As Introduced

131st General Assembly
Regular Session
2015-2016

H. B. No. 261

Representatives Grossman, Huffman
Cosponsors: Representatives Smith, K., Blessing

A BILL

To amend sections 101.82, 3701.83, 3727.09, 3727.10, 3727.102, 4511.81, 4765.01, 4765.02, 4765.03, 4765.04, 4765.05, 4765.06, 4765.07, 4765.11, 4765.16, 4765.35, 4765.37, 4765.38, 4765.39, 4765.40, 4765.41, and 4765.50; to amend, for the purpose of adopting new section numbers as indicated in parentheses, sections 3727.09 (3728.15), 3727.10 (3728.16), and 3727.102 (3728.25); to enact sections 3728.01, 3728.02, 3728.03, 3728.06, 3728.07, 3728.09, 3728.10, 3728.11, 3728.12, 3728.20, 3728.21, 3728.22, 3728.23, 3728.24, 3728.26, 3728.28, 3728.30, 4731.28, and 4765.44; and to repeal sections 3727.081 and 3727.101 of the Revised Code to establish the State Trauma Board in the Ohio Department of Health, to require that facilities that provide trauma care be designated by the Board as level I, II, or III trauma centers, and to provide that the amendment by this act to section 101.82 of the Revised Code terminates on December 31, 2016.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:
Section 1. That sections 101.82, 3701.83, 4511.81, 4765.01, 4765.02, 4765.03, 4765.04, 4765.05, 4765.06, 4765.07, 4765.11, 4765.16, 4765.35, 4765.37, 4765.38, 4765.39, 4765.40, 4765.41, and 4765.50 be amended; sections 3727.09 (3728.15), 3727.10 (3728.16), and 3727.102 (3728.25) be amended for the purpose of adopting new section numbers as shown in parentheses; and sections 3728.01, 3728.02, 3728.03, 3728.06, 3728.07, 3728.09, 3728.10, 3728.11, 3728.12, 3728.20, 3728.21, 3728.22, 3728.23, 3728.24, 3728.26, 3728.28, 3728.30, 4731.28, and 4765.44 of the Revised Code be enacted to read as follows:

Sec. 101.82. As used in sections 101.82 to 101.87 of the Revised Code:

(A) "Agency" means any board, commission, committee, or council, or any other similar state public body required to be established pursuant to state statutes for the exercise of any function of state government and to which members are appointed or elected. "Agency" does not include the following:

(1) The general assembly, or any commission, committee, or other body composed entirely of members of the general assembly;

(2) Any court;

(3) Any public body created by or directly pursuant to the constitution of this state;

(4) The board of trustees of any institution of higher education financially supported in whole or in part by the state;

(5) Any public body that has the authority to issue bonds or notes or that has issued bonds or notes that have not been fully repaid;
(6) The public utilities commission of Ohio;

(7) The consumers' counsel governing board;

(8) The Ohio board of regents;

(9) Any state board or commission that has the authority to issue any final adjudicatory order that may be appealed to the court of common pleas under Chapter 119. of the Revised Code;

(10) Any board of elections;

(11) The board of directors of the Ohio insurance guaranty association and the board of governors of the Ohio fair plan underwriting association;

(12) The Ohio public employees deferred compensation board;

(13) The Ohio retirement study council;

(14) The board of trustees of the Ohio police and fire pension fund, public employees retirement board, school employees retirement board, state highway patrol retirement board, and state teachers retirement board;

(15) The industrial commission;

(16) The parole board;

(17) The board of tax appeals;

(18) The controlling board;

(19) The release authority of department of youth services;

(20) The environmental review appeals commission;
(21) The Ohio ethics commission;

(22) The Ohio public works commission;

(23) The self-insuring employers evaluation board;

(24) The state board of deposit;

(25) The state employment relations board;

(26) The state trauma board.

(B) "Abolish" means to repeal the statutes creating and empowering an agency, remove its personnel, and transfer its records to the department of administrative services pursuant to division (E) of section 149.331 of the Revised Code.

(C) "Terminate" means to amend or repeal the statutes creating and empowering an agency, remove its personnel, and reassign its functions and records to another agency or officer designated by the general assembly.

(D) "Transfer" means to amend the statutes creating and empowering an agency so that its functions, records, and personnel are conveyed to another agency or officer.

(E) "Renew" means to continue an agency, and may include amendment of the statutes creating and empowering the agency, or recommendations for changes in agency operation or personnel.

Sec. 3701.83. There is hereby created in the state treasury the general operations fund. Moneys in the fund shall be used for the purposes specified in sections 3701.04, 3701.344, 3702.20, 3710.15, 3711.16, 3717.45, 3718.06, 3721.02, 3721.022, 3728.30, 3729.07, 3733.43, 3748.04, 3748.05, 3748.07, 3748.12, 3748.13, 3749.04, 3749.07, 4747.04, and 4769.09 of the Revised Code.
Sec. 3728.01. (A) As used in this chapter:

(1) "Dentist" means an individual licensed under Chapter 4715. of the Revised Code to practice dentistry.

(2) "Emergency medical technician-basic," "emergency medical technician-intermediate," and "emergency medical technician-paramedic" have the same meanings as in section 4765.01 of the Revised Code.

(3) "Physician" means an individual who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(4) "Registered nurse" means a registered nurse licensed under Chapter 4723. of the Revised Code.

(5)(a) "Stabilize" means providing such medical treatment as may be necessary to assure, within reasonable medical probability, that no material deterioration of a patient's medical condition is likely to result from or occur during a transfer, if the medical condition could result in any of the following:

(i) Placing the health of the patient or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;

(ii) Serious impairment to bodily functions;

(iii) Serious dysfunction of any bodily organ or part.

(b) In the case of a woman having contractions, "stabilize" means such medical treatment as may be necessary to deliver, including delivering the placenta.

(6) "Transfer" has the same meaning as in section 1867 of

(7) "Trauma" means damage to or destruction of tissue that does both of the following:

(a) Creates a significant risk of any of the following:

(i) Loss of life;

(ii) Loss of a limb;

(iii) Significant, permanent disfigurement;

(iv) Significant, permanent disability.

(b) Is caused by any of the following:

(i) Blunt or penetrating injury;

(ii) Exposure to electromagnetic, chemical, radioactive, or thermal energy;

(iii) Drowning, suffocation, or strangulation;

(iv) A deficit or excess of heat.

(8) "Trauma care" means assessment, diagnosis, treatment, or rehabilitation of a patient for trauma.

(B) The state trauma board shall determine whether a facility or portion of a facility is a trauma center. A facility adversely affected by a determination of the board may appeal to the director of health. The director shall hear the appeal in an adjudication conducted under Chapter 119. of the Revised Code. The director may order the board to reverse or modify the determination or may uphold the determination.

Sec. 3728.02. (A) The state trauma board is hereby created in the department of health. The appointing authorities for the board are the governor, speaker of the house of representatives,
president of the senate, director of health, and the state board
of emergency medical, fire, and transportation services in the
division of emergency medical services of the department of
public safety. The state trauma board shall consist of the
following members:

(1) A member appointed by the governor who is a physician
certified by the American board of surgery or American board of
osteopathic surgery and actively practices general trauma
surgery at a level I or II trauma center. The governor shall
appoint the member from among three physicians nominated by the
Ohio chapter of the American college of surgeons, three
physicians nominated by the Ohio state medical association, and
three physicians nominated by the Ohio osteopathic association.

(2) A member appointed by the governor who is a physician
certified by the American board of surgery or American board of
orthopaedic surgery, the American osteopathic board of
orthopedic surgery, the American board of neurological surgery,
or the American osteopathic board of surgery and actively
practices orthopedic trauma surgery or neurosurgery on trauma
patients. The governor shall appoint the member from among three
physicians nominated by the Ohio orthopaedic society, three
physicians nominated by the Ohio osteopathic association, and
three physicians nominated by the Ohio state neurosurgical
society.

(3) A member appointed by the governor who is certified by
the American board of surgery or American board of osteopathic
surgery with special qualifications in pediatric surgery, and
actively practices pediatric trauma surgery. The governor shall
appoint the member from among three physicians nominated by the
Ohio chapter of the American academy of pediatrics, three
physicians nominated by the Ohio osteopathic association, and three physicians nominated by the Ohio state medical association.

(4) A member appointed by the governor who is a registered nurse and actively practices trauma nursing at a level I or II trauma center. The governor shall appoint the member from among three registered nurses nominated by the Ohio society of trauma nurse leaders and three registered nurses nominated by the Ohio emergency nurses association.

(5) A member appointed by the speaker who is a registered nurse and actively practices trauma nursing at a level III trauma center. The speaker shall appoint the member from among three registered nurses nominated by the Ohio society of trauma nurse leaders, three registered nurses nominated by the Ohio emergency nurses association, and three registered nurses nominated by the Ohio hospital association.

(6) A member appointed by the senate president who is a registered nurse and actively practices trauma nursing at a pediatric trauma center. The senate president shall appoint the member from among three registered nurses nominated by the Ohio society of trauma nurse leaders and three registered nurses nominated by the Ohio emergency nurses association.

(7) A member appointed by the governor who is the administrator of a level III trauma center. The governor shall appoint the member from among three administrators nominated by the Ohio hospital association and three administrators nominated by the Ohio osteopathic association.

(8) A member appointed by the speaker who is the administrator of a level I or II trauma center. The speaker
shall appoint the member from among three administrators nominated by the Ohio hospital association and three administrators nominated by the Ohio osteopathic association.

(9) A member appointed by the speaker who is the administrator of a hospital that does not include a trauma center but actively provides emergency care other than trauma care. The speaker shall appoint the member from among three administrators nominated by the Ohio hospital association and three administrators nominated by the Ohio osteopathic association.

(10) A member appointed by the speaker 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. The speaker shall appoint the member from among three physicians nominated by the Ohio society of physical medicine and rehabilitation and three physicians nominated by the Ohio osteopathic association.

(11) A member appointed by the senate president who is a physician certified by the American board of emergency medicine or the American osteopathic board of emergency medicine, actively practices emergency medicine at a level I or II adult trauma center, and is actively involved in emergency medical services. The senate president shall appoint the member from among three physicians nominated by the Ohio chapter of the American college of emergency physicians, three physicians nominated by the Ohio osteopathic association, and three physicians nominated by the Ohio state medical association.

(12) A member appointed by the senate president who is a physician certified by the American board of emergency medicine
or the American osteopathic board of emergency medicine, and
actively practices at a facility that is not designated as a
level I, II, or III trauma center. The senate president shall
appoint the member from among three physicians nominated by the
Ohio chapter of the American college of emergency physicians and
three physicians nominated by the Ohio osteopathic association.

(13) A member appointed by the senate president who
practices burn surgery or nursing at a burn center verified by
the American burn association. The senate president shall
appoint the member from among three physicians nominated by the
Ohio chapter of the American college of surgeons and three
nurses nominated by the Ohio society of trauma nurse leaders.

(14) A member appointed by the director of health who is
an injury prevention expert.

(15) A member appointed by the state board of emergency
medical, fire, and transportation services who is a member of
that board and is an emergency medical technician-basic,
emergency medical technician-intermediate, or emergency medical
technician-paramedic.

(16) A member appointed by the speaker who is an emergency
medical technician-basic, emergency medical technician-
intermediate, or emergency medical technician-paramedic employed
by an emergency medical service organization that primarily uses
paid individuals. The speaker shall appoint the member from
among three individuals nominated by the Ohio fire chiefs'
association, three individuals nominated by the Ohio association
of professional fire fighters, three individuals nominated by
the northern Ohio fire fighters association, and three
individuals nominated by the Ohio state firefighters'
association.
(17) A member appointed by the senate president who is an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic employed by an emergency medical service organization that primarily uses volunteers. The senate president shall appoint the member from among three individuals nominated by the Ohio fire chiefs' association, three individuals nominated by the Ohio association of professional fire fighters, and three individuals nominated by the Ohio association of emergency medical services.

(18) A member appointed by the governor who is a physician certified by the American board of emergency medicine or American osteopathic board of emergency medicine, and is actively involved in air medical transport. The governor shall appoint the member from among three physicians nominated by the Ohio chapter of the American college of emergency physicians and three physicians nominated by the Ohio association of critical care transport.

(19) A member appointed by the senate president who is the administrator of a pediatric trauma center. The senate president shall appoint the member from among three administrators nominated by the Ohio children's hospital association and three administrators nominated by the Ohio osteopathic association.

(B) In appointing members to the board, the appointing authorities shall attempt to include members representing urban and rural areas, various geographical areas of the state, and various schools of training. The appointing authorities shall coordinate appointments so that no two members are employed by or practice at the same facility or emergency medical service organization.
If an organization that is to make nominations under division (A) of this section ceases to exist, the nominations may be made by its successor organization. If an organization fails to make nominations within a reasonable time after nominations are requested, the appointing authority may accept nominations from another organization. The appointing authority may refuse to appoint any of the persons nominated by the organizations that are to make the nominations. In that event, the organizations shall continue to nominate the required number of persons until the appointing authority appoints to the board one or more of the persons nominated by the organizations.

(C) Members of the board shall serve at the pleasure of the appointing authority, except that a member who ceases to be qualified for the position to which the member was appointed shall cease to be a member of the board.

Sec. 3728.03. Initial appointments to the state trauma board shall be made not later than ninety days after the effective date of this section. The initial members appointed by the governor shall be appointed for five year terms; those appointed by the speaker of the house of representatives shall be appointed for four year terms; and those appointed by the president of the senate, the director of health, and the state board of emergency medical, fire, and transportation services in the division of emergency medical services of the department of public safety shall be appointed for three year terms. Thereafter, all terms shall be three years. There is no limit on the number of terms a member may serve.

Initial terms shall commence on the first day of the first month following the appointment of the last member of the board to be appointed.
Except as provided in division (C) of section 3728.02 of
the Revised Code, each member of the board shall hold office
from the date of appointment until the end of the term for which
the member was appointed. A member appointed to fill a vacancy
occurring prior to the expiration of the term for which the
member's predecessor was appointed shall hold office for the
remainder of such term. A member shall continue in office
subsequent to the expiration date of the member's term until the
member's successor takes office, or until a period of sixty days
has elapsed, whichever occurs first.

Members shall be reimbursed by the board for necessary
expenses incurred in the performance of their official duties.

Sec. 3728.06. (A) The state trauma board shall organize by
electing from its members as officers a chairperson and co-
chairperson. Each of the officers shall serve for a term of one
year. The officers may administer oaths.

The board may form such committees as it considers
appropriate. Committee members shall be chosen by the board and
may include both board members and other individuals chosen for
their expertise.

(B) The board shall meet six times a year and at other
times specified by the chairperson. Meetings shall be open and
accessible to the public except for executive sessions as
provided in division (G) of section 121.22 of the Revised Code.

(C) A majority of the members of the board or of a
committee constitutes a quorum, but no action may be taken by
the board or a committee without the concurrence of a majority
of the members of the board or committee. Notwithstanding
division (C) of section 121.22 of the Revised Code, the
requirement that a member be present in person at a meeting to
be part of a quorum or to vote does not apply if the member
attends by interactive video conference or teleconference and
all of the following conditions are met:

(1) The meeting is held at a location that is open and
accessible to the public;

(2) A clear audio connection is established that enables
all members participating at the meeting location to hear the
participation of each member;

(3) A roll call vote is recorded for each vote taken;

(4) The minutes of the board or committee identify which
members participated by interactive video conference or
teleconference.

The board or a committee may limit the number of members
permitted to participate by interactive video conference or
teleconference in any particular meeting and the number of times
in any year that a particular member may participate in meetings
by interactive video conference or teleconference.

Sec. 3728.07. (A) The director of health shall appoint a
full-time executive director for the the state trauma board. The
executive director shall be a person who is knowledgeable in
trauma systems and trauma care and shall serve at the pleasure
of the director of health. The director of health shall appoint
the executive director from among three persons nominated by the
state trauma board. The director of health may refuse, for
cause, to appoint any of the board's nominees. If the director
fails to appoint any of the board's nominees, the board shall
continue to nominate groups of three persons until the director
appoints one of the board's nominees.
The executive director shall serve as the chief executive officer of the board. The executive director shall attend each meeting of the board, except that the board may exclude the executive director from discussions concerning the employment or performance of the executive director or medical director of the board.

The executive director shall receive a salary from the board and shall be reimbursed for actual and necessary expenses incurred in carrying out duties as executive director.

The executive director shall submit a report to the director of health no less often than once every three months regarding the status of trauma services in this state.

The executive director shall meet with the director of health at the director's request.

(B) The board shall appoint a medical director, who shall serve at the pleasure of the board. The medical director must be a physician certified by the American board of surgery or the American osteopathic board of surgery who is active in the practice of general trauma surgery and has been actively involved with trauma services organizations for at least five years prior to being appointed. The board shall consider any recommendations for this appointment from the Ohio chapter of the American college of surgeons, the Ohio chapter of the American academy of pediatrics, the Ohio osteopathic association, and the Ohio state medical association.

The medical director shall direct the executive director and advise the board with regard to trauma services and trauma system issues.

The medical director shall attend each meeting of the
board, except that the board may exclude the medical director from discussions concerning the appointment or performance of the medical director or executive director of the board.

The medical director shall be employed and paid by the board and shall be reimbursed for actual and necessary expenses incurred in carrying out duties as medical director.

(C) The board shall adopt internal management rules pursuant to section 111.15 of the Revised Code. The rules shall set forth criteria for assessing the board's accomplishments, activities, and performance. The board shall include the assessment in an annual report on the condition of trauma care in this state. Copies of the report shall be distributed to the general assembly in accordance with section 101.68 of the Revised Code and to the governor and shall be made available to the public.

(D) The board may enter into and enforce contracts in the name of the board.

(E) The board may appoint employees as it determines necessary. The board shall prescribe the duties and titles of its employees.

Sec. 3728.09. (A) The state trauma board shall do all of the following:

(1) Designate level I, II, and III adult trauma centers and level I and II pediatric trauma centers under section 3728.23 of the Revised Code;

(2) Develop an inclusive trauma system that recognizes and collaborates with all groups and institutions that play a role in trauma care or prevention, including injury prevention specialists, prehospital care providers, trauma and nontrauma
centers, and rehabilitation facilities;

(3) Operate the state trauma registry under section 3728.12 of the Revised Code;

(4) Seek and distribute grants;

(5) Develop and provide trauma-related education;

(6) Develop a statewide system for improvement in the quality of trauma care and rehabilitation;

(7) In consultation with the department of health, develop a statewide system for injury prevention;

(8) Make recommendations to the state board of emergency medical, fire, and transportation services within the division of emergency medical services of the department of public safety regarding establishment of standards for providers of trauma care in prehospital settings;

(9) Make recommendations to appropriate state boards and agencies regarding continuing education requirements for providers of trauma care, other than physicians and dentists;

(10) With regard to regional trauma organizations, do all of the following:

(a) Establish procedures for the board's recognition of regional trauma organizations;

(b) Develop minimum standards for recognition by the board;

(c) Collaborate with regional trauma organizations it recognizes;

(d) To the extent funds are available, distribute to regional trauma organizations it recognizes funds that are...
sufficient for the organizations to meet the minimum standards developed by the board.

(B) In addition to the requirement that a facility be verified by the American college of surgeons, the board may establish any of the following as requirements for designation as a level I, II, or III trauma center:

(1) Participation in statewide or regional injury prevention, quality improvement, and interfacility communication activities;

(2) Participation in a regional trauma organization;

(3) Submission of information requested by the board for the maintenance of the state trauma registry.

(C) The board may designate as level IV trauma centers facilities that meet criteria it establishes and define their role in the trauma system.

Sec. 3728.10. The state trauma board shall adopt rules as necessary to carry out the purposes of this chapter. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 3728.11. (A) The trauma quality committee of the state trauma board is hereby created. The committee shall consist of members appointed by the board in accordance with procedures established by the board. The members of the committee must be residents of this state and may be members of the board. Committee members shall serve without compensation but shall be reimbursed for actual and necessary expenses incurred in carrying out duties as members of the committee. The committee shall select a chairperson and vice-chairperson from among its members. The committee shall meet at the call of the
chair and at the direction of the board. The committee shall not meet at times or locations that conflict with meetings of the board. The committee shall advise and assist the board in matters related to the development of a statewide system for improvement in the quality of trauma care and rehabilitation pursuant to division (A)(6) of section 3728.09 of the Revised Code.

(B) Information, data, reports, and records received by the committee in the execution of its duties are confidential and not subject to discovery in any civil action. They shall be used by the committee and committee members only in advising and assisting the board in matters related to the development of the statewide system for improvement in the quality of trauma care and rehabilitation. Any information, data, reports, and records provided by the committee to the board or any board member or employee that are confidential when in possession of the committee are confidential and not subject to discovery when in possession of the board or a board member or employee.

The board shall adopt rules under section 3728.10 of the Revised Code that specify procedures for ensuring the confidentiality of information, data, reports, and records described in this section.

Sec. 3728.12. (A) Responsibility for maintenance of the state trauma registry established under former sections 4765.04 and 4765.06 of the Revised Code is hereby transferred to the state trauma board. In matters relating to the registry, the board shall consult with trauma registrars from trauma centers in the state. The board may appoint a committee to advise and assist with the trauma registry. The committee may include persons with expertise relevant to the trauma registry who are
not members of the board.

The state trauma registry shall be used for collection of information regarding the care of trauma victims in this state. The registry shall provide for the reporting of trauma-related deaths, identification of trauma patients, monitoring of trauma patient care 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. The board shall develop a single patient identifier system to be used by the state trauma registry and any other registries that report information to it.

All persons designated by the board shall submit to the board information requested by the board to maintain the state trauma registry. At the request of the board, any state agency possessing information regarding trauma care shall provide the information to the board.

The board shall maintain the state trauma registry in accordance with rules adopted under section 3728.10 of the Revised Code. The rules shall 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. The rules shall not require a person to report information to the state trauma registry through another trauma registry.

Other trauma registries may report aggregate information to the state trauma registry, provided the information can be matched to the person that reported it. All the provisions of this section concerning information maintained by the state
trauma registry apply to information maintained by trauma registries that report to the state trauma registry. A person who provides, maintains, or adjusts such information for risk shall comply with this section and rules adopted pursuant to it in performing that function and has the same immunities with respect to that function as a person who performs that function with respect to the state trauma registry.

The board and employees and contractors of the board, other trauma registries, or of the department of health shall not make public information received under this chapter that identifies or would tend to identify a specific trauma care patient. The board shall adopt rules under section 3728.10 of the Revised Code that specify procedures for ensuring the confidentiality of information that is not to be made public under this section. The board may make public statistical information that does not identify or tend to identify a specific trauma care patient or provider of trauma care.

In the absence of willful or wanton misconduct, no person that furnishes information to the board with respect to any patient the person examined or treated may, because of furnishing the information, be held liable in damages to any person or be held to answer for betrayal of a professional confidence. No such information is subject to introduction in evidence in any civil action against the provider. No person that furnishes information to the board may be held liable for the misuse or improper release of the information by the board or by any person.

(B) The board shall adopt rules under section 3728.10 of the Revised Code that establish written standards and procedures for risk adjustment of information received by the board under.
this chapter. The rules shall be developed in consultation with appropriate medical, hospital, trauma care, and emergency medical service organizations and shall specify the circumstances in which deliberations of the persons performing risk adjustment functions under this section are not open to the public and records of those deliberations are maintained in confidence. The rules may provide for risk adjustment by a contractor of the board. No person who performs risk adjustment functions under this section 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.

Except as provided in division (C) of this section, before risk adjustment standards and procedures are implemented, no member of the board and no employee or contractor of the board or the department of health shall make public information received by the board under this chapter that identifies or would tend to identify a specific facility or provider of trauma care. Except as provided in division (C) of this section, after risk adjustment standards and procedures are implemented, the board shall make public such information only on a risk adjusted basis.

(C) The board may transmit data that identifies or tends to identify a specific provider of trauma care and has not been risk adjusted from the state trauma registry directly to the national trauma data bank, but only pursuant to a written contract between the board and the American college of surgeons under which the college agrees that, to the maximum extent permitted by state and federal law, the college will use the data solely for inclusion in the national trauma data bank and will not disclose it to the public, through legal discovery or
otherwise, in a manner that identifies or tends to identify a specific provider of trauma care.

Sec. 3727.09–3728.15. (A) As used in this section and sections 3727.10 and 3727.101 section 3728.16 of the Revised Code:

(1) "Trauma," "trauma care," "trauma center," "trauma patient," "pediatric," and "adult" have the same meanings as in section 4765.01 of the Revised Code.

(2) "Stabilize" and "transfer" have the same meanings as in section 1753.28 of the Revised Code, "hospital" includes an emergency department that is operated as an independent facility.

(B) On and after November 3, 2002, each hospital in this state that is not a trauma center shall adopt protocols for adult and pediatric trauma care provided in or by that hospital; each hospital in this state that is an adult trauma center and not a level I or level II pediatric trauma center shall adopt protocols for pediatric trauma care provided in or by that hospital; each hospital in this state that is a pediatric trauma center and not a level I and II adult trauma center shall adopt protocols for adult trauma care provided in or by that hospital. In developing its trauma care protocols, each hospital shall 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 shall be written, 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 shall specify all of the following:

(a) Procedures for selecting an appropriate trauma center to receive a patient, which shall provide for the following, unless doing so is not feasible or safe:

(i) Patients younger than sixteen years of age are to be transported to a pediatric trauma center.

(ii) Patients sixteen or seventeen years of age are to be transported to either an adult or pediatric trauma center.

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

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

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

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

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

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

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

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

(j) (k) 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.

(C)(1) On and after November 3, 2002 Except as provided in
division (C)(2) of this section, each hospital shall enter into all of the following written agreements unless otherwise provided in division (C)(2) of this section:

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

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

(2) 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 transferred from the hospital.

(3) A trauma patient transfer agreement entered into by a hospital under division (C)(1) of this section shall comply with applicable federal and state laws, including the "Emergency Medical Treatment and Labor Act," 100 Stat. 164 (1986), 42 U.S.C. 1395dd, and contain provisions conforming to the requirements for trauma care protocols set forth in division (B) of this section.
(D) A hospital shall make trauma care protocols it adopts under division (B) of this section and trauma patient transfer agreements it adopts under division (C) of this section available for public inspection during normal working hours. A hospital shall furnish a copy of such documents upon request and may charge a reasonable and necessary fee for doing so, provided that upon request it shall furnish a copy of such documents to the director of health and the state trauma board free of charge.

(E) A hospital that ceases to operate as an adult or pediatric trauma center under provisional status is not in violation of divisions (B) and (C) of this section during the time it develops different trauma care protocols and enters into different patient transfer agreements pursuant to division (D) (2)(c) of section 3727.101 of the Revised Code.

Sec. 3727.10 3728.16. On and after November 3, 2002, no hospital in this state shall knowingly do any of the following:

(A) 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 designation as an adult or pediatric trauma center, provided except that a hospital that operates an emergency facility may represent that it provides emergency care;

(B) 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 the hospital has adopted under section 3727.09 3728.15 of the Revised Code;

(C) 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 designation or otherwise transfer a severely injured adult or pediatric trauma patient in a manner inconsistent with any applicable trauma patient transfer agreement adopted by the hospital under section 3727.09–3728.15 of the Revised Code.

Sec. 3728.20. (A) Except as provided in division (B) of this section, no person or government entity shall operate a facility that admits trauma patients, whether as part of a hospital or separate from a hospital, unless the facility is designated by the state trauma board as a level I, II, or III adult trauma center or a level I or II pediatric trauma center.

(B) The board may permit a facility to operate as a level IV trauma center if it meets criteria established by the board under division (C) of section 3728.09 of the Revised Code.

(C) A facility that does not admit trauma patients is not required to apply for designation as a trauma center under this chapter.

Sec. 3728.21. (A) The state trauma board shall adopt rules under section 3728.10 of the Revised Code specifying all of the following:

(1) Forms and procedures for applying for designation;

(2) An application fee, fee for the first year of designation, and a renewal fee;

(3) Renewal procedures;

(4) Circumstances under which a provisional designation may be granted and, subject to section 3728.24 of the Revised Code, the duration of provisional designation;
(5) Procedures for suspending or revoking designation and for reinstating designation;

(6) Reporting and auditing requirements;

(7) Any other procedures or requirements the board considers necessary or appropriate to implement the designation and monitoring process.

(B) The fee for the first year of designation and each renewal shall not exceed the following:

(1) For a level I adult or pediatric trauma center, ten thousand dollars;

(2) For a level II adult or pediatric trauma center, five thousand dollars;

(3) For a level III adult trauma center, three thousand dollars.

Sec. 3728.22. Each person or government entity that operates or plans to operate a facility that admits trauma patients shall apply to the state trauma board for designation as a level I, II, or III adult trauma center or level I or II pediatric trauma center.

The board shall designate a facility as a level I, II, or III adult trauma center or level I or II pediatric trauma center only if the facility has been verified as a trauma center by the American college of surgeons and meets any other criteria established by the board under division (B) of section 3728.09 of the Revised Code.

Sec. 3728.23. The state trauma board shall designate as a level I, II, or III adult trauma center or as a level I or II pediatric trauma center a facility that meets the requirements
of section 3728.22 of the Revised Code and submits a complete application and the application fee.

The board may grant provisional designation under the circumstances specified in the rules required by section 3728.21 of the Revised Code.

A facility may appeal to the director of health the board's refusal to designate it as a trauma center, to designate it at a level requested by the facility, or to grant provisional designation. The director shall hear the appeal in an adjudication conducted under Chapter 119. of the Revised Code. If the director determines that the facility meets the requirements for trauma center designation, the director shall order the board to designate the facility a trauma center at the level specified by the director.

The board shall issue a certificate to each trauma center designated under this chapter. The certificate shall indicate the center's level of designation. If the designation is provisional, the provisional status shall be noted on the certificate.

Sec. 3728.24. Except for provisional designation, designation as a trauma center under this chapter is valid for one year, unless earlier revoked or suspended under section 3728.28 of the Revised Code. Provisional designation is valid only for the period of time specified by the state trauma board at the time it is granted, but shall be valid not longer than one year, unless it is extended by the board for not longer than six months. The board shall not extend a provisional designation more than once.

Designation may be renewed in the manner prescribed in
rules required by section 3728.21 of the Revised Code. The board shall not renew a designation if the facility does not meet the requirements of section 3728.22 of the Revised Code for initial designation as a trauma center that are in effect on the date the application for renewal is submitted. The renewal fee specified in the rules must be paid not later than sixty days after the board sends an invoice for the fee to the trauma center.

A facility may appeal to the director of health the board's refusal to renew its designation. The director shall hear the appeal in an adjudication conducted under Chapter 119. of the Revised Code. If the director determines that the facility meets the requirements for renewal of its designation, the director shall order the board to renew the facility's designation.

Sec. 3727.102–3728.25. A hospital (A) A facility designated as a trauma center under this chapter shall promptly notify in writing the director of health, the emergency medical services division of the department of public safety, and the appropriate regional directors and regional advisory boards appointed under section 4765.05 of the Revised Code if any of the following occurs:

(A) (1) The hospital facility ceases to be an adult or pediatric trauma center verified by the American college of surgeons.

(B) (2) The hospital facility changes its level of verification as an adult or pediatric trauma center verified by the American college of surgeons.

(C) (3) The hospital facility commences to operate as an
adult or pediatric a trauma center under a provisional status designation pursuant to section 3727.101–3728.23 of the Revised Code.

(D)(4) The hospital facility changes the level of verification or re-verification designation it is seeking under its provisional status designation.

(E)(5) The hospital facility ceases to operate under its provisional status designation.

(F)(6) The hospital facility receives verification or re-verification a designation that is not provisional in place of its provisional status designation.

(B) A facility designated as a trauma center under this chapter shall also promptly notify in writing the state trauma board if any of the occurrences described in divisions (A)(1), (2), (3), or (5) of this section occur.

Sec. 3728.26. The state trauma board shall monitor compliance with and investigate a possible violation of this chapter or rules adopted under it. Any person may report to the board in a signed writing any information the person may have that appears to show a violation. In the absence of bad faith, a person who reports such information or testifies before the board shall not be held liable in damages in a civil action as a result of the report or testimony.

In investigating a possible violation, the board may do all of the following: question witnesses; conduct interviews; administer oaths; order the taking of depositions; inspect and copy any books, accounts, papers, records, or documents; issue subpoenas; and compel the attendance of witnesses and production of books, accounts, papers, records, documents, and testimony,
except that a subpoena for patient record information shall not be issued without consultation with the attorney general's office and approval of the chairperson of the board.

On failure of any person to comply with a subpoena issued by the board and after reasonable notice to the person being subpoenaed, the board may move for an order compelling the production of persons or records pursuant to the Ohio Rules of Civil Procedure.

A subpoena issued by the board may be served by a sheriff, the sheriff's deputy, or a board employee designated by the board. Service of a subpoena issued by the board may be made by delivering a copy of the subpoena to the person named therein, reading it to the person, or leaving it at the person's usual place of residence, usual place of business, or address on file with the board. Service of a subpoena may be made by certified mail, return receipt requested. The subpoena shall be deemed served on the date delivery is made or the date the person refuses to accept delivery. If the person being served refuses to accept delivery of the subpoena or is not located, service may be made to an attorney who notifies the board that the attorney is representing the person.

A sheriff's deputy who serves a subpoena shall receive the same fees as a sheriff. Each witness who appears before the board in obedience to a subpoena shall receive the fees and mileage provided for under section 119.094 of the Revised Code.

The board shall not accept or consider as part of a hearing or investigation any information, document, or record that has as its sole source the proceeding or records of a peer review committee, as defined in section 2305.25 of the Revised Code. The board may accept and consider any information,
document, or record that was presented to a peer review committee if the information, document, or record is produced from a source separate from the peer review committee.

A report required to be submitted to the board under this chapter, a complaint, or information received by the board pursuant to an investigation under this chapter is confidential and not subject to discovery in any civil action. The board shall conduct all investigations and proceedings in a manner that protects the confidentiality of patients and persons who file complaints with the board. The board shall not make public the names or any other identifying information about patients or complainants unless proper consent is given or, in the case of a patient, a waiver of the patient privilege exists under division (B) of section 2317.02 of the Revised Code, except that consent or a waiver is not required if the board possesses reliable and substantial evidence that no bona fide physician-patient relationship exists.

To the extent permitted by federal and state law, the board may share any information it receives pursuant to an investigation, including patient records and patient record information, with law enforcement agencies, other licensing boards, and other governmental agencies that are prosecuting, adjudicating, or investigating alleged violations of statutes or administrative rules. An agency or board that receives the information shall comply with the same requirements regarding confidentiality as those with which the state trauma board must comply, notwithstanding any conflicting provision of the Revised Code or procedure of the agency or board that applies when it is dealing with other information in its possession. In a judicial proceeding, the information may be admitted into evidence only in accordance with the Ohio Rules of Evidence, but the court
shall require that appropriate measures be taken to ensure that
confidentiality is maintained with respect to any part of the
information that contains names or other identifying information
about patients or complainants whose confidentiality was
protected by the state trauma board when the information was in
the board's possession. Measures to ensure confidentiality that
may be taken by the court include sealing its records or
deleting specific information from its records.

Sec. 3728.28. (A) In accordance with Chapter 119. of the
Revised Code, the state trauma board may do any or all of the
following:

(1) Suspend or revoke designation as a trauma center under
this chapter if the board determines that material
misrepresentations were made in the application for designation
or that a trauma center has violated this chapter or rules
adopted under it;

(2) Suspend or revoke designation as a trauma center if
the board determines that the trauma center has failed to
maintain standards required for verification by the American
college of surgeons;

(3) Suspend or revoke designation as a trauma center if
the board determines that the trauma center has failed to
continue to meet designation criteria established under section
3728.09 of the Revised Code.

(B) A facility adversely affected by an action taken or
proposed to be taken by the board under division (A) of this
section may appeal to the director of health. The director shall
hear the appeal in an adjudication conducted under Chapter 119.
of the Revised Code. The director may order the board not to
take the action or to reverse or modify the action or may uphold the action.

(C) The board may suspend designation without adjudication if it believes there is clear and convincing evidence that continued operation of a trauma center presents a danger of immediate and serious harm to the public. The board shall issue a written order of suspension and cause it to be delivered by certified mail or in person in accordance with section 119.07 of the Revised Code. The order shall not be subject to suspension by the court while an appeal filed under section 119.12 of the Revised Code is pending. If the trauma center subject to the suspension requests adjudication, the director of health shall conduct the adjudication under Chapter 119. of the Revised Code. The date set for the adjudication shall be not later than fifteen days but not earlier than seven days after the request is made, unless another date is agreed to by the trauma center and the director. The suspension shall remain in effect, unless reversed by the board, until a final adjudication order issued by the director pursuant to this section and Chapter 119. of the Revised Code becomes effective.

The director shall issue a final adjudication order not later than ninety days after completion of the adjudication. If the director does not issue a final order within the ninety-day period, the suspension shall be void, but any final adjudication order issued subsequent to the ninety-day period shall not be affected.

(D) If the board or the director of health revokes or suspends designation of a facility as a trauma center under this chapter and the facility continues to operate as a trauma center, at the request of the board or director the attorney
general shall apply to the court of common pleas of the county in which the facility is located for an order enjoining its operation. The court shall grant the order on a showing that the facility continues to operate as a trauma center.

**Sec. 3728.30.** All fees collected under this chapter shall be deposited in the state treasury to the credit of the general operations fund created under section 3701.83 of the Revised Code. The amounts deposited shall be used solely to administer and enforce this chapter and the rules adopted under it.

**Sec. 4511.81.** (A) When any child who is in either or both of the following categories is being transported in a motor vehicle, other than a taxicab or public safety vehicle as defined in section 4511.01 of the Revised Code, that is required by the United States department of transportation to be equipped with seat belts at the time of manufacture or assembly, the operator of the motor vehicle shall have the child properly secured in accordance with the manufacturer's instructions in a child restraint system that meets federal motor vehicle safety standards:

1. A child who is less than four years of age;
2. A child who weighs less than forty pounds.

(B) When any child who is in either or both of the following categories is being transported in a motor vehicle, other than a taxicab, that is owned, leased, or otherwise under the control of a nursery school or day-care center, the operator of the motor vehicle shall have the child properly secured in accordance with the manufacturer's instructions in a child restraint system that meets federal motor vehicle safety standards:
(1) A child who is less than four years of age;

(2) A child who weighs less than forty pounds.

(C) When any child who is less than eight years of age and less than four feet nine inches in height, who is not required by division (A) or (B) of this section to be secured in a child restraint system, is being transported in a motor vehicle, other than a taxicab or public safety vehicle as defined in section 4511.01 of the Revised Code or a vehicle that is regulated under section 5104.015 of the Revised Code, that is required by the United States department of transportation to be equipped with seat belts at the time of manufacture or assembly, the operator of the motor vehicle shall have the child properly secured in accordance with the manufacturer's instructions on a booster seat that meets federal motor vehicle safety standards.

(D) When any child who is at least eight years of age but not older than fifteen years of age, and who is not otherwise required by division (A), (B), or (C) of this section to be secured in a child restraint system or booster seat, is being transported in a motor vehicle, other than a taxicab or public safety vehicle as defined in section 4511.01 of the Revised Code, that is required by the United States department of transportation to be equipped with seat belts at the time of manufacture or assembly, the operator of the motor vehicle shall have the child properly restrained either in accordance with the manufacturer's instructions in a child restraint system that meets federal motor vehicle safety standards or in an occupant restraining device as defined in section 4513.263 of the Revised Code.

(E) Notwithstanding any provision of law to the contrary, no law enforcement officer shall cause an operator of a motor
vehicle being operated on any street or highway to stop the
motor vehicle for the sole purpose of determining whether a
violation of division (C) or (D) of this section has been or is
being committed or for the sole purpose of issuing a ticket,
citation, or summons for a violation of division (C) or (D) of
this section or causing the arrest of or commencing a
prosecution of a person for a violation of division (C) or (D)
of this section, and absent another violation of law, a law
enforcement officer's view of the interior or visual inspection
of a motor vehicle being operated on any street or highway may
not be used for the purpose of determining whether a violation
of division (C) or (D) of this section has been or is being
committed.

(F) The director of public safety shall adopt such rules
as are necessary to carry out this section.

(G) The failure of an operator of a motor vehicle to
secure a child in a child restraint system, a booster seat, or
an occupant restraining device as required by this section is
not negligence imputable to the child, is not admissible as
evidence in any civil action involving the rights of the child
against any other person allegedly liable for injuries to the
child, is not to be used as a basis for a criminal prosecution
of the operator of the motor vehicle other than a prosecution
for a violation of this section, and is not admissible as
evidence in any criminal action involving the operator of the
motor vehicle other than a prosecution for a violation of this
section.

(H) This section does not apply when an emergency exists
that threatens the life of any person operating or occupying a
motor vehicle that is being used to transport a child who
otherwise would be required to be restrained under this section. This section does not apply to a person operating a motor vehicle who has an affidavit signed by a physician licensed to practice in this state under Chapter 4731. of the Revised Code or a chiropractor licensed to practice in this state under Chapter 4734. of the Revised Code that states that the child who otherwise would be required to be restrained under this section has a physical impairment that makes use of a child restraint system, booster seat, or an occupant restraining device impossible or impractical, provided that the person operating the vehicle has safely and appropriately restrained the child in accordance with any recommendations of the physician or chiropractor as noted on the affidavit.

(I) There is hereby created in the state treasury the child highway safety fund, consisting of fines imposed pursuant to division (K)(1) of this section for violations of divisions (A), (B), (C), and (D) of this section. The money in the fund shall be used by the department of health state trauma board only to defray the cost of designating hospitals as pediatric trauma centers under section 3727.081 Chapter 3728. of the Revised Code and to establish and administer a child highway safety program. The purpose of the program shall be to educate the public about child restraint systems and booster seats and the importance of their proper use. The program also shall include a process for providing child restraint systems and booster seats to persons who meet the eligibility criteria established by the department, and a toll-free telephone number the public may utilize to obtain information about child restraint systems and booster seats, and their proper use.

(J) The director of health, in accordance with Chapter 119. of the Revised Code, shall adopt any rules necessary to...
carry out this section, including rules establishing the criteria a person must meet in order to receive a child restraint system or booster seat under the department's child highway safety program; provided that rules relating to the verification of pediatric trauma centers shall not be adopted under this section.

(K) Nothing in this section shall be construed to require any person to carry with the person the birth certificate of a child to prove the age of the child, but the production of a valid birth certificate for a child showing that the child was not of an age to which this section applies is a defense against any ticket, citation, or summons issued for violating this section.

(L)(1) Whoever violates division (A), (B), (C), or (D) of this section shall be punished as follows, provided that the failure of an operator of a motor vehicle to secure more than one child in a child restraint system, booster seat, or occupant restraining device as required by this section that occurred at the same time, on the same day, and at the same location is deemed to be a single violation of this section:

(a) Except as otherwise provided in division (L)(1)(b) of this section, the offender is guilty of a minor misdemeanor and shall be fined not less than twenty-five dollars nor more than seventy-five dollars.

(b) If the offender previously has been convicted of or pleaded guilty to a violation of division (A), (B), (C), or (D) of this section or of a municipal ordinance that is substantially similar to any of those divisions, the offender is guilty of a misdemeanor of the fourth degree.
(2) All fines imposed pursuant to division (L)(1) of this section shall be forwarded to the treasurer of state for deposit in the child highway safety fund created by division (I) of this section.

Sec. 4731.28. (A) Except as provided in division (B) of this section or to the extent necessary to comply with the "Emergency Medical Treatment and Labor Act," 100 Stat. 164 (1986), 42 U.S.C. 1395dd, an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery shall not do either of the following:

(1) Admit a patient for trauma care to a facility that is not designated under Chapter 3728. of the Revised Code as a level I, II, or III adult trauma center or level I or II pediatric trauma center;

(2) Fail to transfer a trauma patient to a facility designated under Chapter 3728. of the Revised Code as a level I, II, or III adult trauma center or level I or II pediatric trauma center in accordance with trauma protocols and patient transfer agreements adopted under section 3728.15 of the Revised Code and applicable federal and state law, including the "Emergency Medical Treatment and Labor Act."

(B) Division (A) of this section does not apply in the following circumstances:

(1) The patient refuses to give or withdraws informed consent to be admitted or transferred to a trauma center.

(2) The patient is less than eighteen years of age, and a parent, guardian, or other person having care or charge of the patient refuses to give or withdraws informed consent for admission or transfer to a trauma center.
(3) The patient lacks the capacity to make informed health
care decisions, and the person authorized to make such decisions
on the patient's behalf refuses to give or withdraws informed
consent for admission or transfer to a trauma center.

Sec. 4765.01. As used in this chapter:

(A) "First responder" means an individual who holds a
current, valid certificate issued under section 4765.30 of the
Revised Code to practice as a first responder.

(B) "Emergency medical technician-basic" or "EMT-basic"
means an individual who holds a current, valid certificate
issued under section 4765.30 of the Revised Code to practice as
an emergency medical technician-basic.

(C) "Emergency medical technician-intermediate" or "EMT-I"
means an individual who holds a current, valid certificate
issued under section 4765.30 of the Revised Code to practice as
an emergency medical technician-intermediate.

(D) "Emergency medical technician-paramedic" or
"paramedic" means an individual who holds a current, valid
certificate issued under section 4765.30 of the Revised Code to
practice as an emergency medical technician-paramedic.

(E) "Ambulance" means any motor vehicle that is used, or
is intended to be used, for the purpose of responding to
emergency medical situations, transporting emergency patients,
and administering emergency medical service to patients before,
during, or after transportation.

(F) "Cardiac monitoring" means a procedure used for the
purpose of observing and documenting the rate and rhythm of a
patient's heart by attaching electrical leads from an
electrocardiograph monitor to certain points on the patient's
body surface.

(G) "Emergency medical service" means any of the services described in sections 4765.35, 4765.37, 4765.38, and 4765.39 of the Revised Code that are performed by first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, and paramedics. "Emergency medical service" includes such services performed before or during any transport of a patient, including transports between hospitals and transports to and from helicopters.

(H) "Emergency medical service organization" means a public or private organization using first responders, EMTs-basic, EMTs-I, or paramedics, or a combination of first responders, EMTs-basic, EMTs-I, and paramedics, to provide emergency medical services.

(I) "Physician" means an individual who holds a current, valid certificate issued under Chapter 4731. of the Revised Code authorizing the practice of medicine and surgery or osteopathic medicine and surgery.

(J) "Registered nurse" means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code authorizing the practice of nursing as a registered nurse.

(K) "Volunteer" means a person who provides services either for no compensation or for compensation that does not exceed the actual expenses incurred in providing the services or in training to provide the services.

(L) "Emergency medical service personnel" means first responders, emergency medical service technicians-basic, emergency medical service technicians-intermediate, emergency medical service technicians-paramedic, and persons who provide
medical direction to such persons.

(M) "Hospital" has the same meaning as in section 3727.01 of the Revised Code, except that it also includes an emergency department that is operated as an independent facility.

(N) "Trauma" or "traumatic injury" means 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 or thermal energy;
   
   c. Drowning, suffocation, or strangulation;
   
   d. A deficit or excess of heat.

(O) "Trauma victim" or "trauma patient" means a person who has sustained a traumatic injury.

(P) "Trauma care" means 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
as such in this state or another jurisdiction.

(Q) "Trauma center" means all of the following:

(1) Any hospital that is verified by the American college of surgeons as an adult or pediatric trauma center;

(2) Any hospital that is operating as an adult or pediatric trauma center under provisional status pursuant to section 3727.101 of the Revised Code;

(3) Until December 31, 2004, any hospital in this state that is designated by the director of health as a level II pediatric trauma center under section 3727.081 of the Revised Code;

(4) Any hospital in another state that is licensed or designated under the laws of that state as capable of providing specialized trauma care appropriate to the medical needs of the trauma patient a facility designated as a trauma center under Chapter 3728. of the Revised Code.

(R) "Pediatric" means involving a patient who is less than sixteen years of age.

(S) "Adult" means involving a patient who is not a pediatric patient.

(T) "Geriatric" means involving a patient who is at least seventy years old or exhibits significant anatomical or physiological characteristics associated with advanced aging.

(U) "Air medical organization" means an organization that provides emergency medical services, or transports emergency victims, by means of fixed or rotary wing aircraft.

(V) "Emergency care" and "emergency facility" have the
same meanings as in section 3727.01 of the Revised Code.

(W) (U) "Stabilize," except as it is used in division (B) of section 4765.35 of the Revised Code with respect to the manual stabilization of fractures, has the same meaning as in section 1753.28 3728.01 of the Revised Code.

(X) (V) "Transfer" has the same meaning as in section 1753.28 1867 of the Revised Code "Social Security Act," 42 U.S.C. 1395dd, as amended.

(Y) (W) "Firefighter" means any member of a fire department as defined in section 742.01 of the Revised Code.

(Z) (X) "Volunteer firefighter" has the same meaning as in section 146.01 of the Revised Code.

(AA) (Y) "Part-time paid firefighter" means a person who provides firefighting services on less than a full-time basis, is routinely scheduled to be present on site at a fire station or other designated location for purposes of responding to a fire or other emergency, and receives more than nominal compensation for the provision of firefighting services.

(EE) (Z) "Physician assistant" means an individual who holds a valid certificate to practice as a physician assistant issued under Chapter 4730. of the Revised Code.

Sec. 4765.02. (A)(1) There is hereby created the state board of emergency medical, fire, and transportation services within the division of emergency medical services of the department of public safety. The board shall consist of the members specified in this section who are residents of this state. The governor, with the advice and consent of the senate, shall appoint all members of the board, except the employee of the department of public safety designated by the director of
public safety under this section to be a member of the board. In
making the appointments, the governor shall appoint only members
with background or experience in emergency medical services or
trauma care and shall attempt to include members representing
urban and rural areas, various geographical regions of the
state, and various schools of training.

(2) One member of the board shall be a physician certified
by the American board of emergency medicine or the American
osteopathic board of emergency medicine who is active in the
practice of emergency medicine and is actively involved with an
emergency medical service organization. The governor shall
appoint this member from among three persons nominated by the
Ohio chapter of the American college of emergency physicians and
three persons nominated by the Ohio osteopathic association. One
member shall be a physician certified by the American board of
surgery or the American osteopathic board of surgery who is
active in the practice of trauma surgery and is actively
involved with emergency medical services. The governor shall
appoint this member from among three persons nominated by the
Ohio chapter of the American college of surgeons and three
persons nominated by the Ohio osteopathic association. One
member shall be a physician certified by the American academy of
pediatrics or American osteopathic board of pediatrics who is
active in the practice of pediatric emergency medicine and
actively involved with an emergency medical service
organization. The governor shall appoint this member from among
three persons nominated by the Ohio chapter of the American
academy of pediatrics and three persons nominated by the Ohio
osteopathic association. One member shall be the administrator
of a hospital located in this state. The governor shall appoint
this member from among three persons nominated by the Ohio.
hospital association, three persons nominated by the Ohio osteopathic association, and three persons nominated by the Ohio children's hospital association of Ohio children's hospitals. One member shall be an adult or pediatric trauma program manager or trauma program director who is involved in the daily management of a verified trauma center verified by the American college of surgeons. The governor shall appoint this member from among three persons nominated by the Ohio nurses association, three persons nominated by the Ohio society of trauma nurse leaders, and three persons nominated by the Ohio state council of the emergency nurses association. One member shall be the chief of a fire department that is also an emergency medical service organization in which more than fifty per cent of the persons who provide emergency medical services are full-time paid employees. The governor shall appoint this member from among three persons nominated by the Ohio fire chiefs' association. One member shall be the chief of a fire department that is also an emergency medical service organization in which more than fifty per cent of the persons who provide emergency medical services are volunteers. The governor shall appoint this member from among three persons nominated by the Ohio fire chiefs' association. One member shall be a person who is certified to teach under section 4765.23 of the Revised Code and holds a valid certificate to practice as an EMT, AEMT, or paramedic. The governor shall appoint this member from among three persons nominated by the Ohio emergency medical technician instructors association and the Ohio instructor/coordinators' society. One member shall be an EMT, AEMT, or paramedic, and one member shall be a paramedic. The governor shall appoint these members from among three EMTs or AEMTs and three paramedics nominated by the Ohio association of professional fire fighters and three EMTs,
three AEMTs, and three paramedics nominated by the northern Ohio
fire fighters. One member shall be an EMT, AEMT, or paramedic,
and one member shall be a paramedic. The governor shall appoint
these members from among three EMTs or AEMTs and three
paramedics nominated by the Ohio state firefighter's
association. One member shall be a person whom the governor
shall appoint from among an EMT, AEMT, or a paramedic nominated
by the Ohio association of emergency medical services or the
Ohio ambulance and medical transportation association. One
member shall be an EMT, AEMT, or a paramedic, whom the governor
shall appoint from among three persons nominated by the Ohio
ambulance and medical transportation association. One member
shall be a paramedic, whom the governor shall appoint from among
three persons nominated by the Ohio ambulance and medical
transportation association. One member shall be the owner or
operator of a private emergency medical service organization
whom the governor shall appoint from among three persons
nominated by the Ohio ambulance and medical transportation
association. One member shall be a provider of mobile intensive
care unit transportation in this state whom the governor shall
appoint from among three persons nominated by the Ohio
association of critical care transport. One member shall be a
provider of air-medical transportation in this state whom the
governor shall appoint from among three persons nominated by the
Ohio association of critical care transport. One member shall be
the owner or operator of a nonemergency medical service
organization in this state that provides ambulette services whom
the governor shall appoint from among three persons nominated by
the Ohio ambulance and medical transportation association.

The governor may refuse to appoint any of the persons
nominated by one or more organizations under division (A)(2) of
this section, except the employee of the department of public
safety designated by the director of public safety under this
section to be a member of the board. In that event, the
organization or organizations shall continue to nominate the
required number of persons until the governor appoints to the
board one or more of the persons nominated by the organization
or organizations.

The director of public safety shall designate an employee
of the department of public safety to serve as a member of the
board at the director's pleasure. This member shall serve as a
liaison between the department and the division of emergency
medical services in cooperation with the executive director of
the board.

(B) Terms of office of all members appointed by the
governor shall be for three years, each term ending on the same
day of the same month as did the term it succeeds. Each member
shall hold office from the date of appointment until the end of
the term for which the member was appointed. A member shall
continue in office subsequent to the expiration date of the
member's term until the member's successor takes office, or
until a period of sixty days has elapsed, whichever occurs
first.

Each vacancy shall be filled in the same manner as the
original appointment. A member appointed to fill a vacancy
occurring prior to the expiration of the term for which the
member's predecessor was appointed shall hold office for the
remainder of the unexpired term.

The term of a member shall expire if the member ceases to
meet any of the requirements to be appointed as that member. The
governor may remove any member from office for neglect of duty,
malfeasance, misfeasance, or nonfeasance, after an adjudication hearing held in accordance with Chapter 119. of the Revised Code.

(C) The members of the board shall serve without compensation but shall be reimbursed for their actual and necessary expenses incurred in carrying out their duties as board members.

(D) The board shall organize by annually selecting a chair and vice-chair from among its members. The board may adopt bylaws to regulate its affairs. A majority of all members of the board shall constitute a quorum. No action shall be taken without the concurrence of a majority of all members of the board. The board shall meet at least four times annually and at the call of the chair. The chair shall call a meeting on the request of the executive director or the medical director of the board or on the written request of five members. The board shall maintain written or electronic records of its meetings.

Notwithstanding division (C) of section 121.22 of the Revised Code, the requirement that a member be present in person at a meeting to be part of a quorum or to vote does not apply if a member attends by interactive video conference or teleconference and all of the following conditions are met:

(1) The meeting is held at a location that is open and accessible to the public.

(2) A clear audio connection is established that enables all members participating at the meeting location to hear the participation of each member.

(3) A roll call vote is recorded for each vote taken.

(4) The minutes of the board identify which members
participated by interactive video conference or teleconference.

The board may limit the number of members permitted to participate by interactive video conference or teleconference in any particular meeting and the number of times in any year that a particular member may participate in meetings by interactive video conference or teleconference.

(E) Upon twenty-four hours' notice from a member of the board, the member's employer shall release the member from the member's employment duties to attend meetings of the full board. Nothing in this division requires the employer of a member of the board to compensate the member for time the member is released from employment duties under this paragraph, but any civil immunity, workers' compensation, disability, or similar coverage that applies to a member of the board as a result of the member's employment shall continue to apply while the member is released from employment duties under this paragraph.

Sec. 4765.03. (A) The director of public safety shall appoint a full-time executive director for the state board of emergency medical, fire, and transportation services. The executive director shall be knowledgeable in emergency medical services and trauma care and shall serve at the pleasure of the director of public safety. The director of public safety shall appoint the executive director from among three persons nominated by the board. The director of public safety may refuse, for cause, to appoint any of the board's nominees. If the director fails to appoint any of the board's nominees, the board shall continue to nominate groups of three persons until the director does appoint one of the board's nominees. The executive director shall serve as the chief executive officer of the board and as the executive director of the division of
emergency medical services. The executive director shall attend each meeting of the board, except the board may exclude the executive director from discussions concerning the employment or performance of the executive director or medical director of the board. The executive director shall give a surety bond to the state in such sum as the board determines, conditioned on the faithful performance of the duties of the executive director's office. The executive director shall receive a salary from the board and shall be reimbursed for actual and necessary expenses incurred in carrying out duties as executive director.

The executive director shall submit a report to the director of public safety at least every three months regarding the status of emergency medical services in this state. The executive director shall meet with the director of public safety at the director's request.

(B) The board shall appoint a medical director, who shall serve at the pleasure of the board. The medical director shall be a physician certified by the American board of emergency medicine or the American osteopathic board of emergency medicine who is active in the practice of emergency medicine and has been actively involved with an emergency medical service organization for at least five years prior to being appointed. The board shall consider any recommendations for this appointment from the Ohio chapter of the American college of emergency physicians, the Ohio chapter of the American college of surgeons, the Ohio chapter of the American academy of pediatrics, the Ohio osteopathic association, and the Ohio state medical association.

The medical director shall direct the executive director and advise the board with regard to adult and pediatric trauma and emergency medical services issues. The medical director
shall attend each meeting of the board, except the board may exclude the medical director from discussions concerning the appointment or performance of the medical director or executive director of the board. The medical director shall be employed and paid by the board and shall be reimbursed for actual and necessary expenses incurred in carrying out duties as medical director.

(C) The board may appoint employees as it determines necessary. The board shall prescribe the duties and titles of its employees.

Sec. 4765.04. (A) The firefighter and fire safety inspector training committee of the state board of emergency medical, fire, and transportation services is hereby created and shall 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 fire fighters 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 shall select a chairperson from among the members or their designees.

The committee may conduct investigations in the course of discharging its duties under this chapter. In the course of an investigation, the committee may issue subpoenas. If a person subpoenaed fails to comply with the subpoena, the committee may authorize its chairperson to apply to the court of common pleas
in the county where the person to be subpoenaed resides for an order compelling compliance in the same manner as compliance with a subpoena issued by the court is compelled.

(B) The trauma committee of the state board of emergency medical, fire, and transportation services is hereby created and shall 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 general 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 osteopathic association;

(2) A physician who is certified by the American board of surgery or the 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 osteopathic board of 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 board of emergency medicine or American osteopathic board of emergency medicine, 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 and three persons nominated by the Ohio osteopathic association;

(9) A physician who is certified by the American board of pediatrics, 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, three persons nominated by the Ohio chapter of the American college of emergency physicians, 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 American board of emergency medicine 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 OHA; the association for hospitals and health systems, three persons—
nominated by the Ohio osteopathic association, three persons
nominated by the association of Ohio children's hospitals, and
three persons nominated by the health forum of Ohio;

(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 OHA: the association for hospitals and health-
systems, three persons nominated by the Ohio osteopathic-
association, three persons nominated by the association of Ohio-
children's hospitals, and three persons nominated by the health-
forum of Ohio;

(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 patients, appointed from among three
persons nominated by the Ohio fire chiefs' association;

(19) An EMT or paramedic who is certified under this
chapter and 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 provided in or by an adult or pediatric trauma center, appointed from among three persons nominated by OHA: the association for hospitals and health systems, three persons nominated by the Ohio osteopathic association, three persons nominated by the association of Ohio children's hospitals, and three persons nominated by the health forum of Ohio.

(22) Three representatives of hospitals that are not trauma centers and actively provide emergency care to trauma patients, appointed from among three persons nominated by OHA: the association for hospitals and health systems, three persons nominated by the Ohio osteopathic association, three persons nominated by the association of Ohio children's hospitals, and three persons nominated by the health forum of Ohio. The representatives may be hospital administrators, physicians, nurses, or other clinical professionals.

Members of the committee shall have substantial experience in the categories they represent, shall be residents of this state, and may be members of the state board of emergency medical, fire, and transportation services. In appointing members of the committee, the director shall attempt to include members representing urban and rural areas, various geographical areas of the state, and various schools of training. The director shall not appoint to the committee more than one member who is employed by or practices at the same hospital, health system, or emergency medical service organization.

The director may refuse to appoint any of the persons nominated by an organization or organizations under this division. In that event, the organization or organizations shall
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 shall be made by the
director not later than ninety days after November 3, 2000.
Members of the committee shall serve at the pleasure of the
director, except that any member of the committee who ceases to
be qualified for the position to which the member was appointed
shall cease to be a member of the committee. Vacancies on the
committee shall be filled in the same manner as original
appointments.

The members of the committee shall serve without
compensation but shall be reimbursed for actual and necessary
expenses incurred in carrying out duties as members of the
committee.

The committee shall select a chairperson and vice-
chairperson from among its members. A majority of all members of
the committee shall constitute a quorum. No action shall be
taken without the concurrence of a majority of all members of
the committee. The committee shall meet at the call of the
chair, upon written request of five members of the committee,
and at the direction of the state board of emergency medical,
fire, and transportation services. The committee shall not meet
at times or locations that conflict with meetings of the board.
The executive director and medical director of the state board
of emergency medical, fire, and transportation services may
participate in any meeting of the committee and shall do so at
the request of the committee.

The committee shall advise and assist the state board of
emergency medical, fire, and transportation services in matters
related to adult and pediatric 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 shall
consult with trauma registrars from adult and pediatric trauma
centers in the state. The committee may appoint a subcommittee
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.

(E)(1) The medical transportation committee of the state
board of emergency medical, fire, and transportation services is
hereby created. The committee shall consist of members appointed
by the board in accordance with rules adopted by the board. In
appointing members of the committee, the board shall attempt to
include members representing urban and rural areas and various
geographical areas of the state, and shall ensure the members
have substantial experience in the transportation of patients,
including addressing the unique issues of mobile intensive care
and air medical services. The members of the committee shall be
residents of this state and may be members of the board. The
members of the committee shall serve without compensation but
shall be reimbursed for actual and necessary expenses incurred
in carrying out duties as members of the committee. The
committee shall select a chairperson and vice-chairperson from
among its members. A majority of all members of the committee
shall constitute a quorum. No action shall be taken without the
concurrence of a majority of all members of the committee. The
committee shall meet at the call of the chair and at the
direction of the board. The committee shall not meet at times or
locations that conflict with meetings of the board. The
committee shall advise and assist the board in matters related
to the licensing of nonemergency medical service, emergency
medical service, and air medical service organizations in this state.

(2) There is hereby created the critical care subcommittee of the medical transportation committee. The membership of the subcommittee and the conduct of the subcommittee's business shall conform to rules adopted by the board. The subcommittee shall advise and assist the committee and board in matters relating to mobile intensive care and air medical service organizations in this state.

(D) The state board of emergency medical, fire, and transportation services may appoint other committees and subcommittees as it considers necessary.

(E) The state board of emergency medical, fire, and transportation services, and any of its committees or subcommittees, may 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 deliberations of those bodies, but no person who is not a member of the board shall vote on the board and no person who is not a member of a committee created under division (A), (B), or (C) of this section shall vote on that committee.

(F) Sections 101.82 to 101.87 of the Revised Code do not apply to the committees established under divisions (A), (B), and (C) of this section.

(F) Notwithstanding division (C) of section 121.22 of the Revised Code, the requirement that a member be present in person at a meeting to be part of a quorum or to vote does not apply to a member of a committee of the state board of emergency medical, fire, and transportation services if the member attends by
interactive video conference or teleconference and all of the following conditions are met:

(1) The meeting is held at a location that is open and accessible to the public.

(2) A clear audio connection is established that enables all members participating at the meeting location to hear the participation of each member.

(3) A roll call vote is recorded for each vote taken.

(4) The minutes of the committee identify which members participated by interactive video conference or teleconference.

The board or committee may limit the number of members permitted to participate by interactive video conference or teleconference in any particular meeting and the number of times in any year that a particular member may participate in meetings by interactive video conference or teleconference.

Sec. 4765.05. (A) As used in this section, "prehospital emergency medical services" means an emergency medical services system that provides medical services to patients who require immediate assistance, because of illness or injury, prior to their arrival at an emergency medical facility.

(B) The state board of emergency medical, fire, and transportation services shall divide the state geographically into prehospital emergency medical services regions for purposes of overseeing the delivery of adult and pediatric prehospital emergency medical services. For each prehospital emergency medical services region, the state board of emergency medical, fire, and transportation services shall appoint either a physician to serve as the regional director or a physician advisory board to serve as the regional advisory board. The
state board of emergency medical, fire, and transportation services shall specify the duties of each regional director and regional advisory board. Regional directors and members of regional advisory boards shall serve without compensation, but shall be reimbursed for actual and necessary expenses incurred in carrying out duties as regional directors and members of regional advisory boards.

(C) Nothing in this section shall be construed to limit in any way the ability of a hospital to determine the market area of that hospital.

Sec. 4765.06. (A) The state board of emergency medical, fire, and transportation services shall establish an emergency medical services incidence reporting system for the collection of information regarding the delivery of emergency medical services in this state and the frequency at which the services are provided. All emergency medical service organizations shall submit to the board any information that the board determines is necessary for maintaining the incidence reporting system.

(B) The board shall establish a state trauma registry to be used for the collection of information regarding the care of adult and pediatric trauma victims in this state. The registry shall provide for the reporting of adult and pediatric trauma-related deaths, identification of adult and pediatric trauma patients, monitoring of adult and pediatric trauma patient care data, determination of the total amount of uncompensated adult and pediatric trauma care provided annually by each facility that provides care to trauma victims, and collection of any other information specified by the board. All persons designated by the board shall submit to the board any information it determines is necessary for maintaining the state trauma
registry. At the request of the board any state agency
possessing information regarding adult or pediatric trauma care
shall provide the information to the board. The board shall
maintain the state trauma registry in accordance with rules
adopted under section 4765.11 of the Revised Code.

Rules relating to the state trauma registry adopted under
this section and section 4765.11 of the Revised Code shall 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 the
information can be matched to the person that 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 shall be
maintained, made available to the public, held in confidence,
risk adjusted, and not subject to discovery or introduction into
evidence in a civil action as provided in section 149.43 of the
Revised Code and this section. Any person who provides,
maintains, or risk adjusts such information shall comply with
this section and rules adopted under it in performing that
function and has the same immunities with respect to that
function as a person who performs that function with respect to
the state trauma registry.

(C) The board and any employee or contractor of the board
or the department of public safety shall not make public
information it receives under Chapter 4765. of the Revised Code
this chapter that identifies or would tend to identify a
specific recipient of emergency medical services or adult or
(D) Not later than two years after November 3, 2000, the board shall adopt and implement rules under section 4765.11 of the Revised Code that provide written standards and procedures for risk adjustment of information received by the board under Chapter 4765. of the Revised Code. The rules shall 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. Except as provided in division (C) of this section, before risk adjustment standards and procedures are implemented, no member of the board and no employee or contractor of the board or the department of public safety shall make public information received by the board under Chapter 4765. of the Revised Code that identifies or would tend to identify a specific provider of emergency medical services or adult or pediatric trauma care. Except as provided in division (C) of this section, after risk adjustment standards and procedures are implemented, the board shall make public such information only on a risk adjusted basis.

(E) The board shall adopt rules under section 4765.11 of the Revised Code that specify procedures for ensuring the confidentiality of information that is not to be made public under this section. The rules shall specify the circumstances in which deliberations of the persons performing risk adjustment functions under this section are not open to the public and records of those deliberations are maintained in confidence. Nothing in this section prohibits 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.
(F) No provider that furnishes information to the board with respect to any patient the provider examined or treated shall, because of this furnishing, be deemed liable in damages to any person or be held to answer for betrayal of a professional confidence in the absence of willful or wanton misconduct. No such information shall be subject to introduction in evidence in any civil action against the provider. No provider that furnishes information to the board shall be liable for the misuse or improper release of the information by the board or any other person.

No person who performs risk adjustment functions under this section shall, 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.

(G) The board may transmit data that identifies or tends to identify a specific provider of emergency medical services care and has not been risk-adjusted from the emergency medical services incident reporting system directly to the national emergency medical services information system, pursuant to a written contract between the board and the federal agency that administers the national emergency medical services information system. The contract shall ensure to the maximum extent permitted by federal law that such the agency shall use such data solely for inclusion in the national emergency medical services information system and shall not disclose such data to the public, through legal discovery, a freedom of information request, or otherwise, in a manner that identifies or tends to identify a specific provider of emergency medical services care.
Sec. 4765.07. (A) The state board of emergency medical, fire, and transportation services shall adopt rules under section 4765.11 of the Revised Code to establish and administer a grant program under which grants are distributed according to the following priorities:

(1) First priority shall 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 this state. In this category, the board shall give priority to grants that fund training and equipping of emergency medical service personnel.

(2) Second priority shall be given to entities that research, test, and evaluate medical procedures and systems related to adult and pediatric trauma care.

(3) Third priority shall 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.

(4) Fourth priority shall be given to entities that research, test, and evaluate procedures that promote the rehabilitation, retraining, and reemployment of adult or pediatric trauma victims and social service support mechanisms for adult or pediatric trauma victims and their families.

(5) Fifth priority shall be given to entities that conduct research on, test, or evaluate one or more of the following:

(a) Procedures governing the performance of emergency medical services in this state;

(b) The training of emergency medical service personnel;
(c) The staffing of emergency medical service organizations.

(6) For grants distributed for the grant award years occurring not later than the award year ending June 30, 2017, sixth priority shall be given to entities that operate paramedic training programs and are seeking national accreditation of the programs.

(B) To be eligible for a grant distributed pursuant to division (A)(6) of this section, an applicant for the grant shall meet all of the following conditions:

1. Hold a certificate of accreditation issued by the board under section 4765.17 of the Revised Code to operate a paramedic training program;

2. Be seeking initial national accreditation of the program from an accrediting organization approved by the board;

3. Apply for the national accreditation on or after February 25, 2010.

(C) The grant program shall be funded from the trauma and emergency medical services fund created by section 4513.263 of the Revised Code.

Sec. 4765.11. (A) The state board of emergency medical, fire, and transportation services shall adopt, and may amend and rescind, rules in accordance with Chapter 119. of the Revised Code and division (C) of this section that establish all of the following:

1. Procedures for its governance and the control of its actions and business affairs;

2. Standards for the performance of emergency medical
services by first responders, emergency medical technicians-basis, emergency medical technicians-intermediate, and emergency medical technicians-paramedic;

(3) Application fees for certificates of accreditation, certificates of approval, certificates to teach, and certificates to practice, which shall be deposited into the trauma and emergency medical services fund created in section 4513.263 of the Revised Code;

(4) Criteria for determining when the application or renewal fee for a certificate to practice may be waived because an applicant cannot afford to pay the fee;

(5) Procedures for issuance and renewal of certificates of accreditation, certificates of approval, certificates to teach, and certificates to practice, including any procedures necessary to ensure that adequate notice of renewal is provided in accordance with division (D) of section 4765.30 of the Revised Code;

(6) Procedures for suspending or revoking certificates of accreditation, certificates of approval, certificates to teach, and certificates to practice;

(7) Grounds for suspension or revocation of a certificate to practice issued under section 4765.30 of the Revised Code and for taking any other disciplinary action against a first responder, EMT-basic, EMT-I, or paramedic;

(8) Procedures for taking disciplinary action against a first responder, EMT-basic, EMT-I, or paramedic;

(9) Standards for certificates of accreditation and certificates of approval;
(10) Qualifications for certificates to teach;

(11) Requirements for a certificate to practice;

(12) The curricula, number of hours of instruction and training, and instructional materials to be used in adult and pediatric emergency medical services training programs and adult and pediatric emergency medical services continuing education programs;

(13) Procedures for conducting courses in recognizing symptoms of life-threatening allergic reactions and in calculating proper dosage levels and administering injections of epinephrine to adult and pediatric patients who suffer life-threatening allergic reactions;

(14) Examinations for certificates to practice;

(15) Procedures for administering examinations for certificates to practice;

(16) Procedures for approving examinations that demonstrate competence to have a certificate to practice renewed without completing an emergency medical services continuing education program;

(17) Procedures for granting extensions and exemptions of emergency medical services continuing education requirements;

(18) Procedures for approving the additional emergency medical services first responders are authorized by division (C) of section 4765.35 of the Revised Code to perform, EMTs-basic are authorized by division (C) of section 4765.37 of the Revised Code to perform, EMTs-I are authorized by division (B)(5) of section 4765.38 of the Revised Code to perform, and paramedics are authorized by division (B)(6) of section 4765.39 of the
Revised Code to perform;

(19) Standards and procedures for implementing the requirements of section 4765.06 of the Revised Code, including designations of the persons who are required to report information to the board and the types of information to be reported;

(20) Procedures for administering the emergency medical services grant program established under section 4765.07 of the Revised Code;

(21) Procedures consistent with Chapter 119. of the Revised Code for appealing decisions of the board;

(22) Minimum qualifications and peer review and quality improvement requirements for persons who provide medical direction to emergency medical service personnel;

(23) The manner in which a patient, or a patient's parent, guardian, or custodian may consent to the board releasing identifying information about the patient under division (D) of section 4765.102 of the Revised Code;

(24) Circumstances under which a training program or continuing education program, or portion of either type of program, may be taught by a person who does not hold a certificate to teach issued under section 4765.23 of the Revised Code;

(25) Certification cycles for certificates issued under sections 4765.23 and 4765.30 of the Revised Code and certificates issued by the executive director of the state board of emergency medical, fire, and transportation services under section 4765.55 of the Revised Code that establish a common expiration date for all certificates.
(26) Standards for providers of trauma care in prehospital settings.

(B) The board may adopt, and may amend and rescind, rules in accordance with Chapter 119. of the Revised Code and division (C) of this section that establish the following:

(1) Specifications of information that may be collected under the trauma system registry and incidence reporting system created under section 4765.06 of the Revised Code;

(2) Standards and procedures for implementing any of the recommendations made by any committees of the board or under section 4765.04 of the Revised Code;

(3) Requirements that a person must meet to receive a certificate to practice as a first responder pursuant to division (A)(2) of section 4765.30 of the Revised Code;

(4) Any other rules necessary to implement this chapter.

(C) In developing and administering rules adopted under this chapter, the state board of emergency medical, fire, and transportation services shall consult with regional directors and regional physician advisory boards created by section 4765.05 of the Revised Code and emphasize the special needs of pediatric and geriatric patients.

In establishing the standards for providers of trauma care in prehospital settings, the board shall consider recommendations from the state trauma board.

(D) Except as otherwise provided in this division, before adopting, amending, or rescinding any rule under this chapter, the board shall submit the proposed rule to the director of public safety for review. The director may review the proposed
rule for not more than sixty days after the date it is submitted. If, within this sixty-day period, the director approves the proposed rule or does not notify the board that the rule is disapproved, the board may adopt, amend, or rescind the rule as proposed. If, within this sixty-day period, the director notifies the board that the proposed rule is disapproved, the board shall not adopt, amend, or rescind the rule as proposed unless at least twelve members of the board vote to adopt, amend, or rescind it.

This division does not apply to an emergency rule adopted in accordance with section 119.03 of the Revised Code.

Sec. 4765.16. (A) All courses offered through an emergency medical services training program or an emergency medical services continuing education program, other than ambulance driving, shall be developed under the direction of a physician who specializes in emergency medicine. Each course that deals with trauma care shall be developed in consultation with a physician who specializes in emergency medicine or trauma surgery. Except as specified by the state board of emergency medical, fire, and transportation services pursuant to rules adopted under section 4765.11 of the Revised Code, each course offered through a training program or continuing education program shall be taught by a person who holds the appropriate certificate to teach issued under section 4765.23 of the Revised Code.

(B) A training program for first responders shall meet the standards established in rules adopted by the board under section 4765.11 of the Revised Code. The program shall include courses in both of the following areas for at least the number of hours established by the board’s rules:
(1) Emergency victim care;

(2) Reading and interpreting a trauma victim's vital signs.

(C) A training program for emergency medical technicians-basic shall meet the standards established in rules adopted by the board under section 4765.11 of the Revised Code. The program shall include courses in each of the following areas for at least the number of hours established by the board's rules:

(1) Emergency victim care;

(2) Reading and interpreting a trauma victim's vital signs;

(3) Triage protocols for adult and pediatric trauma victims;

(4) In-hospital training;

(5) Clinical training;

(6) Training as an ambulance driver.

Each operator of a training program for emergency medical technicians-basic shall allow any pupil in the twelfth grade in a secondary school who is at least seventeen years old and who otherwise meets the requirements for admission into such a training program to be admitted to and complete the program and, as part of the training, to ride in an ambulance with emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic. Each emergency medical service organization shall allow pupils participating in training programs to ride in an ambulance with emergency medical technicians-basic, advanced emergency medical technicians-intermediate, and emergency medical technicians-
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(D) A training program for emergency medical technicians-intermediate shall meet the standards established in rules adopted by the board under section 4765.11 of the Revised Code. The program shall include, or require as a prerequisite, the training specified in division (C) of this section and courses in each of the following areas for at least the number of hours established by the board's rules:

(1) Recognizing symptoms of life-threatening allergic reactions and in calculating proper dosage levels and administering injections of epinephrine to persons who suffer life-threatening allergic reactions, conducted in accordance with rules adopted by the board under section 4765.11 of the Revised Code;

(2) Venous access procedures;

(3) Cardiac monitoring and electrical interventions to support or correct the cardiac function.

(E) A training program for emergency medical technicians-paramedic shall meet the standards established in rules adopted by the board under section 4765.11 of the Revised Code. The program shall include, or require as a prerequisite, the training specified in divisions (C) and (D) of this section and courses in each of the following areas for at least the number of hours established by the board's rules:

(1) Medical terminology;

(2) Venous access procedures;

(3) Airway procedures;

(4) Patient assessment and triage;
(5) Acute cardiac care, including administration of parenteral injections, electrical interventions, and other emergency medical services;

(6) Emergency and trauma victim care beyond that required under division (C) of this section;

(7) Clinical training beyond that required under division (C) of this section.

(F) A continuing education program for first responders, EMTs-basic, EMTs-I, or paramedics shall meet the standards established in rules adopted by the board under section 4765.11 of the Revised Code. A continuing education program shall include instruction and training in subjects established by the board’s rules for at least the number of hours established by the board’s rules.

Sec. 4765.35. (A) A first responder shall perform the emergency medical services described in this section in accordance with this chapter and any rules adopted under it.

(B) 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 emergency medical services such as opening and maintaining an airway, giving mouth to barrier ventilation, chest compressions, electrical interventions with automated defibrillators to support or correct the cardiac function and other methods determined by the board, controlling of hemorrhage, manual stabilization of fractures, bandaging, assisting in childbirth, and determining triage of trauma victims.
(C) A first responder may perform any other emergency medical services approved pursuant to rules adopted under section 4765.11 of the Revised Code. The board shall determine whether the nature of any such service requires that a first responder receive authorization prior to performing the service.

(D)(1) Except as provided in division (D)(2) of this section, if the board determines under division (C) of this section that a service requires prior authorization, the service shall be performed only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or pursuant to an authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician.

(2) If communications fail during an emergency situation or the required response time prohibits communication, a first responder may perform services subject to this division, if, in the judgment of the first responder, the life of the patient is in immediate danger. Services performed under these circumstances shall be performed in accordance with the written protocols for triage of adult and pediatric trauma victims established in rules adopted under sections 4765.11 and 4765.40 of the Revised Code and any applicable protocols adopted by the emergency medical service organization with which the first responder is affiliated.

Sec. 4765.37. (A) An emergency medical technician-basic shall perform the emergency medical services described in this section in accordance with this chapter and any rules adopted under it by the state board of emergency medical, fire, and transportation services.
(B) An emergency medical technician-basic may operate, or be responsible for operation of, an ambulance and may provide emergency medical services to patients. In an emergency, an EMT-basic may determine the nature and extent of illness or injury and establish priority for required emergency medical services. An EMT-basic may render emergency medical services such as opening and maintaining an airway, giving positive pressure ventilation, cardiac resuscitation, electrical interventions with automated defibrillators to support or correct the cardiac function and other methods determined by the board, controlling of hemorrhage, treatment of shock, immobilization of fractures, bandaging, assisting in childbirth, management of mentally disturbed patients, initial care of poison and burn patients, and determining triage of adult and pediatric trauma victims.

Where patients must in an emergency be extricated from entrapment, an EMT-basic may assess the extent of injury and render all possible emergency medical services and protection to the entrapped patient; provide light rescue services if an ambulance has not been accompanied by a specialized unit; and after extrication, provide additional care in sorting of the injured in accordance with standard emergency procedures.

(C) An EMT-basic may perform any other emergency medical services approved pursuant to rules adopted under section 4765.11 of the Revised Code. The board shall determine whether the nature of any such service requires that an EMT-basic receive authorization prior to performing the service.

(D)(1) Except as provided in division (D)(2) of this section, if the board determines under division (C) of this section that a service requires prior authorization, the service shall be performed only pursuant to the written or verbal authorization of a physician or of the cooperating physician.
advisory board, or pursuant to an authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician.

(2) If communications fail during an emergency situation or the required response time prohibits communication, an EMT-basic may perform services subject to this division, if, in the judgment of the EMT-basic, the life of the patient is in immediate danger. Services performed under these circumstances shall be performed in accordance with the protocols for triage of adult and pediatric trauma victims established in rules adopted under sections 4765.11 and 4765.40 of the Revised Code and any applicable protocols adopted by the emergency medical service organization with which the EMT-basic is affiliated.

Sec. 4765.38. (A) An emergency medical technician-intermediate shall perform the emergency medical services described in this section in accordance with this chapter and any rules adopted under it.

(B) An EMT-I may do any of the following:

(1) Establish and maintain an intravenous lifeline that has been approved by a cooperating physician or physician advisory board;

(2) Perform cardiac monitoring;

(3) Perform electrical interventions to support or correct the cardiac function;

(4) Administer epinephrine;

(5) Determine triage of adult and pediatric trauma victims;
(6) Perform any other emergency medical services approved pursuant to rules adopted under section 4765.11 of the Revised Code.

(C)(1) Except as provided in division (C)(2) of this section, the services described in division (B) of this section shall be performed by an EMT-I only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or pursuant to an authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician.

(2) If communications fail during an emergency situation or the required response time prohibits communication, an EMT-I may perform any of the services described in division (B) of this section, if, in the judgment of the EMT-I, the life of the patient is in immediate danger. Services performed under these circumstances shall be performed in accordance with the protocols for triage of adult and pediatric trauma victims established in rules adopted under sections 4765.11 and 4765.40 of the Revised Code and any applicable protocols adopted by the emergency medical service organization with which the EMT-I is affiliated.

(D) In addition to, and in the course of, providing emergency medical treatment, an emergency medical technician-intermediate may withdraw blood as provided under sections 1547.11, 4506.17, and 4511.19 of the Revised Code. An emergency medical technician-intermediate shall withdraw blood in accordance with this chapter and any rules adopted under it by the state board of emergency medical, fire, and transportation services.
Sec. 4765.39. (A) An emergency medical technician-paramedic shall perform the emergency medical services described in this section in accordance with this chapter and any rules adopted under it.

(B) A paramedic may do any of the following:

(1) Perform cardiac monitoring;

(2) Perform electrical interventions to support or correct the cardiac function;

(3) Perform airway procedures;

(4) Perform relief of pneumothorax;

(5) Administer appropriate drugs and intravenous fluids;

(6) Determine triage of adult and pediatric trauma victims;

(7) Perform any other emergency medical services, including life support or intensive care techniques, approved pursuant to rules adopted under section 4765.11 of the Revised Code.

(C)(1) Except as provided in division (C)(2) of this section, the services described in division (B) of this section shall be performed by a paramedic only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or pursuant to an authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician.

(2) If communications fail during an emergency situation or the required response time prohibits communication, a
paramedic may perform any of the services described in division (B) of this section, if, in the paramedic's judgment, the life of the patient is in immediate danger. Services performed under these circumstances shall be performed in accordance with the protocols for triage of adult and pediatric trauma victims established in rules adopted under sections 4765.11 and 4765.40 of the Revised Code and any applicable protocols adopted by the emergency medical service organization with which the paramedic is affiliated.

(D) In addition to, and in the course of, providing emergency medical treatment, an emergency medical technician-paramedic may withdraw blood as provided under sections 1547.11, 4506.17, and 4511.19 of the Revised Code. An emergency medical technician-paramedic shall withdraw blood in accordance with this chapter and any rules adopted under it by the state board of emergency medical, fire, and transportation services.

Sec. 4765.40. (A)(1) Not later than two years after November 3, 2000, the state board of emergency medical, fire, and transportation services shall adopt rules under section 4765.11 of the Revised Code establishing written protocols for the triage of adult and pediatric trauma victims prior to transport to a trauma center or other facility in accordance with division (A)(2) of this section. The rules shall define adult and pediatric trauma in a manner that is consistent with sections 3728.01 and 4765.01 of the Revised Code, minimizes overtriage and undertriage, and emphasizes the special needs of pediatric and geriatric trauma patients. In adopting the rules, the board shall consult with the state trauma board.

(2) The state triage protocols adopted under division (A) of this section shall 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:

(a) It is medically necessary to transport the victim to another hospital facility for initial assessment and stabilization before transfer to an adult or pediatric trauma center;

(b) 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;

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

(d) No appropriate adult or pediatric trauma center is able to receive and provide adult or pediatric trauma care to the trauma victim without undue delay;

(e) Before transport of a patient begins, the patient requests to be taken to a particular hospital facility that is not a trauma center or, if the patient is less than eighteen 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.

(3)(a) The state triage protocols adopted under division (A) of this section shall require trauma patients to be transported to an adult or pediatric trauma center that is able to provide appropriate adult or pediatric trauma care, but shall not require a trauma patient to be transported to a particular trauma center.
The state triage protocols shall require the following, unless one or more of the exceptions described in division (A) (2) of this section apply:

(i) Pediatric trauma patients to be transported to a pediatric trauma center;

(ii) Trauma patients sixteen or seventeen years of age to be transported to either an adult or pediatric trauma center.

The state triage protocols shall establish one or more procedures for evaluating whether an injury victim requires or would benefit from adult or pediatric trauma care, which shall be applied by emergency medical service personnel based on the patient's medical needs. In developing state trauma triage protocols, the board, in consultation with the state trauma board, shall consider relevant model triage rules and shall consult with the commission on minority health, regional directors, regional physician advisory boards, and appropriate medical, hospital, and emergency medical service organizations.

(b) Before the joint committee on agency rule review considers state triage protocols for trauma victims proposed by the state board of emergency medical, fire, and transportation services, or amendments thereto, the board shall send a copy of the proposal to the Ohio chapter of the American college of emergency physicians, the Ohio chapter of the American college of surgeons, the Ohio chapter of the American academy of pediatrics, OHA: the Ohio hospital association for hospitals and health systems, the Ohio osteopathic association, and the Ohio children's hospital association of Ohio children's hospitals and shall hold a public hearing at which it must consider the appropriateness of the protocols to minimize overtriage and
undertriage of trauma victims.

(c) The board shall provide copies of the state triage protocols, and amendments to the protocols, to the state trauma board, each emergency medical service organization, regional director, regional physician advisory board, certified emergency medical service instructor, and person who regularly provides medical direction to emergency medical service personnel in the state; to each medical service organization in other jurisdictions that regularly provide emergency medical services in this state; and to others upon request.

(B)(1) The state board of emergency medical, fire, and transportation services shall approve regional protocols for the triage of adult and pediatric trauma victims prior to transport to a trauma center or other facility in accordance with division (A)(2) of this section, and amendments to such protocols, that are submitted to the board as provided in division (B)(2) of this section and provide a level of adult and pediatric trauma care comparable to the state triage protocols adopted under division (A) of this section. The board shall not otherwise approve regional triage protocols for trauma victims. The board shall not approve regional triage protocols for regions that overlap and shall 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 shall have reasonable opportunity to review and comment on regional triage protocols and amendments to such protocols before the board approves or disapproves them. Before approving regional triage protocols and amendments, the board shall consult with the state trauma board.
(2) Regional protocols for the triage of adult and pediatric trauma victims, and amendments to such protocols, shall be submitted in writing to the state board of emergency medical, fire, and transportation services by the regional physician advisory board or regional director, as appropriate, that serves a majority of the population in the region in which the protocols apply. Prior to submitting regional triage protocols, or an amendment to such protocols, to the state board of emergency medical, fire, and transportation services, a regional physician advisory board or regional director shall consult with each of the following that regularly serves the region in which the protocols apply:

(a) Other regional physician advisory boards and regional directors;

(b) Hospitals that operate an emergency facility facilities;

(c) Adult and pediatric Facilities designated as trauma centers under Chapter 3728. of the Revised Code;

(d) Professional societies of physicians who specialize in adult or pediatric emergency medicine or adult or pediatric trauma surgery;

(e) Professional societies of nurses who specialize in adult or pediatric emergency nursing or adult or pediatric trauma surgery;

(f) Professional associations or labor organizations of emergency medical service personnel;

(g) Emergency medical service organizations and medical directors of such organizations;
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(h)(g) Certified emergency medical service instructors.

(3) Regional protocols for the triage of adult and pediatric trauma victims approved under division (B)(2) of this section shall require patients to be transported to a trauma center that is able to provide an appropriate level of adult or pediatric trauma care; shall not discriminate among trauma centers for reasons not related to a patient's medical needs; shall seek to minimize undertriage and overtriage; may include any of the exceptions in division (A)(2) of this section; and supersede the state triage protocols adopted under division (A) of this section in the region in which the regional protocols apply.

(4) Upon approval of regional protocols for the triage of adult and pediatric trauma victims under division (B)(2) of this section, or an amendment to such protocols, the state board of emergency medical, fire, and transportation services shall provide written notice of the approval and a copy of the protocols or amendment to each entity in the region in which the protocols apply to which the board is required to send a copy of the state triage protocols adopted under division (A) of this section.

(C)(1) The state board of emergency medical, fire, and transportation services and the state trauma board shall review the state triage protocols adopted under division (A) of this section at least every three years to determine if they are causing overtriage or undertriage of trauma patients, and the state board of emergency medical, fire, and transportation shall modify them as necessary to minimize overtriage and undertriage.

(2) Each regional physician advisory board or regional director that has had regional triage protocols approved under
division (B)(2) of this section shall review the protocols at least every three years to determine if they are causing overtriage or undertriage of trauma patients and shall submit an appropriate amendment to the state board, as provided in division (B) of this section, as necessary to minimize overtriage and undertriage. The state board shall approve the amendment if it will reduce overtriage or undertriage while complying with division (B) of this section, and shall not otherwise approve the amendment.

(D) No provider of emergency medical services or person who provides medical direction to emergency medical service personnel in this state shall fail to comply with the state triage protocols adopted under division (A) of this section or applicable regional triage protocols approved under division (B)(2) of this section.

(E) The state board of emergency medical, fire, and transportation services shall adopt rules under section 4765.11 of the Revised Code that provide for enforcement of the state triage protocols adopted under division (A) of this section and regional triage protocols approved under division (B)(2) of this section, 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 this state.

Sec. 4765.41. The medical director or cooperating physician advisory board of each emergency medical service organization shall establish written protocols to be followed by first responders, emergency medical technicians-basic, emergency medical technicians-paramedic, emergency medical dispatchers, and other health care professionals who provide medical direction and advice to emergency medical service personnel in this state.
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. Those protocols shall be consistent with
applicable trauma triage protocols adopted under division (A) or
approved under division (B)(2) of section 4765.40 of the Revised
Code, but may direct to an adult or pediatric trauma center
require that emergency victims be transported to a trauma
center even if the applicable trauma triage protocols do not
require them to be transported to an adult or pediatric trauma
center.

Sec. 4765.44. The state board of emergency medical, fire,
and transportation services and the state trauma board may
establish a joint committee to review matters that are the
concern of both boards. The committee shall consist of five
members of the state board of emergency medical, fire, and
transportation services appointed by the chair of that board and
five members of the state trauma board appointed by the chair of
that board.

Each member shall serve at the pleasure of the member's
appointing authority. Vacancies on the committee shall be filled
in the same manner as original appointments. The members of the
committee shall serve without compensation but shall be
reimbursed for reasonable and necessary expenses incurred in the
performance of their official duties.

The committee shall review all matters submitted to it by
the boards and shall recommend a course of action to be taken by
both boards. An affirmative vote of not fewer than seven members
of the committee is required to make a recommendation. The
committee shall provide written notice of its recommendations to the state board of emergency medical, fire, and transportation services and the state trauma board.

Sec. 4765.50. (A) Except as provided in division (D) of this section, no person shall represent that the person is a first responder, an emergency medical technician-basic or EMT-basic, an emergency medical technician-intermediate or EMT-I, or an emergency medical technician-paramedic or paramedic unless appropriately certified under section 4765.30 of the Revised Code.

(B)(1) No person shall operate an emergency medical services training program without a certificate of accreditation issued under section 4765.17 of the Revised Code.

(2) No person shall operate an emergency medical services continuing education program without a certificate of approval issued under section 4765.17 of the Revised Code.

(C) No public or private entity shall advertise or disseminate information leading the public to believe that the entity is an emergency medical service organization, unless that entity actually provides emergency medical services.

(D) A person who is performing the functions of a first responder, EMT-basic, EMT-I, or paramedic under the authority of the laws of a jurisdiction other than this state, who is employed by or serves as a volunteer with an emergency medical service organization based in that state, and provides emergency medical services to or transportation of a patient in this state is not in violation of division (A) of this section.

A person who is performing the functions of a first responder, EMT-basic, EMT-I, or paramedic under a reciprocal
agreement authorized by section 4765.10 of the Revised Code is not in violation of division (A) of this section.

(E) On and after November 3, 2002, no physician shall 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 trauma 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 or pediatric trauma protocols and patient transfer agreements adopted under section 3727.09 of the Revised Code.

Section 2. That existing sections 101.82, 3701.83, 3727.09, 3727.10, 3727.102, 4511.81, 4765.01, 4765.02, 4765.03, 4765.04, 4765.05, 4765.06, 4765.07, 4765.11, 4765.16, 4765.35, 4765.37, 4765.38, 4765.39, 4765.40, 4765.41, and 4765.50 and sections 3727.081 and 3727.101 of the Revised Code are hereby repealed.

Section 3. Sections 1 and 2 of this act, except for sections 3728.01, 3728.02, 3728.03, 3728.06, 3728.07, 3728.09, 3728.10, and 3728.11 of the Revised Code, as enacted by this act, shall take effect one year after the effective date of this section.

Section 4. The amendment of section 101.82 of the Revised Code is not intended to supersede the earlier repeal, with delayed effective date, of that section.
Section 5. Not later than thirty-six months after its first meeting, the State Trauma Board shall prepare a report detailing the Board's recommendations for a time critical diagnosis system of care for medical conditions including trauma, stroke, and myocardial infarction. On completion, the Board shall submit the report to the Governor and, in accordance with section 101.68 of the Revised Code, to the General Assembly.