



Sub. H.B. 434*

125th General Assembly

(As Reported by S. Finance and Financial Institutions)

Reps. Calvert, Allen, Barrett, Beatty, D. Evans, Flowers, Hartnett, Hughes, Miller, T. Patton, Schneider, J. Stewart, Strahorn, Aslanides, Chandler, Collier, C. Evans, Otterman, Peterson, Schlichter, Setzer

BILL SUMMARY

- Expands the purpose of Ohio's Public Health Priorities Trust Fund to include alcohol and drug abuse treatment programs.
- Provides that the Executive Director of the Commission on Minority Health may appoint a designee to the Executive Director's position on the board of trustees for the Tobacco Use Prevention and Control Foundation.
- Authorizes school district boards of education, governing authorities of community schools, and administrative authorities of chartered nonpublic schools to require the placement of an automated external defibrillator in each school under their control.
- Provides a qualified immunity from civil and criminal liability for persons who perform automated external defibrillation using a defibrillator placed in a school in accordance with the bill's provisions.
- Specifies that, if direct recording electronic voting machines with a voter verified paper audit trail are not available from certain vendors or cannot be acquired for a certain percentage cost, the purchase of any of those

** This analysis does not address appropriations, fund transfers, and similar provisions. See the Legislative Service Commission's Fiscal Note for Sub. H.B. 434 for an analysis of such provisions. Additionally, the analysis was prepared before the report of the Senate Finance and Financial Institutions Committee appeared in the Senate Journal. Note that the list of co-sponsors and the legislative history may be incomplete.*

machines under a new process to be developed by the Secretary of State must be subject to Controlling Board approval.

CONTENT AND OPERATION

Ohio's Public Health Priorities Trust Fund uses

(R.C. 183.18)

Current law establishes Ohio's Public Health Priorities Trust Fund. The fund is one of several funds established to receive an allocated portion of the annual disbursement to the state under the Tobacco Master Settlement Agreement. Current law designates various purposes for Ohio's Public Health Priorities Trust Fund, one of which is the funding of alcohol and drug abuse prevention programs, including programs for adult and juvenile offenders in state institutions and aftercare programs. The bill expands the purpose of the fund to include not only funding for alcohol and drug abuse prevention programs, but funding for alcohol and drug abuse treatment programs as well.

Tobacco Use Prevention and Control Foundation membership

(R.C. 183.04)

Current law establishes the Tobacco Use Prevention and Control Foundation. The foundation is required to develop and annually update a plan to reduce tobacco usage by Ohioans, and to provide funding for private or public agencies to carry out programs and research related to tobacco use prevention and cessation. (R.C. 183.07, not in the bill.) The Tobacco Use Prevention and Control Foundation is managed by a board of trustees. The board consists of 24 members, including the Director of Health, the Executive Director of the Commission on Minority Health, and the Attorney General as ex officio members. The bill provides that the membership position assigned to the Executive Director of the Commission on Minority Health may be held by either the Executive Director or the Executive Director's designee.

Automated external defibrillators in schools

(R.C. 3313.717 and 3314.16)

Background

Defibrillation is a process by which an electronic device is used to help restore normal contraction rhythms in a heart that is not functioning properly. The

defibrillator does this by delivering an electrical shock to the heart. A portable defibrillator is known as an automated external defibrillator (AED).¹

The bill

The bill authorizes school district boards of education, governing authorities of community (or charter) schools, and administrative authorities of chartered nonpublic schools to require the placement of an AED in each of the schools under their control.² If it adopts a policy requiring AEDs in schools, the board or authority must also require "a sufficient number" of staff working in each school to successfully complete a training class in automated external defibrillation and cardiopulmonary resuscitation (CPR). To meet the bill's standards, the training class must be offered or approved by the American Heart Association or another nationally recognized organization.³ There are no guidelines in the bill for determining what is a sufficient number of trained staff in each school and the bill does not indicate who is to make that determination.

The bill provides a qualified immunity to persons who perform automated external defibrillation using an AED placed in a school in accordance with the bill's provisions. Specifically, a person who performs automated external defibrillation in good faith is immune from civil and criminal liability for injury, death, or loss to person or property. This immunity applies regardless of whether the person has received appropriate training in how to use an AED or completed a CPR course. The immunity does not apply if the person engages in willful or wanton misconduct or fails to make a good faith attempt to contact emergency medical services.⁴

¹ *As used in the bill, automated external defibrillation is "the process of applying a specialized defibrillator to a person in cardiac arrest, allowing the defibrillator to interpret the cardiac rhythm, and, if appropriate, delivering an electrical shock to the heart to allow it to resume effective electrical activity" (R.C. 2305.235, not in the bill). An AED is defined by the bill as "a specialized defibrillator that is approved for use as a medical device by the U.S. Food and Drug Administration for performing automated external defibrillation" (R.C. 3313.717(A) and 3314.16(A)(1)).*

² *This authority does not apply to Internet- or computer-based community schools (E-schools), which require students to work primarily from their residences and do not rely on regular classroom instruction (R.C. 3314.16(A)(2); see also R.C. 3314.02(A)(7), not in the bill).*

³ *R.C. 3701.85, not in the bill.*

⁴ *"Emergency medical services" appears to refer to medical attention provided by emergency medical technicians (EMTs), paramedics, or first responders prior to a*



Acquisition of certain voting machines subject to Controlling Board approval

(Sections 22 to 25)

Existing law specifies procedures for purchasing voting machines, marking devices, and automatic tabulating equipment using funds made available through the Help America Vote Act of 2002, Public Law 107-252, 116 Stat. 1666. Those procedures include a process for determining the cost of purchasing direct recording electronic voting machines with a voter verified paper audit trail and the cost of upgrading, retrofitting, or otherwise equipping with a voter verified paper audit trail previously purchased direct recording electronic voting machines. If a vendor of a direct recording electronic voting machine decides not to develop a voter verified paper audit trail or fails to gain certification for such a voting machine with such an audit trail, or if the cost of the voter verified paper audit trail is more than 120% of the original negotiated price, existing law requires the Secretary of State to develop a new process for acquiring voting machines, marking devices, or automatic tabulating equipment for those counties whose original direct recording electronic voting machine selection is no longer available. (Section 3 of Sub. H.B. 262 of the 125th General Assembly.)

The bill retains all of these requirements and adds an additional requirement to the purchase of direct recording electronic voting machines with a voter verified paper audit trail under the new process to be developed by the Secretary of State. If a vendor of a direct recording electronic voting machine decides not to develop a voter verified paper audit trail or fails to gain certification for such a voting machine with such an audit trail, or if the cost of the voter verified paper audit trail is more than 120% of the original negotiated price, any purchase of voting machines, marking devices, or automatic tabulating equipment through the new process must be subject to Controlling Board approval. (Section 3(F)(3) of Sub. H.B. 262 of the 125th General Assembly and related amendment to Section 99 of Am. Sub. H.B. 95 of the 125th General Assembly as amended by the latter act.)

patient's arrival at a hospital or other emergency medical facility (see R.C. 3701.85 and 4765.01, neither section in the bill).



HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	03-16-04	p. 1694
Reported, H. Finance & Appropriations	04-29-04	p. 1797
Passed House (90-3)	05-04-04	pp. 1813-1815
Reported, S. Finance & Financial Institutions	---	---

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