



# Ohio Legislative Service Commission

## Sub. Bill Comparative Synopsis

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### Sub. H.B. 261

131st General Assembly  
(H. Health and Aging)

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Topic	Previous Version (LSC 131 1115-2)	Sub. Version (LSC 131 1115-6)
<b>Admission of patients to level IV trauma centers</b>	<p>Permits a facility to admit trauma patients only if the facility is designated by the State Trauma Board as a level I, II, III, or IV adult trauma center or a level I or II pediatric trauma center (<i>R.C. 3728.20</i>).</p> <p>Permits a physician to admit or transfer a trauma patient to a facility only if the facility is designated as a level I, II, III, or IV adult trauma center or a level I or II pediatric trauma center (<i>R.C. 4731.28</i>).</p>	<p>Same, but does not permit level IV trauma centers to admit trauma patients (<i>R.C. 3728.20</i>).</p> <p>Same, but does not permit a physician to admit or transfer a patient to a level IV adult trauma center (<i>R.C. 4731.28</i>).</p>
<b>Regional trauma organizations</b>	<p>No provision.</p> <p>Maintains current law that requires hospitals, when developing trauma care protocols, to consider the</p>	<p>Permits regional trauma organizations recognized by the Board to impose fees on participating trauma centers if the fees have been approved by the Board and do not exceed maximum limits established by the Board (<i>R.C. 3728.14</i>).</p> <p>Same, but also requires hospitals to consider the guidelines established by the regional trauma organization</p>

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	guidelines for trauma care established by the American College of Surgeons (ACS), the American College of Emergency Physicians, and the American Academy of Pediatrics (R.C. 3728.15).	that serves the trauma region in which the hospital is located (R.C. 3728.15).
<b>Regional trauma organization participation requirements</b> (R.C. 3728.09(B) and 3728.22)	Permits the Board to make participation in a regional trauma organization a requirement for trauma center designation.	Instead, expressly makes participation in a regional trauma organization a requirement for trauma center designation and specifies that the participation must be with an organization recognized by the Board.
<b>Trauma regions</b> (R.C. 3728.09(A)(11))	No provision.	Requires the Board to divide the state geographically into trauma regions.
<b>Level III trauma center designation requirements</b>	Permits a facility to satisfy the requirements for designation as a level III trauma center by completing the application process for ACS verification and meeting other requirements established by the Board (R.C. 3728.22(C)(2)).  No provision.	Instead, permits a facility to satisfy the requirements for level III trauma center designation by (1) receiving a determination regarding an ACS verification application, (2) submitting to the Board a plan to correct any deficiencies and having that plan approved by the Board, and (3) satisfying other Board-established requirements (R.C. 3728.22(C)(2)).  Prohibits the Board from renewing a facility's trauma center designation more than twice if the facility is not verified by ACS (R.C. 3728.24(B)).
<b>Grandfathering provision</b> (R.C. 3728.20(B) and 3728.201)	No provision.	Until the Board makes a determination on a facility's application for trauma center designation, permits the facility to admit trauma patients if either of the following applies:

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		<p>(1) The facility is verified by ACS as a trauma center before the designation requirement takes effect and maintains that verification;</p> <p>(2) The facility is verified by ACS as a trauma center after the designation requirement takes effect but before the Board begins accepting applications for trauma center designation and the facility maintains that verification.</p>
<p><b>Provisional designation</b></p>	<p>Requires the Board to adopt rules specifying circumstances under which provisional designation as a trauma center may be granted <i>(R.C. 3728.21(A)(4))</i>.</p> <p>Provides that provisional designation is valid for the time specified by the Board, which can be no longer than one year, and permits the Board to extend the provisional designation once for up to six months <i>(R.C. 3728.24)</i>.</p>	<p>Instead, specifies that a facility, in order to be eligible for provisional designation, must (1) complete the application process for ACS verification, (2) submit to the Board evidence that the facility is committed and able to provide trauma care consistent with the level of verification being sought, (3) adopt a plan for obtaining that verification, and (4) satisfy other Board-established requirements <i>(R.C. 3728.09(A)(12) and (C) and 3728.221)</i>.</p> <p>Instead, provides that provisional designation is valid until one of the following occurs:</p> <p>(1) The facility's ACS verification application is denied, suspended, terminated, or withdrawn;</p> <p>(2) The facility does not obtain ACS verification after a specified amount of time;</p> <p>(3) The Board suspends or revokes the provisional designation;</p>

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	<p>No provision.</p> <p>No provision.</p> <p>No provision.</p>	<p>(4) The facility is granted nonprovisional designation by the Board (<i>R.C. 3728.241</i>).</p> <p>Requires a facility whose provisional designation ceases to be valid to transfer its trauma patients to appropriate trauma centers and comply with other trauma care laws (<i>R.C. 3728.241(B)</i>).</p> <p>Prohibits a facility whose provisional designation ceases to be valid from re-applying for provisional designation for two years (<i>R.C. 3728.241(C)</i>).</p> <p>Requires a facility with provisional designation to make certain application documents available for public inspection and to furnish related documents to the Director of Health and the Board (<i>R.C. 3728.242</i>).</p>
<b>State Trauma Board appointments</b> ( <i>R.C. 3728.02</i> )	<p>Requires the Speaker of the House of Representatives and the Senate President to appoint certain members to the Board.</p> <p>No provision.</p>	<p>Instead, substitutes the Governor as the entity with the authority to appoint those members.</p> <p>Requires all of the Governor's appointments to be made with the advice and consent of the Senate.</p>
<b>Court costs</b> ( <i>R.C. 2949.095 and 3728.30</i> )	No provision.	Requires a court to impose an additional court cost upon a person who is convicted of or pleads guilty to a moving violation if the offender caused an accident or collision. Sets the additional court costs at \$10, \$50, or \$100 depending on whether injury or death resulted.

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	No provision.	Requires the money obtained from the additional court costs to be used to administer and enforce the bill's provisions and corresponding rules.
<b>Time critical diagnosis system of care</b> ( <i>R.C. 3728.091</i> )	No provision.	Prohibits the implementation of any law enacted after the provision's effective date that establishes a time critical diagnosis system of care until the Board has developed an inclusive trauma system.
<b>Time Critical Diagnosis Committee</b>	<p>No provision.</p> <p>Requires the Board to prepare a report detailing recommendations for a time critical diagnosis system of care (<i>Section 5</i>).</p>	<p>Establishes the Time Critical Diagnosis Committee of the Board to advise and assist the Board in matters related to the development of a time critical diagnosis system of care (<i>R.C. 3728.13</i>).</p> <p>Instead, requires the Committee to prepare the report (<i>Section 5</i>).</p>
<b>State trauma registry</b> ( <i>R.C. 3728.12</i> )	<p>Permits the Board to disclose information from the state trauma registry that identifies or tends to identify a specific trauma care provider and that has not been risk adjusted only if the information is transmitted to the National Trauma Data Bank pursuant to a written contract with ACS.</p> <p>Prohibits the Board from disclosing information from</p>	<p>Permits the Board to also transmit similar information to another state's trauma registry if:</p> <p>(1) The Board and the operators of the other state's registry enter into a written agreement under which the operators agree not to disclose the information to the public;</p> <p>(2) The data concerns a patient who either suffered a traumatic injury in Ohio and was treated in the other state or suffered the injury in the other state and was treated in Ohio.</p> <p>Permits the Board to transmit information that identifies or</p>

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	<p>the registry that identifies or tends to identify a specific trauma care patient.</p> <p>No provision.</p> <p>Requires the Board to consult with trauma registrars regarding matters relating to the state trauma registry.</p>	<p>tends to identify a specific trauma care patient to the National Trauma Data Bank or another state's trauma registry under the same conditions that apply to the transmission of information that identifies or tends to identify a specific trauma care provider that has not been risk adjusted.</p> <p>Permits the Board to receive information from another state's trauma registry.</p> <p>Instead, requires the Board to consult with trauma data specialists.</p>
<p><b>State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board) membership</b> <i>(R.C. 4765.02)</i></p>	<p>Substitutes the Ohio Fire Chiefs' Association for the Ohio Nurses Association, the Ohio Society of Trauma Nurse Leaders, and the Ohio State Council of the Emergency Nurses Association as the authority that nominates trauma program managers or trauma program directors for appointment to the EMFTS Board.</p> <p>No provision.</p>	<p>Eliminates this Board member.</p> <p>Adds to the EMFTS Board a member who is an emergency medical technician (EMT), advanced EMT, or paramedic appointed by the Governor from among three persons nominated by the Ohio Association of Professional Fire Fighters.</p>
<p><b>Patient identifying information</b> <i>(R.C. 4765.06)</i></p>	<p>No provision.</p>	<p>Permits the EMFTS Board to transmit information from the EMS Incident Reporting System that identifies or tends to identify a specific recipient of emergency medical services to the National</p>

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		Emergency Medical Services Information System pursuant to a written contract.
<b>EMFTS Board grant program</b> <i>(R.C. 4765.07)</i>	No provision.	Modifies the priorities according to which grants are distributed under the grant program administered by the EMFTS Board.

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