals and Health Systems or other statewide organizations representing community hospitals.

### **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. The bill requires the Board to maintain written or electronic records of its meetings.

#### **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 bill 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 or 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 and three persons nominated by the Ohio Osteopathic Association;

(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 and three persons nominated by the Ohio Osteopathic Association;

(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 and three persons nominated by the Ohio Osteopathic Association;

(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 or American Osteopathic Board of Rehabilitation Medicine and actively provides rehabilitative care to trauma victims, appointed from among three persons nominated by the Ohio Society of Physical Medicine and Rehabilitation and three persons nominated by the Ohio Osteopathic Association;

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

(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, American College of Emergency Physicians, American Osteopathic Board of Pediatrics, or American Board of Emergency Medicine, is sub-boarded in pediatric emergency medicine, 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 and three persons nominated by the Ohio Osteopathic Association;

(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 an adult or pediatric 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 an adult or pediatric trauma center, appointed from among three persons nominated by the Alliance of Ohio Trauma Registrars;

(15) The administrator of an adult or pediatric trauma center, appointed from among three persons nominated by the Ohio Association of Hospitals and Health Systems;

(16) The administrator of a hospital that is not a trauma center and actively provides emergency care to adult or pediatric trauma patients, appointed from among three persons nominated by the Ohio Association of Hospitals and Health Systems;

(17) 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;

(18) 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;

(19) 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;

(20) 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.

(21) A physician or nurse who has substantial administrative responsibility for trauma care or emergency care provided in or by a hospital, appointed from among three persons nominated by the Ohio Association of Hospitals and Health Systems, three persons nominated by the Ohio Osteopathic Association, and three persons nominated by the Ohio Association of Children's Hospitals.

(22) Three representatives of hospitals that are not trauma centers and actively provide emergency care to trauma patients, appointed from among six persons nominated by the Ohio Association of Hospitals and Health Systems or other statewide organizations representing community hospitals. The representatives may be hospital administrators, physicians, nurses, or other clinical professionals.

**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 service 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 90 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 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 adult and pediatric 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 service 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 systems 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 service 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 service personnel 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 an emergency medical services training program or an emergency medical services continuing education program, other than ambulance driving, must be developed under the direction of a 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 60 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.

The bill also provides that the Board must issue a certificate to practice as a first responder to an applicant who is a law enforcement officer employed by a state department, complies with the applicable laws for first responders, and submits to the Board evidence that the applicant meets any of the following requirements:

(1) The applicant holds a certificate of completion in first responder training from a training program accredited by the State Board of Emergency Medical Services;

(2) Prior to April 4, 1998, the applicant completed a 40-hour first responder course approved by the state agency that employs the applicant;

(3) Prior to April 4, 1998, the applicant completed a first responder course that met the requirements of the United States Department of Transportation first responder national standard curriculum then in effect;

(4) The applicant passes the Board's examination for first responders.

Any state department that employs first responders is required by the bill to provide or arrange for medical direction of its first responders by one or more physicians who actively practice emergency medicine and otherwise meet all legal requirements for providing medical direction to first responders. Any first responder employed by the state must cooperate with local emergency medical service organizations and comply with any applicable protocols for the triage of adult or pediatric trauma victims adopted or approved by the Board.

**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 service 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 service organization with which the technician 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 required by the bill.

### **Emergency medical technicians--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 adult and pediatric trauma victims.

### **Emergency medical technicians--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 adult and pediatric 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**

(Sections 4, 6, and 7)

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 are 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.

(6) The roles that hospitals that are not trauma centers play in the state trauma system and regional trauma systems in Ohio and methods to enhance those roles.

(7) The causes and impact of trauma on minority populations in Ohio and methods to improve emergency medical services and trauma care for those populations. This study must be conducted in cooperation with the Commission on Minority Health.

The bill provides that not later than three years 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, and Education, Commission on Minority Health, and Bureau of Workers' Compensation are to participate in and assist with the study.

Within 90 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 90 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 two years 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 adult and pediatric trauma victims; and mitigation of the effects of pediatric and geriatric trauma. The Rehabilitation Services Commission, Department of Aging, Bureau of Workers' Compensation, and Bureau of Employment Services are to participate in and assist with the commission's study.

Within 90 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 90 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 two years 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.

### **Legislative intent**

(Section 5)

The bill provides the General Assembly finds that pediatric and geriatric trauma patients have special medical needs that require particular emphasis to improve outcomes for these patients. The bill specifies that it is the intent of the General Assembly to provide for these special needs in a state trauma system and trauma triage protocols approved by the State Board of Emergency Medical Services.

The bill also provides that the General Assembly recognizes that hospitals that operate emergency facilities, but are not trauma centers, play an important role in the prompt and appropriate diagnosis, stabilization, and treatment of adult and

pediatric trauma patients. The bill specifies that it is the intent of the General Assembly to enhance the quality of emergency care such hospitals provide to trauma patients and to integrate such hospitals into the state and regional trauma systems provided for by the bill. The bill specifies that it is also the intent of the General Assembly that community-based emergency medical and trauma services be preserved and that nothing in the bill be construed as encouraging the overtriage of patients or the unnecessary transfer of patients.

**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  
SERVICE 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.<sup>2</sup> 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 service 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.

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<sup>2</sup> A firefighting agency is a municipal corporation, township, township fire district, joint ambulance district, joint emergency medical services district, or joint fire district.

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 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. An "emergency medical service organization" is defined under current law as "a public or private organization using first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, 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

### *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.

## **HISTORY**

ACTION	DATE	JOURNAL ENTRY
Introduced	02-02-99	p. 166
Reported, H. Health, Retirement & Aging	06-10-99	pp. 824-825
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