

SENATE SUBSTITUTE FOR  
HOUSE BILL NO. 5404

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending sections 20919 and 20965 (MCL 333.20919 and 333.20965),  
section 20919 as amended by 2006 PA 582 and section 20965 as  
amended by 2000 PA 375.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1           Sec. 20919. (1) A ~~local~~ medical control authority shall  
2 establish written protocols for the practice of life support  
3 agencies and licensed emergency medical services personnel within  
4 its region. The **MEDICAL CONTROL AUTHORITY SHALL DEVELOP AND ADOPT**  
5 **THE** protocols ~~shall be developed and adopted~~ **REQUIRED UNDER THIS**  
6 **SECTION** in accordance with procedures established by the department  
7 and shall include all of the following:

1 (a) The acts, tasks, or functions that may be performed by  
2 each type of emergency medical services personnel licensed under  
3 this part.

4 (b) Medical protocols to ensure the appropriate dispatching of  
5 a life support agency based upon medical need and the capability of  
6 the emergency medical services system.

7 (c) Protocols for complying with the Michigan do-not-  
8 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067.

9 (d) Protocols defining the process, actions, and sanctions a  
10 medical control authority may use in holding a life support agency  
11 or personnel accountable.

12 (e) Protocols to ensure that if the medical control authority  
13 determines that an immediate threat to the public health, safety,  
14 or welfare exists, appropriate action to remove medical control can  
15 immediately be taken until the medical control authority has had  
16 the opportunity to review the matter at a medical control authority  
17 hearing. The protocols ~~shall~~**MUST** require that the hearing is held  
18 within 3 business days after the medical control authority's  
19 determination.

20 (f) Protocols to ensure that if medical control has been  
21 removed from a participant in an emergency medical services system,  
22 the participant does not provide prehospital care until medical  
23 control is reinstated, and that the medical control authority that  
24 removed the medical control notifies the department within 1  
25 business day of the removal.

26 (g) Protocols ~~that~~**TO** ensure **THAT** a quality improvement  
27 program is in place within a medical control authority and provides

1 data protection as provided in 1967 PA 270, MCL 331.531 to  
2 ~~331.533-331.534~~.

3 (h) Protocols to ensure that an appropriate appeals process is  
4 in place.

5 (i) ~~Within 1 year after December 23, 2003, protocols~~ **PROTOCOLS**  
6 to ensure that each life support agency that provides basic life  
7 support, limited advanced life support, or advanced life support is  
8 equipped with epinephrine or epinephrine auto-injectors and that  
9 each emergency services personnel authorized to provide those  
10 services is properly trained to recognize an anaphylactic reaction,  
11 to administer the epinephrine, and to dispose of the epinephrine  
12 auto-injector or vial.

13 (j) ~~Within 6 months after the effective date of the amendatory~~  
14 ~~act that added this subdivision, protocols~~ **PROTOCOLS** to ensure that  
15 each life support vehicle that is dispatched and responding to  
16 provide medical first response life support, basic life support, or  
17 limited advanced life support is equipped with an automated  
18 external defibrillator and that each emergency services personnel  
19 is properly trained to utilize the automated external  
20 defibrillator.

21 **(K) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBDIVISION, WITHIN**  
22 **12 MONTHS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED**  
23 **THIS SUBDIVISION, PROTOCOLS TO ENSURE THAT EACH LIFE SUPPORT**  
24 **VEHICLE THAT IS DISPATCHED AND RESPONDING TO PROVIDE MEDICAL FIRST**  
25 **RESPONSE LIFE SUPPORT, BASIC LIFE SUPPORT, OR LIMITED ADVANCED LIFE**  
26 **SUPPORT IS EQUIPPED WITH OPIOID ANTAGONISTS AND THAT EACH EMERGENCY**  
27 **SERVICES PERSONNEL IS PROPERLY TRAINED TO ADMINISTER OPIOID**

1 ANTAGONISTS. BEGINNING 3 YEARS AFTER THE EFFECTIVE DATE OF THE  
2 AMENDATORY ACT THAT ADDED THIS SUBDIVISION, A MEDICAL CONTROL  
3 AUTHORITY, AT ITS DISCRETION, MAY RESCIND OR CONTINUE THE PROTOCOL  
4 ADOPTED UNDER THIS SUBDIVISION.

5 (2) A **MEDICAL CONTROL AUTHORITY SHALL NOT ESTABLISH A** protocol  
6 ~~established under this section shall not conflict~~ **THAT CONFLICTS**  
7 with the Michigan do-not-resuscitate procedure act, 1996 PA 193,  
8 MCL 333.1051 to 333.1067.

9 (3) The **DEPARTMENT SHALL ESTABLISH** procedures ~~established by~~  
10 ~~the department for~~ **THE** development and adoption of written  
11 protocols under this section. ~~shall comply with~~ **THE PROCEDURES MUST**  
12 **INCLUDE** at least all of the following requirements:

13 (a) At least 60 days before adoption of a protocol, the  
14 medical control authority shall circulate a written draft of the  
15 proposed protocol to all significantly affected persons within the  
16 emergency medical services system served by the medical control  
17 authority and submit the written draft to the department for  
18 approval.

19 (b) The department shall review a proposed protocol for  
20 consistency with other protocols concerning similar subject matter  
21 that have already been established in this state and shall consider  
22 any written comments received from interested persons in its  
23 review.

24 (c) Within 60 days after receiving a written draft of a  
25 proposed protocol from a medical control authority, the department  
26 shall provide a written recommendation to the medical control  
27 authority with any comments or suggested changes on the proposed

1 protocol. If the department does not respond within 60 days after  
2 receiving the written draft, the proposed protocol ~~shall be~~ **IS**  
3 considered to be approved by the department.

4 (d) After department approval of a proposed protocol, the  
5 medical control authority may formally adopt and implement the  
6 protocol.

7 (e) A medical control authority may establish an emergency  
8 protocol necessary to preserve the health or safety of individuals  
9 within its ~~jurisdiction~~ **REGION** in response to a present medical  
10 emergency or disaster without following the procedures established  
11 by the department under this ~~section~~ **SUBSECTION** for an ordinary  
12 protocol. An emergency protocol established under this subdivision  
13 is effective only for a limited ~~time~~ period and does not take  
14 permanent effect unless it is approved according to **THE PROCEDURES**  
15 **ESTABLISHED BY THE DEPARTMENT UNDER** this subsection.

16 (4) A medical control authority shall provide an opportunity  
17 for an affected participant in an emergency medical services system  
18 to appeal a decision of the medical control authority. Following  
19 appeal, the medical control authority may affirm, suspend, or  
20 revoke its original decision. After appeals to the medical control  
21 authority have been exhausted, the affected participant in an  
22 emergency medical services system may appeal the medical control  
23 authority's decision to the ~~statewide~~ **STATE** emergency medical  
24 services coordination committee **CREATED IN SECTION 20915**. The  
25 ~~statewide~~ **STATE** emergency medical services coordination committee  
26 shall issue an opinion on whether the actions or decisions of the  
27 medical control authority are in accordance with the department-

1 approved protocols of the medical control authority and state law.  
2 If the ~~statewide~~-**STATE** emergency medical services coordination  
3 committee determines in its opinion that the actions or decisions  
4 of the medical control authority are not in accordance with the  
5 medical control authority's department-approved protocols or with  
6 state law, the **STATE** emergency medical services coordination  
7 committee shall recommend that the department take any enforcement  
8 action authorized under this code.

9 (5) If adopted in protocols approved by the department, a  
10 medical control authority may require life support agencies within  
11 its region to meet reasonable additional standards for equipment  
12 and personnel, other than medical first responders, that may be  
13 more stringent than are otherwise required under this part. If a  
14 medical control authority **PROPOSES A PROTOCOL THAT** establishes  
15 additional standards for equipment and personnel, the medical  
16 control authority and the department shall consider the medical and  
17 economic impact on the local community, the need for communities to  
18 do long-term planning, and the availability of personnel. If either  
19 the medical control authority or the department determines that  
20 negative medical or economic impacts outweigh the benefits of those  
21 additional standards as they affect public health, safety, and  
22 welfare, **THE MEDICAL CONTROL AUTHORITY SHALL NOT ADOPT AND THE**  
23 **DEPARTMENT SHALL NOT APPROVE** protocols containing those additional  
24 standards. ~~shall not be adopted.~~

25 (6) If adopted in protocols approved by the department, a  
26 ~~local~~-medical control authority may require medical first response  
27 services and licensed medical first responders within its region to

1 meet additional standards for equipment and personnel to ensure  
2 that each medical first response service is equipped with an  
3 epinephrine auto-injector, and that each licensed medical first  
4 responder is properly trained to recognize an anaphylactic reaction  
5 and to administer and dispose of the epinephrine auto-injector, if  
6 a life support agency that provides basic life support, limited  
7 advanced life support, or advanced life support is not readily  
8 available in that location.

9 (7) If a decision of the medical control authority under  
10 subsection (5) or (6) is appealed by an affected person, the  
11 medical control authority shall make available, in writing, the  
12 medical and economic information it considered in making its  
13 decision. On appeal, the ~~statewide~~**STATE** emergency medical services  
14 coordination committee shall review this information under  
15 subsection (4) and shall issue its findings in writing.

16 Sec. 20965. (1) Unless an act or omission is the result of  
17 gross negligence or willful misconduct, the acts or omissions of a  
18 medical first responder, emergency medical technician, emergency  
19 medical technician specialist, paramedic, medical director of a  
20 medical control authority or his or her designee, or, subject to  
21 subsection (5), an individual acting as a clinical preceptor of a  
22 department-approved education program sponsor while providing  
23 services to a patient outside a hospital, in a hospital before  
24 transferring patient care to hospital personnel, or in a clinical  
25 setting that are consistent with the individual's licensure or  
26 additional training required by the medical control authority  
27 including, but not limited to, services described in subsection

1 (2), or consistent with an approved procedure for that particular  
2 education program do not impose liability in the treatment of a  
3 patient on those individuals or any of the following persons:

4 (a) The authorizing physician or physician's designee.

5 (b) The medical director and individuals serving on the  
6 governing board, advisory body, or committee of the medical control  
7 authority and an employee of the medical control authority.

8 (c) The person providing communications services or lawfully  
9 operating or utilizing supportive electronic communications  
10 devices.

11 (d) The life support agency or an officer, member of the  
12 staff, or other employee of the life support agency.

13 (e) The hospital or an officer, member of the staff, nurse, or  
14 other employee of the hospital.

15 (f) The authoritative governmental unit or units.

16 (g) Emergency personnel from outside the state.

17 (h) The education program medical director.

18 (i) The education program instructor-coordinator.

19 (j) The education program sponsor and education program  
20 sponsor advisory committee.

21 (k) The student of a department-approved education program who  
22 is participating in an education program-approved clinical setting.

23 (l) An instructor or other staff employed by or under contract  
24 to a department-approved education program for the purpose of  
25 providing training or instruction for the department-approved  
26 education program.

27 (m) The life support agency or an officer, member of the



1 staff, or other employee of the life support agency providing the  
2 clinical setting described in subdivision (k).

3 (n) The hospital or an officer, member of the medical staff,  
4 or other employee of the hospital providing the clinical setting  
5 described in subdivision (k).

6 (2) Subsection (1) applies to services consisting of **ANY OF**  
7 **the FOLLOWING:**

8 **(A) THE** use of an automated external defibrillator on an  
9 individual who is in or is exhibiting symptoms of cardiac distress.

10 **(B) THE ADMINISTRATION OF AN OPIOID ANTAGONIST TO AN**  
11 **INDIVIDUAL WHO IS SUFFERING OR IS EXHIBITING SYMPTOMS OF AN OPIOID-**  
12 **RELATED OVERDOSE.**

13 (3) Unless an act or omission is the result of gross  
14 negligence or willful misconduct, the acts or omissions of any of  
15 the persons named below, while participating in the development of  
16 protocols under this part, implementation of protocols under this  
17 part, or holding a participant in the emergency medical services  
18 system accountable for department-approved protocols under this  
19 part, does not impose liability in the performance of those  
20 functions:

21 (a) The medical director and individuals serving on the  
22 governing board, advisory body, or committees of the medical  
23 control authority or employees of the medical control authority.

24 (b) A participating hospital or freestanding surgical  
25 outpatient facility in the medical control authority or an officer,  
26 member of the medical staff, or other employee of the hospital or  
27 freestanding surgical outpatient facility.

1 (c) A participating agency in the medical control authority or  
2 an officer, member of the medical staff, or other employee of the  
3 participating agency.

4 (d) A nonprofit corporation that performs the functions of a  
5 medical control authority.

6 (4) Subsections (1) and (3) do not limit immunity from  
7 liability otherwise provided by law for any of the persons listed  
8 in subsections (1) and (3).

9 (5) The limitation on liability granted to a clinical  
10 preceptor under subsection (1) applies only to an act or omission  
11 of the clinical preceptor relating directly to a student's clinical  
12 training activity or responsibility while the clinical preceptor is  
13 physically present with the student during the clinical training  
14 activity, and does not apply to an act or omission of the clinical  
15 preceptor during that time that indirectly relates or does not  
16 relate to the student's clinical training activity or  
17 responsibility.