

As Introduced

**128th General Assembly
Regular Session
2009-2010**

H. B. No. 564

Representative Boyd

—

A B I L L

To amend sections 4742.03, 4765.10, 4765.16, and 1
4765.40 and to enact sections 3701.908, 3701.909, 2
3701.9010, 3727.11, and 4765.44 of the Revised 3
Code to provide for designation of hospital 4
primary stroke centers and establishment of 5
protocols for emergency triage, treatment, and 6
transport of stroke patients. 7

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

Section 1. That sections 4742.03, 4765.10, 4765.16, and 8
4765.40 be amended and sections 3701.908, 3701.909, 3701.9010, 9
3727.11, and 4765.44 of the Revised Code be enacted to read as 10
follows: 11

Sec. 3701.908. (A) As used in this section, "emergency 12
medical service organization" has the same meaning as in section 13
4765.01 of the Revised Code. 14

(B) The department of health shall maintain a stroke care 15
database and compile, evaluate, and disseminate statistics on 16
stroke treatment and treatment results in this state. The 17
performance metrics used for the database shall be consistent with 18
those developed and approved by the American heart association, 19
centers for disease control and prevention, and the joint 20

commission. The department shall use the "get with the guidelines" 21
stroke program capacity assessment tool for the evaluation of any 22
data collected in the database or a similar assessment tool if 23
that assessment tool ceases to be available. 24

(C) To the extent possible, the department shall do all of 25
the following in completing its duties under division (B) of this 26
section: 27

(1) Coordinate with the council of stroke prevention and 28
education established under section 3701.90 of the Revised Code 29
and national voluntary health organizations involved in stroke 30
treatment quality improvement to avoid duplication and redundancy 31
of data collection and evaluation; 32

(2) Encourage hospitals and emergency medical service 33
organizations to share data and methods on ways to improve the 34
quality of care provided to stroke patients; 35

(3) Facilitate the analysis of stroke care treatment and 36
communication of treatment results among hospitals and emergency 37
medical service organizations. 38

(D) Each hospital and each emergency medical service 39
organization shall provide to the department of health data 40
requested by the department on the treatment of stroke patients 41
served by the hospital or emergency medical service organization. 42
This data is not a public record under section 149.43 of the 43
Revised Code but may be released in analytical or statistical 44
form. 45

(E) Not later than June 1, 2012, and each first day of June 46
thereafter, the department of health shall release a report 47
summarizing the data in the database established under division 48
(B) of this section. The report shall be submitted to the speaker 49
of the house of representatives, president of the senate, and 50
governor. The report shall also be posted on the department's web 51

site. 52

Sec. 3701.909. The department of health shall approve a 53
stroke assessment and protocol tool submitted for the purposes 54
described in division (C) of section 4765.44 of the Revised Code 55
if the assessment and protocol tool meets the requirements of 56
division (B) of that section. 57

Sec. 3701.9010. (A) There is hereby established the stroke 58
system of care task force. The task force shall make 59
recommendations in accordance with division (D) of this section 60
regarding the establishment of an effective system of stroke care, 61
paying particular attention to the establishment of an effective 62
system in the rural areas of the state. 63

(B) The task force shall be composed of the following 64
individuals, who shall be appointed to the task force not later 65
than the effective date of this section: 66

(1) The director of health; 67

(2) The director of the department of public safety, or the 68
director's designee; 69

(3) A representative of the American stroke association 70
appointed by the American stroke association; 71

(4) Two representatives of hospitals that, on the effective 72
date of this section, hold certificates of distinction for primary 73
stroke centers issued by the joint commission, appointed by the 74
director of health; 75

(5) Two representatives of hospitals, one of which shall be a 76
hospital located in a rural county, appointed by the Ohio hospital 77
association; 78

(6) Three physicians, two appointed by the Ohio state medical 79
association and one by the national association of EMS physicians; 80

(7) Two representatives of emergency medical service providers, appointed by the Ohio association of emergency medical services. 81
82
83

(C) Vacancies shall be filled in the manner provided for original appointments. Members of the task force shall serve without compensation, except to the extent that serving on the task force is part of their regular duties of employment, but shall be reimbursed for their actual and necessary expenses. 84
85
86
87
88

The department of health shall provide administrative support to the task force. 89
90

(D) Not later than six months after the effective date of this section, the task force shall submit recommendations to the department of health on the establishment of an effective stroke system of care in this state. The task force may consult with the council on stroke prevention and education, established under section 3701.90 of the Revised Code. The recommendations shall include all of the following: 91
92
93
94
95
96
97

(1) Protocols for triage, stabilization, and appropriate routing of stroke patients by emergency medical service providers, including protocols for rural areas of the state; 98
99
100

(2) Procedures for coordination and communication between hospitals designated primary stroke centers under section 3727.11 of the Revised Code and hospitals not so designated; 101
102
103

(3) Support services necessary to ensure that all residents of this state have access to effective and efficient stroke care. 104
105

On submission of its recommendations, the task force is abolished. 106
107

(E) Not later than six months after the task force submits its recommendations under division (D) of this section, the department of health shall adopt, in accordance with Chapter 119. 108
109
110

of the Revised Code, rules that implement the recommendations. 111

Sec. 3727.11. (A) The department of health shall designate as 112
a primary stroke center any hospital that meets all of the 113
following criteria: 114

(1) Holds a certificate of distinction for primary stroke 115
centers issued by the joint commission; 116

(2) Maintains the requirements for certification; 117

(3) Cooperates with the state board of emergency medical 118
services in the establishment of protocols for assessment, 119
treatment, and transport of stroke patients in accordance with the 120
stroke assessment and protocol tool established under section 121
4765.44 of the Revised Code. 122

(B) A hospital shall not use the term "primary stroke center" 123
or otherwise hold itself out as a primary stroke center unless it 124
has been designated as such under division (A) of this section. 125

(C) In accordance with the notice and hearing requirements of 126
Chapter 119. of the Revised Code, the department may suspend or 127
revoke a hospital's designation as a primary stroke center if the 128
department determines that the hospital no longer meets all the 129
criteria of division (A) of this section. 130

(D) Not later than June 1, 2011, and every June 1 thereafter, 131
the department shall compile and send to each hospital and the 132
medical director and cooperating physician advisory board of each 133
emergency medical service organization, as defined in section 134
4765.01 of the Revised Code, a list of hospitals designated 135
primary stroke centers under this section. The department shall 136
post the list on its web site. 137

(E) Nothing in this section shall limit or prohibit the 138
services provided by a hospital if that hospital is authorized to 139
provide such services. 140

(F) The department may adopt rules for administration of this section. Any such rules shall be adopted under Chapter 119. of the Revised Code.

Sec. 4742.03. (A) A person may obtain certification as an emergency service telecommunicator by successfully completing a basic course of emergency service telecommunicator training that is conducted by the state board of education under section 4742.02 of the Revised Code. The basic course of emergency service telecommunicator training shall include, but not be limited to, both of the following:

- (1) At least forty hours of instruction or training;
- (2) Instructional or training units in all of the following subjects:
 - (a) The role of the emergency service telecommunicator;
 - (b) Effective communication skills;
 - (c) Emergency service telecommunicator liability;
 - (d) Telephone techniques;
 - (e) Requirements of the "Americans With Disabilities Act of 1990," 104 Stat. 327, 42 U.S.C. 12101, as amended, that pertain to emergency service telecommunicators;
 - (f) Handling hysterical and suicidal callers;
 - (g) Law enforcement terminology;
 - (h) Fire service terminology;
 - (i) Emergency medical service terminology;
 - (j) Emergency call processing guides for law enforcement;
 - (k) Emergency call processing guides for fire service;
 - (l) Emergency call processing guides for emergency medical service;

(m) Radio broadcast techniques;	169
(n) Disaster planning;	170
(o) Police officer survival, fire or emergency medical service scene safety, or both police officer survival and fire or emergency medical service scene safety;	171 172 173
<u>(p) Assessment and treatment of stroke patients.</u>	174
(B) A person may maintain certification as an emergency service telecommunicator by successfully completing at least eight hours of continuing education coursework in emergency service telecommunicator training during each two-year period after a person first obtains the certification referred to in division (A) of this section. The continuing education coursework shall consist of review and advanced training and instruction in the subjects listed in division (A)(2) of this section.	175 176 177 178 179 180 181 182
(C) If a person successfully completes the basic course of emergency service telecommunicator training described in division (A) of this section, the state board of education or a designee of the board shall certify the person's successful completion. The board shall send a copy of the certification to the person and to the emergency service provider by whom the person is employed.	183 184 185 186 187 188
If a person successfully completes the continuing education coursework described in division (B) of this section, the state board of education or a designee of the board shall certify the person's successful completion. The board shall send a copy of the certification to the person and to the emergency service provider by whom the person is employed.	189 190 191 192 193 194
Sec. 4765.10. (A) The state board of emergency medical services shall do all of the following:	195 196
(1) Administer and enforce the provisions of this chapter and the rules adopted under it;	197 198

(2) Approve, in accordance with procedures established in	199
rules adopted under section 4765.11 of the Revised Code,	200
examinations that demonstrate competence to have a certificate to	201
practice renewed without completing a continuing education	202
program;	203
(3) Advise applicants for state or federal emergency medical	204
services funds, review and comment on applications for these	205
funds, and approve the use of all state and federal funds	206
designated solely for emergency medical service programs unless	207
federal law requires another state agency to approve the use of	208
all such federal funds;	209
(4) Serve as a statewide clearinghouse for discussion,	210
inquiry, and complaints concerning emergency medical services;	211
(5) Make recommendations to the general assembly on	212
legislation to improve the delivery of emergency medical services;	213
(6) Maintain a toll-free long distance telephone number	214
through which it shall respond to questions about emergency	215
medical services;	216
(7) Work with appropriate state offices in coordinating the	217
training of firefighters and emergency medical service personnel.	218
Other state offices that are involved in the training of	219
firefighters or emergency medical service personnel shall	220
cooperate with the board and its committees and subcommittees to	221
achieve this goal.	222
(8) Provide a liaison to the state emergency operation center	223
during those periods when a disaster, as defined in section	224
5502.21 of the Revised Code, has occurred in this state and the	225
governor has declared an emergency as defined in that section.	226
<u>(9) Post all of the following on the board's web site:</u>	227
<u>(a) A list of the hospitals designated as primary stroke</u>	228

<u>centers by the department of health under section 3727.11 of the</u>	229
<u>Revised Code;</u>	230
<u>(b) The standardized stroke assessment and protocol tool</u>	231
<u>adopted under section 4765.44 of the Revised Code.</u>	232
(B) The board may do any of the following:	233
(1) Investigate complaints concerning emergency medical	234
services and emergency medical service organizations as it	235
determines necessary;	236
(2) Enter into reciprocal agreements with other states that	237
have standards for accreditation of emergency medical services	238
training programs and for certification of first responders,	239
EMTs-basic, EMTs-I, paramedics, firefighters, or fire safety	240
inspectors that are substantially similar to those established	241
under this chapter and the rules adopted under it;	242
(3) Establish a statewide public information system and	243
public education programs regarding emergency medical services;	244
(4) Establish an injury prevention program.	245
Sec. 4765.16. (A) All courses offered through an emergency	246
medical services training program or an emergency medical services	247
continuing education program, other than ambulance driving, shall	248
be developed under the direction of a physician who specializes in	249
emergency medicine. Each course that deals with trauma care shall	250
be developed in consultation with a physician who specializes in	251
trauma surgery. Except as specified by the state board of	252
emergency medical services pursuant to rules adopted under section	253
4765.11 of the Revised Code, each course offered through a	254
training program or continuing education program shall be taught	255
by a person who holds the appropriate certificate to teach issued	256
under section 4765.23 of the Revised Code.	257
(B) A training program for first responders shall meet the	258

standards established in rules adopted by the board under section	259
4765.11 of the Revised Code. The program shall include courses in	260
both <u>all</u> of the following areas for at least the number of hours	261
established by the board's rules:	262
(1) Emergency victim care;	263
(2) Reading and interpreting a trauma victim's vital signs;	264
<u>(3) Assessment and treatment of stroke patients.</u>	265
(C) A training program for emergency medical	266
technicians-basic shall meet the standards established in rules	267
adopted by the board under section 4765.11 of the Revised Code.	268
The program shall include courses in each of the following areas	269
for at least the number of hours established by the board's rules:	270
(1) Emergency victim care;	271
(2) Reading and interpreting a trauma victim's vital signs;	272
(3) Triage protocols for adult and pediatric trauma victims;	273
(4) In-hospital training;	274
(5) Clinical training;	275
(6) Training as an ambulance driver;	276
<u>(7) Assessment and treatment of stroke patients.</u>	277
Each operator of a training program for emergency medical	278
technicians-basic shall allow any pupil in the twelfth grade in a	279
secondary school who is at least seventeen years old and who	280
otherwise meets the requirements for admission into such a	281
training program to be admitted to and complete the program and,	282
as part of the training, to ride in an ambulance with emergency	283
medical technicians-basic, emergency medical	284
technicians-intermediate, and emergency medical	285
technicians-paramedic. Each emergency medical service organization	286
shall allow pupils participating in training programs to ride in	287

an ambulance with emergency medical technicians-basic, advanced 288
emergency medical technicians-intermediate, and emergency medical 289
technicians-paramedic. 290

(D) A training program for emergency medical 291
technicians-intermediate shall meet the standards established in 292
rules adopted by the board under section 4765.11 of the Revised 293
Code. The program shall include, or require as a prerequisite, the 294
training specified in division (C) of this section and courses in 295
each of the following areas for at least the number of hours 296
established by the board's rules: 297

(1) Recognizing symptoms of life-threatening allergic 298
reactions and in calculating proper dosage levels and 299
administering injections of epinephrine to persons who suffer 300
life-threatening allergic reactions, conducted in accordance with 301
rules adopted by the board under section 4765.11 of the Revised 302
Code; 303

(2) Venous access procedures; 304

(3) Cardiac monitoring and electrical interventions to 305
support or correct the cardiac function. 306

(E) A training program for emergency medical 307
technicians-paramedic shall meet the standards established in 308
rules adopted by the board under section 4765.11 of the Revised 309
Code. The program shall include, or require as a prerequisite, the 310
training specified in divisions (C) and (D) of this section and 311
courses in each of the following areas for at least the number of 312
hours established by the board's rules: 313

(1) Medical terminology; 314

(2) Venous access procedures; 315

(3) Airway procedures; 316

(4) Patient assessment and triage; 317

(5) Acute cardiac care, including administration of 318
parenteral injections, electrical interventions, and other 319
emergency medical services; 320

(6) Emergency and trauma victim care beyond that required 321
under division (C) of this section; 322

(7) Clinical training beyond that required under division (C) 323
of this section. 324

(F) A continuing education program for first responders, 325
EMTs-basic, EMTs-I, or paramedics shall meet the standards 326
established in rules adopted by the board under section 4765.11 of 327
the Revised Code. A continuing education program shall include 328
instruction and training in subjects established by the board's 329
rules for at least the number of hours established by the board's 330
rules. 331

Sec. 4765.40. (A)(1) Not later than two years after ~~the~~ 332
~~effective date of this amendment~~ November 3, 2000, the state board 333
of emergency medical services shall adopt rules under section 334
4765.11 of the Revised Code establishing written protocols for the 335
triage of adult and pediatric trauma victims. The rules shall 336
define adult and pediatric trauma in a manner that is consistent 337
with section 4765.01 of the Revised Code, minimizes overtriage and 338
undertriage, and emphasizes the special needs of pediatric and 339
geriatric trauma patients. 340

(2) The state triage protocols adopted under division (A) of 341
this section shall require a trauma victim to be transported 342
directly to an adult or pediatric trauma center that is qualified 343
to provide appropriate adult or pediatric trauma care, unless one 344
or more of the following exceptions applies: 345

(a) It is medically necessary to transport the victim to 346
another hospital for initial assessment and stabilization before 347

transfer to an adult or pediatric trauma center; 348

(b) It is unsafe or medically inappropriate to transport the 349
victim directly to an adult or pediatric trauma center due to 350
adverse weather or ground conditions or excessive transport time; 351

(c) Transporting the victim to an adult or pediatric trauma 352
center would cause a shortage of local emergency medical service 353
resources; 354

(d) No appropriate adult or pediatric trauma center is able 355
to receive and provide adult or pediatric trauma care to the 356
trauma victim without undue delay; 357

(e) Before transport of a patient begins, the patient 358
requests to be taken to a particular hospital that is not a trauma 359
center or, if the patient is less than eighteen years of age or is 360
not able to communicate, such a request is made by an adult member 361
of the patient's family or a legal representative of the patient; 362

(f) The victim is subject to the transportation requirements 363
of the stroke assessment and protocol tool adopted under section 364
4765.44 of the Revised Code. 365

(3)(a) The state triage protocols adopted under division (A) 366
of this section shall require trauma patients to be transported to 367
an adult or pediatric trauma center that is able to provide 368
appropriate adult or pediatric trauma care, but shall not require 369
a trauma patient to be transported to a particular trauma center. 370
The state triage protocols shall establish one or more procedures 371
for evaluating whether an injury victim requires or would benefit 372
from adult or pediatric trauma care, which procedures shall be 373
applied by emergency medical service personnel based on the 374
patient's medical needs. In developing state trauma triage 375
protocols, the board shall consider relevant model triage rules 376
and shall consult with the commission on minority health, regional 377
directors, regional physician advisory boards, and appropriate 378

medical, hospital, and emergency medical service organizations. 379

(b) Before the joint committee on agency rule review 380
considers state triage protocols for trauma victims proposed by 381
the state board of emergency medical services, or amendments 382
thereto, the board shall send a copy of the proposal to the Ohio 383
chapter of the American college of emergency physicians, the Ohio 384
chapter of the American college of surgeons, the Ohio chapter of 385
the American academy of pediatrics, OHA: the association for 386
hospitals and health systems, the Ohio osteopathic association, 387
and the association of Ohio children's hospitals and shall hold a 388
public hearing at which it must consider the appropriateness of 389
the protocols to minimize overtriage and undertriage of trauma 390
victims. 391

(c) The board shall provide copies of the state triage 392
protocols, and amendments to the protocols, to each emergency 393
medical service organization, regional director, regional 394
physician advisory board, certified emergency medical service 395
instructor, and person who regularly provides medical direction to 396
emergency medical service personnel in the state; to each medical 397
service organization in other jurisdictions that regularly provide 398
emergency medical services in this state; and to others upon 399
request. 400

(B)(1) The state board of emergency medical services shall 401
approve regional protocols for the triage of adult and pediatric 402
trauma victims, and amendments to such protocols, that are 403
submitted to the board as provided in division (B)(2) of this 404
section and provide a level of adult and pediatric trauma care 405
comparable to the state triage protocols adopted under division 406
(A) of this section. The board shall not otherwise approve 407
regional triage protocols for trauma victims. The board shall not 408
approve regional triage protocols for regions that overlap and 409
shall resolve any such disputes by apportioning the overlapping 410

territory among appropriate regions in a manner that best serves 411
the medical needs of the residents of that territory. The trauma 412
committee of the board shall have reasonable opportunity to review 413
and comment on regional triage protocols and amendments to such 414
protocols before the board approves or disapproves them. 415

(2) Regional protocols for the triage of adult and pediatric 416
trauma victims, and amendments to such protocols, shall be 417
submitted in writing to the state board of emergency medical 418
services by the regional physician advisory board or regional 419
director, as appropriate, that serves a majority of the population 420
in the region in which the protocols apply. Prior to submitting 421
regional triage protocols, or an amendment to such protocols, to 422
the state board of emergency medical services, a regional 423
physician advisory board or regional director shall consult with 424
each of the following that regularly serves the region in which 425
the protocols apply: 426

(a) Other regional physician advisory boards and regional 427
directors; 428

(b) Hospitals that operate an emergency facility; 429

(c) Adult and pediatric trauma centers; 430

(d) Professional societies of physicians who specialize in 431
adult or pediatric emergency medicine or adult or pediatric trauma 432
surgery; 433

(e) Professional societies of nurses who specialize in adult 434
or pediatric emergency nursing or adult or pediatric trauma 435
surgery; 436

(f) Professional associations or labor organizations of 437
emergency medical service personnel; 438

(g) Emergency medical service organizations and medical 439
directors of such organizations; 440

(h) Certified emergency medical service instructors. 441

(3) Regional protocols for the triage of adult and pediatric 442
trauma victims approved under division (B)(2) of this section 443
shall require patients to be transported to a trauma center that 444
is able to provide an appropriate level of adult or pediatric 445
trauma care; shall not discriminate among trauma centers for 446
reasons not related to a patient's medical needs; shall seek to 447
minimize undertriage and overtriage; may include any of the 448
exceptions in division (A)(2) of this section; and supersede the 449
state triage protocols adopted under division (A) of this section 450
in the region in which the regional protocols apply. 451

(4) Upon approval of regional protocols for the triage of 452
adult and pediatric trauma victims under division (B)(2) of this 453
section, or an amendment to such protocols, the state board of 454
emergency medical services shall provide written notice of the 455
approval and a copy of the protocols or amendment to each entity 456
in the region in which the protocols apply to which the board is 457
required to send a copy of the state triage protocols adopted 458
under division (A) of this section. 459

(C)(1) The state board of emergency medical services shall 460
review the state triage protocols adopted under division (A) of 461
this section at least every three years to determine if they are 462
causing overtriage or undertriage of trauma patients, and shall 463
modify them as necessary to minimize overtriage and undertriage. 464

(2) Each regional physician advisory board or regional 465
director that has had regional triage protocols approved under 466
division (B)(2) of this section shall review the protocols at 467
least every three years to determine if they are causing 468
overtriage or undertriage of trauma patients and shall submit an 469
appropriate amendment to the state board, as provided in division 470
(B) of this section, as necessary to minimize overtriage and 471
undertriage. The state board shall approve the amendment if it 472

will reduce overtriage or undertriage while complying with 473
division (B) of this section, and shall not otherwise approve the 474
amendment. 475

(D) No provider of emergency medical services or person who 476
provides medical direction to emergency medical service personnel 477
in this state shall fail to comply with the state triage protocols 478
adopted under division (A) of this section or applicable regional 479
triage protocols approved under division (B)(2) of this section. 480

(E) The state board of emergency medical services shall adopt 481
rules under section 4765.11 of the Revised Code that provide for 482
enforcement of the state triage protocols adopted under division 483
(A) of this section and regional triage protocols approved under 484
division (B)(2) of this section, and for education regarding those 485
protocols for emergency medical service organizations and 486
personnel, regional directors and regional physician advisory 487
boards, emergency medical service instructors, and persons who 488
regularly provide medical direction to emergency medical service 489
personnel in this state. 490

Sec. 4765.44. (A) As used in this section, "primary stroke 491
center" means a hospital designated by the department of health as 492
a primary stroke center under section 3727.11 of the Revised Code, 493
or, if no hospitals have been designated under that section, a 494
hospital that holds a certificate of distinction for primary 495
stroke centers issued by the joint commission. 496

(B) Not later than six months after the effective date of 497
this section, the state board of emergency medical services, in 498
cooperation with the department of health and primary stroke 499
centers, shall establish a stroke assessment and protocol tool. 500
The tool shall: 501

(1) Comply with nationally recognized standards for the 502
assessment of stroke patients; 503

(2) Detail the best practices for the assessment, treatment, and transport of stroke patients by an emergency medical technician-basic, emergency medical technician-intermediate, or paramedic; 504
505
506
507

(3) Establish regional plans for triage and transport of stroke patients to the closest primary stroke centers, that can be reached in not more than sixty minutes. 508
509
510

(C) The board shall provide a copy of the stroke assessment and protocol tool established under division (B) of this section to the medical director and cooperating physician advisory board of each emergency medical service organization, and to each EMT-basic, EMT-I, and paramedic. An EMT-basic, EMT-I, or paramedic shall perform emergency medical services the EMT-basic, EMT-I, or paramedic is authorized to provide in accordance with the stroke assessment and protocol tool or with a stroke assessment and protocol tool approved by the department of health under section 3701.909 of the Revised Code that meets the requirements of division (B) of this section. 511
512
513
514
515
516
517
518
519
520
521

(D) The board and the department of health shall post the assessment and protocol tool on their web sites. 522
523

(E) The board may adopt rules necessary for administration of this section. The rules shall be adopted under Chapter 119. of the Revised Code. 524
525
526

Section 2. That existing sections 4742.03, 4765.10, 4765.16, and 4765.40 of the Revised Code are hereby repealed. 527
528