



Sub. H.B. 434*

125th General Assembly

(As Reported by H. Finance and Appropriations)

Reps. Calvert, Allen, Barrett, Beatty, D. Evans, Flowers, Hartnett, Hughes, Miller, T. Patton, Schneider, J. Stewart, Strahorn

BILL SUMMARY

- Expands the purpose of Ohio's Public Health Priorities Trust Fund to include alcohol and drug abuse treatment programs.
- Provides that the Executive Director of the Commission on Minority Health may appoint a designee to the Executive Director's position on the board of trustees for the Tobacco Use Prevention and Control Foundation.
- Authorizes school district boards of education, governing authorities of community schools, and administrative authorities of chartered nonpublic schools to require the placement of an automated external defibrillator in each school under their control.
- Provides a qualified immunity from civil and criminal liability for persons who perform automated external defibrillation using a defibrillator placed in a school in accordance with the bill's provisions.

CONTENT AND OPERATION

Ohio's Public Health Priorities Trust Fund uses

(R.C. 183.18)

Current law establishes Ohio's Public Health Priorities Trust Fund. The fund is one of several funds established to receive an allocated portion of the

** This analysis does not address appropriations, fund transfers, and similar provisions. See the Legislative Service Commission's Fiscal Note for Sub. H.B. 434 for an analysis of such provisions.*

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

Tobacco Use Prevention and Control Foundation membership

(R.C. 183.04)

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

Automated external defibrillators in schools

(R.C. 3313.717 and 3314.16)

Background

Defibrillation is a process by which an electronic device is used to help restore normal contraction rhythms in a heart that is not functioning properly. The defibrillator does this by delivering an electrical shock to the heart. A portable defibrillator is known as an automated external defibrillator (AED).¹

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

The bill

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

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

Effective date

(Section 18)

The bill provides that except as otherwise specifically provided in it, its codified and uncodified sections of law are subject to the referendum. No specific exception to this provision is provided, so the codified and uncodified sections of

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

³ *R.C. 3701.85, not in the bill.*

⁴ *"Emergency medical services" appears to refer to medical attention provided by emergency medical technicians (EMTs), paramedics, or first responders prior to a patient's arrival at a hospital or other emergency medical facility (see R.C. 3701.85 and 4765.01, neither section in the bill).*

law contained in the bill take effect on the 91st day after it is filed with the Secretary of State, barring the filing of a referendum petition.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	03-16-04	p. 1694
Reported, H. Finance & Appropriations	04-29-04	p. 1797

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