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S.B. 21*
134th General Assembly

Bill Analysis

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Version: As Reported by House Transportation and Public Safety

Primary Sponsors: Sens. Antonio and Manning

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SUMMARY

- Requires the State Board of Emergency Medical, Fire, and Transportation Services to develop guidelines, in consultation with certain parties, for the assessment, triage, and transport to hospitals of stroke patients.
- Directs each emergency medical service organization to base its stroke patient protocols, already required by current law, on the State Board's guidelines.
- Requires the State Board to make available to the public copies of stroke patient protocols established by emergency medical service organizations.
- Requires each emergency medical service organization to provide to its emergency medical service personnel training in the assessment and treatment of stroke patients

DETAILED ANALYSIS

Emergency medical service personnel and stroke care

S.B. 21 revises the law governing protocols for the assessment, triage, and transport to hospitals of stroke patients by emergency medical service personnel. Under current law, the medical director or cooperating physician advisory board of each emergency medical service organization (1) must establish written protocols for the organization's emergency medical service personnel to follow when treating and transporting stroke patients and (2) must provide copies of its protocols to certain entities. The bill requires these protocols to be based on guidelines that must be developed by the State Board of Emergency Medical, Fire, and

* This analysis was prepared before the report of the House Transportation and Public Safety Committee appeared in the House Journal. Note that the legislative history may be incomplete.

Transportation Services.¹ It also directs emergency medical service organizations to submit protocols on an annual basis and provide certain stroke-related training to its emergency medical service personnel.

Stroke patient guidelines

Under S.B. 21, the State Board must devise – not later than 90 days after the bill’s effective date – guidelines for the assessment, triage, and transport to hospitals of stroke patients. In doing so, the State Board must consult with a diverse group of hospital leaders around Ohio, including those that represent large health systems, hospitals not affiliated with a large health system, and hospitals located in rural communities, as well as comprehensive stroke centers, primary stroke centers, and acute stroke ready hospitals recognized as such by the Department of Health pursuant to current law. Once developed, the guidelines must be made available on the Board’s website.²

The bill also requires the State Board to review and update its guidelines periodically. If updates are made, the Board must post the updated versions to its website. Additionally, the bill allows the State Board to distribute guidelines and their updated versions in any other manner acceptable to the Board.³

Emergency medical service organization stroke patient protocols

Current law requires each emergency medical service organization to establish written protocols to be followed by its emergency medical service personnel when assessing stroke patients and transporting them to hospitals. Under S.B. 21, these protocols must be based on the guidelines developed by the State Board. The bill grants the organizations 180 days from the bill’s effective date to do so.⁴

Protocol copies

At present, each emergency medical service organization must provide copies of its protocols to the State Board and the Regional Director or Regional Advisory Board for the organization’s emergency medical services region. The bill maintains this requirement, but directs that protocols be submitted on an annual basis and also to the Ohio Department of Health. It further requires the State Board to make copies of protocols available to the public.⁵

¹ R.C. 4765.401.

² R.C. 4765.401(A).

³ R.C. 4765.401(A).

⁴ R.C. 4765.401(A).

⁵ R.C. 4765.401(B).

Training

S.B. 21 requires each emergency medical service organization to provide periodically to its emergency medical service personnel training in the assessment and treatment of stroke patients, including training in the assessment of stroke severity.⁶

Immunity from civil liability

Current law generally grants immunity from civil liability to an emergency medical service organization's medical director and members of its cooperating physician advisory board when performing official duties.⁷ S.B. 21 makes clear that such immunity extends to any of their duties established under the bill.⁸

HISTORY

| Action | Date |
|---|----------|
| Introduced | 01-26-21 |
| Reported, S. Health | 03-03-21 |
| Passed Senate (32-0) | 03-03-21 |
| Reported, H. Transportation and Public Safety | --- |

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⁶ R.C. 4765.401(C).

⁷ R.C. 4765.49, not in the bill.

⁸ R.C. 4765.401(D).