



## *Synopsis of House Committee Amendments\**

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*Legislative Service Commission*

### **Sub. S.B. 124**

124th General Assembly  
(H. Health and Family Services)

#### **Health care facilities**

##### **Immunity**

For ambulatory surgical facilities, creates immunity from liability for a physician's failure to obtain informed consent from the patient before performing a procedure in the facility, unless the physician is an employee of the facility.

##### **Informed consent**

Requires the Department of Health, if it finds that a physician who practices in a health care facility is not complying with the Revised Code provisions concerning obtaining informed consent, to report its findings to the State Medical Board, the physician, and the facility.

Specifies that this provision does not create a new cause of action or substantive legal right against a health care facility and in favor of a patient who allegedly sustains harm as a result of the failure of the patient's physician to obtain informed consent from the patient prior to performing a procedure in the facility.

Provides that, if, after making its report, the Department of Health finds that the physician has continued to violate the informed consent provisions and the health care facility has not taken reasonable action to stop the violation, the Department may impose on the facility a civil penalty of not less than \$1,000 and not more than \$50,000.

##### **Sanctions against health care facilities**

Permits the Department of Health, if it determines that a health care facility is operating without a license to allow the health care facility up to 30 days to apply for licensure.

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\* This synopsis does not address amendments that may have been adopted on the House floor.

Permits the Department of Health, if it determines that a health care facility has violated any regulatory provision, other than operating without licensure or violating informed consent provisions, to allow the health care facility a specified amount of time to correct the violation.

### **Trauma centers**

Adds to the Senate-passed version of the bill the following provisions regarding the operation of hospitals as trauma centers:

(1) Specifies that existing laws for the operation of a trauma center, including the requirement to be verified by the American College of Surgeons, continue in effect on and after the effective date of those laws (November 3, 2002).

(2) Allows a hospital that is not verified as a trauma center by the American College of Surgeons to continue to operate as a trauma center, but under "provisional status," in the following circumstances:

--When the hospital has properly applied for trauma center verification or reverification to the American College of Surgeons;

--Until the hospital has received the final result of its reverification, if its application was submitted within one year before the verification ceased;

--If the hospital applied for verification or reverification on or before May 20, 2002.

(3) Specifies the duration of a hospital's provisional trauma center status, which in general is either 18 months or 12 months depending on the hospital's history of caring for trauma patients.

(4) Establishes requirements regarding the confidentiality and release of records created by provisional trauma centers.

(5) Requires a hospital to provide prompt written notice of its status as a trauma center or provisional trauma center to the Director of Health, Emergency Medical Services Division of the Department of Public Safety, and the physicians and physician advisory boards serving the emergency medical services region.