

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, 1
3727.10, 3727.102, 4511.81, 4765.01, 4765.02, 2
4765.03, 4765.04, 4765.05, 4765.06, 4765.07, 3
4765.11, 4765.16, 4765.35, 4765.37, 4765.38, 4
4765.39, 4765.40, 4765.41, and 4765.50; to 5
amend, for the purpose of adopting new section 6
numbers as indicated in parentheses, sections 7
3727.09 (3728.15), 3727.10 (3728.16), and 8
3727.102 (3728.25); to enact sections 3728.01, 9
3728.02, 3728.03, 3728.06, 3728.07, 3728.09, 10
3728.10, 3728.11, 3728.12, 3728.20, 3728.21, 11
3728.22, 3728.23, 3728.24, 3728.26, 3728.28, 12
3728.30, 4731.28, and 4765.44; and to repeal 13
sections 3727.081 and 3727.101 of the Revised 14
Code to establish the State Trauma Board in the 15
Ohio Department of Health, to require that 16
facilities that provide trauma care be 17
designated by the Board as level I, II, or III 18
trauma centers, and to provide that the 19
amendment by this act to section 101.82 of the 20
Revised Code terminates on December 31, 2016. 21

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 101.82, 3701.83, 4511.81, 22
4765.01, 4765.02, 4765.03, 4765.04, 4765.05, 4765.06, 4765.07, 23
4765.11, 4765.16, 4765.35, 4765.37, 4765.38, 4765.39, 4765.40, 24
4765.41, and 4765.50 be amended; sections 3727.09 (3728.15), 25
3727.10 (3728.16), and 3727.102 (3728.25) be amended for the 26
purpose of adopting new section numbers as shown in parentheses; 27
and sections 3728.01, 3728.02, 3728.03, 3728.06, 3728.07, 28
3728.09, 3728.10, 3728.11, 3728.12, 3728.20, 3728.21, 3728.22, 29
3728.23, 3728.24, 3728.26, 3728.28, 3728.30, 4731.28, and 30
4765.44 of the Revised Code be enacted to read as follows: 31

Sec. 101.82. As used in sections 101.82 to 101.87 of the 32
Revised Code: 33

(A) "Agency" means any board, commission, committee, or 34
council, or any other similar state public body required to be 35
established pursuant to state statutes for the exercise of any 36
function of state government and to which members are appointed 37
or elected. "Agency" does not include the following: 38

(1) The general assembly, or any commission, committee, or 39
other body composed entirely of members of the general assembly; 40

(2) Any court; 41

(3) Any public body created by or directly pursuant to the 42
constitution of this state; 43

(4) The board of trustees of any institution of higher 44
education financially supported in whole or in part by the 45
state; 46

(5) Any public body that has the authority to issue bonds 47
or notes or that has issued bonds or notes that have not been 48
fully repaid; 49

(6) The public utilities commission of Ohio;	50
(7) The consumers' counsel governing board;	51
(8) The Ohio board of regents;	52
(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;	53 54 55 56
(10) Any board of elections;	57
(11) The board of directors of the Ohio insurance guaranty association and the board of governors of the Ohio fair plan underwriting association;	58 59 60
(12) The Ohio public employees deferred compensation board;	61 62
(13) The Ohio retirement study council;	63
(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;	64 65 66 67
(15) The industrial commission;	68
(16) The parole board;	69
(17) The board of tax appeals;	70
(18) The controlling board;	71
(19) The release authority of department of youth services;	72 73
(20) The environmental review appeals commission;	74

(21) The Ohio ethics commission;	75
(22) The Ohio public works commission;	76
(23) The self-insuring employers evaluation board;	77
(24) The state board of deposit;	78
(25) The state employment relations board;	79
<u>(26) The state trauma board.</u>	80
(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.	81 82 83 84
(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.	85 86 87 88
(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.	89 90 91
(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.	92 93 94
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, <u>3728.30</u> , 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.	95 96 97 98 99 100 101

<u>Sec. 3728.01. (A) As used in this chapter:</u>	102
<u>(1) "Dentist" means an individual licensed under Chapter 4715. of the Revised Code to practice dentistry.</u>	103 104
<u>(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.</u>	105 106 107 108
<u>(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.</u>	109 110 111
<u>(4) "Registered nurse" means a registered nurse licensed under Chapter 4723. of the Revised Code.</u>	112 113
<u>(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:</u>	114 115 116 117 118 119
<u>(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;</u>	120 121 122
<u>(ii) Serious impairment to bodily functions;</u>	123
<u>(iii) Serious dysfunction of any bodily organ or part.</u>	124
<u>(b) In the case of a woman having contractions, "stabilize" means such medical treatment as may be necessary to deliver, including delivering the placenta.</u>	125 126 127
<u>(6) "Transfer" has the same meaning as in section 1867 of</u>	128

the "Social Security Act," 42 U.S.C. 1395dd, as amended. 129

(7) "Trauma" means damage to or destruction of tissue that 130
does both of the following: 131

(a) Creates a significant risk of any of the following: 132

(i) Loss of life; 133

(ii) Loss of a limb; 134

(iii) Significant, permanent disfigurement; 135

(iv) Significant, permanent disability. 136

(b) Is caused by any of the following: 137

(i) Blunt or penetrating injury; 138

(ii) Exposure to electromagnetic, chemical, radioactive, 139
or thermal energy; 140

(iii) Drowning, suffocation, or strangulation; 141

(iv) A deficit or excess of heat. 142

(8) "Trauma care" means assessment, diagnosis, treatment, 143
or rehabilitation of a patient for trauma. 144

(B) The state trauma board shall determine whether a 145
facility or portion of a facility is a trauma center. A facility 146
adversely affected by a determination of the board may appeal to 147
the director of health. The director shall hear the appeal in an 148
adjudication conducted under Chapter 119. of the Revised Code. 149
The director may order the board to reverse or modify the 150
determination or may uphold the determination. 151

Sec. 3728.02. (A) The state trauma board is hereby created 152
in the department of health. The appointing authorities for the 153
board are the governor, speaker of the house of representatives, 154

president of the senate, director of health, and the state board 155
of emergency medical, fire, and transportation services in the 156
division of emergency medical services of the department of 157
public safety. The state trauma board shall consist of the 158
following members: 159

(1) A member appointed by the governor who is a physician 160
certified by the American board of surgery or American board of 161
osteopathic surgery and actively practices general trauma 162
surgery at a level I or II trauma center. The governor shall 163
appoint the member from among three physicians nominated by the 164
Ohio chapter of the American college of surgeons, three 165
physicians nominated by the Ohio state medical association, and 166
three physicians nominated by the Ohio osteopathic association. 167

(2) A member appointed by the governor who is a physician 168
certified by the American board of surgery or American board of 169
orthopaedic surgery, the American osteopathic board of 170
orthopedic surgery, the American board of neurological surgery, 171
or the American osteopathic board of surgery and actively 172
practices orthopedic trauma surgery or neurosurgery on trauma 173
patients. The governor shall appoint the member from among three 174
physicians nominated by the Ohio orthopaedic society, three 175
physicians nominated by the Ohio osteopathic association, and 176
three physicians nominated by the Ohio state neurosurgical 177
society. 178

(3) A member appointed by the governor who is certified by 179
the American board of surgery or American board of osteopathic 180
surgery with special qualifications in pediatric surgery, and 181
actively practices pediatric trauma surgery. The governor shall 182
appoint the member from among three physicians nominated by the 183
Ohio chapter of the American academy of pediatrics, three 184

physicians nominated by the Ohio osteopathic association, and 185
three physicians nominated by the Ohio state medical 186
association. 187

(4) A member appointed by the governor who is a registered 188
nurse and actively practices trauma nursing at a level I or II 189
trauma center. The governor shall appoint the member from among 190
three registered nurses nominated by the Ohio society of trauma 191
nurse leaders and three registered nurses nominated by the Ohio 192
emergency nurses association. 193

(5) A member appointed by the speaker who is a registered 194
nurse and actively practices trauma nursing at a level III 195
trauma center. The speaker shall appoint the member from among 196
three registered nurses nominated by the Ohio society of trauma 197
nurse leaders, three registered nurses nominated by the Ohio 198
emergency nurses association, and three registered nurses 199
nominated by the Ohio hospital association. 200

(6) A member appointed by the senate president who is a 201
registered nurse and actively practices trauma nursing at a 202
pediatric trauma center. The senate president shall appoint the 203
member from among three registered nurses nominated by the Ohio 204
society of trauma nurse leaders and three registered nurses 205
nominated by the Ohio emergency nurses association. 206

(7) A member appointed by the governor who is the 207
administrator of a level III trauma center. The governor shall 208
appoint the member from among three administrators nominated by 209
the Ohio hospital association and three administrators nominated 210
by the Ohio osteopathic association. 211

(8) A member appointed by the speaker who is the 212
administrator of a level I or II trauma center. The speaker 213

shall appoint the member from among three administrators 214
nominated by the Ohio hospital association and three 215
administrators nominated by the Ohio osteopathic association. 216

(9) A member appointed by the speaker who is the 217
administrator of a hospital that does not include a trauma 218
center but actively provides emergency care other than trauma 219
care. The speaker shall appoint the member from among three 220
administrators nominated by the Ohio hospital association and 221
three administrators nominated by the Ohio osteopathic 222
association. 223

(10) A member appointed by the speaker who is certified by 224
the American board of physical medicine and rehabilitation or 225
American osteopathic board of rehabilitation medicine, and 226
actively provides rehabilitative care to trauma victims. The 227
speaker shall appoint the member from among three physicians 228
nominated by the Ohio society of physical medicine and 229
rehabilitation and three physicians nominated by the Ohio 230
osteopathic association. 231

(11) A member appointed by the senate president who is a 232
physician certified by the American board of emergency medicine 233
or the American osteopathic board of emergency medicine, 234
actively practices emergency medicine at a level I or II adult 235
trauma center, and is actively involved in emergency medical 236
services. The senate president shall appoint the member from 237
among three physicians nominated by the Ohio chapter of the 238
American college of emergency physicians, three physicians 239
nominated by the Ohio osteopathic association, and three 240
physicians nominated by the Ohio state medical association. 241

(12) A member appointed by the senate president who is a 242
physician certified by the American board of emergency medicine 243

or the American osteopathic board of emergency medicine, and 244
actively practices at a facility that is not designated as a 245
level I, II, or III trauma center. The senate president shall 246
appoint the member from among three physicians nominated by the 247
Ohio chapter of the American college of emergency physicians and 248
three physicians nominated by the Ohio osteopathic association. 249

(13) A member appointed by the senate president who 250
practices burn surgery or nursing at a burn center verified by 251
the American burn association. The senate president shall 252
appoint the member from among three physicians nominated by the 253
Ohio chapter of the American college of surgeons and three 254
nurses nominated by the Ohio society of trauma nurse leaders. 255

(14) A member appointed by the director of health who is 256
an injury prevention expert. 257

(15) A member appointed by the state board of emergency 258
medical, fire, and transportation services who is a member of 259
that board and is an emergency medical technician-basic, 260
emergency medical technician-intermediate, or emergency medical 261
technician-paramedic. 262

(16) A member appointed by the speaker who is an emergency 263
medical technician-basic, emergency medical technician- 264
intermediate, or emergency medical technician-paramedic employed 265
by an emergency medical service organization that primarily uses 266
paid individuals. The speaker shall appoint the member from 267
among three individuals nominated by the Ohio fire chiefs' 268
association, three individuals nominated by the Ohio association 269
of professional fire fighters, three individuals nominated by 270
the northern Ohio fire fighters association, and three 271
individuals nominated by the Ohio state firefighters' 272
association. 273

(17) A member appointed by the senate president who is an 274
emergency medical technician-basic, emergency medical 275
technician-intermediate, or emergency medical technician- 276
paramedic employed by an emergency medical service organization 277
that primarily uses volunteers. The senate president shall 278
appoint the member from among three individuals nominated by the 279
Ohio fire chiefs' association, three individuals nominated by 280
the Ohio association of professional fire fighters, and three 281
individuals nominated by the Ohio association of emergency 282
medical services. 283

(18) A member appointed by the governor who is a physician 284
certified by the American board of emergency medicine or 285
American osteopathic board of emergency medicine, and is 286
actively involved in air medical transport. The governor shall 287
appoint the member from among three physicians nominated by the 288
Ohio chapter of the American college of emergency physicians and 289
three physicians nominated by the Ohio association of critical 290
care transport. 291

(19) A member appointed by the senate president who is the 292
administrator of a pediatric trauma center. The senate president 293
shall appoint the member from among three administrators 294
nominated by the Ohio children's hospital association and three 295
administrators nominated by the Ohio osteopathic association. 296

(B) In appointing members to the board, the appointing 297
authorities shall attempt to include members representing urban 298
and rural areas, various geographical areas of the state, and 299
various schools of training. The appointing authorities shall 300
coordinate appointments so that no two members are employed by 301
or practice at the same facility or emergency medical service 302
organization. 303

If an organization that is to make nominations under 304
division (A) of this section ceases to exist, the nominations 305
may be made by its successor organization. If an organization 306
fails to make nominations within a reasonable time after 307
nominations are requested, the appointing authority may accept 308
nominations from another organization. The appointing authority 309
may refuse to appoint any of the persons nominated by the 310
organizations that are to make the nominations. In that event, 311
the organizations shall continue to nominate the required number 312
of persons until the appointing authority appoints to the board 313
one or more of the persons nominated by the organizations. 314

(C) Members of the board shall serve at the pleasure of 315
the appointing authority, except that a member who ceases to be 316
qualified for the position to which the member was appointed 317
shall cease to be a member of the board. 318

Sec. 3728.03. Initial appointments to the state trauma 319
board shall be made not later than ninety days after the 320
effective date of this section. The initial members appointed by 321
the governor shall be appointed for five year terms; those 322
appointed by the speaker of the house of representatives shall 323
be appointed for four year terms; and those appointed by the 324
president of the senate, the director of health, and the state 325
board of emergency medical, fire, and transportation services in 326
the division of emergency medical services of the department of 327
public safety shall be appointed for three year terms. 328
Thereafter, all terms shall be three years. There is no limit on 329
the number of terms a member may serve. 330

Initial terms shall commence on the first day of the first 331
month following the appointment of the last member of the board 332
to be appointed. 333

Except as provided in division (C) of section 3728.02 of 334
the Revised Code, each member of the board shall hold office 335
from the date of appointment until the end of the term for which 336
the member was appointed. A member appointed to fill a vacancy 337
occurring prior to the expiration of the term for which the 338
member's predecessor was appointed shall hold office for the 339
remainder of such term. A member shall continue in office 340
subsequent to the expiration date of the member's term until the 341
member's successor takes office, or until a period of sixty days 342
has elapsed, whichever occurs first. 343

Members shall be reimbursed by the board for necessary 344
expenses incurred in the performance of their official duties. 345

Sec. 3728.06. (A) The state trauma board shall organize by 346
electing from its members as officers a chairperson and co- 347
chairperson. Each of the officers shall serve for a term of one 348
year. The officers may administer oaths. 349

The board may form such committees as it considers 350
appropriate. Committee members shall be chosen by the board and 351
may include both board members and other individuals chosen for 352
their expertise. 353

(B) The board shall meet six times a year and at other 354
times specified by the chairperson. Meetings shall be open and 355
accessible to the public except for executive sessions as 356
provided in division (G) of section 121.22 of the Revised Code. 357

(C) A majority of the members of the board or of a 358
committee constitutes a quorum, but no action may be taken by 359
the board or a committee without the concurrence of a majority 360
of the members of the board or committee. Notwithstanding 361
division (C) of section 121.22 of the Revised Code, the 362

requirement that a member be present in person at a meeting to 363
be part of a quorum or to vote does not apply if the member 364
attends by interactive video conference or teleconference and 365
all of the following conditions are met: 366

(1) The meeting is held at a location that is open and 367
accessible to the public; 368

(2) A clear audio connection is established that enables 369
all members participating at the meeting location to hear the 370
participation of each member; 371

(3) A roll call vote is recorded for each vote taken; 372

(4) The minutes of the board or committee identify which 373
members participated by interactive video conference or 374
teleconference. 375

The board or a committee may limit the number of members 376
permitted to participate by interactive video conference or 377
teleconference in any particular meeting and the number of times 378
in any year that a particular member may participate in meetings 379
by interactive video conference or teleconference. 380

Sec. 3728.07. (A) The director of health shall appoint a 381
full-time executive director for the the state trauma board. The 382
executive director shall be a person who is knowledgeable in 383
trauma systems and trauma care and shall serve at the pleasure 384
of the director of health. The director of health shall appoint 385
the executive director from among three persons nominated by the 386
state trauma board. The director of health may refuse, for 387
cause, to appoint any of the board's nominees. If the director 388
fails to appoint any of the board's nominees, the board shall 389
continue to nominate groups of three persons until the director 390
appoints one of the board's nominees. 391

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. 392
393
394
395
396
397

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. 398
399
400

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. 401
402
403

The executive director shall meet with the director of health at the director's request. 404
405

(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. 406
407
408
409
410
411
412
413
414
415
416

The medical director shall direct the executive director and advise the board with regard to trauma services and trauma system issues. 417
418
419

The medical director shall attend each meeting of the 420

board, except that the board may exclude the medical director 421
from discussions concerning the appointment or performance of 422
the medical director or executive director of the board. 423

The medical director shall be employed and paid by the 424
board and shall be reimbursed for actual and necessary expenses 425
incurred in carrying out duties as medical director. 426

(C) The board shall adopt internal management rules 427
pursuant to section 111.15 of the Revised Code. The rules shall 428
set forth criteria for assessing the board's accomplishments, 429
activities, and performance. The board shall include the 430
assessment in an annual report on the condition of trauma care 431
in this state. Copies of the report shall be distributed to the 432
general assembly in accordance with section 101.68 of the 433
Revised Code and to the governor and shall be made available to 434
the public. 435

(D) The board may enter into and enforce contracts in the 436
name of the board. 437

(E) The board may appoint employees as it determines 438
necessary. The board shall prescribe the duties and titles of 439
its employees. 440

Sec. 3728.09. (A) The state trauma board shall do all of 441
the following: 442

(1) Designate level I, II, and III adult trauma centers 443
and level I and II pediatric trauma centers under section 444
3728.23 of the Revised Code; 445

(2) Develop an inclusive trauma system that recognizes and 446
collaborates with all groups and institutions that play a role 447
in trauma care or prevention, including injury prevention 448
specialists, prehospital care providers, trauma and nontrauma 449

<u>centers, and rehabilitation facilities;</u>	450
<u>(3) Operate the state trauma registry under section</u>	451
<u>3728.12 of the Revised Code;</u>	452
<u>(4) Seek and distribute grants;</u>	453
<u>(5) Develop and provide trauma-related education;</u>	454
<u>(6) Develop a statewide system for improvement in the</u>	455
<u>quality of trauma care and rehabilitation;</u>	456
<u>(7) In consultation with the department of health, develop</u>	457
<u>a statewide system for injury prevention;</u>	458
<u>(8) Make recommendations to the state board of emergency</u>	459
<u>medical, fire, and transportation services within the division</u>	460
<u>of emergency medical services of the department of public safety</u>	461
<u>regarding establishment of standards for providers of trauma</u>	462
<u>care in prehospital settings;</u>	463
<u>(9) Make recommendations to appropriate state boards and</u>	464
<u>agencies regarding continuing education requirements for</u>	465
<u>providers of trauma care, other than physicians and dentists;</u>	466
<u>(10) With regard to regional trauma organizations, do all</u>	467
<u>of the following:</u>	468
<u>(a) Establish procedures for the board's recognition of</u>	469
<u>regional trauma organizations;</u>	470
<u>(b) Develop minimum standards for recognition by the</u>	471
<u>board;</u>	472
<u>(c) Collaborate with regional trauma organizations it</u>	473
<u>recognizes;</u>	474
<u>(d) To the extent funds are available, distribute to</u>	475
<u>regional trauma organizations it recognizes funds that are</u>	476

sufficient for the organizations to meet the minimum standards 477
developed by the board. 478

(B) In addition to the requirement that a facility be 479
verified by the American college of surgeons, the board may 480
establish any of the following as requirements for designation 481
as a level I, II, or III trauma center: 482

(1) Participation in statewide or regional injury 483
prevention, quality improvement, and interfacility communication 484
activities; 485

(2) Participation in a regional trauma organization; 486

(3) Submission of information requested by the board for 487
the maintenance of the state trauma registry. 488

(C) The board may designate as level IV trauma centers 489
facilities that meet criteria it establishes and define their 490
role in the trauma system. 491

Sec. 3728.10. The state trauma board shall adopt rules as 492
necessary to carry out the purposes of this chapter. The rules 493
shall be adopted in accordance with Chapter 119. of the Revised 494
Code. 495

Sec. 3728.11. (A) The trauma quality committee of the 496
state trauma board is hereby created. The committee shall 497
consist of members appointed by the board in accordance with 498
procedures established by the board. The members of the 499
committee must be residents of this state and may be members of 500
the board. Committee members shall serve without compensation 501
but shall be reimbursed for actual and necessary expenses 502
incurred in carrying out duties as members of the committee. The 503
committee shall select a chairperson and vice-chairperson from 504
among its members. The committee shall meet at the call of the 505

chair and at the direction of the board. The committee shall not 506
meet at times or locations that conflict with meetings of the 507
board. The committee shall advise and assist the board in 508
matters related to the development of a statewide system for 509
improvement in the quality of trauma care and rehabilitation 510
pursuant to division (A) (6) of section 3728.09 of the Revised 511
Code. 512

(B) Information, data, reports, and records received by 513
the committee in the execution of its duties are confidential 514
and not subject to discovery in any civil action. They shall be 515
used by the committee and committee members only in advising and 516
assisting the board in matters related to the development of the 517
statewide system for improvement in the quality of trauma care 518
and rehabilitation. Any information, data, reports, and records 519
provided by the committee to the board or any board member or 520
employee that are confidential when in possession of the 521
committee are confidential and not subject to discovery when in 522
possession of the board or a board member or employee. 523

The board shall adopt rules under section 3728.10 of the 524
Revised Code that specify procedures for ensuring the 525
confidentiality of information, data, reports, and records 526
described in this section. 527

Sec. 3728.12. (A) Responsibility for maintenance of the 528
state trauma registry established under former sections 4765.04 529
and 4765.06 of the Revised Code is hereby transferred to the 530
state trauma board. In matters relating to the registry, the 531
board shall consult with trauma registrars from trauma centers 532
in the state. The board may appoint a committee to advise and 533
assist with the trauma registry. The committee may include 534
persons with expertise relevant to the trauma registry who are 535

not members of the board. 536

The state trauma registry shall be used for collection of 537
information regarding the care of trauma victims in this state. 538
The registry shall provide for the reporting of trauma-related 539
deaths, identification of trauma patients, monitoring of trauma 540
patient care data, determination of the total amount of 541
uncompensated trauma care provided annually by each facility 542
that provides care to trauma victims, and collection of any 543
other information specified by the board. The board shall 544
develop a single patient identifier system to be used by the 545
state trauma registry and any other registries that report 546
information to it. 547

All persons designated by the board shall submit to the 548
board information requested by the board to maintain the state 549
trauma registry. At the request of the board, any state agency 550
possessing information regarding trauma care shall provide the 551
information to the board. 552

The board shall maintain the state trauma registry in 553
accordance with rules adopted under section 3728.10 of the 554
Revised Code. The rules shall not prohibit the operation of 555
other trauma registries and may provide for the reporting of 556
information to the state trauma registry by or through other 557
trauma registries in a manner consistent with information 558
otherwise reported to the state trauma registry. The rules shall 559
not require a person to report information to the state trauma 560
registry through another trauma registry. 561

Other trauma registries may report aggregate information 562
to the state trauma registry, provided the information can be 563
matched to the person that reported it. All the provisions of 564
this section concerning information maintained by the state 565

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. 566
567
568
569
570
571
572

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. 573
574
575
576
577
578
579
580
581
582

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. 583
584
585
586
587
588
589
590
591
592

(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 593
594
595

this chapter. The rules shall be developed in consultation with 596
appropriate medical, hospital, trauma care, and emergency 597
medical service organizations and shall specify the 598
circumstances in which deliberations of the persons performing 599
risk adjustment functions under this section are not open to the 600
public and records of those deliberations are maintained in 601
confidence. The rules may provide for risk adjustment by a 602
contractor of the board. No person who performs risk adjustment 603
functions under this section may, because of performing such 604
functions, be held liable in a civil action for betrayal of 605
professional confidence or otherwise in the absence of willful 606
or wanton misconduct. 607

Except as provided in division (C) of this section, before 608
risk adjustment standards and procedures are implemented, no 609
member of the board and no employee or contractor of the board 610
or the department of health shall make public information 611
received by the board under this chapter that identifies or 612
would tend to identify a specific facility or provider of trauma 613
care. Except as provided in division (C) of this section, after 614
risk adjustment standards and procedures are implemented, the 615
board shall make public such information only on a risk adjusted 616
basis. 617

(C) The board may transmit data that identifies or tends 618
to identify a specific provider of trauma care and has not been 619
risk adjusted from the state trauma registry directly to the 620
national trauma data bank, but only pursuant to a written 621
contract between the board and the American college of surgeons 622
under which the college agrees that, to the maximum extent 623
permitted by state and federal law, the college will use the 624
data solely for inclusion in the national trauma data bank and 625
will not disclose it to the public, through legal discovery or 626

otherwise, in a manner that identifies or tends to identify a 627
specific provider of trauma care. 628

Sec. ~~3727.09~~ 3728.15. (A) As used in this section and 629
~~sections 3727.10 and 3727.101~~ section 3728.16 of the Revised 630
Code: 631

~~(1) "Trauma," "trauma care," "trauma center," "trauma-~~ 632
~~patient," "pediatric," and "adult" have the same meanings as in-~~ 633
~~section 4765.01 of the Revised Code.~~ 634

~~(2) "Stabilize" and "transfer" have the same meanings as-~~ 635
~~in section 1753.28 of the Revised Code, "hospital" includes an~~ 636
emergency department that is operated as an independent 637
facility. 638

~~(B) On and after November 3, 2002, each~~ Each hospital in 639
this state that is not a trauma center shall adopt protocols for 640
~~adult and pediatric~~ trauma care provided in or by that hospital; 641
each hospital in this state that is an adult trauma center and 642
not a ~~level I or level II~~ pediatric trauma center shall adopt 643
protocols for pediatric trauma care provided in or by that 644
hospital; each hospital in this state that is a pediatric trauma 645
center and not a ~~level I and II~~ an adult trauma center shall 646
adopt protocols for adult trauma care provided in or by that 647
hospital. In developing its trauma care protocols, each hospital 648
shall consider the guidelines for trauma care established by the 649
American college of surgeons, the American college of emergency 650
physicians, and the American academy of pediatrics. Trauma care 651
protocols shall be written, comply with applicable federal and 652
state laws, and include policies and procedures with respect to 653
all of the following: 654

(1) Evaluation of trauma patients, including criteria for 655

prompt identification of trauma patients who require a level of 656
~~adult or pediatric~~ trauma care that exceeds the hospital's 657
capabilities; 658

(2) Emergency treatment and stabilization of trauma 659
patients prior to transfer to an appropriate ~~adult or pediatric~~ 660
trauma center; 661

(3) Timely transfer of trauma patients to appropriate 662
~~adult or pediatric~~ trauma centers based on a patient's medical 663
needs. Trauma patient transfer protocols shall specify all of 664
the following: 665

(a) Procedures for selecting an appropriate trauma center 666
to receive a patient, which shall provide for the following, 667
unless doing so is not feasible or safe: 668

(i) Patients younger than sixteen years of age are to be 669
transported to a pediatric trauma center. 670

(ii) Patients sixteen or seventeen years of age are to be 671
transported to either an adult or pediatric trauma center. 672

(b) Confirmation of the ability of the receiving trauma 673
center to provide prompt ~~adult or pediatric~~ trauma care 674
appropriate to a patient's medical needs; 675

~~(b)~~ (c) Procedures for selecting an appropriate 676
alternative ~~adult or pediatric~~ trauma center to receive a 677
patient when it is not feasible or safe to transport the patient 678
to a particular trauma center; 679

~~(e)~~ (d) Advance notification and appropriate medical 680
consultation with the trauma center to which a trauma patient is 681
being, or will be, transferred; 682

~~(d)~~ (e) Procedures for selecting an appropriate method of 683

transportation and the hospital responsible for arranging or 684
providing the transportation; 685

~~(e)~~ (f) Confirmation of the ability of the persons and 686
vehicle that will transport a trauma patient to provide 687
appropriate ~~adult or pediatric~~ trauma care; 688

~~(f)~~ (g) Assured communication with, and appropriate 689
medical direction of, the persons transporting a trauma patient 690
to a trauma center; 691

~~(g)~~ (h) Identification and timely transfer of appropriate 692
medical records of the trauma patient being transferred; 693

~~(h)~~ (i) The hospital responsible for care of a patient in 694
transit; 695

~~(i)~~ (j) The responsibilities of the physician attending a 696
patient and, if different, the physician who authorizes a 697
transfer of the patient; 698

~~(j)~~ (k) Procedures for determining, in consultation with 699
an appropriate ~~adult or pediatric~~ trauma center and the persons 700
who will transport a trauma patient, when transportation of the 701
patient to a trauma center may be delayed for either of the 702
following reasons: 703

(i) Immediate transfer of the patient is unsafe due to 704
adverse weather or ground conditions. 705

(ii) No trauma center is able to provide appropriate ~~adult~~ 706
~~or pediatric~~ trauma care to the patient without undue delay. 707

(4) Peer review and quality assurance procedures for ~~adult~~ 708
~~and pediatric~~ trauma care provided in or by the hospital. 709

(C) (1) ~~On and after November 3, 2002~~ Except as provided in 710

division (C) (2) of this section, each hospital shall enter into 711
all of the following written agreements ~~unless otherwise~~ 712
~~provided in division (C) (2) of this section:~~ 713

(a) An agreement with one or more adult trauma centers in 714
each level of ~~eategorization~~ designation as a trauma center 715
higher than the hospital that governs the transfer of adult 716
trauma patients from the hospital to those trauma centers; 717

(b) An agreement with one or more pediatric trauma centers 718
in each level of ~~eategorization~~ designation as a trauma center 719
higher than the hospital that governs the transfer of pediatric 720
trauma patients from the hospital to those trauma centers. 721

(2) A level I or level II adult trauma center is not 722
required to enter into an adult trauma patient transfer 723
agreement with another hospital. A level I or level II pediatric 724
trauma center is not required to enter into a pediatric trauma 725
patient transfer agreement with another hospital. A hospital is 726
not required to enter into an adult trauma patient transfer 727
agreement with a level III or level IV adult trauma center, ~~or~~ 728
~~enter into a pediatric trauma patient transfer agreement with a~~ 729
~~level III or level IV pediatric trauma center,~~ if no trauma 730
center of that type is reasonably available to receive trauma 731
patients transferred from the hospital. 732

(3) A trauma patient transfer agreement entered into by a 733
hospital under division (C) (1) of this section shall comply with 734
applicable federal and state laws, including the "Emergency 735
Medical Treatment and Labor Act," 100 Stat. 164 (1986), 42 736
U.S.C. 1395dd, and contain provisions conforming to the 737
requirements for trauma care protocols set forth in division (B) 738
of this section. 739

(D) A hospital shall make trauma care protocols it adopts 740
under division (B) of this section and trauma patient transfer 741
agreements it adopts under division (C) of this section 742
available for public inspection during normal working hours. A 743
hospital shall furnish a copy of such documents upon request and 744
may charge a reasonable and necessary fee for doing so, provided 745
that upon request it shall furnish a copy of such documents to 746
the director of health and the state trauma board free of 747
charge. 748

~~(E) A hospital that ceases to operate as an adult or 749
pediatric trauma center under provisional status is not in 750
violation of divisions (B) and (C) of this section during the 751
time it develops different trauma care protocols and enters into 752
different patient transfer agreements pursuant to division (D)- 753
(2) (c) of section 3727.101 of the Revised Code. 754~~

Sec. ~~3727.10~~ 3728.16. ~~On and after November 3, 2002, no~~ No 755
hospital in this state shall knowingly do any of the following: 756

(A) Represent that it is able to provide ~~adult or 757
pediatric~~ trauma care ~~to a severely injured patient that is 758
inconsistent with its level of categorization designation as an 759
adult or pediatric~~ a trauma center, ~~provided except~~ that a 760
hospital that operates an emergency facility may represent that 761
it provides emergency care; 762

(B) Provide ~~adult or pediatric~~ trauma care ~~to a severely 763
injured patient~~ that is inconsistent with applicable federal 764
laws, state laws, and trauma care protocols and patient transfer 765
agreements the hospital has adopted under section ~~3727.09- 766
3728.15~~ of the Revised Code; 767

(C) Transfer a ~~severely injured adult or pediatric~~ trauma 768

patient to a hospital that is not a trauma center with an 769
appropriate level of ~~adult or pediatric categorization~~ 770
~~designation~~ or otherwise transfer a ~~severely injured adult or~~ 771
~~pediatric~~ trauma patient in a manner inconsistent with any 772
applicable trauma patient transfer agreement adopted by the 773
hospital under section ~~3727.09~~ 3728.15 of the Revised Code. 774

Sec. 3728.20. (A) Except as provided in division (B) of 775
this section, no person or government entity shall operate a 776
facility that admits trauma patients, whether as part of a 777
hospital or separate from a hospital, unless the facility is 778
designated by the state trauma board as a level I, II, or III 779
adult trauma center or a level I or II pediatric trauma center. 780

(B) The board may permit a facility to operate as a level 781
IV trauma center if it meets criteria established by the board 782
under division (C) of section 3728.09 of the Revised Code. 783

(C) A facility that does not admit trauma patients is not 784
required to apply for designation as a trauma center under this 785
chapter. 786

Sec. 3728.21. (A) The state trauma board shall adopt rules 787
under section 3728.10 of the Revised Code specifying all of the 788
following: 789

(1) Forms and procedures for applying for designation; 790

(2) An application fee, fee for the first year of 791
designation, and a renewal fee; 792

(3) Renewal procedures; 793

(4) Circumstances under which a provisional designation 794
may be granted and, subject to section 3728.24 of the Revised 795
Code, the duration of provisional designation; 796

(5) Procedures for suspending or revoking designation and
for reinstating designation; 797
798

(6) Reporting and auditing requirements; 799

(7) Any other procedures or requirements the board
considers necessary or appropriate to implement the designation
and monitoring process. 800
801
802

(B) The fee for the first year of designation and each
renewal shall not exceed the following: 803
804

(1) For a level I adult or pediatric trauma center, ten
thousand dollars; 805
806

(2) For a level II adult or pediatric trauma center, five
thousand dollars; 807
808

(3) For a level III adult trauma center, three thousand
dollars. 809
810

Sec. 3728.22. Each person or government entity that 811
operates or plans to operate a facility that admits trauma 812
patients shall apply to the state trauma board for designation 813
as a level I, II, or III adult trauma center or level I or II 814
pediatric trauma center. 815

The board shall designate a facility as a level I, II, or 816
III adult trauma center or level I or II pediatric trauma center 817
only if the facility has been verified as a trauma center by the 818
American college of surgeons and meets any other criteria 819
established by the board under division (B) of section 3728.09 820
of the Revised Code. 821

Sec. 3728.23. The state trauma board shall designate as a 822
level I, II, or III adult trauma center or as a level I or II 823
pediatric trauma center a facility that meets the requirements 824

of section 3728.22 of the Revised Code and submits a complete 825
application and the application fee. 826

The board may grant provisional designation under the 827
circumstances specified in the rules required by section 3728.21 828
of the Revised Code. 829

A facility may appeal to the director of health the 830
board's refusal to designate it as a trauma center, to designate 831
it at a level requested by the facility, or to grant provisional 832
designation. The director shall hear the appeal in an 833
adjudication conducted under Chapter 119. of the Revised Code. 834
If the director determines that the facility meets the 835
requirements for trauma center designation, the director shall 836
order the board to designate the facility a trauma center at the 837
level specified by the director. 838

The board shall issue a certificate to each trauma center 839
designated under this chapter. The certificate shall indicate 840
the center's level of designation. If the designation is 841
provisional, the provisional status shall be noted on the 842
certificate. 843

Sec. 3728.24. Except for provisional designation, 844
designation as a trauma center under this chapter is valid for 845
one year, unless earlier revoked or suspended under section 846
3728.28 of the Revised Code. Provisional designation is valid 847
only for the period of time specified by the state trauma board 848
at the time it is granted, but shall be valid not longer than 849
one year, unless it is extended by the board for not longer than 850
six months. The board shall not extend a provisional designation 851
more than once. 852

Designation may be renewed in the manner prescribed in 853

rules required by section 3728.21 of the Revised Code. The board 854
shall not renew a designation if the facility does not meet the 855
requirements of section 3728.22 of the Revised Code for initial 856
designation as a trauma center that are in effect on the date 857
the application for renewal is submitted. The renewal fee 858
specified in the rules must be paid not later than sixty days 859
after the board sends an invoice for the fee to the trauma 860
center. 861

A facility may appeal to the director of health the 862
board's refusal to renew its designation. The director shall 863
hear the appeal in an adjudication conducted under Chapter 119. 864
of the Revised Code. If the director determines that the 865
facility meets the requirements for renewal of its designation, 866
the director shall order the board to renew the facility's 867
designation. 868

Sec. ~~3727.102~~ 3728.25. ~~A hospital~~ (A) A facility 869
designated as a trauma center under this chapter shall promptly 870
notify in writing ~~the director of health,~~ the emergency medical 871
services division of the department of public safety, and the 872
appropriate regional directors and regional advisory boards 873
appointed under section 4765.05 of the Revised Code if any of 874
the following occurs: 875

~~(A)~~ (1) The ~~hospital~~ facility ceases to be ~~an adult or~~ 876
~~pediatric~~ a trauma center verified by the American college of 877
surgeons. 878

~~(B)~~ (2) The ~~hospital~~ facility changes its level of 879
verification as ~~an adult or pediatric~~ a trauma center verified 880
by the American college of surgeons. 881

~~(C)~~ (3) The ~~hospital~~ facility commences to operate as ~~an~~ 882

~~adult or pediatric a~~ a trauma center under a ~~provisional status~~ designation pursuant to section ~~3727.101-3728.23~~ of the Revised Code. 883
884
885

~~(D)~~ (4) The ~~hospital facility~~ changes the level of verification or reverification designation it is seeking under its ~~provisional status~~ designation. 886
887
888

~~(E)~~ (5) The ~~hospital facility~~ ceases to operate under its ~~provisional status~~ designation. 889
890

~~(F)~~ (6) The ~~hospital facility~~ receives ~~verification or reverification~~ a designation that is not provisional in place of its ~~provisional status~~ designation. 891
892
893

(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. 894
895
896
897

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. 898
899
900
901
902
903
904
905

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, 906
907
908
909
910
911

except that a subpoena for patient record information shall not 912
be issued without consultation with the attorney general's 913
office and approval of the chairperson of the board. 914

On failure of any person to comply with a subpoena issued 915
by the board and after reasonable notice to the person being 916
subpoenaed, the board may move for an order compelling the 917
production of persons or records pursuant to the Ohio Rules of 918
Civil Procedure. 919

A subpoena issued by the board may be served by a sheriff, 920
the sheriff's deputy, or a board employee designated by the 921
board. Service of a subpoena issued by the board may be made by 922
delivering a copy of the subpoena to the person named therein, 923
reading it to the person, or leaving it at the person's usual 924
place of residence, usual place of business, or address on file 925
with the board. Service of a subpoena may be made by certified 926
mail, return receipt requested. The subpoena shall be deemed 927
served on the date delivery is made or the date the person 928
refuses to accept delivery. If the person being served refuses 929
to accept delivery of the subpoena or is not located, service 930
may be made to an attorney who notifies the board that the 931
attorney is representing the person. 932

A sheriff's deputy who serves a subpoena shall receive the 933
same fees as a sheriff. Each witness who appears before the 934
board in obedience to a subpoena shall receive the fees and 935
mileage provided for under section 119.094 of the Revised Code. 936

The board shall not accept or consider as part of a 937
hearing or investigation any information, document, or record 938
that has as its sole source the proceeding or records of a peer 939
review committee, as defined in section 2305.25 of the Revised 940
Code. The board may accept and consider any information, 941

document, or record that was presented to a peer review 942
committee if the information, document, or record is produced 943
from a source separate from the peer review committee. 944

A report required to be submitted to the board under this 945
chapter, a complaint, or information received by the board 946
pursuant to an investigation under this chapter is confidential 947
and not subject to discovery in any civil action. The board 948
shall conduct all investigations and proceedings in a manner 949
that protects the confidentiality of patients and persons who 950
file complaints with the board. The board shall not make public 951
the names or any other identifying information about patients or 952
complainants unless proper consent is given or, in the case of a 953
patient, a waiver of the patient privilege exists under division 954
(B) of section 2317.02 of the Revised Code, except that consent 955
or a waiver is not required if the board possesses reliable and 956
substantial evidence that no bona fide physician-patient 957
relationship exists. 958

To the extent permitted by federal and state law, the 959
board may share any information it receives pursuant to an 960
investigation, including patient records and patient record 961
information, with law enforcement agencies, other licensing 962
boards, and other governmental agencies that are prosecuting, 963
adjudicating, or investigating alleged violations of statutes or 964
administrative rules. An agency or board that receives the 965
information shall comply with the same requirements regarding 966
confidentiality as those with which the state trauma board must 967
comply, notwithstanding any conflicting provision of the Revised 968
Code or procedure of the agency or board that applies when it is 969
dealing with other information in its possession. In a judicial 970
proceeding, the information may be admitted into evidence only 971
in accordance with the Ohio Rules of Evidence, but the court 972

shall require that appropriate measures be taken to ensure that 973
confidentiality is maintained with respect to any part of the 974
information that contains names or other identifying information 975
about patients or complainants whose confidentiality was 976
protected by the state trauma board when the information was in 977
the board's possession. Measures to ensure confidentiality that 978
may be taken by the court include sealing its records or 979
deleting specific information from its records. 980

Sec. 3728.28. (A) In accordance with Chapter 119. of the 981
Revised Code, the state trauma board may do any or all of the 982
following: 983

(1) Suspend or revoke designation as a trauma center under 984
this chapter if the board determines that material 985
misrepresentations were made in the application for designation 986
or that a trauma center has violated this chapter or rules 987
adopted under it; 988

(2) Suspend or revoke designation as a trauma center if 989
the board determines that the trauma center has failed to 990
maintain standards required for verification by the American 991
college of surgeons; 992

(3) Suspend or revoke designation as a trauma center if 993
the board determines that the trauma center has failed to 994
continue to meet designation criteria established under section 995
3728.09 of the Revised Code. 996

(B) A facility adversely affected by an action taken or 997
proposed to be taken by the board under division (A) of this 998
section may appeal to the director of health. The director shall 999
hear the appeal in an adjudication conducted under Chapter 119. 1000
of the Revised Code. The director may order the board not to 1001

take the action or to reverse or modify the action or may uphold 1002
the action. 1003

(C) The board may suspend designation without adjudication 1004
if it believes there is clear and convincing evidence that 1005
continued operation of a trauma center presents a danger of 1006
immediate and serious harm to the public. The board shall issue 1007
a written order of suspension and cause it to be delivered by 1008
certified mail or in person in accordance with section 119.07 of 1009
the Revised Code. The order shall not be subject to suspension 1010
by the court while an appeal filed under section 119.12 of the 1011
Revised Code is pending. If the trauma center subject to the 1012
suspension requests adjudication, the director of health shall 1013
conduct the adjudication under Chapter 119. of the Revised Code. 1014
The date set for the adjudication shall be not later than 1015
fifteen days but not earlier than seven days after the request 1016
is made, unless another date is agreed to by the trauma center 1017
and the director. The suspension shall remain in effect, unless 1018
reversed by the board, until a final adjudication order issued 1019
by the director pursuant to this section and Chapter 119. of the 1020
Revised Code becomes effective. 1021

The director shall issue a final adjudication order not 1022
later than ninety days after completion of the adjudication. If 1023
the director does not issue a final order within the ninety-day 1024
period, the suspension shall be void, but any final adjudication 1025
order issued subsequent to the ninety-day period shall not be 1026
affected. 1027

(D) If the board or the director of health revokes or 1028
suspends designation of a facility as a trauma center under this 1029
chapter and the facility continues to operate as a trauma 1030
center, at the request of the board or director the attorney 1031

general shall apply to the court of common pleas of the county 1032
in which the facility is located for an order enjoining its 1033
operation. The court shall grant the order on a showing that the 1034
facility continues to operate as a trauma center. 1035

Sec. 3728.30. All fees collected under this chapter shall 1036
be deposited in the state treasury to the credit of the general 1037
operations fund created under section 3701.83 of the Revised 1038
Code. The amounts deposited shall be used solely to administer 1039
and enforce this chapter and the rules adopted under it. 1040

Sec. 4511.81. (A) When any child who is in either or both 1041
of the following categories is being transported in a motor 1042
vehicle, other than a taxicab or public safety vehicle as 1043
defined in section 4511.01 of the Revised Code, that is required 1044
by the United States department of transportation to be equipped 1045
with seat belts at the time of manufacture or assembly, the 1046
operator of the motor vehicle shall have the child properly 1047
secured in accordance with the manufacturer's instructions in a 1048
child restraint system that meets federal motor vehicle safety 1049
standards: 1050

(1) A child who is less than four years of age; 1051

(2) A child who weighs less than forty pounds. 1052

(B) When any child who is in either or both of the 1053
following categories is being transported in a motor vehicle, 1054
other than a taxicab, that is owned, leased, or otherwise under 1055
the control of a nursery school or day-care center, the operator 1056
of the motor vehicle shall have the child properly secured in 1057
accordance with the manufacturer's instructions in a child 1058
restraint system that meets federal motor vehicle safety 1059
standards: 1060

(1) A child who is less than four years of age; 1061

(2) A child who weighs less than forty pounds. 1062

(C) When any child who is less than eight years of age and 1063
less than four feet nine inches in height, who is not required 1064
by division (A) or (B) of this section to be secured in a child 1065
restraint system, is being transported in a motor vehicle, other 1066
than a taxicab or public safety vehicle as defined in section 1067
4511.01 of the Revised Code or a vehicle that is regulated under 1068
section 5104.015 of the Revised Code, that is required by the 1069
United States department of transportation to be equipped with 1070
seat belts at the time of manufacture or assembly, the operator 1071
of the motor vehicle shall have the child properly secured in 1072
accordance with the manufacturer's instructions on a booster 1073
seat that meets federal motor vehicle safety standards. 1074

(D) When any child who is at least eight years of age but 1075
not older than fifteen years of age, and who is not otherwise 1076
required by division (A), (B), or (C) of this section to be 1077
secured in a child restraint system or booster seat, is being 1078
transported in a motor vehicle, other than a taxicab or public 1079
safety vehicle as defined in section 4511.01 of the Revised 1080
Code, that is required by the United States department of 1081
transportation to be equipped with seat belts at the time of 1082
manufacture or assembly, the operator of the motor vehicle shall 1083
have the child properly restrained either in accordance with the 1084
manufacturer's instructions in a child restraint system that 1085
meets federal motor vehicle safety standards or in an occupant 1086
restraining device as defined in section 4513.263 of the Revised 1087
Code. 1088

(E) Notwithstanding any provision of law to the contrary, 1089
no law enforcement officer shall cause an operator of a motor 1090

vehicle being operated on any street or highway to stop the 1091
motor vehicle for the sole purpose of determining whether a 1092
violation of division (C) or (D) of this section has been or is 1093
being committed or for the sole purpose of issuing a ticket, 1094
citation, or summons for a violation of division (C) or (D) of 1095
this section or causing the arrest of or commencing a 1096
prosecution of a person for a violation of division (C) or (D) 1097
of this section, and absent another violation of law, a law 1098
enforcement officer's view of the interior or visual inspection 1099
of a motor vehicle being operated on any street or highway may 1100
not be used for the purpose of determining whether a violation 1101
of division (C) or (D) of this section has been or is being 1102
committed. 1103

(F) The director of public safety shall adopt such rules 1104
as are necessary to carry out this section. 1105

(G) The failure of an operator of a motor vehicle to 1106
secure a child in a child restraint system, a booster seat, or 1107
an occupant restraining device as required by this section is 1108
not negligence imputable to the child, is not admissible as 1109
evidence in any civil action involving the rights of the child 1110
against any other person allegedly liable for injuries to the 1111
child, is not to be used as a basis for a criminal prosecution 1112
of the operator of the motor vehicle other than a prosecution 1113
for a violation of this section, and is not admissible as 1114
evidence in any criminal action involving the operator of the 1115
motor vehicle other than a prosecution for a violation of this 1116
section. 1117

(H) This section does not apply when an emergency exists 1118
that threatens the life of any person operating or occupying a 1119
motor vehicle that is being used to transport a child who 1120

otherwise would be required to be restrained under this section. 1121
This section does not apply to a person operating a motor 1122
vehicle who has an affidavit signed by a physician licensed to 1123
practice in this state under Chapter 4731. of the Revised Code 1124
or a chiropractor licensed to practice in this state under 1125
Chapter 4734. of the Revised Code that states that the child who 1126
otherwise would be required to be restrained under this section 1127
has a physical impairment that makes use of a child restraint 1128
system, booster seat, or an occupant restraining device 1129
impossible or impractical, provided that the person operating 1130
the vehicle has safely and appropriately restrained the child in 1131
accordance with any recommendations of the physician or 1132
chiropractor as noted on the affidavit. 1133

(I) There is hereby created in the state treasury the 1134
child highway safety fund, consisting of fines imposed pursuant 1135
to division ~~(K)~~(L) (1) of this section for violations of 1136
divisions (A), (B), (C), and (D) of this section. The money in 1137
the fund shall be used by the ~~department of health~~ state trauma 1138
board only to defray the cost of designating ~~hospitals as~~ 1139
pediatric trauma centers under ~~section 3727.081~~ Chapter 3728. of 1140
the Revised Code and to establish and administer a child highway 1141
safety program. The purpose of the program shall be to educate 1142
the public about child restraint systems and booster seats and 1143
the importance of their proper use. The program also shall 1144
include a process for providing child restraint systems and 1145
booster seats to persons who meet the eligibility criteria 1146
established by the department, and a toll-free telephone number 1147
the public may utilize to obtain information about child 1148
restraint systems and booster seats, and their proper use. 1149

(J) The director of health, in accordance with Chapter 1150
119. of the Revised Code, shall adopt any rules necessary to 1151

carry out this section, including rules establishing the 1152
criteria a person must meet in order to receive a child 1153
restraint system or booster seat under the department's child 1154
highway safety program; provided that rules relating to the 1155
verification of pediatric trauma centers shall not be adopted 1156
under this section. 1157

(K) Nothing in this section shall be construed to require 1158
any person to carry with the person the birth certificate of a 1159
child to prove the age of the child, but the production of a 1160
valid birth certificate for a child showing that the child was 1161
not of an age to which this section applies is a defense against 1162
any ticket, citation, or summons issued for violating this 1163
section. 1164

(L) (1) Whoever violates division (A), (B), (C), or (D) of 1165
this section shall be punished as follows, provided that the 1166
failure of an operator of a motor vehicle to secure more than 1167
one child in a child restraint system, booster seat, or occupant 1168
restraining device as required by this section that occurred at 1169
the same time, on the same day, and at the same location is 1170
deemed to be a single violation of this section: 1171

(a) Except as otherwise provided in division (L) (1) (b) of 1172
this section, the offender is guilty of a minor misdemeanor and 1173
shall be fined not less than twenty-five dollars nor more than 1174
seventy-five dollars. 1175

(b) If the offender previously has been convicted of or 1176
pleaded guilty to a violation of division (A), (B), (C), or (D) 1177
of this section or of a municipal ordinance that is 1178
substantially similar to any of those divisions, the offender is 1179
guilty of a misdemeanor of the fourth degree. 1180

(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: 1214

(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. 1215
1216
1217

(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. 1218
1219
1220
1221

(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. 1222
1223
1224
1225

(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. 1226
1227
1228
1229

(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. 1230
1231
1232
1233
1234

(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 1235
1236
1237
1238

body surface. 1239

(G) "Emergency medical service" means any of the services 1240
described in sections 4765.35, 4765.37, 4765.38, and 4765.39 of 1241
the Revised Code that are performed by first responders, 1242
emergency medical technicians-basic, emergency medical 1243
technicians-intermediate, and paramedics. "Emergency medical 1244
service" includes such services performed before or during any 1245
transport of a patient, including transports between hospitals 1246
and transports to and from helicopters. 1247

(H) "Emergency medical service organization" means a 1248
public or private organization using first responders, EMTs- 1249
basic, EMTs-I, or paramedics, or a combination of first 1250
responders, EMTs-basic, EMTs-I, and paramedics, to provide 1251
emergency medical services. 1252

(I) "Physician" means an individual who holds a current, 1253
valid certificate issued under Chapter 4731. of the Revised Code 1254
authorizing the practice of medicine and surgery or osteopathic 1255
medicine and surgery. 1256

(J) "Registered nurse" means an individual who holds a 1257
current, valid license issued under Chapter 4723. of the Revised 1258
Code authorizing the practice of nursing as a registered nurse. 1259

(K) "Volunteer" means a person who provides services 1260
either for no compensation or for compensation that does not 1261
exceed the actual expenses incurred in providing the services or 1262
in training to provide the services. 1263

(L) "Emergency medical service personnel" means first 1264
responders, emergency medical service technicians-basic, 1265
emergency medical service technicians-intermediate, emergency 1266
medical service technicians-paramedic, and persons who provide 1267

medical direction to such persons.	1268
(M) "Hospital" has the same meaning as in section 3727.01	1269
of the Revised Code, <u>except that it also includes an emergency</u>	1270
<u>department that is operated as an independent facility.</u>	1271
(N) "Trauma" or "traumatic injury" means severe damage to	1272
or destruction of tissue that satisfies both of the following	1273
conditions:	1274
(1) It creates a significant risk of any of the following:	1275
(a) Loss of life;	1276
(b) Loss of a limb;	1277
(c) Significant, permanent disfigurement;	1278
(d) Significant, permanent disability.	1279
(2) It is caused by any of the following:	1280
(a) Blunt or penetrating injury;	1281
(b) Exposure to electromagnetic, chemical, or radioactive, <u>or</u>	1282
<u>thermal</u> energy;	1283
(c) Drowning, suffocation, or strangulation;	1284
(d) A deficit or excess of heat.	1285
(O) "Trauma victim" or "trauma patient" means a person who	1286
has sustained a traumatic injury.	1287
(P) "Trauma care" means the assessment, diagnosis,	1288
transportation, treatment, or rehabilitation of a trauma victim	1289
by emergency medical service personnel or by a physician, nurse,	1290
physician assistant, respiratory therapist, physical therapist,	1291
chiropractor, occupational therapist, speech-language	1292
pathologist, audiologist, or psychologist licensed to practice	1293

- as such in this state or another jurisdiction. 1294
- (Q) "Trauma center" means ~~all of the following:~~ 1295
- ~~(1) Any hospital that is verified by the American college of surgeons as an adult or pediatric trauma center;~~ 1296
1297
- ~~(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;~~ 1298
1299
1300
- ~~(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;~~ 1301
1302
1303
1304
- ~~(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.~~ 1305
1306
1307
1308
1309
- (R) "Pediatric" means involving a patient who is less than sixteen years of age. 1310
1311
- (S) ~~"Adult" means involving a patient who is not a pediatric patient.~~ 1312
1313
- ~~(T)~~ "Geriatric" means involving a patient who is at least seventy years old or exhibits significant anatomical or physiological characteristics associated with advanced aging. 1314
1315
1316
- ~~(U)~~ (T) "Air medical organization" means an organization that provides emergency medical services, or transports emergency victims, by means of fixed or rotary wing aircraft. 1317
1318
1319
- ~~(V) "Emergency care" and "emergency facility" have the~~ 1320

~~same meanings as in section 3727.01 of the Revised Code.~~ 1321

~~(W)~~(U) "Stabilize," except as it is used in division (B) 1322
of section 4765.35 of the Revised Code with respect to the 1323
manual stabilization of fractures, has the same meaning as in 1324
section ~~1753.28~~3728.01 of the Revised Code. 1325

~~(X)~~(V) "Transfer" has the same meaning as in section 1326
~~1753.28~~1867 of the ~~Revised Code~~ "Social Security Act," 42 1327
U.S.C. 1395dd, as amended. 1328

~~(Y)~~(W) "Firefighter" means any member of a fire 1329
department as defined in section 742.01 of the Revised Code. 1330

~~(Z)~~(X) "Volunteer firefighter" has the same meaning as in 1331
section 146.01 of the Revised Code. 1332

~~(AA)~~(Y) "Part-time paid firefighter" means a person who 1333
provides firefighting services on less than a full-time basis, 1334
is routinely scheduled to be present on site at a fire station 1335
or other designated location for purposes of responding to a 1336
fire or other emergency, and receives more than nominal 1337
compensation for the provision of firefighting services. 1338

~~(BB)~~(Z) "Physician assistant" means an individual who 1339
holds a valid certificate to practice as a physician assistant 1340
issued under Chapter 4730. of the Revised Code. 1341

Sec. 4765.02. (A) (1) There is hereby created the state 1342
board of emergency medical, fire, and transportation services 1343
within the division of emergency medical services of the 1344
department of public safety. The board shall consist of the 1345
members specified in this section who are residents of this 1346
state. The governor, with the advice and consent of the senate, 1347
shall appoint all members of the board, except the employee of 1348
the department of public safety designated by the director of 1349

public safety under this section to be a member of the board. In 1350
making the appointments, the governor shall appoint only members 1351
with background or experience in emergency medical services or 1352
trauma care and shall attempt to include members representing 1353
urban and rural areas, various geographical regions of the 1354
state, and various schools of training. 1355

(2) One member of the board shall be a physician certified 1356
by the American board of emergency medicine or the American 1357
osteopathic board of emergency medicine who is active in the 1358
practice of emergency medicine and is actively involved with an 1359
emergency medical service organization. The governor shall 1360
appoint this member from among three persons nominated by the 1361
Ohio chapter of the American college of emergency physicians and 1362
three persons nominated by the Ohio osteopathic association. One 1363
member shall be a physician certified by the American board of 1364
surgery or the American osteopathic board of surgery who is 1365
active in the practice of trauma surgery and is actively 1366
involved with emergency medical services. The governor shall 1367
appoint this member from among three persons nominated by the 1368
Ohio chapter of the American college of surgeons and three 1369
persons nominated by the Ohio osteopathic association. One 1370
member shall be a physician certified by the American academy of 1371
pediatrics or American osteopathic board of pediatrics who is 1372
active in the practice of pediatric emergency medicine and 1373
actively involved with an emergency medical service 1374
organization. The governor shall appoint this member from among 1375
three persons nominated by the Ohio chapter of the American 1376
academy of pediatrics and three persons nominated by the Ohio 1377
osteopathic association. One member shall be the administrator 1378
of a hospital located in this state. The governor shall appoint 1379
this member from among three persons nominated by ~~OHA:~~ the Ohio 1380

~~hospital~~ association ~~for hospitals and health systems~~, three 1381
persons nominated by the Ohio osteopathic association, and three 1382
persons nominated by the Ohio children's hospital association ~~of~~ 1383
~~Ohio children's hospitals~~. One member shall be ~~an adult or~~ 1384
~~pediatric~~ a trauma program manager or trauma program director 1385
who is involved in the daily management of a ~~verified~~ trauma 1386
center verified by the American college of surgeons. The 1387
governor shall appoint this member from among three persons 1388
nominated by the Ohio nurses association, three persons 1389
nominated by the Ohio society of trauma nurse leaders, and three 1390
persons nominated by the Ohio state council of the emergency 1391
nurses association. One member shall be the chief of a fire 1392
department that is also an emergency medical service 1393
organization in which more than fifty per cent of the persons 1394
who provide emergency medical services are full-time paid 1395
employees. The governor shall appoint this member from among 1396
three persons nominated by the Ohio fire chiefs' association. 1397
One member shall be the chief of a fire department that is also 1398
an emergency medical service organization in which more than 1399
fifty per cent of the persons who provide emergency medical 1400
services are volunteers. The governor shall appoint this member 1401
from among three persons nominated by the Ohio fire chiefs' 1402
association. One member shall be a person who is certified to 1403
teach under section 4765.23 of the Revised Code and holds a 1404
valid certificate to practice as an EMT, AEMT, or paramedic. The 1405
governor shall appoint this member from among three persons 1406
nominated by the Ohio emergency medical technician instructors 1407
association and the Ohio instructor/coordinators' society. One 1408
member shall be an EMT, AEMT, or paramedic, and one member shall 1409
be a paramedic. The governor shall appoint these members from 1410
among three EMTs or AEMTs and three paramedics nominated by the 1411
Ohio association of professional fire fighters and three EMTs, 1412

three AEMTs, and three paramedics nominated by the northern Ohio 1413
fire fighters. One member shall be an EMT, AEMT, or paramedic, 1414
and one member shall be a paramedic. The governor shall appoint 1415
these members from among three EMTs or AEMTs and three 1416
paramedics nominated by the Ohio state firefighter's 1417
association. One member shall be a person whom the governor 1418
shall appoint from among an EMT, AEMT, or a paramedic nominated 1419
by the Ohio association of emergency medical services or the 1420
Ohio ambulance and medical transportation association. One 1421
member shall be an EMT, AEMT, or a paramedic, whom the governor 1422
shall appoint from among three persons nominated by the Ohio 1423
ambulance and medical transportation association. One member 1424
shall be a paramedic, whom the governor shall appoint from among 1425
three persons nominated by the Ohio ambulance and medical 1426
transportation association. One member shall be the owner or 1427
operator of a private emergency medical service organization 1428
whom the governor shall appoint from among three persons 1429
nominated by the Ohio ambulance and medical transportation 1430
association. One member shall be a provider of mobile intensive 1431
care unit transportation in this state whom the governor shall 1432
appoint from among three persons nominated by the Ohio 1433
association of critical care transport. One member shall be a 1434
provider of air-medical transportation in this state whom the 1435
governor shall appoint from among three persons nominated by the 1436
Ohio association of critical care transport. One member shall be 1437
the owner or operator of a nonemergency medical service 1438
organization in this state that provides ambulance services whom 1439
the governor shall appoint from among three persons nominated by 1440
the Ohio ambulance and medical transportation association. 1441

The governor may refuse to appoint any of the persons 1442
nominated by one or more organizations under division (A) (2) of 1443

this section, except the employee of the department of public 1444
safety designated by the director of public safety under this 1445
section to be a member of the board. In that event, the 1446
organization or organizations shall continue to nominate the 1447
required number of persons until the governor appoints to the 1448
board one or more of the persons nominated by the organization 1449
or organizations. 1450

The director of public safety shall designate an employee 1451
of the department of public safety to serve as a member of the 1452
board at the director's pleasure. This member shall serve as a 1453
liaison between the department and the division of emergency 1454
medical services in cooperation with the executive director of 1455
the board. 1456

(B) Terms of office of all members appointed by the 1457
governor shall be for three years, each term ending on the same 1458
day of the same month as did the term it succeeds. Each member 1459
shall hold office from the date of appointment until the end of 1460
the term for which the member was appointed. A member shall 1461
continue in office subsequent to the expiration date of the 1462
member's term until the member's successor takes office, or 1463
until a period of sixty days has elapsed, whichever occurs 1464
first. 1465

Each vacancy shall be filled in the same manner as the 1466
original appointment. A member appointed to fill a vacancy 1467
occurring prior to the expiration of the term for which the 1468
member's predecessor was appointed shall hold office for the 1469
remainder of the unexpired term. 1470

The term of a member shall expire if the member ceases to 1471
meet any of the requirements to be appointed as that member. The 1472
governor may remove any member from office for neglect of duty, 1473

malfeasance, misfeasance, or nonfeasance, after an adjudication 1474
hearing held in accordance with Chapter 119. of the Revised 1475
Code. 1476

(C) The members of the board shall serve without 1477
compensation but shall be reimbursed for their actual and 1478
necessary expenses incurred in carrying out their duties as 1479
board members. 1480

(D) The board shall organize by annually selecting a chair 1481
and vice-chair from among its members. The board may adopt 1482
bylaws to regulate its affairs. A majority of all members of the 1483
board shall constitute a quorum. No action shall be taken 1484
without the concurrence of a majority of all members of the 1485
board. The board shall meet at least four times annually and at 1486
the call of the chair. The chair shall call a meeting on the 1487
request of the executive director or the medical director of the 1488
board or on the written request of five members. The board shall 1489
maintain written or electronic records of its meetings. 1490

Notwithstanding division (C) of section 121.22 of the 1491
Revised Code, the requirement that a member be present in person 1492
at a meeting to be part of a quorum or to vote does not apply if 1493
a member attends by interactive video conference or 1494
teleconference and all of the following conditions are met: 1495

(1) The meeting is held at a location that is open and 1496
accessible to the public. 1497

(2) A clear audio connection is established that enables 1498
all members participating at the meeting location to hear the 1499
participation of each member. 1500

(3) A roll call vote is recorded for each vote taken. 1501

(4) The minutes of the board identify which members 1502

participated by interactive video conference or teleconference. 1503

The board may limit the number of members permitted to 1504
participate by interactive video conference or teleconference in 1505
any particular meeting and the number of times in any year that 1506
a particular member may participate in meetings by interactive 1507
video conference or teleconference. 1508

(E) Upon twenty-four hours' notice from a member of the 1509
board, the member's employer shall release the member from the 1510
member's employment duties to attend meetings of the full board. 1511
Nothing in this division requires the employer of a member of 1512
the board to compensate the member for time the member is 1513
released from employment duties under this paragraph, but any 1514
civil immunity, workers' compensation, disability, or similar 1515
coverage that applies to a member of the board as a result of 1516
the member's employment shall continue to apply while the member 1517
is released from employment duties under this paragraph. 1518

Sec. 4765.03. (A) The director of public safety shall 1519
appoint a full-time executive director for the state board of 1520
emergency medical, fire, and transportation services. The 1521
executive director shall be knowledgeable in emergency medical 1522
services and trauma care and shall serve at the pleasure of the 1523
director of public safety. The director of public safety shall 1524
appoint the executive director from among three persons 1525
nominated by the board. The director of public safety may 1526
refuse, for cause, to appoint any of the board's nominees. If 1527
the director fails to appoint any of the board's nominees, the 1528
board shall continue to nominate groups of three persons until 1529
the director does appoint one of the board's nominees. The 1530
executive director shall serve as the chief executive officer of 1531
the board and as the executive director of the division of 1532

emergency medical services. The executive director shall attend 1533
each meeting of the board, except the board may exclude the 1534
executive director from discussions concerning the employment or 1535
performance of the executive director or medical director of the 1536
board. The executive director shall give a surety bond to the 1537
state in such sum as the board determines, conditioned on the 1538
faithful performance of the duties of the executive director's 1539
office. The executive director shall receive a salary from the 1540
board and shall be reimbursed for actual and necessary expenses 1541
incurred in carrying out duties as executive director. 1542

The executive director shall submit a report to the 1543
director of public safety at least every three months regarding 1544
the status of emergency medical services in this state. The 1545
executive director shall meet with the director of public safety 1546
at the director's request. 1547

(B) The board shall appoint a medical director, who shall 1548
serve at the pleasure of the board. The medical director shall 1549
be a physician certified by the American board of emergency 1550
medicine or the American osteopathic board of emergency medicine 1551
who is active in the practice of emergency medicine and has been 1552
actively involved with an emergency medical service organization 1553
for at least five years prior to being appointed. The board 1554
shall consider any recommendations for this appointment from the 1555
Ohio chapter of the American college of emergency physicians, 1556
the Ohio chapter of the American college of surgeons, the Ohio 1557
chapter of the American academy of pediatrics, the Ohio 1558
osteopathic association, and the Ohio state medical association. 1559

The medical director shall direct the executive director 1560
and advise the board with regard to ~~adult and pediatric trauma~~ 1561
~~and~~ emergency medical services issues. The medical director 1562

shall attend each meeting of the board, except the board may 1563
exclude the medical director from discussions concerning the 1564
appointment or performance of the medical director or executive 1565
director of the board. The medical director shall be employed 1566
and paid by the board and shall be reimbursed for actual and 1567
necessary expenses incurred in carrying out duties as medical 1568
director. 1569

(C) The board may appoint employees as it determines 1570
necessary. The board shall prescribe the duties and titles of 1571
its employees. 1572

Sec. 4765.04. (A) The firefighter and fire safety 1573
inspector training committee of the state board of emergency 1574
medical, fire, and transportation services is hereby created and 1575
shall consist of the members of the board who are chiefs of fire 1576
departments, and the members of the board who are emergency 1577
medical technicians-basic, emergency medical technicians- 1578
intermediate, and emergency medical technicians-paramedic 1579
appointed from among persons nominated by the Ohio association 1580
of professional fire fighters or the northern Ohio fire fighters 1581
and from among persons nominated by the Ohio state firefighter's 1582
association. Each member of the committee, except the 1583
chairperson, may designate a person with fire experience to 1584
serve in that member's place. The members of the committee or 1585
their designees shall select a chairperson from among the 1586
members or their designees. 1587

The committee may conduct investigations in the course of 1588
discharging its duties under this chapter. In the course of an 1589
investigation, the committee may issue subpoenas. If a person 1590
subpoenaed fails to comply with the subpoena, the committee may 1591
authorize its chairperson to apply to the court of common pleas 1592

in the county where the person to be subpoenaed resides for an 1593
order compelling compliance in the same manner as compliance 1594
with a subpoena issued by the court is compelled. 1595

~~(B) The trauma committee of the state board of emergency 1596
medical, fire, and transportation services is hereby created and 1597
shall consist of the following members appointed by the director 1598
of public safety: 1599~~

~~(1) A physician who is certified by the American board of 1600
surgery or American osteopathic board of surgery and actively 1601
practices general trauma surgery, appointed from among three 1602
persons nominated by the Ohio chapter of the American college of 1603
surgeons, three persons nominated by the Ohio state medical 1604
association, and three persons nominated by the Ohio osteopathic 1605
association; 1606~~

~~(2) A physician who is certified by the American board of 1607
surgery or the American osteopathic board of surgery and 1608
actively practices orthopedic trauma surgery, appointed from 1609
among three persons nominated by the Ohio orthopedic society and 1610
three persons nominated by the Ohio osteopathic association; 1611~~

~~(3) A physician who is certified by the American board of 1612
neurological surgeons or the American osteopathic board of 1613
surgery and actively practices neurosurgery on trauma victims, 1614
appointed from among three persons nominated by the Ohio state 1615
neurological society and three persons nominated by the Ohio 1616
osteopathic association; 1617~~

~~(4) A physician who is certified by the American board of 1618
surgeons or American osteopathic board of surgeons and actively 1619
specializes in treating burn victims, appointed from among three 1620
persons nominated by the Ohio chapter of the American college of 1621~~

~~surgeons and three persons nominated by the Ohio osteopathic association;~~ 1622
1623

~~(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;~~ 1624
1625
1626
1627

~~(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;~~ 1628
1629
1630
1631
1632
1633
1634

~~(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;~~ 1635
1636
1637
1638
1639
1640
1641

~~(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;~~ 1642
1643
1644
1645
1646
1647
1648

~~(9) A physician who is certified by the American board of pediatrics, American osteopathic board of pediatrics, or~~ 1649
1650

~~American board of emergency medicine, is sub-boarded in- 1651
pediatric emergency medicine, actively practices pediatric- 1652
emergency medicine, and is actively involved in emergency- 1653
medical services, appointed from among three persons nominated- 1654
by the Ohio chapter of the American academy of pediatrics, three 1655
persons nominated by the Ohio chapter of the American college of 1656
emergency physicians, and three persons nominated by the Ohio- 1657
osteopathic association; 1658~~

~~(10) A physician who is certified by the American board of- 1659
surgery, American osteopathic board of surgery, or American- 1660
board of emergency medicine and is the chief medical officer of- 1661
an air medical organization, appointed from among three persons- 1662
nominated by the Ohio association of air medical services; 1663~~

~~(11) A coroner or medical examiner appointed from among- 1664
three people nominated by the Ohio state coroners' association; 1665~~

~~(12) A registered nurse who actively practices trauma- 1666
nursing at an adult or pediatric trauma center, appointed from- 1667
among three persons nominated by the Ohio association of trauma- 1668
nurse coordinators; 1669~~

~~(13) A registered nurse who actively practices emergency- 1670
nursing and is actively involved in emergency medical services,- 1671
appointed from among three persons nominated by the Ohio chapter- 1672
of the emergency nurses' association; 1673~~

~~(14) The chief trauma registrar of an adult or pediatric- 1674
trauma center, appointed from among three persons nominated by- 1675
the alliance of Ohio trauma registrars; 1676~~

~~(15) The administrator of an adult or pediatric trauma- 1677
center, appointed from among three persons nominated by OHA: the- 1678
association for hospitals and health systems, three persons- 1679~~

~~nominated by the Ohio osteopathic association, three persons— 1680
nominated by the association of Ohio children's hospitals, and 1681
three persons nominated by the health forum of Ohio; 1682~~

~~(16) The administrator of a hospital that is not a trauma— 1683
center and actively provides emergency care to adult or— 1684
pediatric trauma patients, appointed from among three persons— 1685
nominated by OHA: the association for hospitals and health— 1686
systems, three persons nominated by the Ohio osteopathic— 1687
association, three persons nominated by the association of Ohio— 1688
children's hospitals, and three persons nominated by the health— 1689
forum of Ohio; 1690~~

~~(17) The operator of an ambulance company that actively— 1691
provides trauma care to emergency patients, appointed from among— 1692
three persons nominated by the Ohio ambulance association; 1693~~

~~(18) The chief of a fire department that actively provides— 1694
trauma care to emergency patients, appointed from among three— 1695
persons nominated by the Ohio fire chiefs' association; 1696~~

~~(19) An EMT or paramedic who is certified under this— 1697
chapter and actively provides trauma care to emergency patients,— 1698
appointed from among three persons nominated by the Ohio— 1699
association of professional firefighters, three persons— 1700
nominated by the northern Ohio fire fighters, three persons— 1701
nominated by the Ohio state firefighters' association, and three— 1702
persons nominated by the Ohio association of emergency medical— 1703
services; 1704~~

~~(20) A person who actively advocates for trauma victims,— 1705
appointed from three persons nominated by the Ohio brain injury— 1706
association and three persons nominated by the governor's— 1707
council on people with disabilities; 1708~~

~~(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;~~ 1709
1710
1711
1712
1713
1714
1715
1716

~~(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.~~ 1717
1718
1719
1720
1721
1722
1723
1724
1725

~~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.~~ 1726
1727
1728
1729
1730
1731
1732
1733
1734
1735

~~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~~ 1736
1737
1738

~~continue to nominate the required number of persons until the~~ 1739
~~director appoints to the committee one or more of the persons~~ 1740
~~nominated by the organization or organizations.~~ 1741

~~Initial appointments to the committee shall be made by the~~ 1742
~~director not later than ninety days after November 3, 2000.~~ 1743
~~Members of the committee shall serve at the pleasure of the~~ 1744
~~director, except that any member of the committee who ceases to~~ 1745
~~be qualified for the position to which the member was appointed~~ 1746
~~shall cease to be a member of the committee. Vacancies on the~~ 1747
~~committee shall be filled in the same manner as original~~ 1748
~~appointments.~~ 1749

~~The members of the committee shall serve without~~ 1750
~~compensation but shall be reimbursed for actual and necessary~~ 1751
~~expenses incurred in carrying out duties as members of the~~ 1752
~~committee.~~ 1753

~~The committee shall select a chairperson and vice~~ 1754
~~chairperson from among its members. A majority of all members of~~ 1755
~~the committee shall constitute a quorum. No action shall be~~ 1756
~~taken without the concurrence of a majority of all members of~~ 1757
~~the committee. The committee shall meet at the call of the~~ 1758
~~chair, upon written request of five members of the committee,~~ 1759
~~and at the direction of the state board of emergency medical,~~ 1760
~~fire, and transportation services. The committee shall not meet~~ 1761
~~at times or locations that conflict with meetings of the board.~~ 1762
~~The executive director and medical director of the state board~~ 1763
~~of emergency medical, fire, and transportation services may~~ 1764
~~participate in any meeting of the committee and shall do so at~~ 1765
~~the request of the committee.~~ 1766

~~The committee shall advise and assist the state board of~~ 1767
~~emergency medical, fire, and transportation services in matters~~ 1768

~~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.~~

(C)(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 1800
state. 1801

(2) There is hereby created the critical care subcommittee 1802
of the medical transportation committee. The membership of the 1803
subcommittee and the conduct of the subcommittee's business 1804
shall conform to rules adopted by the board. The subcommittee 1805
shall advise and assist the committee and board in matters 1806
relating to mobile intensive care and air medical service 1807
organizations in this state. 1808

~~(D)~~ (C) The state board of emergency medical, fire, and 1809
transportation services may appoint other committees and 1810
subcommittees as it considers necessary. 1811

~~(E)~~ (D) The state board of emergency medical, fire, and 1812
transportation services, and any of its committees or 1813
subcommittees, may request assistance from any state agency. The 1814
board and its committees and subcommittees may permit persons 1815
who are not members of those bodies to participate in 1816
deliberations of those bodies, but no person who is not a member 1817
of the board shall vote on the board and no person who is not a 1818
member of a committee created under division (A) or (B) ~~or (C)~~ 1819
of this section shall vote on that committee. 1820

~~(F)~~ (E) Sections 101.82 to 101.87 of the Revised Code do 1821
not apply to the committees established under divisions (A) and 1822
(B) ~~and (C)~~ of this section. 1823

(F) Notwithstanding division (C) of section 121.22 of the 1824
Revised Code, the requirement that a member be present in person 1825
at a meeting to be part of a quorum or to vote does not apply to 1826
a member of a committee of the state board of emergency medical, 1827
fire, and transportation services if the member attends by 1828

interactive video conference or teleconference and all of the 1829
following conditions are met: 1830

(1) The meeting is held at a location that is open and 1831
accessible to the public. 1832

(2) A clear audio connection is established that enables 1833
all members participating at the meeting location to hear the 1834
participation of each member. 1835

(3) A roll call vote is recorded for each vote taken. 1836

(4) The minutes of the committee identify which members 1837
participated by interactive video conference or teleconference. 1838

The board or committee may limit the number of members 1839
permitted to participate by interactive video conference or 1840
teleconference in any particular meeting and the number of times 1841
in any year that a particular member may participate in meetings 1842
by interactive video conference or teleconference. 1843

Sec. 4765.05. (A) As used in this section, "prehospital 1844
emergency medical services" means an emergency medical services 1845
system that provides medical services to patients who require 1846
immediate assistance, because of illness or injury, prior to 1847
their arrival at an emergency medical facility. 1848

(B) The state board of emergency medical, fire, and 1849
transportation services shall divide the state geographically 1850
into prehospital emergency medical services regions for purposes 1851
of overseeing the delivery of ~~adult and pediatric~~ prehospital 1852
emergency medical services. For each prehospital emergency 1853
medical services region, the state board of emergency medical, 1854
fire, and transportation services shall appoint either a 1855
physician to serve as the regional director or a physician 1856
advisory board to serve as the regional advisory board. The 1857

state board of emergency medical, fire, and transportation 1858
services shall specify the duties of each regional director and 1859
regional advisory board. Regional directors and members of 1860
regional advisory boards shall serve without compensation, but 1861
shall be reimbursed for actual and necessary expenses incurred 1862
in carrying out duties as regional directors and members of 1863
regional advisory boards. 1864

(C) Nothing in this section shall be construed to limit in 1865
any way the ability of a hospital to determine the market area 1866
of that hospital. 1867

Sec. 4765.06. (A) The state board of emergency medical, 1868
fire, and transportation services shall establish an emergency 1869
medical services incidence reporting system for the collection 1870
of information regarding the delivery of emergency medical 1871
services in this state and the frequency at which the services 1872
are provided. All emergency medical service organizations shall 1873
submit to the board any information that the board determines is 1874
necessary for maintaining the incidence reporting system. 1875

~~(B) The board shall establish a state trauma registry to 1876
be used for the collection of information regarding the care of 1877
adult and pediatric trauma victims in this state. The registry 1878
shall provide for the reporting of adult and pediatric trauma 1879
related deaths, identification of adult and pediatric trauma 1880
patients, monitoring of adult and pediatric trauma patient care 1881
data, determination of the total amount of uncompensated adult 1882
and pediatric trauma care provided annually by each facility 1883
that provides care to trauma victims, and collection of any 1884
other information specified by the board. All persons designated 1885
by the board shall submit to the board any information it 1886
determines is necessary for maintaining the state trauma 1887~~

~~registry. At the request of the board any state agency~~ 1888
~~possessing information regarding adult or pediatric trauma care~~ 1889
~~shall provide the information to the board. The board shall~~ 1890
~~maintain the state trauma registry in accordance with rules~~ 1891
~~adopted under section 4765.11 of the Revised Code.~~ 1892

~~Rules relating to the state trauma registry adopted under~~ 1893
~~this section and section 4765.11 of the Revised Code shall not~~ 1894
~~prohibit the operation of other trauma registries and may~~ 1895
~~provide for the reporting of information to the state trauma~~ 1896
~~registry by or through other trauma registries in a manner~~ 1897
~~consistent with information otherwise reported to the state~~ 1898
~~trauma registry. Other trauma registries may report aggregate~~ 1899
~~information to the state trauma registry, provided the~~ 1900
~~information can be matched to the person that reported it.~~ 1901
~~Information maintained by another trauma registry and reported~~ 1902
~~to the state trauma registry in lieu of being reported directly~~ 1903
~~to the state trauma registry is a public record and shall be~~ 1904
~~maintained, made available to the public, held in confidence,~~ 1905
~~risk adjusted, and not subject to discovery or introduction into~~ 1906
~~evidence in a civil action as provided in section 149.43 of the~~ 1907
~~Revised Code and this section. Any person who provides,~~ 1908
~~maintains, or risk adjusts such information shall comply with~~ 1909
~~this section and rules adopted under it in performing that~~ 1910
~~function and has the same immunities with respect to that~~ 1911
~~function as a person who performs that function with respect to~~ 1912
~~the state trauma registry.~~ 1913

~~(C) The board and any employee or contractor of the board~~ 1914
~~or the department of public safety shall not make public~~ 1915
~~information it receives under Chapter 4765. of the Revised Code~~ 1916
~~this chapter that identifies or would tend to identify a~~ 1917
~~specific recipient of emergency medical services or adult or~~ 1918

~~pediatric trauma care.~~ 1919

~~(D) Not later than two years after November 3, 2000, the~~ 1920
(C) The board shall adopt and implement rules under section 1921
4765.11 of the Revised Code that provide written standards and 1922
procedures for risk adjustment of information received by the 1923
board under ~~Chapter 4765. of the Revised Code~~ this chapter. The 1924
rules shall be developed in consultation with appropriate 1925
medical, hospital, and emergency medical service organizations 1926
and may provide for risk adjustment by a contractor of the 1927
board. Except as provided in division ~~(G)~~ (F) of this section, 1928
~~before risk adjustment standards and procedures are implemented,~~ 1929
~~no member of the board and no any employee or contractor of the~~ 1930
~~board or the department of public safety shall make public~~ 1931
~~information received by the board under Chapter 4765. of the~~ 1932
~~Revised Code~~ it receives under this chapter that identifies or 1933
would tend to identify a specific provider of emergency medical 1934
services ~~or adult or pediatric trauma care. Except as provided~~ 1935
~~in division (G) of this section, after risk adjustment standards~~ 1936
~~and procedures are implemented, the board shall make public such~~ 1937
~~information only on a risk adjusted basis.~~ 1938

~~(E)~~ (D) The board shall adopt rules under section 4765.11 1939
of the Revised Code that specify procedures for ensuring the 1940
confidentiality of information that is not to be made public 1941
under this section. The rules shall specify the circumstances in 1942
which deliberations of the persons performing risk adjustment 1943
functions under this section are not open to the public and 1944
records of those deliberations are maintained in confidence. 1945
Nothing in this section prohibits the board from making public 1946
statistical information that does not identify or tend to 1947
identify a specific recipient or provider of emergency medical 1948
services ~~or adult or pediatric trauma care.~~ 1949

~~(F)~~ (E) 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)~~ (F) The board may transmit ~~data information~~ that identifies or tends to identify a specific provider of emergency medical services ~~care and has not~~, regardless of whether it has 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 that system,~~ ~~which~~. The contract shall ensure to the maximum extent permitted by federal law that ~~such the agency shall~~ must use ~~such data the information~~ solely for inclusion in the national emergency medical services information system and ~~shall~~ must not disclose ~~such data the information~~ 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, 1981
fire, and transportation services shall adopt rules under 1982
section 4765.11 of the Revised Code to establish and administer 1983
a grant program under which grants are distributed according to 1984
the following priorities: 1985

(1) First priority shall be given to emergency medical 1986
service organizations for the training of personnel, for the 1987
purchase of equipment and vehicles, and to improve the 1988
availability, accessibility, and quality of emergency medical 1989
services in this state. In this category, the board shall give 1990
priority to grants that fund training and equipping of emergency 1991
medical service personnel. 1992

(2) Second priority shall be given to entities that 1993
research, test, and evaluate medical procedures and systems 1994
related to ~~adult and pediatric~~ trauma care. 1995

(3) Third priority shall be given to entities that 1996
research the causes, nature, and effects of traumatic injuries, 1997
educate the public about injury prevention, and implement, test, 1998
and evaluate injury prevention strategies. 1999

(4) Fourth priority shall be given to entities that 2000
research, test, and evaluate procedures that promote the 2001
rehabilitation, retraining, and reemployment of ~~adult or~~ 2002
~~pediatric~~ trauma victims and social service support mechanisms 2003
for ~~adult or pediatric~~ trauma victims and their families. 2004

(5) Fifth priority shall be given to entities that conduct 2005
research on, test, or evaluate one or more of the following: 2006

(a) Procedures governing the performance of emergency 2007
medical services in this state; 2008

(b) The training of emergency medical service personnel; 2009

(c) The staffing of emergency medical service organizations.	2010 2011
(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.	2012 2013 2014 2015 2016
(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:	2017 2018 2019
(1) Hold a certificate of accreditation issued by the board under section 4765.17 of the Revised Code to operate a paramedic training program;	2020 2021 2022
(2) Be seeking initial national accreditation of the program from an accrediting organization approved by the board;	2023 2024
(3) Apply for the national accreditation on or after February 25, 2010.	2025 2026
(C) The grant program shall be funded from the trauma and emergency medical services fund created by section 4513.263 of the Revised Code.	2027 2028 2029
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:	2030 2031 2032 2033 2034
(1) Procedures for its governance and the control of its actions and business affairs;	2035 2036
(2) Standards for the performance of emergency medical	2037

services by first responders, emergency medical technicians-	2038
basic, emergency medical technicians-intermediate, and emergency	2039
medical technicians-paramedic;	2040
(3) Application fees for certificates of accreditation,	2041
certificates of approval, certificates to teach, and	2042
certificates to practice, which shall be deposited into the	2043
trauma and emergency medical services fund created in section	2044
4513.263 of the Revised Code;	2045
(4) Criteria for determining when the application or	2046
renewal fee for a certificate to practice may be waived because	2047
an applicant cannot afford to pay the fee;	2048
(5) Procedures for issuance and renewal of certificates of	2049
accreditation, certificates of approval, certificates to teach,	2050
and certificates to practice, including any procedures necessary	2051
to ensure that adequate notice of renewal is provided in	2052
accordance with division (D) of section 4765.30 of the Revised	2053
Code;	2054
(6) Procedures for suspending or revoking certificates of	2055
accreditation, certificates of approval, certificates to teach,	2056
and certificates to practice;	2057
(7) Grounds for suspension or revocation of a certificate	2058
to practice issued under section 4765.30 of the Revised Code and	2059
for taking any other disciplinary action against a first	2060
responder, EMT-basic, EMT-I, or paramedic;	2061
(8) Procedures for taking disciplinary action against a	2062
first responder, EMT-basic, EMT-I, or paramedic;	2063
(9) Standards for certificates of accreditation and	2064
certificates of approval;	2065

(10) Qualifications for certificates to teach;	2066
(11) Requirements for a certificate to practice;	2067
(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;	2068 2069 2070 2071 2072
(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;	2073 2074 2075 2076 2077
(14) Examinations for certificates to practice;	2078
(15) Procedures for administering examinations for certificates to practice;	2079 2080
(16) Procedures for approving examinations that demonstrate competence to have a certificate to practice renewed without completing an emergency medical services continuing education program;	2081 2082 2083 2084
(17) Procedures for granting extensions and exemptions of emergency medical services continuing education requirements;	2085 2086
(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	2087 2088 2089 2090 2091 2092 2093

Revised Code to perform;	2094
(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;	2095 2096 2097 2098 2099
(20) Procedures for administering the emergency medical services grant program established under section 4765.07 of the Revised Code;	2100 2101 2102
(21) Procedures consistent with Chapter 119. of the Revised Code for appealing decisions of the board;	2103 2104
(22) Minimum qualifications and peer review and quality improvement requirements for persons who provide medical direction to emergency medical service personnel;	2105 2106 2107
(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;	2108 2109 2110 2111
(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;	2112 2113 2114 2115 2116
(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;	2117 2118 2119 2120 2121 2122

<u>(26) Standards for providers of trauma care in prehospital settings.</u>	2123
	2124
(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:	2125
	2126
	2127
(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;	2128
	2129
	2130
(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;	2131
	2132
	2133
(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;	2134
	2135
	2136
(4) Any other rules necessary to implement this chapter.	2137
(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.	2138
	2139
	2140
	2141
	2142
	2143
<u>In establishing the standards for providers of trauma care in prehospital settings, the board shall consider recommendations from the state trauma board.</u>	2144
	2145
	2146
(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	2147
	2148
	2149
	2150

rule for not more than sixty days after the date it is 2151
submitted. If, within this sixty-day period, the director 2152
approves the proposed rule or does not notify the board that the 2153
rule is disapproved, the board may adopt, amend, or rescind the 2154
rule as proposed. If, within this sixty-day period, the director 2155
notifies the board that the proposed rule is disapproved, the 2156
board shall not adopt, amend, or rescind the rule as proposed 2157
unless at least twelve members of the board vote to adopt, 2158
amend, or rescind it. 2159

This division does not apply to an emergency rule adopted 2160
in accordance with section 119.03 of the Revised Code. 2161

Sec. 4765.16. (A) All courses offered through an emergency 2162
medical services training program or an emergency medical 2163
services continuing education program, other than ambulance 2164
driving, shall be developed under the direction of a physician 2165
who specializes in emergency medicine. Each course that deals 2166
with trauma care shall be developed in consultation with a 2167
physician who specializes in emergency medicine or trauma 2168
surgery. Except as specified by the state board of emergency 2169
medical, fire, and transportation services pursuant to rules 2170
adopted under section 4765.11 of the Revised Code, each course 2171
offered through a training program or continuing education 2172
program shall be taught by a person who holds the appropriate 2173
certificate to teach issued under section 4765.23 of the Revised 2174
Code. 2175

(B) A training program for first responders shall meet the 2176
standards established in rules adopted by the board under 2177
section 4765.11 of the Revised Code. The program shall include 2178
courses in both of the following areas for at least the number 2179
of hours established by the board's rules: 2180

(1) Emergency victim care;	2181
(2) Reading and interpreting a trauma victim's vital signs.	2182 2183
(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:	2184 2185 2186 2187 2188
(1) Emergency victim care;	2189
(2) Reading and interpreting a trauma victim's vital signs;	2190 2191
(3) Triage protocols for adult and pediatric trauma victims;	2192 2193
(4) In-hospital training;	2194
(5) Clinical training;	2195
(6) Training as an ambulance driver.	2196
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-	2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208

paramedic. 2209

(D) A training program for emergency medical technicians- 2210
intermediate shall meet the standards established in rules 2211
adopted by the board under section 4765.11 of the Revised Code. 2212
The program shall include, or require as a prerequisite, the 2213
training specified in division (C) of this section and courses 2214
in each of the following areas for at least the number of hours 2215
established by the board's rules: 2216

(1) Recognizing symptoms of life-threatening allergic 2217
reactions and in calculating proper dosage levels and 2218
administering injections of epinephrine to persons who suffer 2219
life-threatening allergic reactions, conducted in accordance 2220
with rules adopted by the board under section 4765.11 of the 2221
Revised Code; 2222

(2) Venous access procedures; 2223

(3) Cardiac monitoring and electrical interventions to 2224
support or correct the cardiac function. 2225

(E) A training program for emergency medical technicians- 2226
paramedic shall meet the standards established in rules adopted 2227
by the board under section 4765.11 of the Revised Code. The 2228
program shall include, or require as a prerequisite, the 2229
training specified in divisions (C) and (D) of this section and 2230
courses in each of the following areas for at least the number 2231
of hours established by the board's rules: 2232

(1) Medical terminology; 2233

(2) Venous access procedures; 2234

(3) Airway procedures; 2235

(4) Patient assessment and triage; 2236

(5) Acute cardiac care, including administration of 2237
parenteral injections, electrical interventions, and other 2238
emergency medical services; 2239

(6) Emergency and trauma victim care beyond that required 2240
under division (C) of this section; 2241

(7) Clinical training beyond that required under division 2242
(C) of this section. 2243

(F) A continuing education program for first responders, 2244
EMTs-basic, EMTs-I, or paramedics shall meet the standards 2245
established in rules adopted by the board under section 4765.11 2246
of the Revised Code. A continuing education program shall 2247
include instruction and training in subjects established by the 2248
board's rules for at least the number of hours established by 2249
the board's rules. 2250

Sec. 4765.35. (A) A first responder shall perform the 2251
emergency medical services described in this section in 2252
accordance with this chapter and any rules adopted under it. 2253

(B) A first responder may provide limited emergency 2254
medical services to patients until the arrival of an emergency 2255
medical technician-basic, emergency medical technician- 2256
intermediate, or emergency medical technician-paramedic. In an 2257
emergency, a first responder may render emergency medical 2258
services such as opening and maintaining an airway, giving mouth 2259
to barrier ventilation, chest compressions, electrical 2260
interventions with automated defibrillators to support or 2261
correct the cardiac function and other methods determined by the 2262
board, controlling of hemorrhage, manual stabilization of 2263
fractures, bandaging, assisting in childbirth, and determining 2264
triage of trauma victims. 2265

(C) A first responder may perform any other emergency 2266
medical services approved pursuant to rules adopted under 2267
section 4765.11 of the Revised Code. The board shall determine 2268
whether the nature of any such service requires that a first 2269
responder receive authorization prior to performing the service. 2270

(D) (1) Except as provided in division (D) (2) of this 2271
section, if the board determines under division (C) of this 2272
section that a service requires prior authorization, the service 2273
shall be performed only pursuant to the written or verbal 2274
authorization of a physician or of the cooperating physician 2275
advisory board, or pursuant to an authorization transmitted 2276
through a direct communication device by a physician, physician 2277
assistant designated by a physician, or registered nurse 2278
designated by a physician. 2279

(2) If communications fail during an emergency situation 2280
or the required response time prohibits communication, a first 2281
responder may perform services subject to this division, if, in 2282
the judgment of the first responder, the life of the patient is 2283
in immediate danger. Services performed under these 2284
circumstances shall be performed in accordance with the written 2285
protocols for triage of ~~adult and pediatric~~ trauma victims 2286
established in rules adopted under sections 4765.11 and 4765.40 2287
of the Revised Code and any applicable protocols adopted by the 2288
emergency medical service organization with which the first 2289
responder is affiliated. 2290

Sec. 4765.37. (A) An emergency medical technician-basic 2291
shall perform the emergency medical services described in this 2292
section in accordance with this chapter and any rules adopted 2293
under it by the state board of emergency medical, fire, and 2294
transportation services. 2295

(B) An emergency medical technician-basic may operate, or 2296
be responsible for operation of, an ambulance and may provide 2297
emergency medical services to patients. In an emergency, an EMT- 2298
basic may determine the nature and extent of illness or injury 2299
and establish priority for required emergency medical services. 2300
An EMT-basic may render emergency medical services such as 2301
opening and maintaining an airway, giving positive pressure 2302
ventilation, cardiac resuscitation, electrical interventions 2303
with automated defibrillators to support or correct the cardiac 2304
function and other methods determined by the board, controlling 2305
of hemorrhage, treatment of shock, immobilization of fractures, 2306
bandaging, assisting in childbirth, management of mentally 2307
disturbed patients, initial care of poison and burn patients, 2308
and determining triage of adult and pediatric trauma victims. 2309
Where patients must in an emergency be extricated from 2310
entrapment, an EMT-basic may assess the extent of injury and 2311
render all possible emergency medical services and protection to 2312
the entrapped patient; provide light rescue services if an 2313
ambulance has not been accompanied by a specialized unit; and 2314
after extrication, provide additional care in sorting of the 2315
injured in accordance with standard emergency procedures. 2316

(C) An EMT-basic may perform any other emergency medical 2317
services approved pursuant to rules adopted under section 2318
4765.11 of the Revised Code. The board shall determine whether 2319
the nature of any such service requires that an EMT-basic 2320
receive authorization prior to performing the service. 2321

(D) (1) Except as provided in division (D) (2) of this 2322
section, if the board determines under division (C) of this 2323
section that a service requires prior authorization, the service 2324
shall be performed only pursuant to the written or verbal 2325
authorization of a physician or of the cooperating physician 2326

advisory board, or pursuant to an authorization transmitted 2327
through a direct communication device by a physician, physician 2328
assistant designated by a physician, or registered nurse 2329
designated by a physician. 2330

(2) If communications fail during an emergency situation 2331
or the required response time prohibits communication, an EMT- 2332
basic may perform services subject to this division, if, in the 2333
judgment of the EMT-basic, the life of the patient is in 2334
immediate danger. Services performed under these circumstances 2335
shall be performed in accordance with the protocols for triage 2336
of ~~adult and pediatric~~ trauma victims established in rules 2337
adopted under sections 4765.11 and 4765.40 of the Revised Code 2338
and any applicable protocols adopted by the emergency medical 2339
service organization with which the EMT-basic is affiliated. 2340

Sec. 4765.38. (A) An emergency medical technician- 2341
intermediate shall perform the emergency medical services 2342
described in this section in accordance with this chapter and 2343
any rules adopted under it. 2344

(B) An EMT-I may do any of the following: 2345

(1) Establish and maintain an intravenous lifeline that 2346
has been approved by a cooperating physician or physician 2347
advisory board; 2348

(2) Perform cardiac monitoring; 2349

(3) Perform electrical interventions to support or correct 2350
the cardiac function; 2351

(4) Administer epinephrine; 2352

(5) Determine triage of ~~adult and pediatric~~ trauma 2353
victims; 2354

(6) Perform any other emergency medical services approved 2355
pursuant to rules adopted under section 4765.11 of the Revised 2356
Code. 2357

(C) (1) Except as provided in division (C) (2) of this 2358
section, the services described in division (B) of this section 2359
shall be performed by an EMT-I only pursuant to the written or 2360
verbal authorization of a physician or of the cooperating 2361
physician advisory board, or pursuant to an authorization 2362
transmitted through a direct communication device by a 2363
physician, physician assistant designated by a physician, or 2364
registered nurse designated by a physician. 2365

(2) If communications fail during an emergency situation 2366
or the required response time prohibits communication, an EMT-I 2367
may perform any of the services described in division (B) of 2368
this section, if, in the judgment of the EMT-I, the life of the 2369
patient is in immediate danger. Services performed under these 2370
circumstances shall be performed in accordance with the 2371
protocols for triage of ~~adult and pediatric~~ trauma victims 2372
established in rules adopted under sections 4765.11 and 4765.40 2373
of the Revised Code and any applicable protocols adopted by the 2374
emergency medical service organization with which the EMT-I is 2375
affiliated. 2376

(D) In addition to, and in the course of, providing 2377
emergency medical treatment, an emergency medical technician- 2378
intermediate may withdraw blood as provided under sections 2379
1547.11, 4506.17, and 4511.19 of the Revised Code. An emergency 2380
medical technician-intermediate shall withdraw blood in 2381
accordance with this chapter and any rules adopted under it by 2382
the state board of emergency medical, fire, and transportation 2383
services. 2384

Sec. 4765.39. (A) An emergency medical technician-	2385
paramedic shall perform the emergency medical services described	2386
in this section in accordance with this chapter and any rules	2387
adopted under it.	2388
(B) A paramedic may do any of the following:	2389
(1) Perform cardiac monitoring;	2390
(2) Perform electrical interventions to support or correct	2391
the cardiac function;	2392
(3) Perform airway procedures;	2393
(4) Perform relief of pneumothorax;	2394
(5) Administer appropriate drugs and intravenous fluids;	2395
(6) Determine triage of adult and pediatric trauma	2396
victims;	2397
(7) Perform any other emergency medical services,	2398
including life support or intensive care techniques, approved	2399
pursuant to rules adopted under section 4765.11 of the Revised	2400
Code.	2401
(C) (1) Except as provided in division (C) (2) of this	2402
section, the services described in division (B) of this section	2403
shall be performed by a paramedic only pursuant to the written	2404
or verbal authorization of a physician or of the cooperating	2405
physician advisory board, or pursuant to an authorization	2406
transmitted through a direct communication device by a	2407
physician, physician assistant designated by a physician, or	2408
registered nurse designated by a physician.	2409
(2) If communications fail during an emergency situation	2410
or the required response time prohibits communication, a	2411

paramedic may perform any of the services described in division 2412
(B) of this section, if, in the paramedic's judgment, the life 2413
of the patient is in immediate danger. Services performed under 2414
these circumstances shall be performed in accordance with the 2415
protocols for triage of ~~adult and pediatric~~ trauma victims 2416
established in rules adopted under sections 4765.11 and 4765.40 2417
of the Revised Code and any applicable protocols adopted by the 2418
emergency medical service organization with which the paramedic 2419
is affiliated. 2420

(D) In addition to, and in the course of, providing 2421
emergency medical treatment, an emergency medical technician- 2422
paramedic may withdraw blood as provided under sections 1547.11, 2423
4506.17, and 4511.19 of the Revised Code. An emergency medical 2424
technician-paramedic shall withdraw blood in accordance with 2425
this chapter and any rules adopted under it by the state board 2426
of emergency medical, fire, and transportation services. 2427

Sec. 4765.40. (A) (1) ~~Not later than two years after~~ 2428
~~November 3, 2000, the~~ The state board of emergency medical, 2429
fire, and transportation services shall adopt rules under 2430
section 4765.11 of the Revised Code establishing written 2431
protocols for the triage of ~~adult and pediatric~~ trauma victims 2432
prior to transport to a trauma center or other facility in 2433
accordance with division (A) (2) of this section. The rules shall 2434
define ~~adult and pediatric~~ trauma in a manner that is consistent 2435
with ~~section~~ sections 3728.01 and 4765.01 of the Revised Code, 2436
minimizes overtriage and undertriage, and emphasizes the special 2437
needs of pediatric and geriatric trauma patients. In adopting 2438
the rules, the board shall consult with the state trauma board. 2439

(2) The state triage protocols adopted under division (A) 2440
of this section shall require a trauma victim to be transported 2441

directly to ~~an adult or pediatric a~~ trauma center ~~that is~~ 2442
~~qualified to provide appropriate adult or pediatric trauma care,~~ 2443
unless one or more of the following exceptions applies: 2444

(a) It is medically necessary to transport the victim to 2445
another ~~hospital~~ facility for initial assessment and 2446
stabilization before transfer to ~~an adult or pediatric a~~ trauma 2447
center; 2448

(b) It is unsafe or medically inappropriate to transport 2449
the victim directly to ~~an adult or pediatric a~~ trauma center due 2450
to adverse weather or ground conditions or excessive transport 2451
time; 2452

(c) Transporting the victim to ~~an adult or pediatric a~~ 2453
trauma center would cause a shortage of local emergency medical 2454
service resources; 2455

(d) No ~~appropriate adult or pediatric~~ trauma center is 2456
able to receive and provide ~~adult or pediatric~~ trauma care to 2457
the trauma victim without undue delay; 2458

(e) Before transport of a patient begins, the patient 2459
requests to be taken to a particular ~~hospital~~ facility that is 2460
not a trauma center or, if the patient is less than eighteen 2461
years of age or is not able to communicate, such a request is 2462
made by an adult member of the patient's family or a legal 2463
representative of the patient. 2464

(3) (a) The state triage protocols adopted under division 2465
(A) of this section ~~shall require trauma patients to be~~ 2466
~~transported to an adult or pediatric trauma center that is able~~ 2467
~~to provide appropriate adult or pediatric trauma care, but shall~~ 2468
not require a trauma patient to be transported to a particular 2469
trauma center. 2470

The state triage protocols shall require the following, 2471
unless one or more of the exceptions described in division (A) 2472
(2) of this section apply: 2473

(i) Pediatric trauma patients to be transported to a 2474
pediatric trauma center; 2475

(ii) Trauma patients sixteen or seventeen years of age to 2476
be transported to either an adult or pediatric trauma center. 2477

The state triage protocols shall establish one or more 2478
procedures for evaluating whether an injury victim requires or 2479
would benefit from ~~adult or pediatric trauma care, which~~. The 2480
procedures shall be applied by emergency medical service 2481
personnel based on the patient's medical needs. In developing 2482
state trauma triage protocols, the board, in consultation with 2483
the state trauma board, shall consider relevant model triage 2484
rules and shall consult with the commission on minority health, 2485
regional directors, regional physician advisory boards, and 2486
appropriate medical, hospital, and emergency medical service 2487
organizations. 2488

(b) Before the joint committee on agency rule review 2489
considers state triage protocols for trauma victims proposed by 2490
the state board of emergency medical, fire, and transportation 2491
services, or amendments thereto, the board shall send a copy of 2492
the proposal to the Ohio chapter of the American college of 2493
emergency physicians, the Ohio chapter of the American college 2494
of surgeons, the Ohio chapter of the American academy of 2495
pediatrics, ~~OHA: the Ohio hospital association for hospitals and~~ 2496
~~health systems,~~ the Ohio osteopathic association, and the Ohio 2497
children's hospital association of Ohio children's hospitals and 2498
shall hold a public hearing at which it must consider the 2499
appropriateness of the protocols to minimize overtriage and 2500

undertriage of trauma victims. 2501

(c) The board shall provide copies of the state triage 2502
protocols, and amendments to the protocols, to the state trauma 2503
board, each emergency medical service organization, regional 2504
director, regional physician advisory board, certified emergency 2505
medical service instructor, and person who regularly provides 2506
medical direction to emergency medical service personnel in the 2507
state; to each medical service organization in other 2508
jurisdictions that regularly provide emergency medical services 2509
in this state; and to others upon request. 2510

(B) (1) The state board of emergency medical, fire, and 2511
transportation services shall approve regional protocols for the 2512
triage of ~~adult and pediatric~~ trauma victims prior to transport 2513
to a trauma center or other facility in accordance with division 2514
(A) (2) of this section, and amendments to such protocols, that 2515
are submitted to the board as provided in division (B) (2) of 2516
this section and provide a level of ~~adult and pediatric~~ trauma 2517
care comparable to the state triage protocols adopted under 2518
division (A) of this section. The board shall not otherwise 2519
approve regional triage protocols for trauma victims. The board 2520
shall not approve regional triage protocols for regions that 2521
overlap and shall resolve any such disputes by apportioning the 2522
overlapping territory among appropriate regions in a manner that 2523
best serves the medical needs of the residents of that 2524
territory. ~~The trauma committee of the board shall have~~ 2525
~~reasonable opportunity to review and comment on regional triage~~ 2526
~~protocols and amendments to such protocols before the board~~ 2527
~~approves or disapproves them.~~ Before approving regional triage 2528
protocols and amendments, the board shall consult with the state 2529
trauma board. 2530

(2) Regional protocols for the triage of ~~adult and~~ 2531
~~pediatric~~ trauma victims, and amendments to such protocols, 2532
shall be submitted in writing to the state board of emergency 2533
medical, fire, and transportation services by the regional 2534
physician advisory board or regional director, as appropriate, 2535
that serves a majority of the population in the region in which 2536
the protocols apply. Prior to submitting regional triage 2537
protocols, or an amendment to such protocols, to the state board 2538
of emergency medical, fire, and transportation services, a 2539
regional physician advisory board or regional director shall 2540
consult with each of the following that regularly serves the 2541
region in which the protocols apply: 2542

(a) Other regional physician advisory boards and regional 2543
directors; 2544

(b) Hospitals that operate ~~an emergency facility~~ 2545
facilities; 2546

(c) ~~Adult and pediatric~~ Facilities designated as trauma 2547
centers under Chapter 3728. of the Revised Code; 2548

(d) Professional societies of physicians who specialize in 2549
~~adult or pediatric~~ emergency medicine or ~~adult or pediatric~~ 2550
trauma surgery; 2551

(e) Professional societies of nurses who specialize in 2552
~~adult or pediatric~~ emergency nursing or ~~adult or pediatric~~ 2553
trauma surgery; 2554

(f) ~~Professional associations or labor organizations of~~ 2555
~~emergency medical service personnel~~; 2556

~~(g)~~ Emergency medical service organizations and medical 2557
directors of such organizations; 2558

~~(h)~~ (g) Certified emergency medical service instructors. 2559

(3) Regional protocols for the triage of ~~adult and~~ 2560
~~pediatric~~ trauma victims approved under division (B) (2) of this 2561
section shall require patients to be transported to a trauma 2562
center ~~that is able to provide an appropriate level of adult or~~ 2563
~~pediatric trauma care~~; shall not discriminate among trauma 2564
centers for reasons not related to a patient's medical needs; 2565
shall seek to minimize undertriage and overtriage; may include 2566
any of the exceptions in division (A) (2) of this section; and 2567
supersede the state triage protocols adopted under division (A) 2568
of this section in the region in which the regional protocols 2569
apply. 2570

(4) Upon approval of regional protocols for the triage of 2571
~~adult and pediatric~~ trauma victims under division (B) (2) of this 2572
section, or an amendment to such protocols, the state board of 2573
emergency medical, fire, and transportation services shall 2574
provide written notice of the approval and a copy of the 2575
protocols or amendment to each entity in the region in which the 2576
protocols apply to which the board is required to send a copy of 2577
the state triage protocols adopted under division (A) of this 2578
section. 2579

(C) (1) The state board of emergency medical, fire, and 2580
transportation services and the state trauma board shall review 2581
the state triage protocols adopted under division (A) of this 2582
section at least every three years to determine if they are 2583
causing overtriage or undertriage of trauma patients, and the 2584
state board of emergency medical, fire, and transportation shall 2585
modify them as necessary to minimize overtriage and undertriage. 2586

(2) Each regional physician advisory board or regional 2587
director that has had regional triage protocols approved under 2588

division (B) (2) of this section shall review the protocols at 2589
least every three years to determine if they are causing 2590
overtriage or undertriage of trauma patients and shall submit an 2591
appropriate amendment to the state board, as provided in 2592
division (B) of this section, as necessary to minimize 2593
overtriage and undertriage. The state board shall approve the 2594
amendment if it will reduce overtriage or undertriage while 2595
complying with division (B) of this section, and shall not 2596
otherwise approve the amendment. 2597

(D) No provider of emergency medical services or person 2598
who provides medical direction to emergency medical service 2599
personnel in this state shall fail to comply with the state 2600
triage protocols adopted under division (A) of this section or 2601
applicable regional triage protocols approved under division (B) 2602
(2) of this section. 2603

(E) The state board of emergency medical, fire, and 2604
transportation services shall adopt rules under section 4765.11 2605
of the Revised Code that provide for enforcement of the state 2606
triage protocols adopted under division (A) of this section and 2607
regional triage protocols approved under division (B) (2) of this 2608
section, and for education regarding those protocols for 2609
emergency medical service organizations and personnel, regional 2610
directors and regional physician advisory boards, emergency 2611
medical service instructors, and persons who regularly provide 2612
medical direction to emergency medical service personnel in this 2613
state. 2614

Sec. 4765.41. The medical director or cooperating 2615
physician advisory board of each emergency medical service 2616
organization shall establish written protocols to be followed by 2617
first responders, emergency medical technicians-basic, emergency 2618

medical technicians-intermediate, and emergency medical 2619
technicians-paramedic in performing emergency medical services 2620
when communications have failed or the required response 2621
prevents communication and the life of the patient is in 2622
immediate danger. Those protocols shall be consistent with 2623
applicable trauma triage protocols adopted under division (A) or 2624
approved under division (B) (2) of section 4765.40 of the Revised 2625
Code, but may ~~direct to an adult or pediatric trauma center~~ 2626
require that emergency victims that be transported to a trauma 2627
center even if the applicable trauma triage protocols do not 2628
require them to be transported to an adult or pediatric a trauma 2629
center. 2630

Sec. 4765.44. The state board of emergency medical, fire, 2631
and transportation services and the state trauma board may 2632
establish a joint committee to review matters that are the 2633
concern of both boards. The committee shall consist of five 2634
members of the state board of emergency medical, fire, and 2635
transportation services appointed by the chair of that board and 2636
five members of the state trauma board appointed by the chair of 2637
that board. 2638

Each member shall serve at the pleasure of the member's 2639
appointing authority. Vacancies on the committee shall be filled 2640
in the same manner as original appointments. The members of the 2641
committee shall serve without compensation but shall be 2642
reimbursed for reasonable and necessary expenses incurred in the 2643
performance of their official duties. 2644

The committee shall review all matters submitted to it by 2645
the boards and shall recommend a course of action to be taken by 2646
both boards. An affirmative vote of not fewer than seven members 2647
of the committee is required to make a recommendation. The 2648

committee shall provide written notice of its recommendations to 2649
the state board of emergency medical, fire, and transportation 2650
services and the state trauma board. 2651

Sec. 4765.50. (A) Except as provided in division (D) of 2652
this section, no person shall represent that the person is a 2653
first responder, an emergency medical technician-basic or EMT- 2654
basic, an emergency medical technician-intermediate or EMT-I, or 2655
an emergency medical technician-paramedic or paramedic unless 2656
appropriately certified under section 4765.30 of the Revised 2657
Code. 2658

(B) (1) No person shall operate an emergency medical 2659
services training program without a certificate of accreditation 2660
issued under section 4765.17 of the Revised Code. 2661

(2) No person shall operate an emergency medical services 2662
continuing education program without a certificate of approval 2663
issued under section 4765.17 of the Revised Code. 2664

(C) No public or private entity shall advertise or 2665
disseminate information leading the public to believe that the 2666
entity is an emergency medical service organization, unless that 2667
entity actually provides emergency medical services. 2668

(D) A person who is performing the functions of a first 2669
responder, EMT-basic, EMT-I, or paramedic under the authority of 2670
the laws of a jurisdiction other than this state, who is 2671
employed by or serves as a volunteer with an emergency medical 2672
service organization based in that state, and provides emergency 2673
medical services to or transportation of a patient in this state 2674
is not in violation of division (A) of this section. 2675

A person who is performing the functions of a first 2676
responder, EMT-basic, EMT-I, or paramedic under a reciprocal 2677

agreement authorized by section 4765.10 of the Revised Code is 2678
not in violation of division (A) of this section. 2679

~~(E) On and after November 3, 2002, no physician shall 2680
purposefully do any of the following: 2681~~

~~(1) Admit an adult trauma patient to a hospital that is 2682
not an adult trauma center for the purpose of providing adult 2683
trauma care; 2684~~

~~(2) Admit a pediatric trauma patient to a hospital that is 2685
not a pediatric trauma center for the purpose of providing 2686
pediatric trauma care; 2687~~

~~(3) Fail to transfer an adult or pediatric trauma patient 2688
to an adult or pediatric trauma center in accordance with 2689
applicable federal law, state law, and adult or pediatric trauma 2690
protocols and patient transfer agreements adopted under section 2691
3727.09 of the Revised Code. 2692~~

Section 2. That existing sections 101.82, 3701.83, 2693
3727.09, 3727.10, 3727.102, 4511.81, 4765.01, 4765.02, 4765.03, 2694
4765.04, 4765.05, 4765.06, 4765.07, 4765.11, 4765.16, 4765.35, 2695
4765.37, 4765.38, 4765.39, 4765.40, 4765.41, and 4765.50 and 2696
sections 3727.081 and 3727.101 of the Revised Code are hereby 2697
repealed. 2698

Section 3. Sections 1 and 2 of this act, except for 2699
sections 3728.01, 3728.02, 3728.03, 3728.06, 3728.07, 3728.09, 2700
3728.10, and 3728.11 of the Revised Code, as enacted by this 2701
act, shall take effect one year after the effective date of this 2702
section. 2703

Section 4. The amendment of section 101.82 of the Revised 2704
Code is not intended to supersede the earlier repeal, with 2705
delayed effective date, of that section. 2706

Section 5. Not later than thirty-six months after its 2707
first meeting, the State Trauma Board shall prepare a report 2708
detailing the Board's recommendations for a time critical 2709
diagnosis system of care for medical conditions including 2710
trauma, stroke, and myocardial infarction. On completion, the 2711
Board shall submit the report to the Governor and, in accordance 2712
with section 101.68 of the Revised Code, to the General 2713
Assembly. 2714