



OHIO LEGISLATIVE SERVICE COMMISSION

Sub. Bill Comparative Synopsis

Aida S. Montano

H.B. 7

132nd General Assembly
(H. Civil Justice)

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 (As Introduced)	Sub. Version (L-132-0199-1)
Evidence of reasonableness of charges in medical bills	<p>Provides that in an action on a medical claim, a written bill or relevant portion of it that itemizes the charges for the defendant medical provider's or hospital's medical services is not admissible as evidence of the reasonableness of those charges (<i>R.C. 2317.421(B)</i>).</p> <p>Provides that an amount accepted as full payment for the medical services rendered to the patient is admissible as evidence of the reasonableness of the charges, and current law on the evidence of collateral benefits does not apply to exclude that evidence (<i>R.C. 2317.421(B) and 2323.41(D)</i>).</p>	<p>No provision.</p> <p>No provision.</p>

Topic	Previous Version (As Introduced)	Sub. Version (L-132-0199-1)
Statements made in an unanticipated outcome of medical care	Renders inadmissible as evidence of an admission of liability a health care provider's, employee's, or representative's statements expressing error or fault made to the victim of an unanticipated outcome of medical care or the victim's relative or representative that relate to the victim's suffering, injury, or death (R.C. 2317.43(A)).	Renders inadmissible as evidence of an admission of liability a health care provider's, employee's, or representative's statements expressing error, <i>mistake, or the taking of responsibility</i> (the Sub. Version removes "fault") made to the victim of an unanticipated outcome of medical care or the victim's relative or representative that relate to the victim's suffering, injury, or death (R.C. 2317.43(A)).
Qualified immunity for health care providers in a disaster	<p>Grants civil immunity to a physician, physician assistant, dentist, optometrist, or hospital that provides emergency medical services, first-aid treatment, or other emergency professional care as a result of a disaster if the act or omission does not constitute "reckless disregard" for the consequences so as to affect the patient's life or health (R.C. 2305.2311(B)).</p> <p>No provision.</p> <p>Defines "disaster" as any occurrence of widespread personal injury or loss of life that results from any natural or technological phenomenon or act of a human, or an epidemic (R.C. 2305.2311(A)(2)).</p> <p>No provision.</p>	<p>Expands the grant of such qualified civil immunity to include advanced practice registered nurses, registered nurses, and emergency medical technicians (EMT-basic, EMT-I, and paramedics) and defines those terms (R.C. 2305.2311(A) and (B)).</p> <p>Consolidates the specified health professionals in the As Introduced and Sub. Versions into the general term "health care provider" and defines that term (R.C. 2305.2311(A)(7)).</p> <p>Modifies the definition of "disaster" to additionally require the event to be declared a disaster by the federal government, the state government, or a political subdivision of the state (R.C. 2305.2311(A)(2)).</p> <p>Specifies that the above qualified immunity provision applies only to the provision of emergency medical services, first-aid treatment, or other emergency professional care, including the provision of any medication or other medical</p>

Topic	Previous Version (As Introduced)	Sub. Version (L-132-0199-1)
		product, by a health care provider or emergency medical technician as a result of a disaster and through the duration of the disaster (<i>R.C. 2305.2311(C)(5)</i>).
Medical Malpractice Law – additional claims after filing of complaint	<p>Permits the parties to a medical claim, within 180 days after filing the complaint, to seek to discover potential medical claims or defendants not included in the complaint (<i>R.C. 2323.451(C)</i>).</p> <p>Permits the plaintiff within that 180-day period to join any additional claim or defendant if the one-year limitation period for that claim had not expired prior to the filing of the original claim or the amendment to the complaint is filed within 180 days after service of the notice of intent to file that additional claim (<i>R.C. 2323.451(D)</i>).</p> <p>No provision.</p>	<p>Permits the parties to a medical claim, within the period described in the 2nd succeeding paragraph, to seek to discover potential medical claims or defendants not included in the complaint (<i>R.C. 2323.451(C)</i>).</p> <p>Permits the plaintiff, within the period described in the next paragraph, to join any additional claim or defendant if the one-year limitation period for that claim had not expired prior to the filing of the original claim (<i>R.C. 2323.451(D)(1)</i>).</p> <p>Provides that if a complaint is filed prior to the expiration of the one-year limitation period, the period of time in which the parties may conduct discovery and in which the plaintiff may join any additional claim or defendant under the preceding paragraphs is equal to the balance of any days remaining from the filing of the complaint to the expiration of that one-year limitation period, plus 180 days from the filing of the complaint (<i>R.C. 2323.451(D)(2)</i>).</p>
Peer review proceedings	Permits a peer review committee to share proceedings and records within the scope of the committee with governmental agencies that are prosecuting, investigating, or adjudicating alleged violations of applicable statutes or administrative rules, and provides that such	Permits the Director of Health, during authorized inspections seeking records or documents from a health care entity, to have on-site access to peer review committee records or documents or, if required by law, to obtain copies of them with any patient identifying information and information on

Topic	Previous Version (As Introduced)	Sub. Version (L-132-0199-1)
	sharing will not affect their confidentiality (R.C. 2305.252(C)).	any individual health care provider or entity providing health care redacted; and provides that such access or receipt of copies do not affect the confidentiality of the records or documents under continuing law (R.C. 2305.252(C)).

H0007-132.docx/emr

