

SENATE BILL No. 885

March 20, 2014, Introduced by Senators CASPERSON, HANSEN and PAPPAGEORGE and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled "Public health code," by amending sections 20910 and 20919 (MCL 333.20910 and 333.20919), as amended by 2006 PA 582.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 20910. (1) The department shall do all of the following:

2 (a) ~~Be responsible for the development, coordination, and~~
3 ~~administration of~~ **DEVELOP, COORDINATE, AND ADMINISTER** a statewide
4 emergency medical services system.

5 (b) Facilitate and promote programs of public information and
6 education concerning emergency medical services.

7 (c) ~~In case of~~ **DURING** actual disasters and disaster training

1 drills and exercises, provide emergency medical services resources
2 ~~pursuant to applicable provisions of~~ **AS PRESCRIBED IN** the Michigan
3 emergency ~~preparedness~~ **MANAGEMENT** plan, ~~or as prescribed by the~~
4 **STATE** director of emergency ~~services pursuant to~~ **MANAGEMENT UNDER**
5 the emergency management act, 1976 PA 390, MCL 30.401 to 30.421.

6 (d) Consistent with the rules of the federal communications
7 commission, plan, develop, coordinate, and administer a statewide
8 emergency medical services communications system.

9 (e) Develop and maintain standards of emergency medical
10 services and personnel as follows:

11 (i) License emergency medical services personnel ~~in accordance~~
12 ~~with~~ **UNDER** this part.

13 (ii) License ambulance operations, nontransport prehospital
14 life support operations, and medical first response services ~~in~~
15 ~~accordance with~~ **UNDER** this part.

16 (iii) At least annually, inspect or provide for the inspection
17 of each life support agency, except medical first response
18 services. As part of that inspection, the department shall conduct
19 random inspections of life support vehicles. If a life support
20 vehicle is determined by the department to be out of compliance,
21 the department shall give the life support agency 24 hours to bring
22 the life support vehicle into compliance. If the life support
23 vehicle is not brought into compliance in that time period, the
24 department shall order the life support vehicle taken out of
25 service until the life support agency demonstrates to the
26 department, in writing, that the life support vehicle has been
27 brought into compliance.

1 (iv) Promulgate rules to establish the requirements for
2 licensure of life support agencies, vehicles, and individuals
3 licensed under this part to provide emergency medical services and
4 other rules necessary to implement this part. The department shall
5 submit all proposed rules and changes to the state emergency
6 medical services coordination committee and provide a reasonable
7 time for the committee's review and recommendations before
8 submitting the rules for public hearing under the administrative
9 procedures act of 1969.

10 (f) Promulgate rules to establish and maintain standards for
11 and regulate the use of descriptive words, phrases, symbols, or
12 emblems that represent or denote that an ambulance operation,
13 nontransport prehospital life support operation, or medical first
14 response service is or may be provided. The department's authority
15 to regulate use of the descriptive devices includes use for the
16 purposes of advertising, promoting, or selling the services
17 rendered by an ambulance operation, nontransport prehospital life
18 support operation, or medical first response service ~~—~~or by
19 emergency medical services personnel.

20 (g) Designate a medical control authority as the medical
21 control for emergency medical services for a particular geographic
22 region as provided for under this part.

23 (h) Develop and implement field studies involving the use of
24 skills, techniques, procedures, or equipment that are not included
25 as part of the standard education for medical first responders,
26 emergency medical technicians, emergency medical technician
27 specialists, or paramedics, if all of the following conditions are

1 met:

2 (i) The state emergency medical services coordination committee
3 reviews the field study ~~prior to~~ **BEFORE** implementation.

4 (ii) The field study is conducted in ~~an area~~ **A REGION** for which
5 a medical control authority has been ~~approved pursuant to~~
6 **DESIGNATED UNDER** subdivision (g).

7 (iii) The medical first responders, emergency medical
8 technicians, emergency medical technician specialists, and
9 paramedics participating in the field study receive training for
10 the new skill, technique, procedure, or equipment.

11 (i) Collect data as necessary to assess the need for and
12 quality of emergency medical services throughout ~~the~~ **THIS** state
13 pursuant to 1967 PA 270, MCL 331.531 to ~~331.533~~ **331.534**.

14 (j) Develop, with the advice of the **STATE** emergency medical
15 services coordination committee, an emergency medical services plan
16 that includes rural issues.

17 (k) Develop recommendations for territorial boundaries of
18 medical control authorities that are designed to assure that there
19 exists reasonable emergency medical services capacity within the
20 boundaries for the estimated demand for emergency medical services.

21 ~~(l) Within 1 year after the statewide trauma care advisory~~
22 ~~subcommittee is established under section 20917a and in~~ **IN**
23 consultation with the statewide trauma care advisory subcommittee
24 **ESTABLISHED UNDER SECTION 20917A**, develop, implement, and
25 promulgate rules for the implementation and operation of a
26 statewide trauma care system within the emergency medical services
27 system consistent with the document entitled "Michigan Trauma

1 Systems Plan" prepared by the Michigan trauma coalition, dated
2 November 2003. The implementation and operation of the statewide
3 trauma care system, including the rules promulgated ~~in accordance~~
4 ~~with~~ **UNDER** this subdivision, are subject to review by the **STATE**
5 emergency medical services coordination committee and the statewide
6 trauma care advisory subcommittee. The rules promulgated under this
7 subdivision ~~shall~~ **MUST** not require a hospital to be designated as
8 providing a certain level of trauma care. Upon implementation of a
9 statewide trauma care system, the department shall review and
10 identify potential funding mechanisms and sources for the statewide
11 trauma care system.

12 **(M) AUTHORIZE A MEDICAL CONTROL AUTHORITY TO ESTABLISH**
13 **ENHANCED PROTOCOLS FOR THE USE OF SKILLS, TECHNIQUES, PROCEDURES,**
14 **OR EQUIPMENT THAT ARE NOT INCLUDED AS PART OF THE STANDARD**
15 **EDUCATION FOR MEDICAL FIRST RESPONDERS, EMERGENCY MEDICAL**
16 **TECHNICIANS, EMERGENCY MEDICAL TECHNICIAN SPECIALISTS, OR**
17 **PARAMEDICS, IF ALL OF THE FOLLOWING CONDITIONS ARE MET:**

18 **(i) THE DEPARTMENT REVIEWS THE MEDICAL CONTROL AUTHORITY'S**
19 **ENHANCED PROTOCOLS BEFORE IMPLEMENTATION.**

20 **(ii) THE ENHANCED PROTOCOLS ARE USED IN A REGION FOR WHICH A**
21 **MEDICAL CONTROL AUTHORITY HAS BEEN DESIGNATED UNDER SUBDIVISION**
22 **(G) .**

23 **(iii) THE MEDICAL FIRST RESPONDERS, EMERGENCY MEDICAL**
24 **TECHNICIANS, EMERGENCY MEDICAL TECHNICIAN SPECIALISTS, AND**
25 **PARAMEDICS SUBJECT TO THE ENHANCED PROTOCOLS RECEIVE TRAINING FOR**
26 **THE NEW SKILL, TECHNIQUE, PROCEDURE, OR EQUIPMENT.**

27 **(iv) THE MEDICAL CONTROL AUTHORITY MONITORS THE EVENTS WHEN**

1 ENHANCED PROTOCOLS ARE USED.

2 (v) THE MEDICAL CONTROL AUTHORITY COLLECTS DATA AS NECESSARY
3 AND SUBMITS THE DATA TO THE DEPARTMENT TO BE INCLUDED IN A
4 REPOSITORY OF ENHANCED PROTOCOLS.

5 (N) CONVENE AND SUPPORT A RURAL EMERGENCY MEDICAL SERVICES
6 TASK FORCE TO EVALUATE THE STATUS, RESOURCES, NEEDS, AND FORECASTS
7 OF THE PROVISION OF PREHOSPITAL EMERGENCY MEDICAL SERVICES IN THE
8 RURAL AREAS OF THIS STATE. THE RURAL EMERGENCY MEDICAL SERVICES
9 TASK FORCE SHALL ADVISE THE DEPARTMENT ON EMERGENCY MEDICAL
10 SERVICES ISSUES SPECIFIC TO THE RURAL AREAS OF THIS STATE AND SHALL
11 PROVIDE A COMPREHENSIVE RURAL EMERGENCY MEDICAL SERVICES STATUS AND
12 RECOMMENDATION REPORT TO THE DEPARTMENT WITHIN 14 MONTHS AFTER THE
13 EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SUBDIVISION.
14 THE DEPARTMENT SHALL APPOINT ALL OF THE FOLLOWING TO THE RURAL
15 EMERGENCY MEDICAL SERVICES TASK FORCE:

16 (i) TWO MEMBERS WHO REPRESENT LIFE SUPPORT AGENCIES FROM EACH
17 OF THE 8 REGIONS DESCRIBED BELOW:

18 (A) REGION ONE, WHICH CONSISTS OF THE COUNTIES OF BARAGA,
19 DICKINSON, GOGEBIC, HOUGHTON, IRON, KEWEENAW, MARQUETTE, AND
20 ONTONAGON.

21 (B) REGION TWO, WHICH CONSISTS OF THE COUNTIES OF ALGER,
22 CHIPPEWA, DELTA, LUCE, MACKINAC, MENOMINEE, AND SCHOOLCRAFT.

23 (C) REGION THREE, WHICH CONSISTS OF THE COUNTIES OF ALCONA,
24 ALPENA, ANTRIM, CHARLEVOIX, CHEBOYGEN, CRAWFORD, EMMET,
25 MONTMORENCY, OSCODA, OTSEGO, AND PRESQUE ISLE.

26 (D) REGION FOUR, WHICH CONSISTS OF THE COUNTIES OF BENZIE,
27 CLARE, GRAND TRAVERSE, KALKASKA, LAKE, LEELANAU, MANISTEE, MASON,

1 MISSAUKEE, OCEANA, OSCEOLA, AND WEXFORD.

2 (E) REGION FIVE, WHICH CONSISTS OF THE COUNTIES OF ARENAC,
3 BAY, GLADWIN, HURON, IOSCO, LAPEER, MIDLAND, OGEMAW, SAGINAW,
4 SANILAC, ROSCOMMON, AND TUSCOLA.

5 (F) REGION SIX, WHICH CONSISTS OF THE COUNTIES OF CLINTON,
6 GRATIOT, INGHAM, IONIA, ISABELLA, KENT, MECOSTA, MONTCALM,
7 MUSKEGON, NEWAYGO, OTTAWA, AND SHIAWASSEE.

8 (G) REGION SEVEN, WHICH CONSISTS OF THE COUNTIES OF ALLEGAN,
9 BARRY, BERRIEN, BRANCH, CASS, CALHOUN, EATON, HILLSDALE, JACKSON,
10 KALAMAZOO, ST. JOSEPH, AND VANBUREN.

11 (H) REGION EIGHT, WHICH CONSISTS OF THE COUNTIES OF GENESEE,
12 LENAWEE, LIVINGSTON, MACOMB, MONROE, OAKLAND, ST. CLAIR, WASHTENAW,
13 AND WAYNE.

14 (ii) ONE MEMBER WHO REPRESENTS THE UP-EMS CORPORATION.

15 (iii) ONE MEMBER WHO REPRESENTS THE MICHIGAN CENTER FOR RURAL
16 HEALTH.

17 (iv) ONE MEMBER WHO REPRESENTS THE STATE EMERGENCY MEDICAL
18 SERVICES COORDINATION COMMITTEE.

19 (O) ~~(m)~~—Promulgate other rules to implement this part.

20 (P) ~~(n)~~—Perform other duties as set forth in this part.

21 (2) The department may do ~~all~~ **ANY** of the following:

22 (a) In consultation with the **STATE** emergency medical services
23 coordination committee, promulgate rules to require an ambulance
24 operation, nontransport prehospital life support operation, or
25 medical first response service to periodically submit designated
26 records and data for evaluation by the department.

27 (b) Establish a grant program or contract with a public or

1 private agency, emergency medical services professional
2 association, or emergency medical services coalition to provide
3 training, public information, and assistance to medical control
4 authorities and emergency medical services systems or to conduct
5 other activities as specified in this part.

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

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

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

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

21 (d) Protocols defining the process, actions, and sanctions a
22 medical control authority may use in holding a life support agency
23 or **EMERGENCY MEDICAL SERVICES** personnel accountable.

24 (e) Protocols to ensure that, if the medical control authority
25 determines that an immediate threat to the public health, safety,
26 or welfare exists, appropriate action to remove medical control can
27 immediately be taken until the medical control authority has had

1 the opportunity to review the matter at a medical control authority
2 hearing. The protocols ~~shall~~**MUST** require that the hearing is held
3 within 3 business days after the medical control authority's
4 determination.

5 (f) Protocols to ensure that, if medical control has been
6 removed from a participant in an emergency medical services system,
7 the participant does not provide prehospital care until medical
8 control is reinstated ~~and~~ that the medical control authority that
9 removed the medical control notifies the department within 1
10 business day of the removal.

11 (g) Protocols ~~that~~**TO** ensure **THAT** a quality improvement
12 program is in place within a medical control authority and provides
13 data protection as provided in 1967 PA 270, MCL 331.531 to
14 ~~331.533~~**331.534**.

15 (h) Protocols to ensure that an appropriate appeals process is
16 in place.

17 (i) ~~Within 1 year after December 23, 2003, protocols~~**PROTOCOLS**
18 to ensure that each life support agency that provides basic life
19 support, limited advanced life support, or advanced life support is
20 equipped with epinephrine or epinephrine auto-injectors and that
21 each emergency services personnel authorized to provide those
22 services is properly trained to recognize an anaphylactic reaction,
23 to administer the epinephrine, and to dispose of the epinephrine
24 auto-injector or vial.

25 (j) ~~Within 6 months after the effective date of the amendatory~~
26 ~~act that added this subdivision, protocols~~**PROTOCOLS** to ensure that
27 each life support vehicle that is dispatched and responding to

1 provide medical first response life support, basic life support, or
2 limited advanced life support is equipped with an automated
3 external defibrillator and that each emergency **MEDICAL** services
4 personnel is properly trained to utilize the automated external
5 defibrillator.

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

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

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

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

25 (c) Within 60 days after receiving a written draft of a
26 proposed protocol from a medical control authority, the department
27 shall provide a written recommendation to the medical control

1 authority with any comments or suggested changes on the proposed
2 protocol. If the department does not respond within 60 days after
3 receiving the written draft, the proposed protocol ~~shall be~~ **IS**
4 considered to be approved by the department.

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

8 **(4)** ~~(e)~~—A medical control authority may establish an emergency
9 protocol necessary to preserve the health or safety of individuals
10 within its ~~jurisdiction~~ **REGION** in response to a present medical
11 emergency or disaster without following the procedures established
12 by the department under ~~this section~~ **SUBSECTION (3)** for an ordinary
13 protocol. An emergency protocol established under this ~~subdivision~~
14 **SUBSECTION** is effective only for a limited time ~~period~~ and does not
15 take permanent effect unless it is approved according to ~~this~~ **THE**
16 **PROCEDURES ESTABLISHED BY THE DEPARTMENT UNDER** subsection (3).

17 **(5)** ~~(4)~~—A medical control authority shall provide an
18 opportunity for an affected participant in an emergency medical
19 services system to appeal a decision of the medical control
20 authority. Following appeal, the medical control authority may
21 affirm, suspend, or revoke its original decision. After appeals to
22 the medical control authority have been exhausted, the affected
23 participant in an emergency medical services system may appeal the
24 medical control authority's decision to the ~~statewide~~ **STATE**
25 emergency medical services coordination committee. The ~~statewide~~
26 **STATE** emergency medical services coordination committee shall issue
27 an opinion on whether the actions or decisions of the medical

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

10 (6) ~~(5)-If adopted in protocols approved by the department, A~~
 11 **PROTOCOL UNDER THIS SECTION**, a medical control authority may
 12 require life support agencies within its region to meet reasonable
 13 additional standards for equipment and personnel, ~~other than~~
 14 ~~medical first responders,~~ that may be more stringent than are
 15 otherwise required under this part. If a medical control authority
 16 **PROPOSES A PROTOCOL THAT** establishes additional standards for
 17 equipment and personnel, the medical control authority and the
 18 department shall consider the medical and economic impact on the
 19 local community, the need for communities to do long-term planning,
 20 and the availability of personnel. If either the medical control
 21 authority or the department determines that negative medical or
 22 economic impacts outweigh the benefits of those additional
 23 standards as they affect public health, safety, and welfare, **THE**
 24 **MEDICAL CONTROL AUTHORITY SHALL NOT ADOPT** protocols containing
 25 those additional standards. ~~shall not be adopted.~~

26 (7) ~~(6)-If adopted in protocols approved by the department, A~~
 27 **PROTOCOL UNDER THIS SECTION**, a ~~local~~ medical control authority may

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

10 (8) AS AUTHORIZED IN SECTION 20910(1)(M), A MEDICAL CONTROL
11 AUTHORITY MAY ESTABLISH AN ENHANCED PROTOCOL FOR THE USE OF SKILLS,
12 TECHNIQUES, PROCEDURES, OR EQUIPMENT THAT IS NOT INCLUDED AS PART
13 OF THE STANDARD EDUCATION FOR MEDICAL FIRST RESPONDERS, EMERGENCY
14 MEDICAL TECHNICIANS, EMERGENCY MEDICAL TECHNICIAN SPECIALISTS, OR
15 PARAMEDICS WITHOUT FOLLOWING THE PROCEDURES ESTABLISHED BY THE
16 DEPARTMENT UNDER SUBSECTION (3) FOR AN ORDINARY PROTOCOL. AN
17 ENHANCED PROTOCOL ESTABLISHED IN THE MANNER PRESCRIBED IN SECTION
18 20910(1)(M) IS EFFECTIVE FOR THE PERIOD PRESCRIBED IN THE PROTOCOL.

19 (9) ~~(7)~~—If a decision of the medical control authority under
20 subsection ~~(5)~~ ~~or~~ ~~(6)~~, (7), OR (8) is appealed by an affected
21 person, the medical control authority shall make available, in
22 writing, the medical and economic information it considered in
23 making its decision. On appeal, the ~~statewide~~ **STATE** emergency
24 medical services coordination committee shall review this
25 information under subsection ~~(4)~~ ~~(5)~~ and shall issue its findings
26 in writing.

27 (10) A MEDICAL CONTROL AUTHORITY MAY ALLOW A LIFE SUPPORT

1 AGENCY WITHIN ITS REGION TO UTILIZE ALL TYPES OF LICENSED EMERGENCY
2 MEDICAL SERVICES PERSONNEL AND ALLOW THE PERSONNEL TO PERFORM
3 EMERGENCY MEDICAL SERVICES WITHIN ITS REGION BASED ON HIS OR HER
4 LICENSE TYPE. A MEDICAL CONTROL AUTHORITY DESCRIBED IN THIS
5 SUBSECTION SHALL DEVELOP WRITTEN PROTOCOLS UNDER THIS SECTION FOR
6 THE UTILIZATION OF PERSONNEL UNDER THIS SUBSECTION THAT INCLUDE
7 SITUATIONS, PERSONNEL, EQUIPMENT, SUPPLIES, PHARMACEUTICAL
8 SECURITY, TRAINING, QUALITY IMPROVEMENT, AND COMPETENCY.