

As Reported by the House Health and Aging Committee

131st General Assembly

Regular Session

2015-2016

Sub. H. B. No. 261

Representatives Grossman, Huffman

Cosponsors: Representatives Smith, K., Blessing

A BILL

To amend sections 101.82, 3701.17, 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
3728.091, 3728.10, 3728.11, 3728.12, 3728.13, 11
3728.14, 3728.20, 3728.201, 3728.21, 3728.22, 12
3728.221, 3728.23, 3728.24, 3728.241, 3728.242, 13
3728.26, 3728.28, 4731.28, and 4765.44; and to 14
repeal sections 3727.081 and 3727.101 of the 15
Revised Code to establish the State Trauma Board 16
in the Ohio Department of Health, to require 17
that facilities that provide trauma care be 18
designated by the Board as level I, II, III, or 19
IV trauma centers, to provide that the amendment 20
by this act to section 101.82 of the Revised 21
Code terminates on December 31, 2016, and to 22
make an appropriation. 23

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

Section 1. That sections 101.82, 3701.17, 3727.09, 24
3727.10, 3727.102, 4511.81, 4765.01, 4765.02, 4765.03, 4765.04, 25
4765.05, 4765.06, 4765.07, 4765.11, 4765.16, 4765.35, 4765.37, 26
4765.38, 4765.39, 4765.40, 4765.41, and 4765.50 be amended; 27
sections 3727.09 (3728.15), 3727.10 (3728.16), and 3727.102 28
(3728.25) be amended for the purpose of adopting new section 29
numbers as shown in parentheses; and sections 3728.01, 3728.02, 30
3728.03, 3728.06, 3728.07, 3728.09, 3728.091, 3728.10, 3728.11, 31
3728.12, 3728.13, 3728.14, 3728.20, 3728.201, 3728.21, 3728.22, 32
3728.221, 3728.23, 3728.24, 3728.241, 3728.242, 3728.26, 33
3728.28, 4731.28, and 4765.44 of the Revised Code be enacted to 34
read as follows: 35

Sec. 101.82. As used in sections 101.82 to 101.87 of the 36
Revised Code: 37

(A) "Agency" means any board, commission, committee, or 38
council, or any other similar state public body required to be 39
established pursuant to state statutes for the exercise of any 40
function of state government and to which members are appointed 41
or elected. "Agency" does not include the following: 42

(1) The general assembly, or any commission, committee, or 43
other body composed entirely of members of the general assembly; 44

(2) Any court; 45

(3) Any public body created by or directly pursuant to the 46
constitution of this state; 47

(4) The board of trustees of any institution of higher 48
education financially supported in whole or in part by the 49

state;	50
(5) Any public body that has the authority to issue bonds or notes or that has issued bonds or notes that have not been fully repaid;	51 52 53
(6) The public utilities commission of Ohio;	54
(7) The consumers' counsel governing board;	55
(8) The Ohio board of regents;	56
(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;	57 58 59 60
(10) Any board of elections;	61
(11) The board of directors of the Ohio insurance guaranty association and the board of governors of the Ohio fair plan underwriting association;	62 63 64
(12) The Ohio public employees deferred compensation board;	65 66
(13) The Ohio retirement study council;	67
(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;	68 69 70 71
(15) The industrial commission;	72
(16) The parole board;	73
(17) The board of tax appeals;	74
(18) The controlling board;	75

(19) The release authority of department of youth services;	76 77
(20) The environmental review appeals commission;	78
(21) The Ohio ethics commission;	79
(22) The Ohio public works commission;	80
(23) The self-insuring employers evaluation board;	81
(24) The state board of deposit;	82
(25) The state employment relations board;	83
<u>(26) The state trauma board.</u>	84
(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.	85 86 87 88
(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.	89 90 91 92
(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.	93 94 95
(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.	96 97 98
Sec. 3701.17. (A) As used in this section:	99
(1) "Prosecutor" has the same meaning as in section 2935.01 of the Revised Code.	100 101

(2) "Protected health information" means information, in 102
any form, including oral, written, electronic, visual, 103
pictorial, or physical that describes an individual's past, 104
present, or future physical or mental health status or 105
condition, receipt of treatment or care, or purchase of health 106
products, if either of the following applies: 107

(a) The information reveals the identity of the individual 108
who is the subject of the information. 109

(b) The information could be used to reveal the identity 110
of the individual who is the subject of the information, either 111
by using the information alone or with other information that is 112
available to predictable recipients of the information. 113

(B) Protected health information reported to or obtained 114
by the director of health, the department of health, or a board 115
of health of a city or general health district is confidential 116
and shall not be released without the written consent of the 117
individual who is the subject of the information unless the 118
information is released pursuant to division (C) of this section 119
or one of the following applies: 120

(1) The release of the information is necessary to provide 121
treatment to the individual and the information is released 122
pursuant to a written agreement that requires the recipient of 123
the information to comply with the confidentiality requirements 124
established under this section. 125

(2) The release of the information is necessary to ensure 126
the accuracy of the information and the information is released 127
pursuant to a written agreement that requires the recipient of 128
the information to comply with the confidentiality requirements 129
established under this section. 130

(3) The information is released pursuant to a search 131
warrant or subpoena issued by or at the request of a grand jury 132
or prosecutor in connection with a criminal investigation or 133
prosecution. 134

(4) The director determines the release of the information 135
is necessary, based on an evaluation of relevant information, to 136
avert or mitigate a clear threat to an individual or to the 137
public health. Information may be released pursuant to this 138
division only to those persons or entities necessary to control, 139
prevent, or mitigate disease. 140

(5) The information is released in accordance with 141
division (D) of section 3728.12 of the Revised Code. 142

(C) Information that does not identify an individual is 143
not protected health information and may be released in summary, 144
statistical, or aggregate form. Information that is in a 145
summary, statistical, or aggregate form and that does not 146
identify an individual is a public record under section 149.43 147
of the Revised Code and, upon request, shall be released by the 148
director. 149

(D) Except for information released pursuant to division 150
(B) (4) or (5) of this section, any disclosure pursuant to this 151
section shall be in writing and accompanied by a written 152
statement that includes the following or substantially similar 153
language: "This information has been disclosed to you from 154
confidential records protected from disclosure by state law. If 155
this information has been released to you in other than a 156
summary, statistical, or aggregate form, you shall make no 157
further disclosure of this information without the specific, 158
written, and informed release of the individual to whom it 159
pertains, or as otherwise permitted by state law. A general 160

authorization for the release of medical or other information is 161
not sufficient for the release of information pursuant to this 162
section." 163

Sec. 3728.01. (A) As used in this chapter: 164

(1) "Dentist" means an individual licensed under Chapter 165
4715. of the Revised Code to practice dentistry. 166

(2) "Emergency medical technician-basic," "emergency 167
medical technician-intermediate," and "emergency medical 168
technician-paramedic" have the same meanings as in section 169
4765.01 of the Revised Code. 170

(3) "Physician" means an individual who is authorized 171
under Chapter 4731. of the Revised Code to practice medicine and 172
surgery or osteopathic medicine and surgery. 173

(4) "Registered nurse" means a registered nurse licensed 174
under Chapter 4723. of the Revised Code. 175

(5) (a) "Stabilization" means the provision of such medical 176
treatment as may be necessary to assure, within reasonable 177
medical probability, that no material deterioration of a 178
patient's medical condition is likely to result from or occur 179
during a transfer, if the medical condition could result in any 180
of the following: 181

(i) Placing the health of the patient or, with respect to 182
a pregnant woman, the health of the woman or her unborn child, 183
in serious jeopardy; 184

(ii) Serious impairment to bodily functions; 185

(iii) Serious dysfunction of any bodily organ or part. 186

(b) In the case of a woman having contractions, 187

<u>"stabilization" means such medical treatment as may be necessary</u>	188
<u>to deliver, including delivering the placenta.</u>	189
<u>(6) "Transfer" has the same meaning as in section 1867 of</u>	190
<u>the "Social Security Act," 42 U.S.C. 1395dd, as amended.</u>	191
<u>(7) "Trauma" means damage to or destruction of tissue that</u>	192
<u>does both of the following:</u>	193
<u>(a) Creates a significant risk of any of the following:</u>	194
<u>(i) Loss of life;</u>	195
<u>(ii) Loss of a limb;</u>	196
<u>(iii) Significant, permanent disfigurement;</u>	197
<u>(iv) Significant, permanent disability.</u>	198
<u>(b) Is caused by any of the following:</u>	199
<u>(i) Blunt or penetrating injury;</u>	200
<u>(ii) Exposure to electromagnetic, chemical, radioactive,</u>	201
<u>or thermal energy;</u>	202
<u>(iii) Drowning, suffocation, or strangulation;</u>	203
<u>(iv) A deficit or excess of heat.</u>	204
<u>(8) "Trauma care" means assessment, diagnosis, treatment,</u>	205
<u>or rehabilitation of a patient for trauma.</u>	206
<u>(B) The state trauma board shall determine whether a</u>	207
<u>facility or portion of a facility is a trauma center. A facility</u>	208
<u>adversely affected by a determination of the board may appeal to</u>	209
<u>the director of health. The director shall hear the appeal in an</u>	210
<u>adjudication conducted under Chapter 119. of the Revised Code.</u>	211
<u>The director may order the board to reverse or modify the</u>	212
<u>determination or may uphold the determination.</u>	213

Sec. 3728.02. (A) The state trauma board is hereby created 214
in the department of health. The appointing authorities for the 215
board are the governor, director of health, and the state board 216
of emergency medical, fire, and transportation services in the 217
division of emergency medical services of the department of 218
public safety. The state trauma board shall consist of the 219
following members: 220

(1) A member appointed by the governor, with the advice 221
and consent of the senate, who is a physician certified by the 222
American board of surgery or American osteopathic board of 223
surgery and actively practices general trauma surgery at a level 224
I or II trauma center. The governor shall appoint the member 225
from among three physicians nominated by the Ohio chapter of the 226
American college of surgeons, three physicians nominated by the 227
Ohio state medical association, and three physicians nominated 228
by the Ohio osteopathic association. 229

(2) A member appointed by the governor, with the advice 230
and consent of the senate, who is a physician certified by the 231
American board of surgery or American board of orthopaedic 232
surgery, the American osteopathic board of orthopedic surgery, 233
the American board of neurological surgery, or the American 234
osteopathic board of surgery and actively practices orthopedic 235
trauma surgery or neurosurgery on trauma patients. The governor 236
shall appoint the member from among three physicians nominated 237
by the Ohio orthopaedic society, three physicians nominated by 238
the Ohio osteopathic association, and three physicians nominated 239
by the Ohio state neurosurgical society. 240

(3) A member appointed by the governor, with the advice 241
and consent of the senate, who is certified by the American 242
board of surgery or American osteopathic board of surgery with 243

special qualifications in pediatric surgery, and actively 244
practices pediatric trauma surgery. The governor shall appoint 245
the member from among three physicians nominated by the Ohio 246
chapter of the American academy of pediatrics, three physicians 247
nominated by the Ohio osteopathic association, and three 248
physicians nominated by the Ohio state medical association. 249

(4) A member appointed by the governor, with the advice 250
and consent of the senate, who is a registered nurse and 251
actively practices trauma nursing at a level I or II trauma 252
center. The governor shall appoint the member from among three 253
registered nurses nominated by the Ohio society of trauma nurse 254
leaders and three registered nurses nominated by the Ohio 255
emergency nurses association. 256

(5) A member appointed by the governor, with the advice 257
and consent of the senate, who is a registered nurse and 258
actively practices trauma nursing at a level III trauma center. 259
The governor shall appoint the member from among three 260
registered nurses nominated by the Ohio society of trauma nurse 261
leaders, three registered nurses nominated by the Ohio emergency 262
nurses association, and three registered nurses nominated by the 263
Ohio hospital association. 264

(6) A member appointed by the governor, with the advice 265
and consent of the senate, who is a registered nurse and 266
actively practices trauma nursing at a pediatric trauma center. 267
The governor shall appoint the member from among three 268
registered nurses nominated by the Ohio society of trauma nurse 269
leaders and three registered nurses nominated by the Ohio 270
emergency nurses association. 271

(7) A member appointed by the governor, with the advice 272
and consent of the senate, who is the administrator of a level 273

III trauma center. The governor shall appoint the member from 274
among three administrators nominated by the Ohio hospital 275
association and three administrators nominated by the Ohio 276
osteopathic association. 277

(8) A member appointed by the governor, with the advice 278
and consent of the senate, who is the administrator of a level I 279
or II trauma center. The governor shall appoint the member from 280
among three administrators nominated by the Ohio hospital 281
association and three administrators nominated by the Ohio 282
osteopathic association. 283

(9) A member appointed by the governor, with the advice 284
and consent of the senate, who is the administrator of a 285
hospital that does not include a trauma center but actively 286
provides emergency care other than trauma care. The governor 287
shall appoint the member from among three administrators 288
nominated by the Ohio hospital association and three 289
administrators nominated by the Ohio osteopathic association. 290

(10) A member appointed by the governor, with the advice 291
and consent of the senate, who is certified by the American 292
board of physical medicine and rehabilitation or American 293
osteopathic board of physical medicine and rehabilitation, and 294
actively provides rehabilitative care to trauma victims. The 295
governor shall appoint the member from among three physicians 296
nominated by the Ohio society of physical medicine and 297
rehabilitation and three physicians nominated by the Ohio 298
osteopathic association. 299

(11) A member appointed by the governor, with the advice 300
and consent of the senate, who is a physician certified by the 301
American board of emergency medicine or the American osteopathic 302
board of emergency medicine, actively practices emergency 303

medicine at a level I or II adult trauma center, and is actively 304
involved in emergency medical services. The governor shall 305
appoint the member from among three physicians nominated by the 306
Ohio chapter of the American college of emergency physicians, 307
three physicians nominated by the Ohio osteopathic association, 308
and three physicians nominated by the Ohio state medical 309
association. 310

(12) A member appointed by the governor, with the advice 311
and consent of the senate, who is a physician certified by the 312
American board of emergency medicine or the American osteopathic 313
board of emergency medicine, and actively practices at a 314
facility that is not designated as a level I, II, or III trauma 315
center. The governor shall appoint the member from among three 316
physicians nominated by the Ohio chapter of the American college 317
of emergency physicians and three physicians nominated by the 318
Ohio osteopathic association. 319

(13) A member appointed by the governor, with the advice 320
and consent of the senate, who practices burn surgery or nursing 321
at a burn center verified by the American burn association. The 322
governor shall appoint the member from among three physicians 323
nominated by the Ohio chapter of the American college of 324
surgeons and three nurses nominated by the Ohio society of 325
trauma nurse leaders. 326

(14) A member appointed by the director of health who is 327
an injury prevention expert. 328

(15) A member appointed by the state board of emergency 329
medical, fire, and transportation services who is a member of 330
that board and is an emergency medical technician-basic, 331
emergency medical technician-intermediate, or emergency medical 332
technician-paramedic. 333

(16) A member appointed by the governor, with the advice 334
and consent of the senate, who is an emergency medical 335
technician-basic, emergency medical technician-intermediate, or 336
emergency medical technician-paramedic employed by an emergency 337
medical service organization that primarily uses paid 338
individuals. The governor shall appoint the member from among 339
three individuals nominated by the Ohio fire chiefs' 340
association, three individuals nominated by the Ohio association 341
of professional fire fighters, three individuals nominated by 342
the northern Ohio fire fighters association, and three 343
individuals nominated by the Ohio state firefighters' 344
association. 345

(17) A member appointed by the governor, with the advice 346
and consent of the senate, who is an emergency medical 347
technician-basic, emergency medical technician-intermediate, or 348
emergency medical technician-paramedic employed by an emergency 349
medical service organization that primarily uses volunteers. The 350
governor shall appoint the member from among three individuals 351
nominated by the Ohio fire chiefs' association, three 352
individuals nominated by the Ohio state firefighters' 353
association, and three individuals nominated by the Ohio 354
association of emergency medical services. 355

(18) A member appointed by the governor, with the advice 356
and consent of the senate, who is a physician certified by the 357
American board of emergency medicine or American osteopathic 358
board of emergency medicine, and is actively involved in air 359
medical transport. The governor shall appoint the member from 360
among three physicians nominated by the Ohio chapter of the 361
American college of emergency physicians and three physicians 362
nominated by the Ohio association of critical care transport. 363

(19) A member appointed by the governor, with the advice 364
and consent of the senate, who is the administrator of a 365
pediatric trauma center. The governor shall appoint the member 366
from among three administrators nominated by the Ohio children's 367
hospital association and three administrators nominated by the 368
Ohio osteopathic association. 369

(B) In appointing members to the board, the appointing 370
authorities shall attempt to include members representing urban 371
and rural areas, various geographical areas of the state, and 372
various schools of training. The appointing authorities shall 373
coordinate appointments so that no two members are employed by 374
or practice at the same facility or emergency medical service 375
organization. 376

If an organization that is to make nominations under 377
division (A) of this section ceases to exist, the nominations 378
may be made by its successor organization. If an organization 379
fails to make nominations within a reasonable time after 380
nominations are requested, the appointing authority may accept 381
nominations from another organization. The appointing authority 382
may refuse to appoint any of the persons nominated by the 383
organizations that are to make the nominations. In that event, 384
the organizations shall continue to nominate the required number 385
of persons until the appointing authority appoints to the board 386
one or more of the persons nominated by the organizations. 387

(C) Members of the board shall serve at the pleasure of 388
the appointing authority, except that a member who ceases to be 389
qualified for the position to which the member was appointed 390
shall cease to be a member of the board. 391

Sec. 3728.03. Initial appointments to the state trauma 392
board shall be made not later than ninety days after the 393

effective date of this section. The initial members appointed by 394
the governor pursuant to divisions (A) (1), (2), (3), (4), (7), 395
and (18) of section 3728.02 of the Revised Code shall be 396
appointed for five year terms; the initial members appointed by 397
the governor pursuant to divisions (A) (5), (8), (9), (10), and 398
(16) of section 3728.02 of the Revised Code shall be appointed 399
for four year terms; and all other initial members appointed to 400
the board shall be appointed for three year terms. Thereafter, 401
all terms shall be three years. There is no limit on the number 402
of terms a member may serve. 403

Initial terms shall commence on the first day of the first 404
month following the appointment of the last member of the board 405
to be appointed. 406

Except as provided in division (C) of section 3728.02 of 407
the Revised Code, each member of the board shall hold office 408
from the date of appointment until the end of the term for which 409
the member was appointed. A member appointed to fill a vacancy 410
occurring prior to the expiration of the term for which the 411
member's predecessor was appointed shall hold office for the 412
remainder of such term. A member shall continue in office 413
subsequent to the expiration date of the member's term until the 414
member's successor takes office, or until a period of sixty days 415
has elapsed, whichever occurs first. 416

Members shall be reimbursed by the board for necessary 417
expenses incurred in the performance of their official duties. 418

Sec. 3728.06. (A) The state trauma board shall organize by 419
electing from its members as officers a chairperson and co- 420
chairperson. Each of the officers shall serve for a term of one 421
year. The officers may administer oaths. 422

The board may form such committees as it considers 423
appropriate. Committee members shall be chosen by the board and 424
may include both board members and other individuals chosen for 425
their expertise. 426

(B) The board shall meet six times a year and at other 427
times specified by the chairperson. Meetings shall be open and 428
accessible to the public except for executive sessions as 429
provided in division (G) of section 121.22 of the Revised Code. 430

(C) A majority of the members of the board or of a 431
committee constitutes a quorum, but no action may be taken by 432
the board or a committee without the concurrence of a majority 433
of the members of the board or committee. Notwithstanding 434
division (C) of section 121.22 of the Revised Code, the 435
requirement that a member be present in person at a meeting to 436
be part of a quorum or to vote does not apply if the member 437
attends by interactive video conference or teleconference and 438
all of the following conditions are met: 439

(1) The meeting is held at a location that is open and 440
accessible to the public; 441

(2) A clear audio connection is established that enables 442
all members participating at the meeting location to hear the 443
participation of each member; 444

(3) A roll call vote is recorded for each vote taken; 445

(4) The minutes of the board or committee identify which 446
members participated by interactive video conference or 447
teleconference. 448

The board or a committee may limit the number of members 449
permitted to participate by interactive video conference or 450
teleconference in any particular meeting and the number of times 451

in any year that a particular member may participate in meetings 452
by interactive video conference or teleconference. 453

Sec. 3728.07. (A) The director of health shall appoint a 454
full-time executive director for the the state trauma board. The 455
executive director shall be a person who is knowledgeable in 456
trauma systems and trauma care and shall serve at the pleasure 457
of the director of health. The director of health shall appoint 458
the executive director from among three persons nominated by the 459
state trauma board. The director of health may refuse, for 460
cause, to appoint any of the board's nominees. If the director 461
fails to appoint any of the board's nominees, the board shall 462
continue to nominate groups of three persons until the director 463
appoints one of the board's nominees. 464

The executive director shall serve as the chief executive 465
officer of the board. The executive director shall attend each 466
meeting of the board, except that the board may exclude the 467
executive director from discussions concerning the employment or 468
performance of the executive director or medical director of the 469
board. 470

The executive director shall receive a salary from the 471
board and shall be reimbursed for actual and necessary expenses 472
incurred in carrying out duties as executive director. 473

The executive director shall submit a report to the 474
director of health no less often than once every three months 475
regarding the status of trauma services in this state. 476

The executive director shall meet with the director of 477
health at the director's request. 478

(B) The board shall appoint a medical director, who shall 479
serve at the pleasure of the board. The medical director must be 480

a physician certified by the American board of surgery or the 481
American osteopathic board of surgery who is active in the 482
practice of general trauma surgery and has been actively 483
involved with trauma services organizations for at least five 484
years prior to being appointed. The board shall consider any 485
recommendations for this appointment from the Ohio chapter of 486
the American college of surgeons, the Ohio chapter of the 487
American academy of pediatrics, the Ohio osteopathic 488
association, and the Ohio state medical association. 489

The medical director shall direct the executive director 490
and advise the board with regard to trauma services and trauma 491
system issues. 492

The medical director shall attend each meeting of the 493
board, except that the board may exclude the medical director 494
from discussions concerning the appointment or performance of 495
the medical director or executive director of the board. 496

The medical director shall be employed and paid by the 497
board and shall be reimbursed for actual and necessary expenses 498
incurred in carrying out duties as medical director. 499

(C) The board shall adopt internal management rules 500
pursuant to section 111.15 of the Revised Code. The rules shall 501
set forth criteria for assessing the board's accomplishments, 502
activities, and performance. The board shall include the 503
assessment in an annual report on the condition of trauma care 504
in this state. Copies of the report shall be distributed to the 505
general assembly in accordance with section 101.68 of the 506
Revised Code and to the governor and shall be made available to 507
the public. 508

(D) The board may enter into and enforce contracts in the 509

<u>name of the board.</u>	510
<u>(E) The board may appoint employees as it determines</u>	511
<u>necessary. The board shall prescribe the duties and titles of</u>	512
<u>its employees.</u>	513
<u>Sec. 3728.09. (A) The state trauma board shall do all of</u>	514
<u>the following:</u>	515
<u>(1) Designate level I, II, III, and IV adult trauma</u>	516
<u>centers and level I and II pediatric trauma centers under</u>	517
<u>section 3728.23 of the Revised Code;</u>	518
<u>(2) Develop an inclusive trauma system that recognizes and</u>	519
<u>collaborates with all groups and institutions that play a role</u>	520
<u>in trauma care or prevention, including injury prevention</u>	521
<u>specialists, prehospital care providers, trauma centers, health</u>	522
<u>care facilities that are not trauma centers, and rehabilitation</u>	523
<u>facilities;</u>	524
<u>(3) Operate the state trauma registry under section</u>	525
<u>3728.12 of the Revised Code;</u>	526
<u>(4) Seek and distribute grants;</u>	527
<u>(5) Develop and provide trauma-related education;</u>	528
<u>(6) Develop a statewide system for improvement in the</u>	529
<u>quality of trauma care and rehabilitation;</u>	530
<u>(7) In consultation with the department of health, develop</u>	531
<u>a statewide system for injury prevention;</u>	532
<u>(8) Make recommendations to the state board of emergency</u>	533
<u>medical, fire, and transportation services within the division</u>	534
<u>of emergency medical services of the department of public safety</u>	535
<u>regarding establishment of standards for providers of trauma</u>	536

<u>care in prehospital settings;</u>	537
<u>(9) Make recommendations to appropriate state boards and agencies regarding continuing education requirements for providers of trauma care, other than physicians and dentists;</u>	538 539 540
<u>(10) With regard to regional trauma organizations, do all of the following:</u>	541 542
<u>(a) Establish procedures for the board's recognition of regional trauma organizations;</u>	543 544
<u>(b) Develop minimum standards for recognition by the board;</u>	545 546
<u>(c) Collaborate with board-recognized regional trauma organizations;</u>	547 548
<u>(d) Establish procedures for the board's approval of fees imposed by a board-recognized regional trauma organization on participants in the organization and limits on the fees.</u>	549 550 551
<u>(11) Divide the state geographically into trauma regions and ensure that each county is included in a trauma region;</u>	552 553
<u>(12) Establish requirements for provisional designation as a level I, II, III, or IV adult trauma center or a level I or II pediatric trauma center;</u>	554 555 556
<u>(13) Research best practices and other issues related to the development and implementation of a statewide time critical diagnosis system of care for medical conditions including trauma, stroke, and myocardial infarction.</u>	557 558 559 560
<u>(B) The board may establish either of the following as requirements for designation as a level I, II, III, or IV trauma center:</u>	561 562 563

(1) Participation in statewide or regional injury prevention, quality improvement, and interfacility communication activities; 564
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(2) Submission of information requested by the board for the maintenance of the state trauma registry. 567
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(C) In establishing requirements pursuant to division (A) (12) of this section for provisional designation, the board shall consider the criteria for verification by the American college of surgeons. 569
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Sec. 3728.091. As used in this section, "time critical diagnosis" means a diagnosis of trauma, stroke, myocardial infarction, or illness or injury of similar severity that requires immediate diagnosis and care. 573
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A provision that is contained in a law enacted by the general assembly after the effective date of this section and establishes a time critical diagnosis system of care may be implemented only after the state trauma board has developed an inclusive trauma system pursuant to division (A)(2) of section 3728.09 of the Revised Code. 577
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Sec. 3728.10. The state trauma board shall adopt rules as necessary to carry out the purposes of this chapter. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 583
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Sec. 3728.11. (A) The trauma quality committee of the state trauma board is hereby created. The committee shall consist of members appointed by the board in accordance with procedures established by the board. The members of the committee must be residents of this state and may be members of the board. Committee members shall serve without compensation 587
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but shall be reimbursed for actual and necessary expenses 593
incurred in carrying out duties as members of the committee. The 594
committee shall select a chairperson and vice-chairperson from 595
among its members. The committee shall meet at the call of the 596
chair and at the direction of the board. The committee shall not 597
meet at times or locations that conflict with meetings of the 598
board. The committee shall advise and assist the board in 599
matters related to the development of a statewide system for 600
improvement in the quality of trauma care and rehabilitation 601
pursuant to division (A) (6) of section 3728.09 of the Revised 602
Code. 603

(B) Information, reports, and records received by the 604
committee in the execution of its duties are confidential and 605
not subject to discovery in any civil action. The information, 606
reports, and records shall be used by the committee and 607
committee members only in advising and assisting the board in 608
matters related to the development of the statewide system for 609
improvement in the quality of trauma care and rehabilitation. 610
Any information, reports, and records provided by the committee 611
to the board or any board member or employee that are 612
confidential when in possession of the committee are 613
confidential and not subject to discovery when in possession of 614
the board or a board member or employee. 615

The board shall adopt rules under section 3728.10 of the 616
Revised Code that specify procedures for ensuring the 617
confidentiality of information, reports, and records described 618
in this section. 619

Sec. 3728.12. (A) Responsibility for maintenance of the 620
state trauma registry established under former sections 4765.04 621
and 4765.06 of the Revised Code is hereby transferred to the 622

state trauma board. In matters relating to the registry, the 623
board shall consult with trauma data specialists throughout the 624
state. The board may appoint a committee to advise and assist 625
with the trauma registry. The committee may include persons with 626
expertise relevant to the trauma registry who are not members of 627
the board. 628

The state trauma registry shall be used for collection of 629
information regarding the care of trauma victims in this state. 630
The registry shall provide for the reporting of trauma-related 631
deaths, identification of trauma patients, monitoring of trauma 632
patient care information, determination of the total amount of 633
uncompensated trauma care provided annually by each facility 634
that provides care to trauma victims, and collection of any 635
other information specified by the board. The board shall 636
develop a single patient identifier system to be used by the 637
state trauma registry and any other registries that report 638
information to it. 639

Except as provided in division (B) of this section, all 640
persons designated by the board shall submit to the board 641
information requested by the board to maintain the state trauma 642
registry. At the request of the board, any state agency 643
possessing information regarding trauma care shall provide the 644
information to the board. 645

The board shall maintain the state trauma registry in 646
accordance with rules adopted under section 3728.10 of the 647
Revised Code. The rules shall not prohibit the operation of 648
other trauma registries and may provide for the reporting of 649
information to the state trauma registry by or through other 650
trauma registries in a manner consistent with information 651
otherwise reported to the state trauma registry. The rules shall 652

not require a person to report information to the state trauma registry through another trauma registry. Pursuant to a written agreement with the operators of another state's trauma registry, the board may receive information reported by that state's trauma registry. 653
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Other trauma registries may report aggregate information to the state trauma registry, provided the information can be matched to the person that reported it. All the provisions of this section concerning information maintained by the state trauma registry apply to information maintained by trauma registries that report to the state trauma registry. A person who provides, maintains, or adjusts such information for risk shall comply with this section and rules adopted pursuant to it in performing that function and has the same immunities with respect to that function as a person who performs that function with respect to the state trauma registry. 658
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Except as provided in division (D) of this section, 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. 669
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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 680
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furnishing the information, be held liable in damages to any 683
person or be held to answer for betrayal of a professional 684
confidence. No such information is subject to introduction in 685
evidence in any civil action against the provider. No person 686
that furnishes information to the board may be held liable for 687
the misuse or improper release of the information by the board 688
or by any person. 689

(B) As used in this division, "first responder," 690
"emergency medical technician-basic," "emergency medical 691
technician-intermediate," "emergency medical technician- 692
paramedic," and "emergency medical service organization" have 693
the same meanings as in section 4765.01 of the Revised Code. 694

The board may request information from an emergency 695
medical service organization, a first responder, an emergency 696
medical technician-basic, an emergency medical technician- 697
intermediate, or an emergency medical technician-paramedic to 698
maintain the registry only if all of the following apply: 699

(1) The board cannot obtain the information from the state 700
board of emergency medical, fire, and transportation services or 701
through the emergency medical services incidence reporting 702
system established under section 4765.06 of the Revised Code. 703

(2) The state trauma board submits to the state board of 704
emergency medical, fire, and transportation services a request 705
for permission to request the information from an emergency 706
medical service organization, a first responder, an emergency 707
medical technician-basic, an emergency medical technician- 708
intermediate, or an emergency medical technician-paramedic. 709

(3) The state board of emergency medical, fire, and 710
transportation services grants the request. 711

(C) The state trauma board shall adopt rules under section 3728.10 of the Revised Code that establish written standards and procedures for risk adjustment of information received by the board under this chapter. The rules shall be developed in consultation with appropriate medical, hospital, trauma care, and emergency medical service organizations and shall specify the circumstances in which deliberations of the persons performing risk adjustment functions under this section are not open to the public and records of those deliberations are maintained in confidence. The rules may provide for risk adjustment by a contractor of the board. No person who performs risk adjustment functions under this section may, because of performing such functions, be held liable in a civil action for betrayal of professional confidence or otherwise in the absence of willful or wanton misconduct. 712
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Except as provided in division (D) of this section, before risk adjustment standards and procedures are implemented, no member of the board and no employee or contractor of the board or the department of health shall make public information received by the board under this chapter that identifies or would tend to identify a specific facility or provider of trauma care. Except as provided in division (D) of this section, after risk adjustment standards and procedures are implemented, the board shall make public such information only on a risk adjusted basis. 727
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(D) (1) The board may transmit information that identifies or tends to identify a specific trauma care patient and information that identifies or tends to identify a specific provider of trauma care and has not been risk adjusted from the state trauma registry directly to the national trauma data bank, but only pursuant to a written contract between the board and 737
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the American college of surgeons under which the college agrees 743
that, to the maximum extent permitted by state and federal law, 744
the college will use the information solely for inclusion in the 745
national trauma data bank and will not disclose it to the 746
public, through legal discovery or otherwise, in a manner that 747
identifies or tends to identify a specific provider of trauma 748
care or a specific trauma care patient. 749

(2) The board may transmit information that identifies or 750
tends to identify a specific trauma care patient and information 751
that identifies or tends to identify a specific provider of 752
trauma care and has not been risk adjusted from the state trauma 753
registry to another state's trauma registry if all of the 754
following apply: 755

(a) The board has entered into a written agreement with 756
the operators of the other state's trauma registry. 757

(b) Under the written agreement, the operators agree, to 758
the maximum extent permitted by state and federal law, to use 759
the information solely for quality assurance and trauma system 760
operations purposes and not to disclose the information to the 761
public, through legal discovery or otherwise, in a manner that 762
identifies or tends to identify a specific provider of trauma 763
care or a specific trauma care patient. 764

(c) The information concerns a patient who either suffered 765
a traumatic injury in this state and received trauma care in the 766
state to which the information is transmitted or suffered a 767
traumatic injury in the other state and received trauma care in 768
this state. 769

Sec. 3728.13. The time critical diagnosis committee of the 770
state trauma board is hereby created. The committee shall 771

consist of members appointed by the board in accordance with 772
procedures established by the board. The members of the 773
committee must be residents of this state and may be members of 774
the board. 775

Committee members shall serve without compensation but 776
shall be reimbursed for actual and necessary expenses incurred 777
in carrying out duties as members of the committee. 778

The committee shall select a chairperson and vice- 779
chairperson from among its members. 780

The committee shall meet at the call of the chairperson 781
and at the direction of the board. The committee shall not meet 782
at times or locations that conflict with meetings of the board. 783
The committee shall meet not later than ninety days after the 784
initial meeting of the board. 785

The committee shall advise and assist the board in 786
conducting research under section 3728.09 of the Revised Code 787
into best practices and other issues related to the development 788
and implementation of a statewide time critical diagnosis system 789
of care. 790

The board may periodically submit a report of its findings 791
to the governor, the general assembly, or any other person. 792

Sec. 3728.14. A regional trauma organization recognized by 793
the state trauma board may impose a fee for participation in the 794
organization if the fee has been approved by the board in 795
accordance with procedures established by the board under 796
division (A) (10) of section 3728.09 of the Revised Code. A 797
regional trauma organization may not impose a fee that exceeds 798
the limits established by the board under division (A) (10) of 799
section 3728.09 of the Revised Code. 800

~~Sec. 3727.09-3728.15.~~ (A) As used in this section and 801
~~sections 3727.10 and 3727.101~~ section 3728.16 of the Revised 802
Code: 803

~~(1) "Trauma," "trauma care," "trauma center," "trauma-~~ 804
~~patient," "pediatric," and "adult" have the same meanings as in-~~ 805
~~section 4765.01 of the Revised Code.~~ 806

~~(2) "Stabilize" and "transfer" have the same meanings as-~~ 807
~~in section 1753.28 of the Revised Code,~~ "hospital" includes an 808
emergency department that is operated as an independent 809
facility. "Hospital" does not include an urgent care center. 810

~~(B) On and after November 3, 2002, each~~ Each hospital in 811
this state that is not a trauma center shall adopt protocols for 812
~~adult and pediatric~~ trauma care provided in or by that hospital; 813
each hospital in this state that is an adult trauma center and 814
not a ~~level I or level II~~ pediatric trauma center shall adopt 815
protocols for pediatric trauma care provided in or by that 816
hospital; each hospital in this state that is a pediatric trauma 817
center and not a ~~level I and II~~ an adult trauma center shall 818
adopt protocols for adult trauma care provided in or by that 819
hospital. In developing its trauma care protocols, each hospital 820
shall consider the guidelines for trauma care established by the 821
American college of surgeons, the American college of emergency 822
physicians, ~~and the American academy of pediatrics,~~ and the 823
regional trauma organization that serves the trauma region in 824
which the hospital is located. Trauma care protocols shall be 825
written, comply with applicable federal and state laws, and 826
include policies and procedures with respect to all of the 827
following: 828

(1) Evaluation of trauma patients, including criteria for 829
prompt identification of trauma patients who require a level of 830

~~adult or pediatric~~ trauma care that exceeds the hospital's 831
capabilities; 832

(2) Emergency treatment and stabilization of trauma 833
patients prior to transfer to an appropriate ~~adult or pediatric~~ 834
trauma center; 835

(3) Timely transfer of trauma patients to appropriate 836
~~adult or pediatric~~ trauma centers based on a patient's medical 837
needs. Trauma patient transfer protocols shall specify all of 838
the following: 839

(a) Procedures for selecting an appropriate trauma center 840
to receive a patient, which shall provide for the following, 841
unless doing so is not feasible or safe: 842

(i) Patients younger than sixteen years of age are to be 843
transported to a pediatric trauma center. 844

(ii) Patients sixteen or seventeen years of age are to be 845
transported to either an adult or pediatric trauma center. 846

(b) Confirmation of the ability of the receiving trauma 847
center to provide prompt ~~adult or pediatric~~ trauma care 848
appropriate to a patient's medical needs; 849

~~(b)~~ (c) Procedures for selecting an appropriate 850
alternative ~~adult or pediatric~~ trauma center to receive a 851
patient when it is not feasible or safe to transport the patient 852
to a particular trauma center; 853

~~(e)~~ (d) Advance notification and appropriate medical 854
consultation with the trauma center to which a trauma patient is 855
being, or will be, transferred; 856

~~(d)~~ (e) Procedures for selecting an appropriate method of 857
transportation and the hospital responsible for arranging or 858

providing the transportation; 859

~~(e)~~ (f) Confirmation of the ability of the persons and 860
vehicle that will transport a trauma patient to provide 861
appropriate ~~adult or pediatric~~ trauma care; 862

~~(f)~~ (g) Assured communication with, and appropriate 863
medical direction of, the persons transporting a trauma patient 864
to a trauma center; 865

~~(g)~~ (h) Identification and timely transfer of appropriate 866
medical records of the trauma patient being transferred; 867

~~(h)~~ (i) The hospital responsible for care of a patient in 868
transit; 869

~~(i)~~ (j) The responsibilities of the physician attending a 870
patient and, if different, the physician who authorizes a 871
transfer of the patient; 872

~~(j)~~ (k) Procedures for determining, in consultation with 873
an appropriate ~~adult or pediatric~~ trauma center and the persons 874
who will transport a trauma patient, when transportation of the 875
patient to a trauma center may be delayed for either of the 876
following reasons: 877

(i) Immediate transfer of the patient is unsafe due to 878
adverse weather or ground conditions. 879

(ii) No trauma center is able to provide appropriate ~~adult~~ 880
~~or pediatric~~ trauma care to the patient without undue delay. 881

(4) Peer review and quality assurance procedures for ~~adult~~ 882
~~and pediatric~~ trauma care provided in or by the hospital. 883

(C) (1) ~~On and after November 3, 2002~~ Except as provided in 884
division (C) (2) of this section, each hospital shall enter into 885

all of the following written agreements ~~unless otherwise~~ 886
 ~~provided in division (C) (2) of this section:~~ 887

(a) An agreement with one or more adult trauma centers in 888
each level of ~~categorization~~ designation as a trauma center 889
higher than the hospital that governs the transfer of adult 890
trauma patients from the hospital to those trauma centers; 891

(b) An agreement with one or more pediatric trauma centers 892
in each level of ~~categorization~~ designation as a trauma center 893
higher than the hospital that governs the transfer of pediatric 894
trauma patients from the hospital to those trauma centers. 895

(2) A level I or level II adult trauma center is not 896
required to enter into an adult trauma patient transfer 897
agreement with another hospital. A level I or level II pediatric 898
trauma center is not required to enter into a pediatric trauma 899
patient transfer agreement with another hospital. A hospital is 900
not required to enter into an adult trauma patient transfer 901
agreement with a level III or level IV adult trauma center, ~~or~~ 902
 ~~enter into a pediatric trauma patient transfer agreement with a~~ 903
 ~~level III or level IV pediatric trauma center,~~ if no trauma 904
center of that type is reasonably available to receive trauma 905
patients transferred from the hospital. 906

(3) A trauma patient transfer agreement entered into by a 907
hospital under division (C) (1) of this section shall comply with 908
applicable federal and state laws, including the "Emergency 909
 Medical Treatment and Labor Act," 100 Stat. 164 (1986), 42 910
 U.S.C. 1395dd, and contain provisions conforming to the 911
requirements for trauma care protocols set forth in division (B) 912
of this section. 913

(D) A hospital shall make trauma care protocols it adopts 914

under division (B) of this section and trauma patient transfer 915
agreements it adopts under division (C) of this section 916
available for public inspection during normal working hours. A 917
hospital shall furnish a copy of such documents upon request and 918
may charge a reasonable and necessary fee for doing so, provided 919
that upon request it shall furnish a copy of such documents to 920
the director of health and the state trauma board free of 921
charge. 922

~~(E) A hospital that ceases to operate as an adult or 923
pediatric trauma center under provisional status is not in 924
violation of divisions (B) and (C) of this section during the 925
time it develops different trauma care protocols and enters into 926
different patient transfer agreements pursuant to division (D) 927
(2)(c) of section 3727.101 of the Revised Code. 928~~

Sec. ~~3727.10~~ 3728.16. ~~On and after November 3, 2002, no~~ No 929
hospital in this state shall knowingly do any of the following: 930

(A) Represent that it is able to provide ~~adult or 931
pediatric~~ trauma care to a severely injured patient that is 932
inconsistent with its level of ~~categorization~~ designation as an 933
~~adult or pediatric~~ a trauma center, provided except that a 934
hospital that operates an emergency facility may represent that 935
it provides emergency care; 936

(B) Provide ~~adult or pediatric~~ trauma care to a severely 937
~~injured patient~~ that is inconsistent with applicable federal 938
laws, state laws, and trauma care protocols and patient transfer 939
agreements the hospital has adopted under section ~~3727.09~~ 940
3728.15 of the Revised Code; 941

(C) Transfer a ~~severely injured adult or pediatric~~ trauma 942
patient to a hospital that is not a trauma center with an 943

appropriate level of ~~adult or pediatric categorization~~ 944
designation or otherwise transfer a ~~severely injured adult or~~ 945
~~pediatric~~ trauma patient in a manner inconsistent with any 946
applicable trauma patient transfer agreement adopted by the 947
hospital under section ~~3727.09~~ 3728.15 of the Revised Code. 948

Sec. 3728.20. (A) Except as provided in division (B) of 949
this section, no person or government entity shall operate a 950
facility that admits trauma patients, whether as part of a 951
hospital or separate from a hospital, unless the facility is 952
designated, or provisionally designated, by the state trauma 953
board as a level I, II, or III adult trauma center or a level I 954
or II pediatric trauma center. 955

(B) (1) A facility that is not designated or provisionally 956
designated as a trauma center may admit trauma patients until 957
the board makes a determination regarding the facility's 958
application for trauma center designation if the facility meets 959
one of the following requirements: 960

(a) It is verified as a trauma center by the American 961
college of surgeons on or before the effective date of this 962
section and maintains verification. 963

(b) It is verified as a trauma center by the American 964
college of surgeons after the effective date of this section but 965
before the board begins accepting applications under section 966
3728.22 of the Revised Code and maintains verification. 967

(2) This section does not exempt any person or government 968
entity that operates or plans to operate a facility that admits 969
trauma patients from the requirement that it apply under section 970
3728.22 of the Revised Code for designation as a trauma center. 971

(C) A facility that does not admit trauma patients is not 972

required to apply for designation as a trauma center under this 973
chapter. 974

Sec. 3728.201. A facility authorized by division (B) of 975
section 3728.20 of the Revised Code to admit trauma patients 976
shall be considered a designated trauma center for purposes of 977
sections 3728.15, 3728.16, 3728.25, 3728.28, 4731.28, 4765.40, 978
and 4765.41 of the Revised Code as long as the authorization is 979
in effect. The level of designation is the level at which the 980
facility is verified as a trauma center by the American college 981
of surgeons. 982

Sec. 3728.21. The state trauma board shall adopt rules 983
under section 3728.10 of the Revised Code specifying all of the 984
following: 985

(A) Forms and procedures for applying for designation; 986

(B) Renewal procedures; 987

(C) Procedures for suspending or revoking designation and 988
for reinstating designation; 989

(D) Reporting and auditing requirements; 990

(E) Any other procedures or requirements the board 991
considers necessary or appropriate to implement the designation 992
and monitoring process. 993

Sec. 3728.22. (A) Each person or government entity that 994
operates or plans to operate a facility that admits trauma 995
patients shall apply to the state trauma board for designation 996
as a level I, II, or III adult trauma center or level I or II 997
pediatric trauma center. 998

(B) To be eligible for designation as a level I, II, or IV 999
adult trauma center or level I or II pediatric trauma center, a 1000

facility must be verified as a trauma center by the American 1001
college of surgeons, participate in a regional trauma 1002
organization that serves the trauma region in which the facility 1003
is located and is recognized by the board, and meet any other 1004
requirements established by the board under division (B) of 1005
section 3728.09 of the Revised Code. 1006

(C) To be eligible for designation as a level III adult 1007
trauma center, a facility must participate in a regional trauma 1008
organization that serves the trauma region in which the facility 1009
is located and is recognized by the board, meet the requirements 1010
established by the board under division (B) of section 3728.09 1011
of the Revised Code, and do either of the following: 1012

(1) Be verified as a trauma center by the American college 1013
of surgeons; 1014

(2) Receive a determination regarding an application for 1015
verification by the American college of surgeons, submit to the 1016
board a written plan to correct any deficiencies identified in 1017
the report of the results of a consultation visit or 1018
reverification visit conducted by the American college of 1019
surgeons, and have the plan accepted by the board under section 1020
3728.23 of the Revised Code. 1021

Sec. 3728.221. To be eligible for provisional designation 1022
as a level I, II, III, or IV adult trauma center or level I or 1023
II pediatric trauma center, a facility must satisfy the 1024
following requirements: 1025

(A) The facility must submit to the state trauma board a 1026
written report received from the American college of surgeons of 1027
the results of a consultation visit or reverification visit 1028
conducted by the American college of surgeons. 1029

(B) The facility must complete the application process for verification or reverification by the American college of surgeons not later than one year after receiving from the American college of surgeons the report described in division (A) of this section. 1030
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(C) The facility's chief medical officer and chief executive officer must certify in writing to the facility's governing board that the facility is committed and able to provide adult or pediatric trauma care consistent with the level of verification or reverification being sought. 1035
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(D) The facility's governing board must adopt a resolution stating that the facility is committed and able to provide adult or pediatric trauma care consistent with the level of verification or reverification being sought. 1040
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(E) The facility's governing board must approve a written plan and timetable for obtaining the level of verification or reverification being sought, including provisions for correcting at the earliest practicable time any deficiencies identified in the report described in division (A) of this section. 1044
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(F) The facility must satisfy the requirements established by the board under division (A) (12) of section 3728.09 of the Revised Code. 1049
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Sec. 3728.23. The state trauma board shall designate as a level I, II, or IV adult trauma center or as a level I or II pediatric trauma center a facility that meets the requirements of division (B) of section 3728.22 of the Revised Code and submits a complete application. 1052
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The board shall designate as a level III adult trauma center a facility that meets the requirements of division (C) (1) 1057
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of section 3728.22 of the Revised Code and submits a complete 1059
application. 1060

The board may designate a facility as a level III adult 1061
trauma center if the facility submits a plan in accordance with 1062
division (C) (2) of section 3728.22 of the Revised Code, the 1063
board determines that the plan will adequately correct the 1064
deficiencies identified in the report of the results of a 1065
consultation visit or reverification visit conducted by the 1066
American college of surgeons and accepts the plan, and the 1067
facility submits a complete application. 1068

The board may grant provisional designation as a level I, 1069
II, III, or IV adult trauma center or as a level I or II 1070
pediatric trauma center to a facility that meets the 1071
requirements of section 3728.221 of the Revised Code and submits 1072
a complete application. 1073

A facility may appeal to the director of health the 1074
board's refusal to designate it as a trauma center, to designate 1075
it at a level requested by the facility, or to grant provisional 1076
designation. The director shall hear the appeal in an 1077
adjudication conducted under Chapter 119. of the Revised Code. 1078
If the director determines that the facility meets the 1079
requirements of division (B) or (C) of section 3728.22 of the 1080
Revised Code for trauma center designation or section 3728.221 1081
of the Revised Code for provisional designation, the director 1082
shall order the board to designate the facility a trauma center 1083
at the level specified by the director. 1084

The board shall issue a certificate to each trauma center 1085
designated under this chapter. The certificate shall indicate 1086
the center's level of designation. If the designation is 1087
provisional, the provisional status shall be noted on the 1088

certificate. Provisional designation does not affect the level 1089
of trauma care that a facility designated as a trauma center may 1090
provide. 1091

Sec. 3728.24. (A) This section does not apply to 1092
provisional designation as a trauma center under this chapter. 1093

(B) Designation as a trauma center under this chapter is 1094
valid for one year, unless earlier revoked or suspended under 1095
section 3728.28 of the Revised Code. 1096

Designation may be renewed in the manner prescribed in 1097
rules adopted under section 3728.21 of the Revised Code. The 1098
board shall not renew a designation if the facility does not 1099
meet the requirements of section 3728.22 of the Revised Code for 1100
initial designation as a trauma center that are in effect on the 1101
date the application for renewal is submitted. The board shall 1102
not renew more than twice the designation of a facility that is 1103
not verified as a trauma center by the American college of 1104
surgeons. 1105

A facility may appeal to the director of health the 1106
board's refusal to renew its designation. The director shall 1107
hear the appeal in an adjudication conducted under Chapter 119. 1108
of the Revised Code. If the director determines that the 1109
facility meets the requirements for renewal of its designation, 1110
the director shall order the board to renew the facility's 1111
designation. 1112

Sec. 3728.241. (A) Provisional designation as a trauma 1113
center under this chapter is valid until one of the following 1114
applies: 1115

(1) The facility's application for verification or 1116
reverification by the American college of surgeons is denied, 1117

suspended, terminated, or withdrawn. 1118

(2) If the facility is seeking initial verification, 1119
verification at a different level, or reverification after 1120
having ceased to be verified for one year or longer, the 1121
facility has not obtained verification or reverification by the 1122
date that occurs eighteen months after being granted provisional 1123
designation. 1124

(3) If the facility is seeking reverification after having 1125
ceased to be verified for less than one year, the facility has 1126
not obtained reverification by the date that occurs one year 1127
after being granted provisional designation. 1128

(4) The state trauma board suspends or revokes the 1129
provisional designation under section 3728.28 of the Revised 1130
Code. 1131

(5) The facility's provisional designation is replaced by 1132
the state trauma board by designation as a level I, II, III, or 1133
IV adult trauma center or a level I or II pediatric trauma 1134
center. 1135

(B) A facility whose provisional designation as a trauma 1136
center ceases to be valid pursuant to division (A) (1), (2), (3), 1137
or (4) of this section shall do all of the following: 1138

(1) Except as otherwise provided by federal law, at the 1139
earliest practicable date transfer to one or more appropriate 1140
trauma centers all trauma patients in the facility to whom the 1141
facility is not permitted to provide trauma care. 1142

(2) Promptly comply with section 3728.16 of the Revised 1143
Code according to its current status. 1144

(3) Not later than one hundred eighty days after the 1145

provisional designation ceases to be valid, prepare a protocol 1146
in accordance with section 3728.15 of the Revised Code. 1147

(C) A facility whose provisional designation ceases to be 1148
valid may not apply for provisional designation until two years 1149
have elapsed since it ceased to operate under that provisional 1150
designation. 1151

Sec. 3728.242. A facility granted provisional designation 1152
as a trauma center shall make available for public inspection 1153
during normal working hours a copy of the certification, 1154
resolution, and application prepared pursuant to section 1155
3728.221 of the Revised Code. On request, the facility shall 1156
provide a copy of the documents. A reasonable fee may be charged 1157
to cover necessary expenses incurred in furnishing the copies, 1158
except that no fee may be charged for copies furnished to the 1159
director of health or the state trauma board. 1160

On request, the facility shall furnish to the director of 1161
health or the board a copy of the report of the consultative or 1162
reverification visit from the American college of surgeons 1163
described in division (A) of section 3728.221 of the Revised 1164
Code and a copy of the plan and timetable accepted pursuant to 1165
division (E) of that section for obtaining verification or 1166
reverification. The documents provided may omit patient- 1167
identifying information. Submission of the documents to the 1168
director or the board does not waive any privilege or right of 1169
confidentiality that otherwise applies to the documents and the 1170
information in them. 1171

The documents and the information in them are not public 1172
records and shall not be disclosed to any person except 1173
employees of the department of health or state trauma board who 1174
are expressly authorized by the director of health or the board 1175

to examine the copies and information in them. The documents and 1176
information in them are not subject to discovery or introduction 1177
into evidence in a civil action, except an action brought by the 1178
director or board against the facility or a person that 1179
authorized, approved, or created the original documents and the 1180
information in them. 1181

Sec. ~~3727.102-3728.25~~. ~~A hospital-~~ (A) A facility 1182
designated as a trauma center under this chapter shall promptly 1183
notify in writing ~~the director of health,~~ the emergency medical 1184
services division of the department of public safety~~,~~ and the 1185
appropriate regional directors and regional advisory boards 1186
appointed under section 4765.05 of the Revised Code if any of 1187
the following occurs: 1188

~~(A)~~ (1) The ~~hospital-facility~~ ceases to be ~~an adult or~~
~~pediatric~~ a trauma center verified by the American college of 1189
surgeons. 1190
1191

~~(B)~~ (2) The ~~hospital-facility~~ changes its level of 1192
verification as ~~an adult or pediatric~~ a trauma center verified 1193
by the American college of surgeons. 1194

~~(C)~~ (3) The ~~hospital-facility~~ commences to operate as ~~an~~
~~adult or pediatric~~ a traumacenter under a provisional status-
designation pursuant to section ~~3727.101-3728.23~~ of the Revised 1195
Code. 1196
1197
1198

~~(D)~~ (4) The ~~hospital-facility~~ changes the level of 1199
~~verification or reverification~~ designation it is seeking under 1200
its provisional ~~status~~ designation. 1201

~~(E)~~ (5) The ~~hospital-facility~~ ceases to operate under its 1202
provisional ~~status~~ designation. 1203

~~(F)~~ (6) The ~~hospital-facility~~ receives ~~verification or~~ 1204

~~reverification~~ a designation that is not provisional in place of 1205
its provisional ~~status~~ designation. 1206

(B) A facility designated as a trauma center under this 1207
chapter shall also promptly notify in writing the state trauma 1208
board if any of the occurrences described in divisions (A) (1), 1209
(2), (3), or (5) of this section occur. 1210

Sec. 3728.26. The state trauma board shall monitor 1211
compliance with and investigate a possible violation of this 1212
chapter or rules adopted under it. Any person may report to the 1213
board in a signed writing any information the person may have 1214
that appears to show a violation. In the absence of bad faith, a 1215
person who reports such information or testifies before the 1216
board shall not be held liable in damages in a civil action as a 1217
result of the report or testimony. 1218

In investigating a possible violation, the board may do 1219
all of the following: question witnesses; conduct interviews; 1220
administer oaths; order the taking of depositions; inspect and 1221
copy any books, accounts, papers, records, or documents; issue 1222
subpoenas; and compel the attendance of witnesses and production 1223
of books, accounts, papers, records, documents, and testimony, 1224
except that a subpoena for patient record information shall not 1225
be issued without consultation with the attorney general's 1226
office and approval of the chairperson of the board. 1227

On failure of any person to comply with a subpoena issued 1228
by the board and after reasonable notice to the person being 1229
subpoenaed, the board may move for an order compelling the 1230
production of persons or records pursuant to the Ohio Rules of 1231
Civil Procedure. 1232

A subpoena issued by the board may be served by a sheriff, 1233

the sheriff's deputy, or a board employee designated by the 1234
board. Service of a subpoena issued by the board may be made by 1235
delivering a copy of the subpoena to the person named therein, 1236
reading it to the person, or leaving it at the person's usual 1237
place of residence, usual place of business, or address on file 1238
with the board. Service of a subpoena may be made by certified 1239
mail, return receipt requested. The subpoena shall be deemed 1240
served on the date delivery is made or the date the person 1241
refuses to accept delivery. If the person being served refuses 1242
to accept delivery of the subpoena or is not located, service 1243
may be made to an attorney who notifies the board that the 1244
attorney is representing the person. 1245

A sheriff's deputy who serves a subpoena shall receive the 1246
same fees as a sheriff. Each witness who appears before the 1247
board in obedience to a subpoena shall receive the fees and 1248
mileage provided for under section 119.094 of the Revised Code. 1249

The board shall not accept or consider as part of a 1250
hearing or investigation any information, document, or record 1251
that has as its sole source the proceeding or records of a peer 1252
review committee, as defined in section 2305.25 of the Revised 1253
Code. The board may accept and consider any information, 1254
document, or record that was presented to a peer review 1255
committee if the information, document, or record is produced 1256
from a source separate from the peer review committee. 1257

A report required to be submitted to the board under this 1258
chapter, a complaint, or information received by the board 1259
pursuant to an investigation under this chapter is confidential 1260
and not subject to discovery in any civil action. The board 1261
shall conduct all investigations and proceedings in a manner 1262
that protects the confidentiality of patients and persons who 1263

file complaints with the board. The board shall not make public 1264
the names or any other identifying information about patients or 1265
complainants unless proper consent is given or, in the case of a 1266
patient, a waiver of the patient privilege exists under division 1267
(B) of section 2317.02 of the Revised Code, except that consent 1268
or a waiver is not required if the board possesses reliable and 1269
substantial evidence that no bona fide physician-patient 1270
relationship exists. 1271

To the extent permitted by federal and state law, the 1272
board may share any information it receives pursuant to an 1273
investigation, including patient records and patient record 1274
information, with law enforcement agencies, other licensing 1275
boards, and other governmental agencies that are prosecuting, 1276
adjudicating, or investigating alleged violations of statutes or 1277
administrative rules. An agency or board that receives the 1278
information shall comply with the same requirements regarding 1279
confidentiality as those with which the state trauma board must 1280
comply, notwithstanding any conflicting provision of the Revised 1281
Code or procedure of the agency or board that applies when it is 1282
dealing with other information in its possession. In a judicial 1283
proceeding, the information may be admitted into evidence only 1284
in accordance with the Ohio Rules of Evidence, but the court 1285
shall require that appropriate measures be taken to ensure that 1286
confidentiality is maintained with respect to any part of the 1287
information that contains names or other identifying information 1288
about patients or complainants whose confidentiality was 1289
protected by the state trauma board when the information was in 1290
the board's possession. Measures to ensure confidentiality that 1291
may be taken by the court include sealing its records or 1292
deleting specific information from its records. 1293

Sec. 3728.28. (A) In accordance with Chapter 119. of the 1294

Revised Code, the state trauma board may do any or all of the 1295
following: 1296

(1) Suspend or revoke designation as a trauma center under 1297
this chapter if the board determines that material 1298
misrepresentations were made in the application for designation 1299
or that a trauma center has violated this chapter or rules 1300
adopted under it; 1301

(2) Suspend or revoke designation as a trauma center if 1302
the board determines that the trauma center has failed to 1303
maintain standards required for verification by the American 1304
college of surgeons; 1305

(3) Suspend or revoke designation as a trauma center if 1306
the board determines that the trauma center has failed to 1307
continue to meet designation requirements established under 1308
section 3728.09 of the Revised Code. 1309

(B) A facility adversely affected by an action taken or 1310
proposed to be taken by the board under division (A) of this 1311
section may appeal to the director of health. The director shall 1312
hear the appeal in an adjudication conducted under Chapter 119. 1313
of the Revised Code. The director may order the board not to 1314
take the action or to reverse or modify the action or may uphold 1315
the action. 1316

(C) The board may suspend designation without adjudication 1317
if it believes there is clear and convincing evidence that 1318
continued operation of a trauma center presents a danger of 1319
immediate and serious harm to the public. The board shall issue 1320
a written order of suspension and cause it to be delivered by 1321
certified mail or in person in accordance with section 119.07 of 1322
the Revised Code. The order shall not be subject to suspension 1323

by the court while an appeal filed under section 119.12 of the 1324
Revised Code is pending. If the trauma center subject to the 1325
suspension requests adjudication, the director of health shall 1326
conduct the adjudication under Chapter 119. of the Revised Code. 1327
The date set for the adjudication shall be not later than 1328
fifteen days but not earlier than seven days after the request 1329
is made, unless another date is agreed to by the trauma center 1330
and the director. The suspension shall remain in effect, unless 1331
reversed by the board, until a final adjudication order issued 1332
by the director pursuant to this section and Chapter 119. of the 1333
Revised Code becomes effective. 1334

The director shall issue a final adjudication order not 1335
later than ninety days after completion of the adjudication. If 1336
the director does not issue a final order within the ninety-day 1337
period, the suspension shall be void, but any final adjudication 1338
order issued subsequent to the ninety-day period shall not be 1339
affected. 1340

(D) If the board or the director of health revokes or 1341
suspends designation of a facility as a trauma center under this 1342
chapter and the facility continues to operate as a trauma 1343
center, at the request of the board or director the attorney 1344
general shall apply to the court of common pleas of the county 1345
in which the facility is located for an order enjoining its 1346
operation. The court shall grant the order on a showing that the 1347
facility continues to operate as a trauma center. 1348

Sec. 4511.81. (A) When any child who is in either or both 1349
of the following categories is being transported in a motor 1350
vehicle, other than a taxicab or public safety vehicle as 1351
defined in section 4511.01 of the Revised Code, that is required 1352
by the United States department of transportation to be equipped 1353

with seat belts at the time of manufacture or assembly, the 1354
operator of the motor vehicle shall have the child properly 1355
secured in accordance with the manufacturer's instructions in a 1356
child restraint system that meets federal motor vehicle safety 1357
standards: 1358

(1) A child who is less than four years of age; 1359

(2) A child who weighs less than forty pounds. 1360

(B) When any child who is in either or both of the 1361
following categories is being transported in a motor vehicle, 1362
other than a taxicab, that is owned, leased, or otherwise under 1363
the control of a nursery school or day-care center, the operator 1364
of the motor vehicle shall have the child properly secured in 1365
accordance with the manufacturer's instructions in a child 1366
restraint system that meets federal motor vehicle safety 1367
standards: 1368

(1) A child who is less than four years of age; 1369

(2) A child who weighs less than forty pounds. 1370

(C) When any child who is less than eight years of age and 1371
less than four feet nine inches in height, who is not required 1372
by division (A) or (B) of this section to be secured in a child 1373
restraint system, is being transported in a motor vehicle, other 1374
than a taxicab or public safety vehicle as defined in section 1375
4511.01 of the Revised Code or a vehicle that is regulated under 1376
section 5104.015 of the Revised Code, that is required by the 1377
United States department of transportation to be equipped with 1378
seat belts at the time of manufacture or assembly, the operator 1379
of the motor vehicle shall have the child properly secured in 1380
accordance with the manufacturer's instructions on a booster 1381
seat that meets federal motor vehicle safety standards. 1382

(D) When any child who is at least eight years of age but 1383
not older than fifteen years of age, and who is not otherwise 1384
required by division (A), (B), or (C) of this section to be 1385
secured in a child restraint system or booster seat, is being 1386
transported in a motor vehicle, other than a taxicab or public 1387
safety vehicle as defined in section 4511.01 of the Revised 1388
Code, that is required by the United States department of 1389
transportation to be equipped with seat belts at the time of 1390
manufacture or assembly, the operator of the motor vehicle shall 1391
have the child properly restrained either in accordance with the 1392
manufacturer's instructions in a child restraintsystem that 1393
meets federal motor vehicle safety standards or in an occupant 1394
restraining device as defined in section 4513.263 of the Revised 1395
Code. 1396

(E) Notwithstanding any provision of law to the contrary, 1397
no law enforcement officer shall cause an operator of a motor 1398
vehicle being operated on any street or highway to stop the 1399
motor vehicle for the sole purpose of determining whether a 1400
violation of division (C) or (D) of this section has been or is 1401
being committed or for the sole purpose of issuing a ticket, 1402
citation, or summons for a violation of division (C) or (D) of 1403
this section or causing the arrest of or commencing a 1404
prosecution of a person for a violation of division (C) or (D) 1405
of this section, and absent another violation of law, a law 1406
enforcement officer's view of the interior or visual inspection 1407
of a motor vehicle being operated on any street or highway may 1408
not be used for the purpose of determining whether a violation 1409
of division (C) or (D) of this section has been or is being 1410
committed. 1411

(F) The director of public safety shall adopt such rules 1412
as are necessary to carry out this section. 1413

(G) The failure of an operator of a motor vehicle to 1414
secure a child in a child restraint system, a booster seat, or 1415
an occupant restraining device as required by this section is 1416
not negligence imputable to the child, is not admissible as 1417
evidence in any civil action involving the rights of the child 1418
against any other person allegedly liable for injuries to the 1419
child, is not to be used as a basis for a criminal prosecution 1420
of the operator of the motor vehicle other than a prosecution 1421
for a violation of this section, and is not admissible as 1422
evidence in any criminal action involving the operator of the 1423
motor vehicle other than a prosecution for a violation of this 1424
section. 1425

(H) This section does not apply when an emergency exists 1426
that threatens the life of any person operating or occupying a 1427
motor vehicle that is being used to transport a child who 1428
otherwise would be required to be restrained under this section. 1429
This section does not apply to a person operating a motor 1430
vehicle who has an affidavit signed by a physician licensed to 1431
practice in this state under Chapter 4731. of the Revised Code 1432
or a chiropractor licensed to practice in this state under 1433
Chapter 4734. of the Revised Code that states that the child who 1434
otherwise would be required to be restrained under this section 1435
has a physical impairment that makes use of a child restraint 1436
system, booster seat, or an occupant restraining device 1437
impossible or impractical, provided that the person operating 1438
the vehicle has safely and appropriately restrained the child in 1439
accordance with any recommendations of the physician or 1440
chiropractor as noted on the affidavit. 1441

(I) There is hereby created in the state treasury the 1442
child highway safety fund, consisting of fines imposed pursuant 1443
to division ~~(K)~~ (L) (1) of this section for violations of 1444

divisions (A), (B), (C), and (D) of this section. The money in 1445
the fund shall be used by the ~~department of health state trauma~~ 1446
~~board~~ only to defray the cost of designating ~~hospitals as~~ 1447
pediatric trauma centers under ~~section 3727.081~~ Chapter 3728. of 1448
the Revised Code and to establish and administer a child highway 1449
safety program. The purpose of the program shall be to educate 1450
the public about child restraint systems and booster seats and 1451
the importance of their proper use. The program also shall 1452
include a process for providing child restraint systems and 1453
booster seats to persons who meet the eligibility criteria 1454
established by the department, and a toll-free telephone number 1455
the public may utilize to obtain information about child 1456
restraint systems and booster seats, and their proper use. 1457

(J) The director of health, in accordance with Chapter 1458
119. of the Revised Code, shall adopt any rules necessary to 1459
carry out this section, including rules establishing the 1460
criteria a person must meet in order to receive a child 1461
restraint system or booster seat under the department's child 1462
highway safety program; provided that rules relating to the 1463
verification of pediatric trauma centers shall not be adopted 1464
under this section. 1465

(K) Nothing in this section shall be construed to require 1466
any person to carry with the person the birth certificate of a 1467
child to prove the age of the child, but the production of a 1468
valid birth certificate for a child showing that the child was 1469
not of an age to which this section applies is a defense against 1470
any ticket, citation, or summons issued for violating this 1471
section. 1472

(L) (1) Whoever violates division (A), (B), (C), or (D) of 1473
this section shall be punished as follows, provided that the 1474

failure of an operator of a motor vehicle to secure more than 1475
one child in a child restraint system, booster seat, or occupant 1476
restraining device as required by this section that occurred at 1477
the same time, on the same day, and at the same location is 1478
deemed to be a single violation of this section: 1479

(a) Except as otherwise provided in division (L)(1)(b) of 1480
this section, the offender is guilty of a minor misdemeanor and 1481
shall be fined not less than twenty-five dollars nor more than 1482
seventy-five dollars. 1483

(b) If the offender previously has been convicted of or 1484
pleaded guilty to a violation of division (A), (B), (C), or (D) 1485
of this section or of a municipal ordinance that is 1486
substantially similar to any of those divisions, the offender is 1487
guilty of a misdemeanor of the fourth degree. 1488

(2) All fines imposed pursuant to division (L)(1) of this 1489
section shall be forwarded to the treasurer of state for deposit 1490
in the child highway safety fund created by division (I) of this 1491
section. 1492

Sec. 4731.28. (A) Except as provided in division (B) of 1493
this section or to the extent necessary to comply with the 1494
"Emergency Medical Treatment and Labor Act," 100 Stat. 164 1495
(1986), 42 U.S.C. 1395dd, an individual authorized under this 1496
chapter to practice medicine and surgery or osteopathic medicine 1497
and surgery shall not do either of the following: 1498

(1) Admit a patient for trauma care to a facility that is 1499
not designated under Chapter 3728. of the Revised Code as a 1500
level I, II, or III adult trauma center or level I or II 1501
pediatric trauma center; 1502

(2) Fail to transfer a trauma patient to a facility 1503

designated under Chapter 3728. of the Revised Code as a level I, 1504
II, or III adult trauma center or level I or II pediatric trauma 1505
center in accordance with trauma protocols and patient transfer 1506
agreements adopted under section 3728.15 of the Revised Code and 1507
applicable federal and state law, including the "Emergency 1508
Medical Treatment and Labor Act." 1509

(B) Division (A) of this section does not apply in the 1510
following circumstances: 1511

(1) The patient refuses to give or withdraws informed 1512
consent to be admitted or transferred to a trauma center. 1513

(2) The patient is less than eighteen years of age, and a 1514
parent, guardian, or other person having care or charge of the 1515
patient refuses to give or withdraws informed consent for 1516
admission or transfer to a trauma center. 1517

(3) The patient lacks the capacity to make informed health 1518
care decisions, and the person authorized to make such decisions 1519
on the patient's behalf refuses to give or withdraws informed 1520
consent for admission or transfer to a trauma center. 1521

Sec. 4765.01. As used in this chapter: 1522

(A) "First responder" means an individual who holds a 1523
current, valid certificate issued under section 4765.30 of the 1524
Revised Code to practice as a first responder. 1525

(B) "Emergency medical technician-basic" or "EMT-basic" 1526
means an individual who holds a current, valid certificate 1527
issued under section 4765.30 of the Revised Code to practice as 1528
an emergency medical technician-basic. 1529

(C) "Emergency medical technician-intermediate" or "EMT-I" 1530
means an individual who holds a current, valid certificate 1531

issued under section 4765.30 of the Revised Code to practice as 1532
an emergency medical technician-intermediate. 1533

(D) "Emergency medical technician-paramedic" or 1534
"paramedic" means an individual who holds a current, valid 1535
certificate issued under section 4765.30 of the Revised Code to 1536
practice as an emergency medical technician-paramedic. 1537

(E) "Ambulance" means any motor vehicle that is used, or 1538
is intended to be used, for the purpose of responding to 1539
emergency medical situations, transporting emergency patients, 1540
and administering emergency medical service to patients before, 1541
during, or after transportation. 1542

(F) "Cardiac monitoring" means a procedure used for the 1543
purpose of observing and documenting the rate and rhythm of a 1544
patient's heart by attaching electrical leads from an 1545
electrocardiograph monitor to certain points on the patient's 1546
body surface. 1547

(G) "Emergency medical service" means any of the services 1548
described in sections 4765.35, 4765.37, 4765.38, and 4765.39 of 1549
the Revised Code that are performed by first responders, 1550
emergency medical technicians-basic, emergency medical 1551
technicians-intermediate, and paramedics. "Emergency medical 1552
service" includes such services performed before or during any 1553
transport of a patient, including transports between hospitals 1554
and transports to and from helicopters. 1555

(H) "Emergency medical service organization" means a 1556
public or private organization using first responders, EMTs- 1557
basic, EMTs-I, or paramedics, or a combination of first 1558
responders, EMTs-basic, EMTs-I, and paramedics, to provide 1559
emergency medical services. 1560

(I) "Physician" means an individual who holds a current, 1561
valid certificate issued under Chapter 4731. of the Revised Code 1562
authorizing the practice of medicine and surgery or osteopathic 1563
medicine and surgery. 1564

(J) "Registered nurse" means an individual who holds a 1565
current, valid license issued under Chapter 4723. of the Revised 1566
Code authorizing the practice of nursing as a registered nurse. 1567

(K) "Volunteer" means a person who provides services 1568
either for no compensation or for compensation that does not 1569
exceed the actual expenses incurred in providing the services or 1570
in training to provide the services. 1571

(L) "Emergency medical service personnel" means first 1572
responders, emergency medical service technicians-basic, 1573
emergency medical service technicians-intermediate, emergency 1574
medical service technicians-paramedic, and persons who provide 1575
medical direction to such persons. 1576

(M) "Hospital" has the same meaning as in section 3727.01 1577
of the Revised Code, except that it also includes an emergency 1578
department that is operated as an independent facility. 1579

(N) ~~"Trauma" or "traumatic injury" means severe damage to-~~ 1580
~~or destruction of tissue that satisfies both of the following-~~ 1581
~~conditions:-~~ 1582

~~(1) It creates a significant risk of any of the following:-~~ 1583

~~(a) Loss of life;-~~ 1584

~~(b) Loss of a limb;-~~ 1585

~~(c) Significant, permanent disfigurement;-~~ 1586

~~(d) Significant, permanent disability.-~~ 1587

- ~~(2) It is caused by any of the following:—~~ 1588
- ~~(a) Blunt or penetrating injury;—~~ 1589
- ~~(b) Exposure to electromagnetic, chemical, or radioactive energy;—~~ 1590
1591
- ~~(c) Drowning, suffocation, or strangulation;—~~ 1592
- ~~(d) A deficit or excess of heat and "trauma care" have the same meanings as in section 3728.01 of the Revised Code.~~ 1593
1594
- (O) "Trauma victim" or "trauma patient" means a person who has sustained a traumatic an injury due to trauma. 1595
1596
- (P) ~~"Trauma care" means the assessment, diagnosis, transportation, treatment, or rehabilitation of a trauma victim by emergency medical service personnel or by a physician, nurse, physician assistant, respiratory therapist, physical therapist, chiropractor, occupational therapist, speech language pathologist, audiologist, or psychologist licensed to practice as such in this state or another jurisdiction.~~ 1597
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1600
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1603
- ~~(Q) "Trauma center" means all of the following:—~~ 1604
- ~~(1) Any hospital that is verified by the American college of surgeons as an adult or pediatric trauma center;—~~ 1605
1606
- ~~(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;—~~ 1607
1608
1609
- ~~(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;—~~ 1610
1611
1612
1613
- ~~(4) Any hospital in another state that is licensed or~~ 1614

~~designated under the laws of that state as capable of providing~~ 1615
~~specialized trauma care appropriate to the medical needs of the~~ 1616
~~trauma patient, a facility designated as a trauma center under~~ 1617
Chapter 3728. of the Revised Code. 1618

~~(R)~~(Q) "Pediatric" means involving a patient who is less 1619
than sixteen years of age. 1620

~~(S)~~ "Adult" means involving a patient who is not a 1621
pediatric patient. 1622

~~(T)~~(R) "Geriatric" means involving a patient who is at 1623
least seventy years old or exhibits significant anatomical or 1624
physiological characteristics associated with advanced aging. 1625

~~(U)~~(S) "Air medical organization" means an organization 1626
that provides emergency medical services, or transports 1627
emergency victims, by means of fixed or rotary wing aircraft. 1628

~~(V)~~ "Emergency care" and "emergency facility" have the 1629
same meanings as in section 3727.01 of the Revised Code. 1630

~~(W)~~ "Stabilize," ~~(T)~~ "Stabilization," except as it is used 1631
in division (B) of section 4765.35 of the Revised Code with 1632
respect to the manual stabilization of fractures, has the same 1633
meaning as in section ~~1753.28~~ 3728.01 of the Revised Code. 1634

~~(X)~~(U) "Transfer" has the same meaning as in section 1635
~~1753.28-1867~~ of the Revised Code "Social Security Act," 42 U.S.C. 1636
1395dd, as amended. 1637

~~(Y)~~(V) "Firefighter" means any member of a fire 1638
department as defined in section 742.01 of the Revised Code. 1639

~~(Z)~~(W) "Volunteer firefighter" has the same meaning as in 1640
section 146.01 of the Revised Code. 1641

~~(AA)~~ (X) "Part-time paid firefighter" means a person who 1642
provides firefighting services on less than a full-time basis, 1643
is routinely scheduled to be present on site at a fire station 1644
or other designated location for purposes of responding to a 1645
fire or other emergency, and receives more than nominal 1646
compensation for the provision of firefighting services. 1647

~~(BB)~~ (Y) "Physician assistant" means an individual who 1648
holds a valid license to practice as a physician assistant 1649
issued under Chapter 4730. of the Revised Code. 1650

Sec. 4765.02. (A) (1) There is hereby created the state 1651
board of emergency medical, fire, and transportation services 1652
within the division of emergency medical services of the 1653
department of public safety. The board shall consist of the 1654
members specified in this section who are residents of this 1655
state. The governor, with the advice and consent of the senate, 1656
shall appoint all members of the board, except the employee of 1657
the department of public safety designated by the director of 1658
public safety under this section to be a member of the board. In 1659
making the appointments, the governor shall appoint only members 1660
with background or experience in emergency medical services or 1661
trauma care and shall attempt to include members representing 1662
urban and rural areas, various geographical regions of the 1663
state, and various schools of training. 1664

(2) ~~One~~ As used in this division, "EMT" means an emergency 1665
medical technician-basic who is also known as such pursuant to 1666
section 4765.011 of the Revised Code and "AEMT" means an 1667
emergency medical technician-intermediate who is also known as 1668
such pursuant to that section. 1669

One member of the board shall be a physician certified by 1670
the American board of emergency medicine or the American 1671

osteopathic board of emergency medicine who is active in the 1672
practice of emergency medicine and is actively involved with an 1673
emergency medical service organization. The governor shall 1674
appoint this member from among three persons nominated by the 1675
Ohio chapter of the American college of emergency physicians and 1676
three persons nominated by the Ohio osteopathic association. One 1677
member shall be a physician certified by the American board of 1678
surgery or the American osteopathic board of surgery who is 1679
active in the practice of trauma surgery and is actively 1680
involved with emergency medical services. The governor shall 1681
appoint this member from among three persons nominated by the 1682
Ohio chapter of the American college of surgeons and three 1683
persons nominated by the Ohio osteopathic association. One 1684
member shall be a physician certified by the American academy of 1685
pediatrics or American osteopathic board of pediatrics who is 1686
active in the practice of pediatric emergency medicine and 1687
actively involved with an emergency medical service 1688
organization. The governor shall appoint this member from among 1689
three persons nominated by the Ohio chapter of the American 1690
academy of pediatrics and three persons nominated by the Ohio 1691
osteopathic association. One member shall be the administrator 1692
of a hospital located in this state. The governor shall appoint 1693
this member from among three persons nominated by ~~OHA: the~~ Ohio 1694
hospital ~~association for hospitals and health systems,~~ three 1695
persons nominated by the Ohio osteopathic association, and three 1696
persons nominated by the Ohio children's hospital ~~association of~~ 1697
~~Ohio children's hospitals.~~ One member shall be an ~~adult or~~ 1698
~~pediatric trauma program manager or trauma program director who~~ 1699
~~is involved in the daily management of a verified trauma center~~ 1700
EMT, AEMT, or a paramedic. The governor shall appoint this 1701
member from among three persons nominated by the Ohio ~~nurses~~ 1702
~~association, three persons nominated by the Ohio society of~~ 1703

~~trauma nurse leaders, and three persons nominated by the Ohio-~~ 1704
~~state council of the emergency nurses association~~ association of 1705
professional fire fighters. One member shall be the chief of a 1706
fire department that is also an emergency medical service 1707
organization in which more than fifty per cent of the persons 1708
who provide emergency medical services are full-time paid 1709
employees. The governor shall appoint this member from among 1710
three persons nominated by the Ohio fire chiefs' association. 1711
One member shall be the chief of a fire department that is also 1712
an emergency medical service organization in which more than 1713
fifty per cent of the persons who provide emergency medical 1714
services are volunteers. The governor shall appoint this member 1715
from among three persons nominated by the Ohio fire chiefs' 1716
association. One member shall be a person who is certified to 1717
teach under section 4765.23 of the Revised Code and holds a 1718
valid certificate to practice as an EMT, AEMT, or paramedic. The 1719
governor shall appoint this member from among three persons 1720
nominated by the Ohio emergency medical technician instructors 1721
association and the Ohio instructor/coordinators' society. One 1722
member shall be an EMT, AEMT, or paramedic, and one member shall 1723
be a paramedic. The governor shall appoint these members from 1724
among three EMTs or AEMTs and three paramedics nominated by the 1725
Ohio association of professional fire fighters and three EMTs, 1726
three AEMTs, and three paramedics nominated by the northern Ohio 1727
fire fighters. One member shall be an EMT, AEMT, or paramedic, 1728
and one member shall be a paramedic. The governor shall appoint 1729
these members from among three EMTs or AEMTs and three 1730
paramedics nominated by the Ohio state ~~firefighter's-~~ 1731
firefighters' association. One member shall be a person whom the 1732
governor shall appoint from among an EMT, AEMT, or a paramedic 1733
nominated by the Ohio association of emergency medical services 1734
or the Ohio ambulance and medical transportation association. 1735

One member shall be an EMT, AEMT, or a paramedic, whom the 1736
governor shall appoint from among three persons nominated by the 1737
Ohio ambulance and medical transportation association. One 1738
member shall be a paramedic, whom the governor shall appoint 1739
from among three persons nominated by the Ohio ambulance and 1740
medical transportation association. One member shall be the 1741
owner or operator of a private emergency medical service 1742
organization whom the governor shall appoint from among three 1743
persons nominated by the Ohio ambulance and medical 1744
transportation association. One member shall be a provider of 1745
mobile intensive care unit transportation in this state whom the 1746
governor shall appoint from among three persons nominated by the 1747
Ohio association of critical care transport. One member shall be 1748
a provider of air-medical transportation in this state whom the 1749
governor shall appoint from among three persons nominated by the 1750
Ohio association of critical care transport. One member shall be 1751
the owner or operator of a nonemergency medical service 1752
organization in this state that provides ambulance services whom 1753
the governor shall appoint from among three persons nominated by 1754
the Ohio ambulance and medical transportation association. 1755

The governor may refuse to appoint any of the persons 1756
nominated by one or more organizations under division (A) (2) of 1757
this section, except the employee of the department of public 1758
safety designated by the director of public safety under this 1759
section to be a member of the board. In that event, the 1760
organization or organizations shall continue to nominate the 1761
required number of persons until the governor appoints to the 1762
board one or more of the persons nominated by the organization 1763
or organizations. 1764

The director of public safety shall designate an employee 1765
of the department of public safety to serve as a member of the 1766

board at the director's pleasure. This member shall serve as a liaison between the department and the division of emergency medical services in cooperation with the executive director of the board.

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

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

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

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

(D) The board shall organize by annually selecting a chair

and vice-chair from among its members. The board may adopt 1796
bylaws to regulate its affairs. A majority of all members of the 1797
board shall constitute a quorum. No action shall be taken 1798
without the concurrence of a majority of all members of the 1799
board. The board shall meet at least four times annually and at 1800
the call of the chair. The chair shall call a meeting on the 1801
request of the executive director or the medical director of the 1802
board or on the written request of five members. The board shall 1803
maintain written or electronic records of its meetings. 1804

Notwithstanding division (C) of section 121.22 of the 1805
Revised Code, the requirement that a member be present in person 1806
at a meeting to be part of a quorum or to vote does not apply if 1807
a member attends by interactive video conference or 1808
teleconference and all of the following conditions are met: 1809

(1) The meeting is held at a location that is open and 1810
accessible to the public. 1811

(2) A clear audio connection is established that enables 1812
all members participating at the meeting location to hear the 1813
participation of each member. 1814

(3) A roll call vote is recorded for each vote taken. 1815

(4) The minutes of the board identify which members 1816
participated by interactive video conference or teleconference. 1817

The board may limit the number of members permitted to 1818
participate by interactive video conference or teleconference in 1819
any particular meeting and the number of times in any year that 1820
a particular member may participate in meetings by interactive 1821
video conference or teleconference. 1822

(E) Upon twenty-four hours' notice from a member of the 1823
board, the member's employer shall release the member from the 1824

member's employment duties to attend meetings of the full board. 1825
Nothing in this division requires the employer of a member of 1826
the board to compensate the member for time the member is 1827
released from employment duties under this paragraph, but any 1828
civil immunity, workers' compensation, disability, or similar 1829
coverage that applies to a member of the board as a result of 1830
the member's employment shall continue to apply while the member 1831
is released from employment duties under this paragraph. 1832

Sec. 4765.03. (A) The director of public safety shall 1833
appoint a full-time executive director for the state board of 1834
emergency medical, fire, and transportation services. The 1835
executive director shall be knowledgeable in emergency medical 1836
services and trauma care and shall serve at the pleasure of the 1837
director of public safety. The director of public safety shall 1838
appoint the executive director from among three persons 1839
nominated by the board. The director of public safety may 1840
refuse, for cause, to appoint any of the board's nominees. If 1841
the director fails to appoint any of the board's nominees, the 1842
board shall continue to nominate groups of three persons until 1843
the director does appoint one of the board's nominees. The 1844
executive director shall serve as the chief executive officer of 1845
the board and as the executive director of the division of 1846
emergency medical services. The executive director shall attend 1847
each meeting of the board, except the board may exclude the 1848
executive director from discussions concerning the employment or 1849
performance of the executive director or medical director of the 1850
board. The executive director shall give a surety bond to the 1851
state in such sum as the board determines, conditioned on the 1852
faithful performance of the duties of the executive director's 1853
office. The executive director shall receive a salary from the 1854
board and shall be reimbursed for actual and necessary expenses 1855

incurred in carrying out duties as executive director. 1856

The executive director shall submit a report to the 1857
director of public safety at least every three months regarding 1858
the status of emergency medical services in this state. The 1859
executive director shall meet with the director of public safety 1860
at the director's request. 1861

(B) The board shall appoint a medical director, who shall 1862
serve at the pleasure of the board. The medical director shall 1863
be a physician certified by the American board of emergency 1864
medicine or the American osteopathic board of emergency medicine 1865
who is active in the practice of emergency medicine and has been 1866
actively involved with an emergency medical service organization 1867
for at least five years prior to being appointed. The board 1868
shall consider any recommendations for this appointment from the 1869
Ohio chapter of the American college of emergency physicians, 1870
the Ohio chapter of the American college of surgeons, the Ohio 1871
chapter of the American academy of pediatrics, the Ohio 1872
osteopathic association, and the Ohio state medical association. 1873

The medical director shall direct the executive director 1874
and advise the board with regard to ~~adult and pediatric trauma~~ 1875
~~and~~ emergency medical services issues. The medical director 1876
shall attend each meeting of the board, except the board may 1877
exclude the medical director from discussions concerning the 1878
appointment or performance of the medical director or executive 1879
director of the board. The medical director shall be employed 1880
and paid by the board and shall be reimbursed for actual and 1881
necessary expenses incurred in carrying out duties as medical 1882
director. 1883

(C) The board may appoint employees as it determines 1884
necessary. The board shall prescribe the duties and titles of 1885

its employees. 1886

Sec. 4765.04. (A) The firefighter and fire safety 1887
inspector training committee of the state board of emergency 1888
medical, fire, and transportation services is hereby created and 1889
shall consist of the members of the board who are chiefs of fire 1890
departments, and the members of the board who are emergency 1891
medical technicians-basic, emergency medical technicians- 1892
intermediate, and emergency medical technicians-paramedic 1893
appointed from among persons nominated by the Ohio association 1894
of professional fire fighters or the northern Ohio fire fighters 1895
and from among persons nominated by the Ohio state ~~firefighter's~~ 1896
firefighters' association. Each member of the committee, except 1897
the chairperson, may designate a person with fire experience to 1898
serve in that member's place. The members of the committee or 1899
their designees shall select a chairperson from among the 1900
members or their designees. 1901

The committee may conduct investigations in the course of 1902
discharging its duties under this chapter. In the course of an 1903
investigation, the committee may issue subpoenas. If a person 1904
subpoenaed fails to comply with the subpoena, the committee may 1905
authorize its chairperson to apply to the court of common pleas 1906
in the county where the person to be subpoenaed resides for an 1907
order compelling compliance in the same manner as compliance 1908
with a subpoena issued by the court is compelled. 1909

~~(B) The trauma committee of the state board of emergency 1910
medical, fire, and transportation services is hereby created and 1911
shall consist of the following members appointed by the director 1912
of public safety: 1913~~

~~(1) A physician who is certified by the American board of 1914
surgery or American osteopathic board of surgery and actively 1915~~

~~practices general trauma surgery, appointed from among three persons nominated by the Ohio chapter of the American college of surgeons, three persons nominated by the Ohio state medical association, and three persons nominated by the Ohio osteopathic association;~~ 1916
1917
1918
1919
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~~(2) A physician who is certified by the American board of surgery or the American osteopathic board of surgery and actively practices orthopedic trauma surgery, appointed from among three persons nominated by the Ohio orthopedic society and three persons nominated by the Ohio osteopathic association;~~ 1921
1922
1923
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~~(3) A physician who is certified by the American board of neurological surgeons or the American osteopathic board of surgery and actively practices neurosurgery on trauma victims, appointed from among three persons nominated by the Ohio state neurological society and three persons nominated by the Ohio osteopathic association;~~ 1926
1927
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~~(4) A physician who is certified by the American board of surgeons or American osteopathic board of surgeons and actively specializes in treating burn victims, appointed from among three persons nominated by the Ohio chapter of the American college of surgeons and three persons nominated by the Ohio osteopathic association;~~ 1932
1933
1934
1935
1936
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~~(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;~~ 1938
1939
1940
1941

~~(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~~ 1942
1943
1944

~~rehabilitative care to trauma victims, appointed from among 1945
three persons nominated by the Ohio society of physical medicine 1946
and rehabilitation and three persons nominated by the Ohio 1947
osteopathic association; 1948~~

~~(7) A physician who is certified by the American board of 1949
surgery or American osteopathic board of surgery with special 1950
qualifications in pediatric surgery and actively practices 1951
pediatric trauma surgery, appointed from among three persons 1952
nominated by the Ohio chapter of the American academy of 1953
pediatrics and three persons nominated by the Ohio osteopathic 1954
association; 1955~~

~~(8) A physician who is certified by the American board of 1956
emergency medicine or American osteopathic board of emergency 1957
medicine, actively practices emergency medicine, and is actively 1958
involved in emergency medical services, appointed from among 1959
three persons nominated by the Ohio chapter of the American 1960
college of emergency physicians and three persons nominated by 1961
the Ohio osteopathic association; 1962~~

~~(9) A physician who is certified by the American board of 1963
pediatrics, American osteopathic board of pediatrics, or 1964
American board of emergency medicine, is sub-boarded in 1965
pediatric emergency medicine, actively practices pediatric 1966
emergency medicine, and is actively involved in emergency 1967
medical services, appointed from among three persons nominated 1968
by the Ohio chapter of the American academy of pediatrics, three 1969
persons nominated by the Ohio chapter of the American college of 1970
emergency physicians, and three persons nominated by the Ohio 1971
osteopathic association; 1972~~

~~(10) A physician who is certified by the American board of 1973
surgery, American osteopathic board of surgery, or American 1974~~

~~board of emergency medicine and is the chief medical officer of~~ 1975
~~an air medical organization, appointed from among three persons~~ 1976
~~nominated by the Ohio association of air medical services;~~ 1977

~~(11) A coroner or medical examiner appointed from among~~ 1978
~~three people nominated by the Ohio state coroners' association;~~ 1979

~~(12) A registered nurse who actively practices trauma~~ 1980
~~nursing at an adult or pediatric trauma center, appointed from~~ 1981
~~among three persons nominated by the Ohio association of trauma~~ 1982
~~nurse coordinators;~~ 1983

~~(13) A registered nurse who actively practices emergency~~ 1984
~~nursing and is actively involved in emergency medical services,~~ 1985
~~appointed from among three persons nominated by the Ohio chapter~~ 1986
~~of the emergency nurses' association;~~ 1987

~~(14) The chief trauma registrar of an adult or pediatric~~ 1988
~~trauma center, appointed from among three persons nominated by~~ 1989
~~the alliance of Ohio trauma registrars;~~ 1990

~~(15) The administrator of an adult or pediatric trauma~~ 1991
~~center, appointed from among three persons nominated by OHA: the~~ 1992
~~association for hospitals and health systems, three persons~~ 1993
~~nominated by the Ohio osteopathic association, three persons~~ 1994
~~nominated by the association of Ohio children's hospitals, and~~ 1995
~~three persons nominated by the health forum of Ohio;~~ 1996

~~(16) The administrator of a hospital that is not a trauma~~ 1997
~~center and actively provides emergency care to adult or~~ 1998
~~pediatric trauma patients, appointed from among three persons~~ 1999
~~nominated by OHA: the association for hospitals and health~~ 2000
~~systems, three persons nominated by the Ohio osteopathic~~ 2001
~~association, three persons nominated by the association of Ohio~~ 2002
~~children's hospitals, and three persons nominated by the health~~ 2003

forum of Ohio;	2004
(17) The operator of an ambulance company that actively provides trauma care to emergency patients, appointed from among three persons nominated by the Ohio ambulance association;	2005 2006 2007
(18) The chief of a fire department that actively provides trauma care to emergency patients, appointed from among three persons nominated by the Ohio fire chiefs' association;	2008 2009 2010
(19) An EMT or paramedic who is certified under this chapter and actively provides trauma care to emergency patients, appointed from among three persons nominated by the Ohio association of professional firefighters, three persons nominated by the northern Ohio fire fighters, three persons nominated by the Ohio state firefighters' association, and three persons nominated by the Ohio association of emergency medical services;	2011 2012 2013 2014 2015 2016 2017 2018
(20) A person who actively advocates for trauma victims, appointed from three persons nominated by the Ohio brain injury association and three persons nominated by the governor's council on people with disabilities;	2019 2020 2021 2022
(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;	2023 2024 2025 2026 2027 2028 2029 2030
(22) Three representatives of hospitals that are not trauma centers and actively provide emergency care to trauma	2031 2032

~~patients, appointed from among three persons nominated by OHA:— 2033~~
~~the association for hospitals and health systems, three persons— 2034~~
~~nominated by the Ohio osteopathic association, three persons— 2035~~
~~nominated by the association of Ohio children's hospitals, and— 2036~~
~~three persons nominated by the health forum of Ohio. The— 2037~~
~~representatives may be hospital administrators, physicians,— 2038~~
~~nurses, or other clinical professionals. 2039~~

~~Members of the committee shall have substantial experience— 2040~~
~~in the categories they represent, shall be residents of this— 2041~~
~~state, and may be members of the state board of emergency— 2042~~
~~medical, fire, and transportation services. In appointing— 2043~~
~~members of the committee, the director shall attempt to include— 2044~~
~~members representing urban and rural areas, various geographical— 2045~~
~~areas of the state, and various schools of training. The— 2046~~
~~director shall not appoint to the committee more than one member— 2047~~
~~who is employed by or practices at the same hospital, health— 2048~~
~~system, or emergency medical service organization. 2049~~

~~The director may refuse to appoint any of the persons— 2050~~
~~nominated by an organization or organizations under this— 2051~~
~~division. In that event, the organization or organizations shall— 2052~~
~~continue to nominate the required number of persons until the— 2053~~
~~director appoints to the committee one or more of the persons— 2054~~
~~nominated by the organization or organizations. 2055~~

~~Initial appointments to the committee shall be made by the— 2056~~
~~director not later than ninety days after November 3, 2000.— 2057~~
~~Members of the committee shall serve at the pleasure of the— 2058~~
~~director, except that any member of the committee who ceases to— 2059~~
~~be qualified for the position to which the member was appointed— 2060~~
~~shall cease to be a member of the committee. Vacancies on the— 2061~~
~~committee shall be filled in the same manner as original— 2062~~

~~appointments.~~ 2063

~~The members of the committee shall serve without~~ 2064
~~compensation but shall be reimbursed for actual and necessary~~ 2065
~~expenses incurred in carrying out duties as members of the~~ 2066
~~committee.~~ 2067

~~The committee shall select a chairperson and vice~~ 2068
~~chairperson from among its members. A majority of all members of~~ 2069
~~the committee shall constitute a quorum. No action shall be~~ 2070
~~taken without the concurrence of a majority of all members of~~ 2071
~~the committee. The committee shall meet at the call of the~~ 2072
~~chair, upon written request of five members of the committee,~~ 2073
~~and at the direction of the state board of emergency medical,~~ 2074
~~fire, and transportation services. The committee shall not meet~~ 2075
~~at times or locations that conflict with meetings of the board.~~ 2076
~~The executive director and medical director of the state board~~ 2077
~~of emergency medical, fire, and transportation services may~~ 2078
~~participate in any meeting of the committee and shall do so at~~ 2079
~~the request of the committee.~~ 2080

~~The committee shall advise and assist the state board of~~ 2081
~~emergency medical, fire, and transportation services in matters~~ 2082
~~related to adult and pediatric trauma care and the establishment~~ 2083
~~and operation of the state trauma registry. In matters relating~~ 2084
~~to the state trauma registry, the board and the committee shall~~ 2085
~~consult with trauma registrars from adult and pediatric trauma~~ 2086
~~centers in the state. The committee may appoint a subcommittee~~ 2087
~~to advise and assist with the trauma registry. The subcommittee~~ 2088
~~may include persons with expertise relevant to the trauma~~ 2089
~~registry who are not members of the board or committee.~~ 2090

~~(C)~~(1) The medical transportation committee of the state 2091
board of emergency medical, fire, and transportation services is 2092

hereby created. The committee shall consist of members appointed 2093
by the board in accordance with rules adopted by the board. In 2094
appointing members of the committee, the board shall attempt to 2095
include members representing urban and rural areas and various 2096
geographical areas of the state, and shall ensure the members 2097
have substantial experience in the transportation of patients, 2098
including addressing the unique issues of mobile intensive care 2099
and air medical services. The members of the committee shall be 2100
residents of this state and may be members of the board. The 2101
members of the committee shall serve without compensation but 2102
shall be reimbursed for actual and necessary expenses incurred 2103
in carrying out duties as members of the committee. The 2104
committee shall select a chairperson and vice-chairperson from 2105
among its members. A majority of all members of the committee 2106
shall constitute a quorum. No action shall be taken without the 2107
concurrence of a majority of all members of the committee. The 2108
committee shall meet at the call of the chair and at the 2109
direction of the board. The committee shall not meet at times or 2110
locations that conflict with meetings of the board. The 2111
committee shall advise and assist the board in matters related 2112
to the licensing of nonemergency medical service, emergency 2113
medical service, and air medical service organizations in this 2114
state. 2115

(2) There is hereby created the critical care subcommittee 2116
of the medical transportation committee. The membership of the 2117
subcommittee and the conduct of the subcommittee's business 2118
shall conform to rules adopted by the board. The subcommittee 2119
shall advise and assist the committee and board in matters 2120
relating to mobile intensive care and air medical service 2121
organizations in this state. 2122

~~(D)~~ (C) The state board of emergency medical, fire, and 2123

transportation services may appoint other committees and 2124
subcommittees as it considers necessary. 2125

~~(E)~~ (D) The state board of emergency medical, fire, and 2126
transportation services, and any of its committees or 2127
subcommittees, may request assistance from any state agency. The 2128
board and its committees and subcommittees may permit persons 2129
who are not members of those bodies to participate in 2130
deliberations of those bodies, but no person who is not a member 2131
of the board shall vote on the board and no person who is not a 2132
member of a committee created under division (A) ~~or~~ (B) ~~or~~ (C) 2133
of this section shall vote on that committee. 2134

~~(F)~~ (E) Sections 101.82 to 101.87 of the Revised Code do 2135
not apply to the committees established under divisions (A) ~~and~~ 2136
(B) ~~and~~ (C) of this section. 2137

(F) Notwithstanding division (C) of section 121.22 of the 2138
Revised Code, the requirement that a member be present in person 2139
at a meeting to be part of a quorum or to vote does not apply to 2140
a member of a committee of the state board of emergency medical, 2141
fire, and transportation services if the member attends by 2142
interactive video conference or teleconference and all of the 2143
following conditions are met: 2144

(1) The meeting is held at a location that is open and 2145
accessible to the public. 2146

(2) A clear audio connection is established that enables 2147
all members participating at the meeting location to hear the 2148
participation of each member. 2149

(3) A roll call vote is recorded for each vote taken. 2150

(4) The minutes of the committee identify which members 2151
participated by interactive video conference or teleconference. 2152

The board or committee may limit the number of members 2153
permitted to participate by interactive video conference or 2154
teleconference in any particular meeting and the number of times 2155
in any year that a particular member may participate in meetings 2156
by interactive video conference or teleconference. 2157

Sec. 4765.05. (A) As used in this section, "prehospital 2158
emergency medical services" means an emergency medical services 2159
system that provides medical services to patients who require 2160
immediate assistance, because of illness or injury, prior to 2161
their arrival at an emergency medical facility. 2162

(B) The state board of emergency medical, fire, and 2163
transportation services shall divide the state geographically 2164
into prehospital emergency medical services regions for purposes 2165
of overseeing the delivery of ~~adult and pediatric~~ prehospital 2166
emergency medical services. For each prehospital emergency 2167
medical services region, the state board of emergency medical, 2168
fire, and transportation services shall appoint either a 2169
physician to serve as the regional director or a physician 2170
advisory board to serve as the regional advisory board. The 2171
state board of emergency medical, fire, and transportation 2172
services shall specify the duties of each regional director and 2173
regional advisory board. Regional directors and members of 2174
regional advisory boards shall serve without compensation, but 2175
shall be reimbursed for actual and necessary expenses incurred 2176
in carrying out duties as regional directors and members of 2177
regional advisory boards. 2178

(C) Nothing in this section shall be construed to limit in 2179
any way the ability of a hospital to determine the market area 2180
of that hospital. 2181

Sec. 4765.06. (A) The state board of emergency medical, 2182

fire, and transportation services shall establish an emergency 2183
medical services incidence reporting system for the collection 2184
of information regarding the delivery of emergency medical 2185
services in this state and the frequency at which the services 2186
are provided. All emergency medical service organizations shall 2187
submit to the board any information that the board determines is 2188
necessary for maintaining the incidence reporting system. 2189

~~(B) The board shall establish a state trauma registry to 2190
be used for the collection of information regarding the care of 2191
adult and pediatric trauma victims in this state. The registry 2192
shall provide for the reporting of adult and pediatric trauma 2193
related deaths, identification of adult and pediatric trauma 2194
patients, monitoring of adult and pediatric trauma patient care 2195
data, determination of the total amount of uncompensated adult 2196
and pediatric trauma care provided annually by each facility 2197
that provides care to trauma victims, and collection of any 2198
other information specified by the board. All persons designated 2199
by the board shall submit to the board any information it 2200
determines is necessary for maintaining the state trauma 2201
registry. At the request of the board any state agency 2202
possessing information regarding adult or pediatric trauma care 2203
shall provide the information to the board. The board shall 2204
maintain the state trauma registry in accordance with rules 2205
adopted under section 4765.11 of the Revised Code. 2206~~

~~Rules relating to the state trauma registry adopted under 2207
this section and section 4765.11 of the Revised Code shall not 2208
prohibit the operation of other trauma registries and may 2209
provide for the reporting of information to the state trauma 2210
registry by or through other trauma registries in a manner 2211
consistent with information otherwise reported to the state 2212
trauma registry. Other trauma registries may report aggregate 2213~~

~~information to the state trauma registry, provided the 2214
information can be matched to the person that reported it. 2215
Information maintained by another trauma registry and reported 2216
to the state trauma registry in lieu of being reported directly 2217
to the state trauma registry is a public record and shall be 2218
maintained, made available to the public, held in confidence, 2219
risk adjusted, and not subject to discovery or introduction into 2220
evidence in a civil action as provided in section 149.43 of the 2221
Revised Code and this section. Any person who provides, 2222
maintains, or risk adjusts such information shall comply with 2223
this section and rules adopted under it in performing that 2224
function and has the same immunities with respect to that 2225
function as a person who performs that function with respect to 2226
the state trauma registry. 2227~~

~~(C) The~~Except as provided in division (F) of this section, 2228
the board and any employee or contractor of the board or the 2229
department of public safety shall not make public information it 2230
receives under ~~Chapter 4765. of the Revised Code~~ this chapter 2231
that identifies or would tend to identify a specific recipient 2232
of emergency medical services ~~or adult or pediatric trauma care.~~ 2233

~~(D) Not later than two years after November 3, 2000, the~~ 2234
(C) The board shall adopt and implement rules under section 2235
4765.11 of the Revised Code that provide written standards and 2236
procedures for risk adjustment of information received by the 2237
board under ~~Chapter 4765. of the Revised Code~~ this chapter. The 2238
rules shall be developed in consultation with appropriate 2239
medical, hospital, and emergency medical service organizations 2240
and may provide for risk adjustment by a contractor of the 2241
board. Except as provided in division ~~(G)~~ (F) of this section, 2242
~~before risk adjustment standards and procedures are implemented,~~ 2243
~~no member of the board and no~~ any employee or contractor of the 2244

board or the department of public safety shall make public 2245
information ~~received by the board under Chapter 4765. of the~~ 2246
~~Revised Code~~ it receives under this chapter that identifies or 2247
would tend to identify a specific provider of emergency medical 2248
services ~~or adult or pediatric trauma care. Except as provided~~ 2249
~~in division (G) of this section, after risk adjustment standards~~ 2250
~~and procedures are implemented, the board shall make public such~~ 2251
~~information~~ only on a risk adjusted basis. 2252

~~(E)~~ (D) The board shall adopt rules under section 4765.11 2253
of the Revised Code that specify procedures for ensuring the 2254
confidentiality of information that is not to be made public 2255
under this section. The rules shall specify the circumstances in 2256
which deliberations of the persons performing risk adjustment 2257
functions under this section are not open to the public and 2258
records of those deliberations are maintained in confidence. 2259
Nothing in this section prohibits the board from making public 2260
statistical information that does not identify or tend to 2261
identify a specific recipient or provider of emergency medical 2262
services ~~or adult or pediatric trauma care.~~ 2263

~~(F)~~ (E) No provider that furnishes information to the 2264
board with respect to any patient the provider examined or 2265
treated shall, because of this furnishing, be deemed liable in 2266
damages to any person or be held to answer for betrayal of a 2267
professional confidence in the absence of willful or wanton 2268
misconduct. No such information shall be subject to introduction 2269
in evidence in any civil action against the provider. No 2270
provider that furnishes information to the board shall be liable 2271
for the misuse or improper release of the information by the 2272
board or any other person. 2273

No person who performs risk adjustment functions under 2274

this section shall, because of performing such functions, be 2275
held liable in a civil action for betrayal of professional 2276
confidence or otherwise in the absence of willful or wanton 2277
misconduct. 2278

~~(G)~~ (F) The board may transmit ~~data information~~ that 2279
identifies or tends to identify a specific recipient of 2280
emergency medical services and information that identifies or 2281
tends to identify a specific provider of emergency medical 2282
services ~~care and has not~~, regardless of whether it has been 2283
risk-adjusted, from the emergency medical services incident 2284
reporting system directly to the national emergency medical 2285
services information system, pursuant to a written contract 2286
between the board and the federal agency that administers ~~the~~ 2287
~~national emergency medical services information that~~ system, 2288
~~which~~. The contract shall ensure to the maximum extent 2289
permitted by federal law that ~~such the~~ agency ~~shall must~~ use 2290
~~such data the information~~ solely for inclusion in the national 2291
emergency medical services information system and ~~shall must~~ not 2292
disclose ~~such data the information~~ to the public, through legal 2293
discovery, a freedom of information request, or otherwise, in a 2294
manner that identifies or tends to identify a specific recipient 2295
of emergency medical services or a specific provider of 2296
emergency medical services ~~care~~. 2297

Sec. 4765.07. (A) The state board of emergency medical, 2298
fire, and transportation services shall adopt rules under 2299
section 4765.11 of the Revised Code to establish and administer 2300
a grant program under which grants are distributed according to 2301
the following priorities: 2302

(1) First priority shall be given to emergency medical 2303
service organizations for the training of personnel, for the 2304

purchase of equipment and vehicles, and to improve the 2305
availability, accessibility, and quality of emergency medical 2306
services in this state. In this category, the board shall give 2307
priority to grants that fund training and equipping of emergency 2308
medical service personnel. 2309

(2) Second priority shall be given to entities that 2310
~~research, test, and evaluate medical procedures and systems-~~ 2311
~~related to adult and pediatric trauma care.~~ 2312

~~(3) Third priority shall be given to entities that 2313
research the causes, nature, and effects of traumatic injuries,-~~ 2314
~~educate the public about injury prevention, and implement, test,-~~ 2315
~~and evaluate injury prevention strategies.~~ 2316

~~(4) Fourth priority shall be given to entities that 2317
research, test, and evaluate procedures that promote the 2318
rehabilitation, retraining, and reemployment of adult or 2319
pediatric trauma victims and social service support mechanisms- 2320
for adult or pediatric trauma victims and their families.~~ 2321

~~(5) Fifth priority shall be given to entities that conduct 2322
research on, test, or evaluate one or more of the following: 2323~~

(a) Procedures governing the performance of emergency 2324
medical services in this state; 2325

(b) The training of emergency medical service personnel; 2326

(c) The staffing of emergency medical service 2327
organizations. 2328

~~(6) For grants distributed for the grant award years- 2329
occurring not later than the award year ending June 30, 2017,- 2330~~

~~sixth (3) Third priority shall be given to entities that operate 2331
paramedic training programs and are seeking national- 2332~~

~~accreditation of the programs~~ conduct research on emergency 2333
medical services in general. 2334

~~(B) To be eligible for a grant distributed pursuant to~~ 2335
~~division (A) (6) of this section, an applicant for the grant~~ 2336
~~shall meet all of the following conditions:~~ 2337

~~(1) Hold a certificate of accreditation issued by the~~ 2338
~~board under section 4765.17 of the Revised Code to operate a~~ 2339
~~paramedic training program;~~ 2340

~~(2) Be seeking initial national accreditation of the~~ 2341
~~program from an accrediting organization approved by the board;~~ 2342

~~(3) Apply for the national accreditation on or after~~ 2343
~~February 25, 2010.~~ 2344

~~(C)~~ The grant program shall be funded from the trauma and 2345
emergency medical services fund created by section 4513.263 of 2346
the Revised Code. 2347

Sec. 4765.11. (A) The state board of emergency medical, 2348
fire, and transportation services shall adopt, and may amend and 2349
rescind, rules in accordance with Chapter 119. of the Revised 2350
Code and division (C) of this section that establish all of the 2351
following: 2352

(1) Procedures for its governance and the control of its 2353
actions and business affairs; 2354

(2) Standards for the performance of emergency medical 2355
services by first responders, emergency medical technicians- 2356
basic, emergency medical technicians-intermediate, and emergency 2357
medical technicians-paramedic; 2358

(3) Application fees for certificates of accreditation, 2359
certificates of approval, certificates to teach, and 2360

certificates to practice, which shall be deposited into the 2361
trauma and emergency medical services fund created in section 2362
4513.263 of the Revised Code; 2363

(4) Criteria for determining when the application or 2364
renewal fee for a certificate to practice may be waived because 2365
an applicant cannot afford to pay the fee; 2366

(5) Procedures for issuance and renewal of certificates of 2367
accreditation, certificates of approval, certificates to teach, 2368
and certificates to practice, including any procedures necessary 2369
to ensure that adequate notice of renewal is provided in 2370
accordance with division (D) of section 4765.30 of the Revised 2371
Code; 2372

(6) Procedures for suspending or revoking certificates of 2373
accreditation, certificates of approval, certificates to teach, 2374
and certificates to practice; 2375

(7) Grounds for suspension or revocation of a certificate 2376
to practice issued under section 4765.30 of the Revised Code and 2377
for taking any other disciplinary action against a first 2378
responder, EMT-basic, EMT-I, or paramedic; 2379

(8) Procedures for taking disciplinary action against a 2380
first responder, EMT-basic, EMT-I, or paramedic; 2381

(9) Standards for certificates of accreditation and 2382
certificates of approval; 2383

(10) Qualifications for certificates to teach; 2384

(11) Requirements for a certificate to practice; 2385

(12) The curricula, number of hours of instruction and 2386
training, and instructional materials to be used in ~~adult and~~ 2387
~~pediatric~~ emergency medical services training programs and ~~adult~~ 2388

and pediatric emergency medical services continuing education	2389
programs;	2390
(13) Procedures for conducting courses in recognizing	2391
symptoms of life-threatening allergic reactions and in	2392
calculating proper dosage levels and administering injections of	2393
epinephrine to adult and pediatric patients who suffer life-	2394
threatening allergic reactions;	2395
(14) Examinations for certificates to practice;	2396
(15) Procedures for administering examinations for	2397
certificates to practice;	2398
(16) Procedures for approving examinations that	2399
demonstrate competence to have a certificate to practice renewed	2400
without completing an emergency medical services continuing	2401
education program;	2402
(17) Procedures for granting extensions and exemptions of	2403
emergency medical services continuing education requirements;	2404
(18) Procedures for approving the additional emergency	2405
medical services first responders are authorized by division (C)	2406
of section 4765.35 of the Revised Code to perform, EMTs-basic	2407
are authorized by division (C) of section 4765.37 of the Revised	2408
Code to perform, EMTs-I are authorized by division (B) (5) of	2409
section 4765.38 of the Revised Code to perform, and paramedics	2410
are authorized by division (B) (6) of section 4765.39 of the	2411
Revised Code to perform;	2412
(19) Standards and procedures for implementing the	2413
requirements of section 4765.06 of the Revised Code, including	2414
designations of the persons who are required to report	2415
information to the board and the types of information to be	2416
reported;	2417

(20) Procedures for administering the emergency medical services grant program established under section 4765.07 of the Revised Code;	2418 2419 2420
(21) Procedures consistent with Chapter 119. of the Revised Code for appealing decisions of the board;	2421 2422
(22) Minimum qualifications and peer review and quality improvement requirements for persons who provide medical direction to emergency medical service personnel;	2423 2424 2425
(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;	2426 2427 2428 2429
(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;	2430 2431 2432 2433 2434
(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;	2435 2436 2437 2438 2439 2440
<u>(26) Standards for providers of trauma care in prehospital settings.</u>	2441 2442
(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:	2443 2444 2445

(1) Specifications of information that may be collected 2446
under the ~~trauma system registry and~~ incidence reporting system 2447
created under section 4765.06 of the Revised Code; 2448

(2) Standards and procedures for implementing any of the 2449
recommendations made by any committees of the board or under 2450
section 4765.04 of the Revised Code; 2451

(3) Requirements that a person must meet to receive a 2452
certificate to practice as a first responder pursuant to 2453
division (A) (2) of section 4765.30 of the Revised Code; 2454

(4) Any other rules necessary to implement this chapter. 2455

(C) In developing and administering rules adopted under 2456
this chapter, the state board of emergency medical, fire, and 2457
transportation services shall consult with regional directors 2458
and regional physician advisory boards created by section 2459
4765.05 of the Revised Code and emphasize the special needs of 2460
pediatric and geriatric patients. 2461

In establishing the standards for providers of trauma care 2462
in prehospital settings, the board shall consider 2463
recommendations from the state trauma board. 2464

(D) Except as otherwise provided in this division, before 2465
adopting, amending, or rescinding any rule under this chapter, 2466
the board shall submit the proposed rule to the director of 2467
public safety for review. The director may review the proposed 2468
rule for not more than sixty days after the date it is 2469
submitted. If, within this sixty-day period, the director 2470
approves the proposed rule or does not notify the board that the 2471
rule is disapproved, the board may adopt, amend, or rescind the 2472
rule as proposed. If, within this sixty-day period, the director 2473
notifies the board that the proposed rule is disapproved, the 2474

board shall not adopt, amend, or rescind the rule as proposed 2475
unless at least twelve members of the board vote to adopt, 2476
amend, or rescind it. 2477

This division does not apply to an emergency rule adopted 2478
in accordance with section 119.03 of the Revised Code. 2479

Sec. 4765.16. (A) All courses offered through an emergency 2480
medical services training program or an emergency medical 2481
services continuing education program, other than ambulance 2482
driving, shall be developed under the direction of a physician 2483
who specializes in emergency medicine. Each course that deals 2484
with trauma care shall be developed in consultation with a 2485
physician who specializes in emergency medicine or trauma 2486
surgery. Except as specified by the state board of emergency 2487
medical, fire, and transportation services pursuant to rules 2488
adopted under section 4765.11 of the Revised Code, each course 2489
offered through a training program or continuing education 2490
program shall be taught by a person who holds the appropriate 2491
certificate to teach issued under section 4765.23 of the Revised 2492
Code. 2493

(B) A training program for first responders shall meet the 2494
standards established in rules adopted by the board under 2495
section 4765.11 of the Revised Code. The program shall include 2496
courses in both of the following areas for at least the number 2497
of hours established by the board's rules: 2498

(1) Emergency victim care; 2499

(2) Reading and interpreting a trauma victim's vital 2500
signs. 2501

(C) A training program for emergency medical technicians- 2502
basic shall meet the standards established in rules adopted by 2503

the board under section 4765.11 of the Revised Code. The program 2504
shall include courses in each of the following areas for at 2505
least the number of hours established by the board's rules: 2506

(1) Emergency victim care; 2507

(2) Reading and interpreting a trauma victim's vital 2508
signs; 2509

(3) Triage protocols for ~~adult and pediatric~~ trauma 2510
victims; 2511

(4) In-hospital training; 2512

(5) Clinical training; 2513

(6) Training as an ambulance driver. 2514

Each operator of a training program for emergency medical 2515
technicians-basic shall allow any pupil in the twelfth grade in 2516
a secondary school who is at least seventeen years old and who 2517
otherwise meets the requirements for admission into such a 2518
training program to be admitted to and complete the program and, 2519
as part of the training, to ride in an ambulance with emergency 2520
medical technicians-basic, emergency medical technicians- 2521
intermediate, and emergency medical technicians-paramedic. Each 2522
emergency medical service organization shall allow pupils 2523
participating in training programs to ride in an ambulance with 2524
emergency medical technicians-basic, advanced emergency medical 2525
technicians-intermediate, and emergency medical technicians- 2526
paramedic. 2527

(D) A training program for emergency medical technicians- 2528
intermediate shall meet the standards established in rules 2529
adopted by the board under section 4765.11 of the Revised Code. 2530
The program shall include, or require as a prerequisite, the 2531

training specified in division (C) of this section and courses	2532
in each of the following areas for at least the number of hours	2533
established by the board's rules:	2534
(1) Recognizing symptoms of life-threatening allergic	2535
reactions and in calculating proper dosage levels and	2536
administering injections of epinephrine to persons who suffer	2537
life-threatening allergic reactions, conducted in accordance	2538
with rules adopted by the board under section 4765.11 of the	2539
Revised Code;	2540
(2) Venous access procedures;	2541
(3) Cardiac monitoring and electrical interventions to	2542
support or correct the cardiac function.	2543
(E) A training program for emergency medical technicians-	2544
paramedic shall meet the standards established in rules adopted	2545
by the board under section 4765.11 of the Revised Code. The	2546
program shall include, or require as a prerequisite, the	2547
training specified in divisions (C) and (D) of this section and	2548
courses in each of the following areas for at least the number	2549
of hours established by the board's rules:	2550
(1) Medical terminology;	2551
(2) Venous access procedures;	2552
(3) Airway procedures;	2553
(4) Patient assessment and triage;	2554
(5) Acute cardiac care, including administration of	2555
parenteral injections, electrical interventions, and other	2556
emergency medical services;	2557
(6) Emergency and trauma victim care beyond that required	2558

under division (C) of this section; 2559

(7) Clinical training beyond that required under division 2560
(C) of this section. 2561

(F) A continuing education program for first responders, 2562
EMTs-basic, EMTs-I, or paramedics shall meet the standards 2563
established in rules adopted by the board under section 4765.11 2564
of the Revised Code. A continuing education program shall 2565
include instruction and training in subjects established by the 2566
board's rules for at least the number of hours established by 2567
the board's rules. 2568

Sec. 4765.35. (A) A first responder shall perform the 2569
emergency medical services described in this section in 2570
accordance with this chapter and any rules adopted under it. 2571

(B) A first responder may provide limited emergency 2572
medical services to patients until the arrival of an emergency 2573
medical technician-basic, emergency medical technician- 2574
intermediate, or emergency medical technician-paramedic. In an 2575
emergency, a first responder may render emergency medical 2576
services such as opening and maintaining an airway, giving mouth 2577
to barrier ventilation, chest compressions, electrical 2578
interventions with automated defibrillators to support or 2579
correct the cardiac function and other methods determined by the 2580
board, controlling of hemorrhage, manual stabilization of 2581
fractures, bandaging, assisting in childbirth, and determining 2582
triage of trauma victims. 2583

(C) A first responder may perform any other emergency 2584
medical services approved pursuant to rules adopted under 2585
section 4765.11 of the Revised Code. The board shall determine 2586
whether the nature of any such service requires that a first 2587

responder receive authorization prior to performing the service. 2588

(D) (1) Except as provided in division (D) (2) of this 2589
section, if the board determines under division (C) of this 2590
section that a service requires prior authorization, the service 2591
shall be performed only pursuant to the written or verbal 2592
authorization of a physician or of the cooperating physician 2593
advisory board, or pursuant to an authorization transmitted 2594
through a direct communication device by a physician, physician 2595
assistant designated by a physician, or registered nurse 2596
designated by a physician. 2597

(2) If communications fail during an emergency situation 2598
or the required response time prohibits communication, a first 2599
responder may perform services subject to this division, if, in 2600
the judgment of the first responder, the life of the patient is 2601
in immediate danger. Services performed under these 2602
circumstances shall be performed in accordance with the written 2603
protocols for triage of ~~adult and pediatric~~ trauma victims 2604
established in rules adopted under sections 4765.11 and 4765.40 2605
of the Revised Code and any applicable protocols adopted by the 2606
emergency medical service organization with which the first 2607
responder is affiliated. 2608

Sec. 4765.37. (A) An emergency medical technician-basic 2609
shall perform the emergency medical services described in this 2610
section in accordance with this chapter and any rules adopted 2611
under it by the state board of emergency medical, fire, and 2612
transportation services. 2613

(B) An emergency medical technician-basic may operate, or 2614
be responsible for operation of, an ambulance and may provide 2615
emergency medical services to patients. In an emergency, an EMT- 2616
basic may determine the nature and extent of illness or injury 2617

and establish priority for required emergency medical services. 2618
An EMT-basic may render emergency medical services such as 2619
opening and maintaining an airway, giving positive pressure 2620
ventilation, cardiac resuscitation, electrical interventions 2621
with automated defibrillators to support or correct the cardiac 2622
function and other methods determined by the board, controlling 2623
of hemorrhage, treatment of shock, immobilization of fractures, 2624
bandaging, assisting in childbirth, management of mentally 2625
disturbed patients, initial care of poison and burn patients, 2626
and determining triage of adult and pediatric trauma victims. 2627
Where patients must in an emergency be extricated from 2628
entrapment, an EMT-basic may assess the extent of injury and 2629
render all possible emergency medical services and protection to 2630
the entrapped patient; provide light rescue services if an 2631
ambulance has not been accompanied by a specialized unit; and 2632
after extrication, provide additional care in sorting of the 2633
injured in accordance with standard emergency procedures. 2634

(C) An EMT-basic may perform any other emergency medical 2635
services approved pursuant to rules adopted under section 2636
4765.11 of the Revised Code. The board shall determine whether 2637
the nature of any such service requires that an EMT-basic 2638
receive authorization prior to performing the service. 2639

(D) (1) Except as provided in division (D) (2) of this 2640
section, if the board determines under division (C) of this 2641
section that a service requires prior authorization, the service 2642
shall be performed only pursuant to the written or verbal 2643
authorization of a physician or of the cooperating physician 2644
advisory board, or pursuant to an authorization transmitted 2645
through a direct communication device by a physician, physician 2646
assistant designated by a physician, or registered nurse 2647
designated by a physician. 2648

(2) If communications fail during an emergency situation 2649
or the required response time prohibits communication, an EMT- 2650
basic may perform services subject to this division, if, in the 2651
judgment of the EMT-basic, the life of the patient is in 2652
immediate danger. Services performed under these circumstances 2653
shall be performed in accordance with the protocols for triage 2654
of ~~adult and pediatric~~ trauma victims established in rules 2655
adopted under sections 4765.11 and 4765.40 of the Revised Code 2656
and any applicable protocols adopted by the emergency medical 2657
service organization with which the EMT-basic is affiliated. 2658

Sec. 4765.38. (A) An emergency medical technician- 2659
intermediate shall perform the emergency medical services 2660
described in this section in accordance with this chapter and 2661
any rules adopted under it. 2662

(B) An EMT-I may do any of the following: 2663

(1) Establish and maintain an intravenous lifeline that 2664
has been approved by a cooperating physician or physician 2665
advisory board; 2666

(2) Perform cardiac monitoring; 2667

(3) Perform electrical interventions to support or correct 2668
the cardiac function; 2669

(4) Administer epinephrine; 2670

(5) Determine triage of ~~adult and pediatric~~ trauma 2671
victims; 2672

(6) Perform any other emergency medical services approved 2673
pursuant to rules adopted under section 4765.11 of the Revised 2674
Code. 2675

(C) (1) Except as provided in division (C) (2) of this 2676

section, the services described in division (B) of this section 2677
shall be performed by an EMT-I only pursuant to the written or 2678
verbal authorization of a physician or of the cooperating 2679
physician advisory board, or pursuant to an authorization 2680
transmitted through a direct communication device by a 2681
physician, physician assistant designated by a physician, or 2682
registered nurse designated by a physician. 2683

(2) If communications fail during an emergency situation 2684
or the required response time prohibits communication, an EMT-I 2685
may perform any of the services described in division (B) of 2686
this section, if, in the judgment of the EMT-I, the life of the 2687
patient is in immediate danger. Services performed under these 2688
circumstances shall be performed in accordance with the 2689
protocols for triage of ~~adult and pediatric~~ trauma victims 2690
established in rules adopted under sections 4765.11 and 4765.40 2691
of the Revised Code and any applicable protocols adopted by the 2692
emergency medical service organization with which the EMT-I is 2693
affiliated. 2694

(D) In addition to, and in the course of, providing 2695
emergency medical treatment, an emergency medical technician- 2696
intermediate may withdraw blood as provided under sections 2697
1547.11, 4506.17, and 4511.19 of the Revised Code. An emergency 2698
medical technician-intermediate shall withdraw blood in 2699
accordance with this chapter and any rules adopted under it by 2700
the state board of emergency medical, fire, and transportation 2701
services. 2702

Sec. 4765.39. (A) An emergency medical technician- 2703
paramedic shall perform the emergency medical services described 2704
in this section in accordance with this chapter and any rules 2705
adopted under it. 2706

(B) A paramedic may do any of the following:	2707
(1) Perform cardiac monitoring;	2708
(2) Perform electrical interventions to support or correct the cardiac function;	2709 2710
(3) Perform airway procedures;	2711
(4) Perform relief of pneumothorax;	2712
(5) Administer appropriate drugs and intravenous fluids;	2713
(6) Determine triage of adult and pediatric trauma victims;	2714 2715
(7) Perform any other emergency medical services, including life support or intensive care techniques, approved pursuant to rules adopted under section 4765.11 of the Revised Code.	2716 2717 2718 2719
(C) (1) Except as provided in division (C) (2) of this section, the services described in division (B) of this section shall be performed by a paramedic only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or pursuant to an authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician.	2720 2721 2722 2723 2724 2725 2726 2727
(2) If communications fail during an emergency situation or the required response time prohibits communication, a paramedic may perform any of the services described in division (B) of this section, if, in the paramedic's judgment, the life of the patient is in immediate danger. Services performed under these circumstances shall be performed in accordance with the protocols for triage of adult and pediatric trauma victims	2728 2729 2730 2731 2732 2733 2734

established in rules adopted under sections 4765.11 and 4765.40 2735
of the Revised Code and any applicable protocols adopted by the 2736
emergency medical service organization with which the paramedic 2737
is affiliated. 2738

(D) In addition to, and in the course of, providing 2739
emergency medical treatment, an emergency medical technician- 2740
paramedic may withdraw blood as provided under sections 1547.11, 2741
4506.17, and 4511.19 of the Revised Code. An emergency medical 2742
technician-paramedic shall withdraw blood in accordance with 2743
this chapter and any rules adopted under it by the state board 2744
of emergency medical, fire, and transportation services. 2745

Sec. 4765.40. (A) (1) ~~Not later than two years after~~ 2746
~~November 3, 2000, the~~ The state board of emergency medical, 2747
fire, and transportation services shall adopt rules under 2748
section 4765.11 of the Revised Code establishing written 2749
protocols for the triage of ~~adult and pediatric~~ trauma victims 2750
prior to transport to a trauma center or other facility in 2751
accordance with division (A) (2) of this section. The rules shall 2752
define ~~adult and pediatric~~ trauma in a manner that is consistent 2753
with section ~~4765.01-3728.01~~ of the Revised Code, minimizes 2754
overtriage and undertriage, and emphasizes the special needs of 2755
pediatric and geriatric trauma patients. In adopting the rules, 2756
the board shall consult with the state trauma board. 2757

(2) The state triage protocols adopted under division (A) 2758
of this section shall require a trauma victim to be transported 2759
directly to an ~~adult or pediatric~~ a trauma center ~~that is~~ 2760
~~qualified to provide appropriate adult or pediatric trauma care,~~ 2761
unless one or more of the following exceptions applies: 2762

(a) It is medically necessary to transport the victim to 2763
another ~~hospital~~ facility for initial assessment and 2764

stabilization before transfer to ~~an adult or pediatric~~ a trauma center; 2765
2766

(b) It is unsafe or medically inappropriate to transport 2767
the victim directly to ~~an adult or pediatric~~ a trauma center due 2768
to adverse weather or ground conditions or excessive transport 2769
time; 2770

(c) Transporting the victim to ~~an adult or pediatric~~ a 2771
trauma center would cause a shortage of local emergency medical 2772
service resources; 2773

(d) No ~~appropriate adult or pediatric~~ trauma center is 2774
able to receive and provide ~~adult or pediatric~~ trauma care to 2775
the trauma victim without undue delay; 2776

(e) Before transport of a patient begins, the patient 2777
requests to be taken to a particular ~~hospital~~ facility that is 2778
not a trauma center or, if the patient is less than eighteen 2779
years of age or is not able to communicate, such a request is 2780
made by an adult member of the patient's family or a legal 2781
representative of the patient. 2782

(3) (a) The state triage protocols adopted under division 2783
(A) of this section ~~shall require trauma patients to be~~ 2784
~~transported to an adult or pediatric trauma center that is able~~ 2785
~~to provide appropriate adult or pediatric trauma care, but shall~~ 2786
not require a trauma patient to be transported to a particular 2787
trauma center. 2788

The state triage protocols shall require the following, 2789
unless one or more of the exceptions described in division (A) 2790
(2) of this section apply: 2791

(i) Pediatric trauma patients to be transported to a 2792
pediatric trauma center; 2793

(ii) Trauma patients sixteen or seventeen years of age to 2794
be transported to either an adult or pediatric trauma center. 2795

The state triage protocols shall establish one or more 2796
procedures for evaluating whether an injury victim requires or 2797
would benefit from ~~adult or pediatric trauma care, which~~. The 2798
procedures shall be applied by emergency medical service 2799
personnel based on the patient's medical needs. In developing 2800
state trauma triage protocols, the board, in consultation with 2801
the state trauma board, shall consider relevant model triage 2802
rules and shall consult with the commission on minority health, 2803
regional directors, regional physician advisory boards, and 2804
appropriate medical, hospital, and emergency medical service 2805
organizations. 2806

(b) Before the joint committee on agency rule review 2807
considers state triage protocols for trauma victims proposed by 2808
the state board of emergency medical, fire, and transportation 2809
services, or amendments thereto, the board shall send a copy of 2810
the proposal to the Ohio chapter of the American college of 2811
emergency physicians, the Ohio chapter of the American college 2812
of surgeons, the Ohio chapter of the American academy of 2813
pediatrics, ~~OHA: the Ohio hospital association for hospitals and~~ 2814
~~health systems~~, the Ohio osteopathic association, and the Ohio 2815
children's hospital association of Ohio children's hospitals and 2816
shall hold a public hearing at which it must consider the 2817
appropriateness of the protocols to minimize overtriage and 2818
undertriage of trauma victims. 2819

(c) The board shall provide copies of the state triage 2820
protocols, and amendments to the protocols, to the state trauma 2821
board, each emergency medical service organization, regional 2822
director, regional physician advisory board, certified emergency 2823

medical service instructor, and person who regularly provides 2824
medical direction to emergency medical service personnel in the 2825
state; to each medical service organization in other 2826
jurisdictions that regularly provide emergency medical services 2827
in this state; and to others upon request. 2828

(B) (1) The state board of emergency medical, fire, and 2829
transportation services shall approve regional protocols for the 2830
triage of ~~adult and pediatric~~ trauma victims prior to transport 2831
to a trauma center or other facility in accordance with division 2832
(A) (2) of this section, and amendments to such protocols, that 2833
are submitted to the board as provided in division (B) (2) of 2834
this section and provide a level of ~~adult and pediatric~~ trauma 2835
care comparable to the state triage protocols adopted under 2836
division (A) of this section. The board shall not otherwise 2837
approve regional triage protocols for trauma victims. The board 2838
shall not approve regional triage protocols for regions that 2839
overlap and shall resolve any such disputes by apportioning the 2840
overlapping territory among appropriate regions in a manner that 2841
best serves the medical needs of the residents of that 2842
territory. ~~The trauma committee of the board shall have~~ 2843
~~reasonable opportunity to review and comment on regional triage~~ 2844
~~protocols and amendments to such protocols before the board~~ 2845
~~approves or disapproves them.~~ Before approving regional triage 2846
protocols and amendments, the board shall consult with the state 2847
trauma board. 2848

(2) Regional protocols for the triage of ~~adult and~~ 2849
~~pediatric~~ trauma victims, and amendments to such protocols, 2850
shall be submitted in writing to the state board of emergency 2851
medical, fire, and transportation services by the regional 2852
physician advisory board or regional director, as appropriate, 2853
that serves a majority of the population in the region in which 2854

the protocols apply. Prior to submitting regional triage 2855
protocols, or an amendment to such protocols, to the state board 2856
of emergency medical, fire, and transportation services, a 2857
regional physician advisory board or regional director shall 2858
consult with each of the following that regularly serves the 2859
region in which the protocols apply: 2860

(a) Other regional physician advisory boards and regional 2861
directors; 2862

(b) Hospitals that operate ~~an emergency facility~~ 2863
facilities; 2864

(c) ~~Adult and pediatric Facilities designated as trauma~~ 2865
centers under Chapter 3728. of the Revised Code; 2866

(d) Professional societies of physicians who specialize in 2867
~~adult or pediatric emergency medicine or adult or pediatric~~ 2868
trauma surgery; 2869

(e) Professional societies of nurses who specialize in 2870
~~adult or pediatric emergency nursing or adult or pediatric~~ 2871
trauma surgery; 2872

(f) ~~Professional associations or labor organizations of~~ 2873
~~emergency medical service personnel~~; 2874

~~(g)~~ Emergency medical service organizations and medical 2875
directors of such organizations; 2876

~~(h)~~ (g) Certified emergency medical service instructors. 2877

(3) Regional protocols for the triage of ~~adult and~~ 2878
~~pediatric trauma victims approved under division (B) (2) of this~~ 2879
section shall require patients to be transported to a trauma 2880
~~center that is able to provide an appropriate level of adult or~~ 2881
~~pediatric trauma care~~; shall not discriminate among trauma 2882

centers for reasons not related to a patient's medical needs; 2883
shall seek to minimize undertriage and overtriage; may include 2884
any of the exceptions in division (A) (2) of this section; and 2885
supersede the state triage protocols adopted under division (A) 2886
of this section in the region in which the regional protocols 2887
apply. 2888

(4) Upon approval of regional protocols for the triage of 2889
~~adult and pediatric~~ trauma victims under division (B) (2) of this 2890
section, or an amendment to such protocols, the state board of 2891
emergency medical, fire, and transportation services shall 2892
provide written notice of the approval and a copy of the 2893
protocols or amendment to each entity in the region in which the 2894
protocols apply to which the board is required to send a copy of 2895
the state triage protocols adopted under division (A) of this 2896
section. 2897

(C) (1) The state board of emergency medical, fire, and 2898
transportation services and the state trauma board shall review 2899
the state triage protocols adopted under division (A) of this 2900
section at least every three years to determine if they are 2901
causing overtriage or undertriage of trauma patients, and the 2902
state board of emergency medical, fire, and transportation shall 2903
modify them as necessary to minimize overtriage and undertriage. 2904

(2) Each regional physician advisory board or regional 2905
director that has had regional triage protocols approved under 2906
division (B) (2) of this section shall review the protocols at 2907
least every three years to determine if they are causing 2908
overtriage or undertriage of trauma patients and shall submit an 2909
appropriate amendment to the state board, as provided in 2910
division (B) of this section, as necessary to minimize 2911
overtriage and undertriage. The state board shall approve the 2912

amendment if it will reduce overtriage or undertriage while 2913
complying with division (B) of this section, and shall not 2914
otherwise approve the amendment. 2915

(D) No provider of emergency medical services or person 2916
who provides medical direction to emergency medical service 2917
personnel in this state shall fail to comply with the state 2918
triage protocols adopted under division (A) of this section or 2919
applicable regional triage protocols approved under division (B) 2920
(2) of this section. 2921

(E) The state board of emergency medical, fire, and 2922
transportation services shall adopt rules under section 4765.11 2923
of the Revised Code that provide for enforcement of the state 2924
triage protocols adopted under division (A) of this section and 2925
regional triage protocols approved under division (B) (2) of this 2926
section, and for education regarding those protocols for 2927
emergency medical service organizations and personnel, regional 2928
directors and regional physician advisory boards, emergency 2929
medical service instructors, and persons who regularly provide 2930
medical direction to emergency medical service personnel in this 2931
state. 2932

Sec. 4765.41. The medical director or cooperating 2933
physician advisory board of each emergency medical service 2934
organization shall establish written protocols to be followed by 2935
first responders, emergency medical technicians-basic, emergency 2936
medical technicians-intermediate, and emergency medical 2937
technicians-paramedic in performing emergency medical services 2938
when communications have failed or the required response 2939
prevents communication and the life of the patient is in 2940
immediate danger. Those protocols shall be consistent with 2941
applicable trauma triage protocols adopted under division (A) or 2942

approved under division (B) (2) of section 4765.40 of the Revised Code, but may ~~direct to an adult or pediatric trauma center~~ require that emergency victims that be transported to a trauma center even if the applicable trauma triage protocols do not require them to be transported to an adult or pediatric a trauma center.

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

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

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

Sec. 4765.50. (A) Except as provided in division (D) of this section, no person shall represent that the person is a first responder, an emergency medical technician-basic or EMT-

basic, an emergency medical technician-intermediate or EMT-I, or 2973
an emergency medical technician-paramedic or paramedic unless 2974
appropriately certified under section 4765.30 of the Revised 2975
Code. 2976

(B) (1) No person shall operate an emergency medical 2977
services training program without a certificate of accreditation 2978
issued under section 4765.17 of the Revised Code. 2979

(2) No person shall operate an emergency medical services 2980
continuing education program without a certificate of approval 2981
issued under section 4765.17 of the Revised Code. 2982

(C) No public or private entity shall advertise or 2983
disseminate information leading the public to believe that the 2984
entity is an emergency medical service organization, unless that 2985
entity actually provides emergency medical services. 2986

(D) A person who is performing the functions of a first 2987
responder, EMT-basic, EMT-I, or paramedic under the authority of 2988
the laws of a jurisdiction other than this state, who is 2989
employed by or serves as a volunteer with an emergency medical 2990
service organization based in that state, and provides emergency 2991
medical services to or transportation of a patient in this state 2992
is not in violation of division (A) of this section. 2993

A person who is performing the functions of a first 2994
responder, EMT-basic, EMT-I, or paramedic under a reciprocal 2995
agreement authorized by section 4765.10 of the Revised Code is 2996
not in violation of division (A) of this section. 2997

~~(E) On and after November 3, 2002, no physician shall~~ 2998
~~purposefully do any of the following:~~ 2999

~~(1) Admit an adult trauma patient to a hospital that is~~ 3000
~~not an adult trauma center for the purpose of providing adult~~ 3001

~~trauma care;~~ 3002

~~(2) Admit a pediatric trauma patient to a hospital that is not a pediatric trauma center for the purpose of providing pediatric trauma care;~~ 3003
3004
3005

~~(3) Fail to transfer an adult or pediatric trauma patient to an adult or pediatric trauma center in accordance with applicable federal law, state law, and adult or pediatric trauma protocols and patient transfer agreements adopted under section 3727.09 of the Revised Code.~~ 3006
3007
3008
3009
3010

Section 2. That existing sections 101.82, 3701.17, 3011
3727.09, 3727.10, 3727.102, 4511.81, 4765.01, 4765.02, 4765.03, 3012
4765.04, 4765.05, 4765.06, 4765.07, 4765.11, 4765.16, 4765.35, 3013
4765.37, 4765.38, 4765.39, 4765.40, 4765.41, and 4765.50 and 3014
sections 3727.081 and 3727.101 of the Revised Code are hereby 3015
repealed. 3016

Section 3. Sections 1 and 2 of this act, except for 3017
sections 3728.01, 3728.02, 3728.03, 3728.06, 3728.07, 3728.09, 3018
3728.10, 3728.11, and 3728.13 of the Revised Code, as enacted by 3019
this act, shall take effect one year after the effective date of 3020
this section. 3021

Section 4. The amendment of section 101.82 of the Revised 3022
Code is not intended to supersede the earlier repeal, with 3023
delayed effective date, of that section. 3024

Section 5. All items in this section are hereby 3025
appropriated as designated out of any moneys in the state 3026
treasury to the credit of the designated fund. For all 3027
appropriations made in this act, those in the first column are 3028
for fiscal year 2016 and those in the second column are for 3029
fiscal year 2017. The appropriations made in this act are in 3030

addition to any other appropriations made for the FY 2016-FY 2017 biennium. 3031
3032

DOH DEPARTMENT OF HEALTH 3033

General Revenue Fund 3034

GRF 440485 State Trauma Board \$0 \$750,000 3035

TOTAL GRF General Revenue Fund \$0 \$750,000 3036

TOTAL ALL BUDGET FUND GROUPS \$0 \$750,000 3037

STATE TRAUMA BOARD 3038

The foregoing appropriation item 440485, State Trauma 3039

Board, shall be used in fiscal year 2017 for the initial start- 3040

up and administrative costs of the State Trauma Board. 3041

Section 6. Within the limits set forth in this act, the 3042

Director of Budget and Management shall establish accounts 3043

indicating the source and amount of funds for each appropriation 3044

made in this act, and shall determine the form and manner in 3045

which appropriation accounts shall be maintained. Expenditures 3046

from appropriations contained in this act shall be accounted for 3047

as though made in Am. Sub. H.B. 64 of the 131st General 3048

Assembly. 3049

The appropriations made in this act are subject to all 3050

provisions of Am. Sub. H.B. 64 of the 131st General Assembly 3051

that are generally applicable to such appropriations. 3052