As Introduced

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Representatives Boyd, Gardner

Cosponsors: Representatives Barnes, Lundy, Murray, Garland, Ashford, Ramos, Goyal, Letson, Reece, Yuko, Antonio, Landis, Fende

A B I L L

To amend sections 3701.90, 3701.901, 3701.902, 3701.903, 3701.904, 3701.907, 4742.03, 4765.10, 4765.16, and 4765.40; to enact sections 3701.908, 3701.909, 3727.11, 3727.111, 4765.44, and 4765.45; and to repeal sections 3701.905 and 3701.906 of the Revised Code to replace the Council on Stroke Prevention and Education with the Stroke System of Care Task Force; to provide for state recognition of hospitals that are primary stroke centers; to require establishment of protocols for emergency triage, treatment, and transport of stroke patients; and to require the Department of Health to maintain a stroke data registry and a statewide system for stroke response and treatment.

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

Section 1. That sections 3701.90, 3701.901, 3701.902, 3701.903, 3701.904, 3701.907, 4742.03, 4765.10, 4765.16, and 4765.40 be amended and sections 3701.908, 3701.909, 3727.11, 3727.111, 4765.44, and 4765.45 of the Revised Code be enacted to read as follows:

Sec. 3701.90. There is hereby created in the department of health the ~~council on stroke prevention and education~~ stroke system of care task force to address matters of triage, treatment, and transport of patients who may experience acute stroke. The department shall, to the extent funds are available, provide office space and staff assistance for the ~~council~~ task force.

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

~~(1) Brain injury association of Ohio;~~

~~(2) Ohio academy of family physicians;~~

~~(3) American college of emergency physicians Ohio chapter;~~

~~(4) Ohio chapter of the American college of cardiology;~~

~~(5) Ohio state neurosurgical society;~~

~~(6) Ohio heart and vascular research foundation;~~

~~(7) Ohio geriatrics society;~~

~~(8) Ohio nurses association;~~

~~(9) Ohio association of rehabilitation facilities;~~

~~(10) Ohio hospital association;~~

~~(11) Northeast Ohio stroke association;~~

~~(12) American heart association Ohio valley affiliate;~~

~~(13) American association of retired persons Ohio office;~~

~~(14) Ohio department of health;~~

~~(15) Ohio commission on minority health;~~

~~(16) Ohio state medical association;~~

~~(17) Ohio osteopathic association;~~

~~(18) Ohio physical therapy association;~~

~~(19) A university research facility in Ohio specializing in biotechnology;~~

~~(20) A health insuring corporation, as defined in section 1751.01 of the Revised Code;~~

~~(21) A small employer, as defined in section 3924.01 of the Revised Code;~~

~~(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.~~

~~(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 council, the director shall select one member from the list submitted by each entity. If the director does not receive a list from an entity not later than sixty days after making a request, the director shall appoint a member to serve as the representative of that entity. The director shall appoint as members of the council no fewer than six persons~~ stroke system of care task force. The task force shall include all of the following:

(1) Representatives from the department of health;

(2) Representatives from the state board of emergency medical services;

(3) Representatives from the American stroke association;

(4) Representatives from primary stroke centers;

(5) Representatives from rural hospitals;

(6) Persons who are authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;

(7) Providers of emergency medical services, as defined in section 4765.01 of the Revised Code.

~~(C)~~(B) The director of health shall appoint the ~~chair~~ chairperson and ~~vice-chair~~ vice-chairperson of the ~~council~~ task force from among its members.

Sec. 3701.902. Members of the ~~council on stroke prevention and education~~ stroke system of care task force shall serve without compensation, but shall, to the extent funds are available, be reimbursed by the department of health for the actual and necessary expenses they incur in the performance of their official duties. A member may serve until a replacement is appointed by the director of health. Replacement members shall be appointed in the same manner as the initial members.

Sec. 3701.903. (A) The ~~council on stroke prevention and education~~ stroke system of care task force shall, to the extent funds are available, do all of the following:

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

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

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

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

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

~~(2) Develop or compile for primary care physicians~~

~~recommendations that address risk factors for stroke, appropriate screening for risk factors, early signs of stroke, and treatment strategies;~~

~~(3) Develop or compile for physicians and emergency health care providers recommendations on the initial treatment of stroke;~~

~~(4) Develop or compile for physicians and other health care providers recommendations on the long-term treatment of stroke;~~

~~(5) Develop or compile for physicians, long-term care providers, and rehabilitation providers recommendations on rehabilitation of stroke patients;~~

~~(6)~~ 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 information and methods of improving the quality of care provided to stroke patients;

(2) Facilitate the analysis of stroke treatment and coordination of care;

(3) Facilitate the communication of treatment results among hospitals and emergency medical service organizations;

(4) Advise the department of health on the collection of information that would assist in development of an effective system of stroke care in this state;

(5) Take other actions consistent with the purpose of the ~~council~~ task force to ensure that the public and health care providers are informed with regard to the most effective ~~treatment~~ strategies for stroke prevention and treatment.

(B) The ~~council~~ task force may use information developed or made available by other public or private entities to meet the requirements of division (A) of this section.

(C) The department of health shall make information developed

or compiled by the ~~council~~ task force available to the public and disseminate to the appropriate persons the recommendations developed or compiled by the ~~council~~ task force.

Sec. 3701.904. (A) The ~~council on stroke prevention and education~~ stroke system of care task force shall meet at the call of the chair to conduct its official business.

(B) A majority of the voting members of the ~~council~~ task force constitutes a quorum. The ~~council~~ task force may take action only by affirmative vote of a majority of a quorum.

Sec. 3701.907. The ~~council on stroke prevention and education~~ stroke system of care task force is ~~exempt from the requirements of section 101.84~~ not subject to sections 101.82 to 101.87 of the Revised Code.

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

(B)(1) Each of the following entities shall provide to the department of health information requested by the department on the treatment of stroke patients served by the entity:

(a) A hospital recognized under section 3727.11 of the Revised Code as a primary stroke center;

(b) A hospital recognized under section 3727.111 of the Revised Code as an acute stroke-capable center, if the department has implemented a recognition system under that section;

(c) A hospital other than a hospital described in division (B)(1)(a) or (b) of this section;

(d) An emergency medical service organization;

(e) Any other entity from which the department requests

information regarding the treatment of stroke patients served by the entity.

(2) The requested information shall be provided in a manner that aligns with the stroke consensus metrics developed and approved by the American heart association, American stroke association, the United States centers for disease control and prevention, and the joint commission.

(3) To the greatest extent possible, the department shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy in the collection of the information.

(C) The department shall develop and maintain a stroke data registry and include in the registry the information collected under division (B) of this section. The registry shall be developed and maintained by using the stroke registry guidelines established by either of the following:

(1) The American heart association;

(2) Another organization acceptable to the department that has established stroke registry guidelines with standards for maintaining confidentiality of information that are no less secure than the confidentiality standards included in the American heart association's guidelines.

(D) Information provided or maintained under this section that is protected health information pursuant to section 3701.17 of the Revised Code shall be released only in accordance with that section. Information that does not identify an individual may be released in summary, statistical, or aggregate form.

(E) The department shall adopt rules as it considers necessary to implement and administer this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 3701.909. (A) As used in this section, "telemedicine services" means the delivery of health care services through the use of interactive audio, video, and other electronic media used for the purpose of diagnosis, consultation, or treatment of acute stroke.

(B)(1) The stroke system of care task force shall develop recommendations regarding the establishment under this section of a statewide system for stroke response and treatment. The task force shall update its recommendations at least every two years.

In developing its recommendations, the task force shall pay particular attention to the establishment of an effective system for stroke response and treatment in the rural areas of the state. The recommendations shall be developed in consultation with the state board of emergency medical services.

(2) The task force's recommendations shall include all of the following:

(a) Procedures for coordination and communication between hospitals that are recognized under section 3727.11 of the Revised Code as primary stroke centers and hospitals that are not recognized as primary stroke centers;

(b) A plan for achieving continuous improvement in the quality of care provided under the statewide system for stroke response and treatment established under division (C) of this section;

(c) Strategies for use of telemedicine services in this state for inter-hospital communication between hospitals that are recognized under section 3727.11 of the Revised Code as primary stroke centers and hospitals that are not recognized as primary stroke centers.

(3) The task force shall submit its recommendations to the

department of health, the governor, and, in accordance with section 101.68 of the Revised Code, the general assembly.

(C)(1) Based on the task force's recommendations, the department shall establish a statewide system for stroke response and treatment. The department may take any actions it considers necessary to maintain an effective system for stroke response and treatment in this state.

(2) As part of the system, the department shall post both of the following on its internet web site and shall update the posted information on at least an annual basis:

(a) The list compiled under section 3727.11 of the Revised Code identifying the hospitals that are recognized under that section as primary stroke centers;

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

(D) The department shall adopt rules as it considers necessary to implement and administer this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 3727.11. (A) The department of health shall recognize as a primary stroke center any hospital that holds certification or accreditation as a primary stroke center issued by any of the following:

(1) The joint commission;

(2) The healthcare facilities accreditation program;

(3) Another entity acceptable to the department that is nationally recognized and provides certification or accreditation of primary stroke centers.

(B) A hospital shall not use the phrase "primary stroke

center" or otherwise hold itself out as a primary stroke center unless it is recognized as a primary stroke center under this section.

(C) The department may suspend or revoke its recognition of a hospital as a primary stroke center if the department determines that the hospital no longer holds certification or accreditation that meets the requirements of division (A) of this section or has not maintained the requirements to hold the certification or accreditation. The department's action shall be taken pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code.

(D) Annually, not later than the first day of December, the department shall compile a list of hospitals recognized as primary stroke centers.

(E) Nothing in this section limits the services provided by a hospital, or prohibits a hospital from providing services, if that hospital is authorized to provide such services.

(F) The department may adopt rules as necessary to implement and administer this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 3727.111. The department of health may establish a program for recognition of hospitals as acute stroke-capable centers. The program shall be administered in the same manner as the department's recognition of primary stroke centers under section 3727.11 of the Revised Code.

The program may be established as entities acceptable to the department begin issuing accreditation of hospitals as acute stroke-capable centers. The department may consider an entity acceptable only if the entity is nationally recognized and uses evidence-based standards for issuing its accreditation.

The department may adopt rules as it considers necessary to implement and administer this section. The rules shall be adopted in accordance with 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;

(n) Disaster planning;

(o) Police officer survival, fire or emergency medical service scene safety, or both police officer survival and fire or emergency medical service scene safety;

(p) Assessment and treatment of stroke patients.

(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.

(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.

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.

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

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

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

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

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

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

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

(7) Work with appropriate state offices in coordinating the training of firefighters and emergency medical service personnel. Other state offices that are involved in the training of firefighters or emergency medical service personnel shall cooperate with the board and its committees and subcommittees to achieve this goal.

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

(9) Post both of the following on the board's internet web site and update the posted information on at least an annual basis:

(a) The list compiled under section 3727.11 of the Revised Code identifying the hospitals that are recognized under that section as primary stroke centers;

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

(10) Not later than the first day of December each year, provide to each emergency medical service organization an electronic or paper copy of the information posted on the board's web site under division (A)(9) of this section.

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

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

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

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

(4) Establish an injury prevention program.

Sec. 4765.16. (A) All courses offered through an emergency medical services training program or an emergency medical services continuing education program, other than ambulance driving, shall be developed under the direction of a physician who specializes in emergency medicine. Each course that deals with trauma care shall be developed in consultation with a physician who specializes in trauma surgery. Except as specified by the state board of emergency medical services pursuant to rules adopted under section

4765.11 of the Revised Code, each course offered through a training program or continuing education program shall be taught by a person who holds the appropriate certificate to teach issued under section 4765.23 of the Revised Code.

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

(1) Emergency victim care;

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

(C) A training program for emergency medical technicians-basic shall meet the standards established in rules adopted by the board under section 4765.11 of the Revised Code. The program shall include ~~courses~~ training in each of the following areas for at least the number of hours established by the board's rules:

(1) Emergency victim care;

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

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

(4) In-hospital training;

(5) Clinical training;

(6) Training as an ambulance driver;

(7) Training in the assessment and treatment of stroke patients.

Each operator of a training program for emergency medical technicians-basic shall allow any pupil in the twelfth grade in a secondary school who is at least seventeen years old and who otherwise meets the requirements for admission into such a

training program to be admitted to and complete the program and, as part of the training, to ride in an ambulance with emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic. Each emergency medical service organization shall allow pupils participating in training programs to ride in an ambulance with emergency medical technicians-basic, advanced emergency medical technicians-intermediate, and emergency medical technicians-paramedic.

(D) A training program for emergency medical technicians-intermediate 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 division (C) of this section and ~~courses~~ training in each of the following areas for at least the number of hours established by the board's rules:

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

(2) Venous access procedures;

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

(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~~ training 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, the~~ 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 with section 4765.01 of the Revised Code, minimizes overtriage and undertriage, and emphasizes the special needs of pediatric and geriatric trauma patients.

(2) The state triage protocols adopted under division (A) of

this section shall require a trauma victim to be transported directly to an adult or pediatric trauma center that is qualified to provide appropriate adult or pediatric trauma care, unless one or more of the following exceptions applies:

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

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

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

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

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

(f) The victim is subject to the transportation requirements of the standardized stroke assessment and protocol tool established under section 4765.44 of the Revised Code.

(3)(a) The state triage protocols adopted under division (A) of this section shall require trauma patients to be transported to an adult or pediatric trauma center that is able to provide appropriate adult or pediatric trauma care, but shall not require a trauma patient to be transported to a particular trauma center. The state triage protocols shall establish one or more procedures for evaluating whether an injury victim requires or would benefit

from adult or pediatric trauma care, which procedures shall be applied by emergency medical service personnel based on the patient's medical needs. In developing state trauma triage protocols, the board shall consider relevant model triage rules and shall consult with the commission on minority health, regional directors, regional physician advisory boards, and appropriate medical, hospital, and emergency medical service organizations.

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

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

(B)(1) The state board of emergency medical services shall approve regional protocols for the triage of adult and pediatric trauma victims, and amendments to such protocols, that are submitted to the board as provided in division (B)(2) of this

section and provide a level of adult and pediatric trauma care comparable to the state triage protocols adopted under division (A) of this section. The board shall not otherwise approve regional triage protocols for trauma victims. The board shall not approve regional triage protocols for regions that overlap and shall resolve any such disputes by apportioning the overlapping territory among appropriate regions in a manner that best serves the medical needs of the residents of that territory. The trauma committee of the board shall have reasonable opportunity to review and comment on regional triage protocols and amendments to such protocols before the board approves or disapproves them.

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

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

(b) Hospitals that operate an emergency facility;

(c) Adult and pediatric trauma centers;

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

(e) Professional societies of nurses who specialize in adult or pediatric emergency nursing or adult or pediatric trauma

surgery;

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

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

(h) Certified emergency medical service instructors.

(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.

(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.

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

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

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

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

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

Sec. 4765.44. (A) The state board of emergency medical services shall establish a standardized stroke assessment and protocol tool. The board shall update the standardized tool at intervals the board considers necessary.

The standardized tool shall be established, and any updates made, in consultation with the department of health and hospitals that are recognized under section 3727.11 of the Revised Code as

primary stroke centers.

The standardized tool shall comply with nationally recognized standards for the assessment of stroke patients.

(B) The board shall provide a copy of the standardized tool to the medical director and cooperating physician advisory board of each emergency medical service organization, and to each emergency medical technician-basic, emergency medical technician-intermediate, and emergency medical technician-paramedic. The copy may be provided electronically or by any other means.

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.

(C) The board may adopt rules under section 4765.11 of the Revised Code as the board considers necessary for the implementation and administration of this section.

Sec. 4765.45. The state board of emergency medical services, in consultation with the stroke system of care task force created under section 3701.90 of the Revised Code, shall establish prehospital care protocols related to the assessment, treatment, and transport of stroke patients by emergency medical technicians-basic, emergency medical technicians-intermediate, and paramedics in this state. The protocols shall include regional transport plans for the triage and transport of stroke patients to the closest, most appropriate facility.

Section 2. That existing sections 3701.90, 3701.901, 3701.902, 3701.903, 3701.904, 3701.907, 4742.03, 4765.10, 4765.16, and 4765.40 and sections 3701.905 and 3701.906 of the Revised Code are hereby repealed.

Section 3. With respect to the implementation of this act, all of the following apply:

(A) The initial rules for implementation of a stroke data registry under section 3701.908 of the Revised Code, as enacted by this act, shall be adopted by the Department of Health not later than one year after the effective date of this act.

(B)(1) The Stroke System of Care Task Force's initial recommendations under section 3701.909 of the Revised Code, as enacted by this act, for establishment of a statewide system for stroke response and treatment shall be submitted to the Department, Governor, and General Assembly not later than one year after the effective date of this act.

(2) The rules for implementation and administration of section 3701.909 of the Revised Code, as enacted by this act, shall be adopted by the Department not later than one year after it receives the Task Force's initial recommendations.

(3) The Task Force shall issue its first update of its recommendations regarding the statewide system for stroke response and treatment not later than two years after it issues its initial recommendations.

(C)(1) Not later than December 1, 2012, the Department shall implement the system for recognition of hospitals as primary stroke centers required by section 3727.11 of the Revised Code, as enacted by this act, compile the first list of recognized primary stroke centers as required by that section, and post the list on the Department's internet web site as required by section 3701.909 of the Revised Code, as enacted by this act.

(2) Until the Department of Health has implemented section 3727.11 of the Revised Code, as enacted by this act, any provision of this act that requires consultation with hospitals recognized under that section as primary stroke centers is deemed to refer to

any hospital that holds current, valid certification or accreditation as a primary stroke center from the Joint Commission or the Healthcare Facilities Accreditation Program.

(D) Not later than one year after the effective date of this act, the State Board of Emergency Medical Services shall establish the initial standardized stroke assessment and protocol tool, as required by section 4765.44 of the Revised Code, as enacted by this act.