



www.lsc.ohio.gov

# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 47  
135<sup>th</sup> General Assembly

## Final Analysis

[Click here for H.B. 47's Fiscal Note](#)

**Primary Sponsors:** Reps. Brown and Bird

**Effective date:** October 24, 2024; appropriations effective July 23, 2024

Audra Tidball, Attorney

UPDATED VERSION\*

## SUMMARY

### AEDs in schools and sports and recreation locations

- Requires the placement of automatic external defibrillators (AEDs) in both of the following:
  - Each public and chartered nonpublic school;
  - Each municipal sports and recreation location, except in townships and villages with populations of less than 5,000.
- Modifies training requirements related to AEDs in public and chartered nonpublic schools.
- Requires the Department of Health to develop a model emergency action plan for the use of AEDs by public and chartered nonpublic schools, youth sports organizations, and municipal sports and recreation locations.
- Requires each public and chartered nonpublic school and youth sports organization, before each athletic season, to hold an informational meeting regarding the symptoms and warning signs of sudden cardiac arrest for student and youth athletes.

### Hospital provider relief payments

- Appropriates \$5,453,600 in FY 2025 and requires these funds to be distributed to certain hospitals in a county with a population between 350,000 and 380,000 (Stark County).
- Prohibits any eligible hospital from receiving more than \$2,800,000.

---

\* This version updates the effective date.

---

---

## DETAILED ANALYSIS

### AEDs in schools and sports and recreation locations

#### Schools

##### Placement

The act revises the law on the placement of automatic external defibrillators (AEDs) in schools by requiring, rather than permitting, their placement in schools and by expanding the locations to which the law applies.

Under prior law, each school district, community school, and chartered nonpublic school was authorized to require the placement of an AED in each school under its control; the law was silent regarding the placement of AEDs in other schools. The act, however, requires all school districts, community schools, STEM schools, college-preparatory boarding schools, and chartered nonpublic schools to place an AED in each school under its control.<sup>1</sup>

##### Training and model action plan

Regarding training in the use of AEDs, the act requires each district and school to provide training to teachers, principals, administrative employees, coaches, athletic trainers, other persons who supervise interscholastic athletics, and any other employee subject to in-service training requirements under continuing law. The training must be incorporated into the in-service training. Training may be provided to any other employee.<sup>2</sup> The act's training provisions are in place of prior training provisions that required:

- School districts to train each person employed by the district, other than substitutes, certain adult education instructors, and persons employed on an as needed, seasonal, or intermittent basis, so long as the exempted person is not employed to coach or supervise interscholastic athletics;<sup>3</sup>
- Chartered nonpublic schools and community schools, if AED placement was required by the school under the prior permissive authority, to require that a sufficient number of the staff assigned to each school complete appropriate training in the use of an AED.<sup>4</sup>

The act requires each district and school to adopt an emergency action plan for the use of AEDs. They may use the model plan developed by the Department of Health (see below).

---

<sup>1</sup> R.C. 3313.6023, 3313.717, 3314.16, 3326.11, and 3328.24.

<sup>2</sup> R.C. 3313.6023(A).

<sup>3</sup> R.C. 3313.6023(B) and 3313.717(B).

<sup>4</sup> R.C. 3313.717 and 3314.16.

## **Violations**

The act requires the Department of Education and Workforce to develop a procedure for reporting violations of the requirement to place AEDs in schools.<sup>5</sup>

## **Sports and recreation locations**

Except as discussed below, the act requires the controlling authorities of municipal sports and recreation locations to place an AED in each location under their control. The act defines “sports and recreation location” as indoor recreation centers and facilities, gymnasiums, swimming pools, and playing fields that are designated, operated, and maintained under law that authorizes municipal corporations, townships, and counties to create boards to supervise and maintain parks, playgrounds, playfields, gymnasiums, public baths, swimming pools, or indoor recreation centers.<sup>6</sup>

Each controlling authority must have a sufficient number of staff persons at each sports and recreation location successfully complete an appropriate training course in the use of AEDs and adopt an emergency action plan for their use.<sup>7</sup>

## **Exception**

The act’s requirements relating to AED placement, training, and emergency action plans in sports and recreation locations do not apply to townships and villages with populations of less than 5,000.<sup>8</sup>

## **Reporting violations**

The Department of Health must develop a procedure by which persons may report violations of the act’s requirement to place AEDs in sports and recreation locations.<sup>9</sup>

## **Model emergency action plan**

The act requires the Department of Health to develop a model emergency action plan for the use of AEDs by public and chartered nonpublic schools, youth sports organizations, and sports and recreation locations. The model plan must require that the plan be practiced at least quarterly.<sup>10</sup>

## **Sudden cardiac arrest information – student and youth athletes**

The act requires public and chartered nonpublic schools and youth sports organizations to hold informational meetings regarding the symptoms and warning signs of sudden cardiac

---

<sup>5</sup> R.C. 3313.6023, 3313.717, 3314.16, 3326.11, and 3328.24.

<sup>6</sup> R.C. 755.13(D)(1)(a) and (E)(2).

<sup>7</sup> R.C. 755.13(D)(1).

<sup>8</sup> R.C. 755.13(D)(2).

<sup>9</sup> R.C. 3701.851.

<sup>10</sup> R.C. 3701.851.

arrest for all ages of students or youth athletes, before the start of each athletic season. Under prior law, informational meetings were permissive.<sup>11</sup>

The Department of Health must develop a procedure for reporting youth sports organizations that violate the protocols regarding sudden cardiac arrest in continuing law, discussed below, and the act's mandatory information meeting provision.<sup>12</sup>

### **Background – sudden cardiac arrest protocols**

Continuing law prescribes the following protocols for recognizing sudden cardiac arrest in student and youth athletes:<sup>13</sup>

1. Each student and youth athlete, before participating in an athletic activity, must submit a signed form indicating review of sudden cardiac arrest guidelines.
2. A student or youth athlete must be evaluated and cleared by specified health professionals before participation if (a) certain family members have experienced sudden cardiac arrest, or (b) the student or athlete is known to have exhibited syncope or fainting at any time before or following an athletic activity.
3. A coach must remove a student or youth athlete from participation if the student or athlete exhibits syncope or fainting, and the student or athlete cannot return to participation until evaluated and cleared by a specified health professional.
4. An individual may not coach an athletic activity unless the individual has completed an annual sudden cardiac arrest training course approved by the Department of Health. The act clarifies that "individual" includes coaches and assistant coaches.

Continuing law also requires that schools, operated by a school district, with grades 9-12 must provide instruction in CPR and the use of an AED. The act clarifies that the instruction must be provided *to students*.<sup>14</sup>

### **Hospital provider relief payments**

The act creates Fund 5CV3 (Coronavirus State Fiscal Recovery Fund) line item 042510, Hospital Provider Relief Payment, and appropriates to it \$5,453,600 in FY 2025. The funds must be distributed to certain hospitals in a county with a population between 350,000 and 380,000 (Stark County). The act prohibits any eligible hospital from receiving more than \$2,800,000.<sup>15</sup>

---

<sup>11</sup> R.C. 3313.5310(B) and 3707.58(B); R.C. 3313.5310 applies to community schools, STEM schools, and college-preparatory boarding schools through references in R.C. 3314.03(A)(11)(d), not in the act, 3326.11, and 3328.24.

<sup>12</sup> R.C. 3701.851.

<sup>13</sup> R.C. 3313.5310, 3707.58, and 3707.59, latter not in the act.

<sup>14</sup> R.C. 3313.6021.

<sup>15</sup> Sections 4, 5, and 6.

---

---

## HISTORY

Action	Date
Introduced	02-15-23
Reported, H. Health Provider Services	04-26-23
Reported, H. Rules and Reference	06-13-23
Passed House (85-9)	06-14-23
Reported, S. Health	06-26-24
Passed Senate (32-0)	06-26-24
House concurred in Senate amendments (81-11)	06-26-24

---