

As Introduced

**128th General Assembly
Regular Session
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H. B. No. 567

Representative Boyd

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A B I L L

To amend sections 3701.901, 3701.903, 4742.03, 1
4765.10, 4765.16, and 4765.40 and to enact 2
sections 3701.908, 3701.909, 3727.11, 4765.44, and 3
4765.441 of the Revised Code to provide for 4
recognition of hospital primary stroke centers and 5
establishment of protocols for emergency triage, 6
treatment, and transport of stroke patients. 7

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

Section 1. That sections 3701.901, 3701.903, 4742.03, 8
4765.10, 4765.16, and 4765.40 be amended and sections 3701.908, 9
3701.909, 3727.11, 4765.44, and 4765.441 of the Revised Code be 10
enacted to read as follows: 11

Sec. 3701.901. (A) The membership of the council on stroke 12
prevention and education shall consist of one representative of 13
each of the following: 14

- (1) Brain injury association of Ohio; 15
- (2) Ohio academy of family physicians; 16
- (3) American college of emergency physicians Ohio chapter; 17
- (4) Ohio chapter of the American college of cardiology; 18
- (5) Ohio state neurosurgical society; 19

(6) Ohio heart and vascular research foundation;	20
(7) Ohio geriatrics society;	21
(8) Ohio nurses association;	22
(9) Ohio association of rehabilitation facilities;	23
(10) Ohio hospital association;	24
(11) Northeast Ohio stroke association;	25
(12) American heart association Ohio valley affiliate;	26
(13) American association of retired persons Ohio office;	27
(14) Ohio department of health;	28
(15) Ohio commission on minority health;	29
(16) Ohio state medical association;	30
(17) Ohio osteopathic association;	31
(18) Ohio physical therapy association;	32
(19) A university research facility in Ohio specializing in biotechnology;	33 34
(20) A health insuring corporation, as defined in section 1751.01 of the Revised Code;	35 36
(21) A small employer, as defined in section 3924.01 of the Revised Code;	37 38
(22) An employer that provides health benefits to its employees through a self-insurance program, as defined in section 3959.01 of the Revised Code;	39 40 41
<u>(23) Cleveland clinic.</u>	42
(B) The director of health shall appoint the members of the council. The director shall request from each entity listed in division (A) of this section a list of three persons qualified to serve as members of the council. In making appointments to the	43 44 45 46

council, the director shall select one member from the list 47
submitted by each entity. If the director does not receive a list 48
from an entity not later than sixty days after making a request, 49
the director shall appoint a member to serve as the representative 50
of that entity. The director shall appoint as members of the 51
council no fewer than six persons who are authorized under Chapter 52
4731. of the Revised Code to practice medicine and surgery or 53
osteopathic medicine and surgery. 54

(C) The director of health shall appoint the chair and 55
vice-chair of the council from among its members. 56

Sec. 3701.903. (A) The council on stroke prevention and 57
education shall, to the extent funds are available, do all of the 58
following: 59

(1) Develop and implement a comprehensive statewide public 60
education program on stroke prevention, targeted to high-risk 61
populations and to geographic areas where there is a high 62
incidence of stroke, including information developed or compiled 63
by the council on all of the following: 64

(a) Healthy lifestyle practices that reduce the risk of 65
stroke; 66

(b) Signs and symptoms of stroke and action to be taken when 67
signs occur; 68

(c) Determinants of high-quality health care for stroke; 69

(d) Other information the council considers appropriate for 70
inclusion in the public education program. 71

(2) Develop or compile for primary care physicians 72
recommendations that address risk factors for stroke, appropriate 73
screening for risk factors, early signs of stroke, and treatment 74
strategies; 75

(3) Develop or compile for physicians and emergency health 76

care providers recommendations on the initial treatment of stroke;	77
(4) Develop or compile for physicians and other health care providers recommendations on the long-term treatment of stroke;	78 79
(5) Develop or compile for physicians, long-term care providers, and rehabilitation providers recommendations on rehabilitation of stroke patients;	80 81 82
(6) <u>Encourage hospitals registered with the department of health under section 3701.07 of the Revised Code and emergency medical service organizations, as defined in section 4765.01 of the Revised Code, to share data and methods of improving the quality of care provided stroke patients;</u>	83 84 85 86 87
(7) <u>Facilitate the analysis of stroke care treatment and communication of treatment results among hospitals and emergency medical service organizations;</u>	88 89 90
(8) <u>Advise the department of health on the collection of additional data that would assist in development of an effective system of stroke care in this state;</u>	91 92 93
(9) <u>Make recommendations regarding the data on treatment of stroke patients to be provided under division (B) of section 3701.908 of the Revised Code by hospitals and emergency medical service organizations to the department of health;</u>	94 95 96 97
(10) <u>Make recommendations to the state board of emergency medical services in accordance with division (B)(3) of section 4765.44 of the Revised Code on choice of hospitals when a patient is transported by an emergency medical service organization;</u>	98 99 100 101
(11) Take other actions consistent with the purpose of the council to ensure that the public and health care providers are informed with regard to the most effective treatment strategies for stroke prevention and treatment.	102 103 104 105
(B) The council may use information developed or made	106

available by other public or private entities to meet the 107
requirements of division (A) of this section. 108

(C) The department of health shall make information developed 109
or compiled by the council under this section available to the 110
public and disseminate to the appropriate persons the 111
recommendations developed or compiled by the council. 112

Sec. 3701.908. (A) As used in this section, "emergency 113
medical service organization" has the same meaning as in section 114
4765.01 of the Revised Code. 115

(B) Each hospital and each emergency medical service 116
organization shall, in accordance with recommendations made by the 117
council on stroke prevention and education under section 3701.903 118
of the Revised Code, provide to the department of health data 119
requested by the department on the treatment of stroke patients 120
served by the hospital or emergency medical service organization. 121
This data is not a public record under section 149.43 of the 122
Revised Code but may be released in aggregate or statistical form. 123

(C) Not later than June 1, 2012, and each first day of June 124
thereafter, the department of health shall release a report 125
summarizing the data provided under division (B) of this section. 126
The report shall be submitted to the speaker of the house of 127
representatives, president of the senate, and governor. The report 128
shall also be posted on the department's web site. 129

Sec. 3701.909. (A) As used in this section: 130

(1) "Telestroke" means the use of interactive video 131
conferencing technology for the purpose of expanding expertise in 132
stroke care among an electronically integrated network of 133
hospitals. 134

(2) "Primary stroke center" means a hospital recognized as a 135
primary stroke center by the department of health under section 136

3727.11 of the Revised Code, or, if no hospitals have been 137
recognized under that section, a hospital that holds a certificate 138
of distinction for primary stroke centers issued by the joint 139
commission or accreditation by the health care facilities 140
accreditation program as a primary stroke center. 141

(3) "Hospital" means a hospital registered with the 142
department of health under section 3701.07 of the Revised Code. 143

(B) The council on stroke prevention and education shall make 144
recommendations in accordance with division (C) of this section 145
regarding the establishment of an effective system of stroke care, 146
paying particular attention to the establishment of an effective 147
system in the rural areas of this state. 148

(C) Not later than twelve months after the effective date of 149
this section, the council on stroke prevention and education shall 150
submit recommendations to the public health council on the 151
establishment of an effective system of stroke care in this state. 152
The recommendations shall be made in consultation with the 153
department of health and the state board of emergency medical 154
services and include all of the following: 155

(1) Procedures for coordination and communication between 156
primary stroke centers and hospitals that are not primary stroke 157
centers; 158

(2) Support services necessary to ensure that all residents 159
of this state have access to effective and efficient stroke care; 160

(3) Implementation strategies for a telestroke network in 161
this state under which primary stroke centers communicate with 162
hospitals that are not primary stroke centers and hospitals that 163
are not primary stroke centers communicate with primary stroke 164
centers; 165

(4) Methods to indicate whether a hospital is participating 166
in a telestroke network. 167

(D) Not later than twelve months after the council on stroke prevention and education submits its recommendations under division (C) of this section, the department of health shall adopt, in accordance with Chapter 119. of the Revised Code, rules that implement those recommendations. 168
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Sec. 3727.11. (A) The department of health shall recognize as a primary stroke center any hospital that meets all of the following criteria: 173
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(1) Holds either of the following: 176

(a) A certificate of distinction for primary stroke centers issued by the joint commission; 177
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(b) Accreditation as a primary stroke center by the health care facilities accreditation program. 179
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(2) Maintains the requirements for certification or accreditation; 181
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(3) Cooperates with the state board of emergency medical services in the establishment of protocols for assessment, treatment, and transport of stroke patients in accordance with the stroke assessment and protocol tool established under section 4765.44 of the Revised Code. 183
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(B) A hospital shall not use the term "primary stroke center" or otherwise hold itself out as a primary stroke center unless it has been recognized as such under division (A) of this section. 188
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(C) In accordance with the notice and hearing requirements of Chapter 119. of the Revised Code, the department may suspend or revoke a hospital's recognition as a primary stroke center if the department determines that the hospital no longer meets all the criteria of division (A) of this section. 191
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(D) Not later than June 1, 2011, and every June 1 thereafter, the department shall compile and send to each hospital and the 196
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medical director and cooperating physician advisory board of each 198
emergency medical service organization, as defined in section 199
4765.01 of the Revised Code, a list of hospitals recognized as 200
primary stroke centers under this section. The department shall 201
post the list on its web site. 202

(E) Nothing in this section shall limit or prohibit the 203
services provided by a hospital if that hospital is authorized to 204
provide such services. 205

(F) The department may adopt rules for administration of this 206
section. The rules shall be adopted under Chapter 119. of the 207
Revised Code. 208

Sec. 4742.03. (A) A person may obtain certification as an 209
emergency service telecommunicator by successfully completing a 210
basic course of emergency service telecommunicator training that 211
is conducted by the state board of education under section 4742.02 212
of the Revised Code. The basic course of emergency service 213
telecommunicator training shall include, but not be limited to, 214
both of the following: 215

(1) At least forty hours of instruction or training, at least 216
one hour of which is in the assessment and treatment of stroke 217
patients; 218

(2) Instructional or training units in all of the following 219
subjects: 220

(a) The role of the emergency service telecommunicator; 221

(b) Effective communication skills; 222

(c) Emergency service telecommunicator liability; 223

(d) Telephone techniques; 224

(e) Requirements of the "Americans With Disabilities Act of 225
1990," 104 Stat. 327, 42 U.S.C. 12101, as amended, that pertain to 226

emergency service telecommunicators;	227
(f) Handling hysterical and suicidal callers;	228
(g) Law enforcement terminology;	229
(h) Fire service terminology;	230
(i) Emergency medical service terminology;	231
(j) Emergency call processing guides for law enforcement;	232
(k) Emergency call processing guides for fire service;	233
(l) Emergency call processing guides for emergency medical service;	234 235
(m) Radio broadcast techniques;	236
(n) Disaster planning;	237
(o) Police officer survival, fire or emergency medical service scene safety, or both police officer survival and fire or emergency medical service scene safety;	238 239 240
<u>(p) Assessment and treatment of stroke patients.</u>	241
(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.	242 243 244 245 246 247 248 249
(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.	250 251 252 253 254 255

If a person successfully completes the continuing education 256
coursework described in division (B) of this section, the state 257
board of education or a designee of the board shall certify the 258
person's successful completion. The board shall send a copy of the 259
certification to the person and to the emergency service provider 260
by whom the person is employed. 261

Sec. 4765.10. (A) The state board of emergency medical 262
services shall do all of the following: 263

(1) Administer and enforce the provisions of this chapter and 264
the rules adopted under it; 265

(2) Approve, in accordance with procedures established in 266
rules adopted under section 4765.11 of the Revised Code, 267
examinations that demonstrate competence to have a certificate to 268
practice renewed without completing a continuing education 269
program; 270

(3) Advise applicants for state or federal emergency medical 271
services funds, review and comment on applications for these 272
funds, and approve the use of all state and federal funds 273
designated solely for emergency medical service programs unless 274
federal law requires another state agency to approve the use of 275
all such federal funds; 276

(4) Serve as a statewide clearinghouse for discussion, 277
inquiry, and complaints concerning emergency medical services; 278

(5) Make recommendations to the general assembly on 279
legislation to improve the delivery of emergency medical services; 280

(6) Maintain a toll-free long distance telephone number 281
through which it shall respond to questions about emergency 282
medical services; 283

(7) Work with appropriate state offices in coordinating the 284
training of firefighters and emergency medical service personnel. 285

Other state offices that are involved in the training of 286
firefighters or emergency medical service personnel shall 287
cooperate with the board and its committees and subcommittees to 288
achieve this goal. 289

(8) Provide a liaison to the state emergency operation center 290
during those periods when a disaster, as defined in section 291
5502.21 of the Revised Code, has occurred in this state and the 292
governor has declared an emergency as defined in that section. 293

(9) Post all of the following on the board's web site: 294

(a) A list of the hospitals recognized as primary stroke 295
centers by the department of health under section 3727.11 of the 296
Revised Code; 297

(b) The standardized stroke assessment and protocol tool 298
adopted under section 4765.44 of the Revised Code. 299

(B) The board may do any of the following: 300

(1) Investigate complaints concerning emergency medical 301
services and emergency medical service organizations as it 302
determines necessary; 303

(2) Enter into reciprocal agreements with other states that 304
have standards for accreditation of emergency medical services 305
training programs and for certification of first responders, 306
EMTs-basic, EMTs-I, paramedics, firefighters, or fire safety 307
inspectors that are substantially similar to those established 308
under this chapter and the rules adopted under it; 309

(3) Establish a statewide public information system and 310
public education programs regarding emergency medical services; 311

(4) Establish an injury prevention program. 312

Sec. 4765.16. (A) All courses offered through an emergency 313
medical services training program or an emergency medical services 314

continuing education program, other than ambulance driving, shall 315
be developed under the direction of a physician who specializes in 316
emergency medicine. Each course that deals with trauma care shall 317
be developed in consultation with a physician who specializes in 318
trauma surgery. Except as specified by the state board of 319
emergency medical services pursuant to rules adopted under section 320
4765.11 of the Revised Code, each course offered through a 321
training program or continuing education program shall be taught 322
by a person who holds the appropriate certificate to teach issued 323
under section 4765.23 of the Revised Code. 324

(B) A training program for first responders shall meet the 325
standards established in rules adopted by the board under section 326
4765.11 of the Revised Code. The program shall include at least 327
one hour of training or instruction in the assessment and 328
treatment of stroke patients and courses in both of the following 329
areas for at least the number of hours established by the board's 330
rules: 331

- (1) Emergency victim care; 332
- (2) Reading and interpreting a trauma victim's vital signs. 333

(C) A training program for emergency medical 334
technicians-basic shall meet the standards established in rules 335
adopted by the board under section 4765.11 of the Revised Code. 336
The program shall include at least one hour of training or 337
instruction in the assessment and treatment of stroke patients and 338
courses in each of the following areas for at least the number of 339
hours established by the board's rules: 340

- (1) Emergency victim care; 341
- (2) Reading and interpreting a trauma victim's vital signs; 342
- (3) Triage protocols for adult and pediatric trauma victims; 343
- (4) In-hospital training; 344

(5) Clinical training; 345

(6) Training as an ambulance driver. 346

Each operator of a training program for emergency medical 347
technicians-basic shall allow any pupil in the twelfth grade in a 348
secondary school who is at least seventeen years old and who 349
otherwise meets the requirements for admission into such a 350
training program to be admitted to and complete the program and, 351
as part of the training, to ride in an ambulance with emergency 352
medical technicians-basic, emergency medical 353
technicians-intermediate, and emergency medical 354
technicians-paramedic. Each emergency medical service organization 355
shall allow pupils participating in training programs to ride in 356
an ambulance with emergency medical technicians-basic, advanced 357
emergency medical technicians-intermediate, and emergency medical 358
technicians-paramedic. 359

(D) A training program for emergency medical 360
technicians-intermediate shall meet the standards established in 361
rules adopted by the board under section 4765.11 of the Revised 362
Code. The program shall include, or require as a prerequisite, the 363
training specified in division (C) of this section and courses in 364
each of the following areas for at least the number of hours 365
established by the board's rules: 366

(1) Recognizing symptoms of life-threatening allergic 367
reactions and in calculating proper dosage levels and 368
administering injections of epinephrine to persons who suffer 369
life-threatening allergic reactions, conducted in accordance with 370
rules adopted by the board under section 4765.11 of the Revised 371
Code; 372

(2) Venous access procedures; 373

(3) Cardiac monitoring and electrical interventions to 374
support or correct the cardiac function. 375

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

(1) Medical terminology;

(2) Venous access procedures;

(3) Airway procedures;

(4) Patient assessment and triage;

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

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

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

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

Sec. 4765.40. (A)(1) Not later than two years after ~~the effective date of this amendment~~ November 3, 2000, the state board of emergency medical services shall adopt rules under section 4765.11 of the Revised Code establishing written protocols for the triage of adult and pediatric trauma victims. The rules shall

define adult and pediatric trauma in a manner that is consistent 406
with section 4765.01 of the Revised Code, minimizes overtriage and 407
undertriage, and emphasizes the special needs of pediatric and 408
geriatric trauma patients. 409

(2) The state triage protocols adopted under division (A) of 410
this section shall require a trauma victim to be transported 411
directly to an adult or pediatric trauma center that is qualified 412
to provide appropriate adult or pediatric trauma care, unless one 413
or more of the following exceptions applies: 414

(a) It is medically necessary to transport the victim to 415
another hospital for initial assessment and stabilization before 416
transfer to an adult or pediatric trauma center; 417

(b) It is unsafe or medically inappropriate to transport the 418
victim directly to an adult or pediatric trauma center due to 419
adverse weather or ground conditions or excessive transport time; 420

(c) Transporting the victim to an adult or pediatric trauma 421
center would cause a shortage of local emergency medical service 422
resources; 423

(d) No appropriate adult or pediatric trauma center is able 424
to receive and provide adult or pediatric trauma care to the 425
trauma victim without undue delay; 426

(e) Before transport of a patient begins, the patient 427
requests to be taken to a particular hospital that is not a trauma 428
center or, if the patient is less than eighteen years of age or is 429
not able to communicate, such a request is made by an adult member 430
of the patient's family or a legal representative of the patient; 431

(f) The victim is subject to the transportation requirements 432
of the stroke assessment and protocol tool adopted under section 433
4765.44 of the Revised Code. 434

(3)(a) The state triage protocols adopted under division (A) 435

of this section shall require trauma patients to be transported to 436
an adult or pediatric trauma center that is able to provide 437
appropriate adult or pediatric trauma care, but shall not require 438
a trauma patient to be transported to a particular trauma center. 439
The state triage protocols shall establish one or more procedures 440
for evaluating whether an injury victim requires or would benefit 441
from adult or pediatric trauma care, which procedures shall be 442
applied by emergency medical service personnel based on the 443
patient's medical needs. In developing state trauma triage 444
protocols, the board shall consider relevant model triage rules 445
and shall consult with the commission on minority health, regional 446
directors, regional physician advisory boards, and appropriate 447
medical, hospital, and emergency medical service organizations. 448

(b) Before the joint committee on agency rule review 449
considers state triage protocols for trauma victims proposed by 450
the state board of emergency medical services, or amendments 451
thereto, the board shall send a copy of the proposal to the Ohio 452
chapter of the American college of emergency physicians, the Ohio 453
chapter of the American college of surgeons, the Ohio chapter of 454
the American academy of pediatrics, OHA: the association for 455
hospitals and health systems, the Ohio osteopathic association, 456
and the association of Ohio children's hospitals and shall hold a 457
public hearing at which it must consider the appropriateness of 458
the protocols to minimize overtriage and undertriage of trauma 459
victims. 460

(c) The board shall provide copies of the state triage 461
protocols, and amendments to the protocols, to each emergency 462
medical service organization, regional director, regional 463
physician advisory board, certified emergency medical service 464
instructor, and person who regularly provides medical direction to 465
emergency medical service personnel in the state; to each medical 466
service organization in other jurisdictions that regularly provide 467

emergency medical services in this state; and to others upon 468
request. 469

(B)(1) The state board of emergency medical services shall 470
approve regional protocols for the triage of adult and pediatric 471
trauma victims, and amendments to such protocols, that are 472
submitted to the board as provided in division (B)(2) of this 473
section and provide a level of adult and pediatric trauma care 474
comparable to the state triage protocols adopted under division 475
(A) of this section. The board shall not otherwise approve 476
regional triage protocols for trauma victims. The board shall not 477
approve regional triage protocols for regions that overlap and 478
shall resolve any such disputes by apportioning the overlapping 479
territory among appropriate regions in a manner that best serves 480
the medical needs of the residents of that territory. The trauma 481
committee of the board shall have reasonable opportunity to review 482
and comment on regional triage protocols and amendments to such 483
protocols before the board approves or disapproves them. 484

(2) Regional protocols for the triage of adult and pediatric 485
trauma victims, and amendments to such protocols, shall be 486
submitted in writing to the state board of emergency medical 487
services by the regional physician advisory board or regional 488
director, as appropriate, that serves a majority of the population 489
in the region in which the protocols apply. Prior to submitting 490
regional triage protocols, or an amendment to such protocols, to 491
the state board of emergency medical services, a regional 492
physician advisory board or regional director shall consult with 493
each of the following that regularly serves the region in which 494
the protocols apply: 495

(a) Other regional physician advisory boards and regional 496
directors; 497

(b) Hospitals that operate an emergency facility; 498

(c) Adult and pediatric trauma centers;	499
(d) Professional societies of physicians who specialize in adult or pediatric emergency medicine or adult or pediatric trauma surgery;	500 501 502
(e) Professional societies of nurses who specialize in adult or pediatric emergency nursing or adult or pediatric trauma surgery;	503 504 505
(f) Professional associations or labor organizations of emergency medical service personnel;	506 507
(g) Emergency medical service organizations and medical directors of such organizations;	508 509
(h) Certified emergency medical service instructors.	510
(3) Regional protocols for the triage of adult and pediatric trauma victims approved under division (B)(2) of this section shall require patients to be transported to a trauma center that is able to provide an appropriate level of adult or pediatric trauma care; shall not discriminate among trauma centers for reasons not related to a patient's medical needs; shall seek to minimize undertriage and overtriage; may include any of the exceptions in division (A)(2) of this section; and supersede the state triage protocols adopted under division (A) of this section in the region in which the regional protocols apply.	511 512 513 514 515 516 517 518 519 520
(4) Upon approval of regional protocols for the triage of adult and pediatric trauma victims under division (B)(2) of this section, or an amendment to such protocols, the state board of emergency medical services shall provide written notice of the approval and a copy of the protocols or amendment to each entity in the region in which the protocols apply to which the board is required to send a copy of the state triage protocols adopted under division (A) of this section.	521 522 523 524 525 526 527 528

(C)(1) The state board of emergency medical services shall 529
review the state triage protocols adopted under division (A) of 530
this section at least every three years to determine if they are 531
causing overtriage or undertriage of trauma patients, and shall 532
modify them as necessary to minimize overtriage and undertriage. 533

(2) Each regional physician advisory board or regional 534
director that has had regional triage protocols approved under 535
division (B)(2) of this section shall review the protocols at 536
least every three years to determine if they are causing 537
overtriage or undertriage of trauma patients and shall submit an 538
appropriate amendment to the state board, as provided in division 539
(B) of this section, as necessary to minimize overtriage and 540
undertriage. The state board shall approve the amendment if it 541
will reduce overtriage or undertriage while complying with 542
division (B) of this section, and shall not otherwise approve the 543
amendment. 544

(D) No provider of emergency medical services or person who 545
provides medical direction to emergency medical service personnel 546
in this state shall fail to comply with the state triage protocols 547
adopted under division (A) of this section or applicable regional 548
triage protocols approved under division (B)(2) of this section. 549

(E) The state board of emergency medical services shall adopt 550
rules under section 4765.11 of the Revised Code that provide for 551
enforcement of the state triage protocols adopted under division 552
(A) of this section and regional triage protocols approved under 553
division (B)(2) of this section, and for education regarding those 554
protocols for emergency medical service organizations and 555
personnel, regional directors and regional physician advisory 556
boards, emergency medical service instructors, and persons who 557
regularly provide medical direction to emergency medical service 558
personnel in this state. 559

Sec. 4765.44. (A) As used in this section: 560

(1) "Primary stroke center" means a hospital recognized by 561
the department of health as a primary stroke center under section 562
3727.11 of the Revised Code, or, if no hospitals have been 563
recognized under that section, a hospital that holds a certificate 564
of distinction for primary stroke centers issued by the joint 565
commission or accreditation by the health care facilities 566
accreditation program as a primary stroke center. 567

(2) "Telestroke network" has the same meaning as in section 568
3701.909 of the Revised Code. 569

(B) Not later than twelve months after the effective date of 570
this section, the state board of emergency medical services, in 571
cooperation with the department of health and primary stroke 572
centers, shall establish a stroke assessment and protocol tool. 573
The tool shall do all of the following: 574

(1) Comply with nationally recognized standards for the 575
assessment of stroke patients; 576

(2) Detail the best practices for the assessment, treatment, 577
and transport of stroke patients by an emergency medical 578
technician-basic, emergency medical technician-intermediate, or 579
paramedic; 580

(3) Establish, in accordance with recommendations of the 581
council on stroke prevention and education made under division 582
(A)(10) of section 3701.903 of the Revised Code, regional plans 583
for triage and transport of stroke patients. 584

(C) The regional plans established under division (B) of this 585
section shall do both of the following: 586

(1) Specify the distances at which a patient is to be 587
transported to a primary stroke center or hospital participating 588
in a telestroke network rather than the nearest hospital; 589

(2) In the case of two hospitals or primary stroke centers 590
that are within one mile of each other, provide that the 591
preferences of the patient be followed. For patients who do not 592
express a preference or are unable to express a preference, the 593
plans shall provide for an equitable and sequential distribution 594
of patients between the hospitals. 595

Sec. 4765.441. (A) The state board of emergency medical 596
services shall provide a copy of the stroke assessment and 597
protocol tool established under section 4765.44 of the Revised 598
Code to the medical director and cooperating physician advisory 599
board of each emergency medical service organization, and to each 600
emergency medical technician-basic, emergency medical 601
technician-intermediate, and emergency medical 602
technician-paramedic. An EMT-basic, EMT-I, or paramedic shall 603
perform emergency medical services the EMT-basic, EMT-I, or 604
paramedic is authorized to provide in accordance with the stroke 605
assessment and protocol tool. 606

(B) The board and the department of health shall post the 607
assessment and protocol tool on their web sites. 608

(C) The board may adopt rules necessary for administration of 609
this section and section 4765.44 of the Revised Code. The rules 610
shall be adopted under Chapter 119. of the Revised Code. 611

Section 2. That existing sections 3701.901, 3701.903, 612
4742.03, 4765.10, 4765.16, and 4765.40 of the Revised Code are 613
hereby repealed. 614