Ohio House of Representatives

House Bill 261 Sponsor Testimony
Representatives Cheryl Grossman and Steve Huffman

Chair Gonzales, Ranking Member Antonio, and Members of the House Health and Aging Committee, thank you for allowing us to present sponsor testimony on House Bill 261.

I will now touch on the second half of the legislation.

First, there has always been a debate in the medical field on the age at which defines an adult and a pediatric in terms of the designated trauma center. House Bill 261 maintains the current distinction between adult and pediatric trauma centers. After various discussions over the past several months, there appears to be a consensus among trauma leaders that pediatric trauma centers should receive patients younger than age 16; in addition to, pediatric trauma centers and adult level I and II centers can care for and admit patients who are of ages 16-17.

House Bill 261 also specifies some characteristics of the 19-person board. The Board and its committees may meet by teleconference, which will help provide efficiency to those who may not be able to attend in person. The Board may also enter into contracts, and may create committees containing Board and non-Board members. Registry data can be submitted in non-risk adjusted form to the National Trauma Data Bank (NTDB)[1] – and quality information will be protected. Lastly, in terms of work output of the Board, prehospital state trauma triage guidelines/protocols will be developed, monitored, and modified by the Ohio Board of

[1] The National Trauma Data Bank® (NTDB®) is the largest aggregation of U.S. trauma registry data ever assembled. Participation is voluntary and is one of the leading performance improvement tools of trauma care. You will find the operational definitions for the NTDB in the National Trauma Data Standard (NTDS) Data Dictionary, which is designed to establish a national standard for the exchange of trauma registry data. Registry data that is collected from the NTDB is compiled annually and disseminated in the forms of hospital benchmark reports, data quality reports, and research data sets. <https://www.facs.org/quality%20programs/trauma/ntdb>

Emergency Medical, Fire, and Transportation Services (commonly known as the EMFTS Board) in consultation with the Ohio Trauma Board.

In summation, here are the key concepts of H.B. 261 to take away:

If enacted, this legislation will –

- Create a leadership structure for the trauma system;
- Create a structure, with personnel, that can manage the trauma system on a day to day basis;
- Promote the idea of systems of care rather than having individual parts of the system working separately;
- Elevate the importance of injury prevention;
- Allow for effective quality improvement at all levels of the trauma system – pre-hospital, hospital and rehabilitation;
- Virtually show no shift in patients;
- Clarify the role of non-trauma centers as part of the trauma system; and
- Strengthen regional trauma organizations, which should support hospital and Emergency Medical Services (EMS) functions within their geographical area.

In discussing these key parts of the legislation, I would like to thank Rep. Grossman for asking me to join her on this bill. She has done all of the groundwork and am thankful for her leadership on this issue and pleased to lend my expertise in any way possible. We would be willing to answer any questions the committee may have at this time.