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BILL



ANALYSIS

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Senate Bill 885 (as introduced 3-20-14)  
Sponsor: Senator Tom Casperson  
Committee: Health Policy

Date Completed: 5-7-14

## **CONTENT**

**The bill would amend Part 209 (Emergency Medical Services) of the Public Health Code to do the following:**

- **Require the Department of Community Health to authorize a medical control authority to establish enhanced protocols for emergency medical services (EMS) personnel.**
- **Permit a medical control authority to establish an enhanced protocol without following Department procedures for an ordinary protocol.**
- **Provide that a medical control authority could allow a life support agency to use all types of licensed EMS personnel.**
- **Require the Department to convene and support a rural EMS task force to evaluate the provision of prehospital emergency medical services in rural areas.**

### Enhanced Protocols

Part 209 requires the Department of Community Health (DCH) to designate a medical control authority as the medical control for emergency medical services for a particular geographic region. A medical control authority is required to establish written protocols for the practice of life support agencies and licensed EMS personnel within its region, according to procedures established by the Department.

The bill would require the DCH to authorize a medical control authority to establish enhanced procedures for the use of skills, techniques, procedures, or equipment not included as part of the standard education for medical first responders, emergency medical technicians, emergency medical technician specialists, or paramedics. A medical control authority could do so without following the procedures established by the DCH for an ordinary protocol. An enhanced protocol would be effective for the period described in it.

A medical control authority could establish the enhanced procedures if all of the following conditions were met:

- The DCH reviewed the enhanced protocols before implementation.
- The enhanced protocols were used in a region for which a medical control authority had been designated by the DCH.
- The personnel subject to the enhanced protocols received training for the new skill, technique, procedure, or equipment.
- The medical control authority monitored the events when the enhanced protocols were used.
- The medical control authority collected data as necessary and submitted the data to the DCH for inclusion in a repository of enhanced protocols.

### Life Support Agency

The bill provides that a medical control authority could allow a life support agency within its region to use all types of licensed EMS personnel and allow the personnel to perform emergency medical services within the region based on the person's license type. The medical control authority would have to develop written protocols for the use of personnel under this provision, including situations, personnel, equipment, supplies, pharmaceutical security, training, quality improvement, and competency.

### Rural EMS Task Force

The bill would require the DCH to convene and support a rural emergency medical services task force to evaluate the status, resources, needs, and forecasts of the provision of prehospital emergency medical services in the rural areas of the State. The task force would have to advise the Department on emergency medical services specific to the rural areas and give the DCH a comprehensive rural EMS status and recommendation report within 14 months after the bill's effective date.

The DCH would have to appoint to the task force two members representing life support agencies from each of the eight regions described below:

- Region 1: Baraga, Dickinson, Gogegic, Houghton, Iron, Keweenaw, Marquette, and Ontonagon Counties.
- Region 2: Alger, Chippewa, Delta, Luce, Mackinac, Menominee, and Schoolcraft Counties.
- Region 3: Alcona, Alpena, Antrim, Charlevoix, Cheboygan, Crawford, Emmet, Montmorency, Oscoda, Otsego, and Presque Isle Counties.
- Region 4: Benzie, Clare, Grand Traverse, Kalkaska, Lake, Leelanau, Manistee, Mason, Missaukee, Oceana, Osceola, and Wexford Counties.
- Region 5: Arenac, Bay, Gladwin, Huron, Iosco, Lapeer, Midland, Ogemaw, Saginaw, Sanilac, Roscommon, and Tuscola Counties.
- Region 6: Clinton, Gratiot, Ingham, Ionia, Isabella, Kent, Mecosta, Montcalm, Muskegon, Newago, Ottawa, and Shiawassee Counties.
- Region 7: Allegan, Barry, Berrien, Branch, Cass, Calhoun, Eaton, Hillsdale, Jackson, Kalamazoo, St. Joseph, and Vanburen Counties.
- Region 8: Genesee, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.

The DCH also would have to appoint to the task force one member representing each of the following:

- The UP-EMS Corporation.
- The Michigan Center for Rural Health.
- The State Emergency Medical Services Coordination Committee.

MCL 333.20910 & 333.20919

Legislative Analyst: Suzanne Lowe

### **FISCAL IMPACT**

The bill would result in administrative costs to the DCH, which would have to review enhanced protocols, collect and retain data, and convene and support a task force. Each action would result in minor costs to the Department.

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.