

SENATE BILL NO. 404

March 3, 1999, Introduced by Senators SHUGARS and HAMMERSTROM
and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 20902, 20904, 20906, 20908, 20910, 20912,
20915, 20916, 20918, 20919, 20920, 20921, 20923, 20929, 20934,
20950, 20954, 20956, 20958, 20965, 20975, and 20977
(MCL 333.20902, 333.20904, 333.20906, 333.20908, 333.20910,
333.20912, 333.20915, 333.20916, 333.20918, 333.20919, 333.20920,
333.20921, 333.20923, 333.20929, 333.20934, 333.20950, 333.20954,
333.20956, 333.20958, 333.20965, 333.20975, and 333.20977), sec-
tions 20902, 20904, 20906, 20908, 20910, 20912, 20915, 20916,
20918, 20923, 20929, 20934, 20950, 20954, 20956, 20958, 20975,
and 20977 as added by 1990 PA 179, section 20919 as amended by
1996 PA 192, and sections 20920, 20921, and 20965 as amended by
1997 PA 78.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 20902. (1) "Advanced life support" means patient care
2 that may include any care a paramedic is qualified to provide by
3 paramedic education that meets the educational requirements
4 established by the department under section 20912 or is autho-
5 rized to provide by the protocols established by the local medi-
6 cal control authority under section 20919 for a paramedic.

7 (2) "Aircraft transport operation" means a person licensed
8 under this part to provide patient transport, for profit or oth-
9 erwise, between health facilities using an aircraft transport
10 vehicle.

11 (3) "Aircraft transport vehicle" means an aircraft that is
12 primarily used or designated as available to provide patient
13 transportation between health facilities and that is capable of
14 providing patient care according to orders issued by the
15 patient's physician.

16 (4) "Ambulance" means a motor vehicle or rotary aircraft
17 that is primarily used or designated as available to provide
18 transportation and basic life support, limited advanced life sup-
19 port, or advanced life support.

20 (5) "Ambulance operation" means a person licensed under this
21 part to provide emergency medical services and patient transport,
22 for profit or otherwise.

23 (6) "Basic life support" means patient care that may include
24 any care an emergency medical technician is qualified to provide
25 by emergency medical technician education that meets the
26 educational requirements established by the department under

1 section 20912 or is authorized to provide by the protocols
2 established by the local medical control authority under
3 section 20919 for an emergency medical technician.

4 (7) "CLINICAL PRECEPTOR" MEANS AN INDIVIDUAL WHO IS DESIG-
5 NATED BY OR UNDER CONTRACT WITH AN EDUCATION PROGRAM SPONSOR FOR
6 PURPOSES OF OVERSEEING THE STUDENTS OF AN EDUCATION PROGRAM SPON-
7 SOR DURING THE PARTICIPATION OF THE STUDENTS IN CLINICAL
8 TRAINING.

9 (8) ~~-(7)-~~ "Disaster" means an occurrence of imminent threat
10 of widespread or severe damage, injury, or loss of life or prop-
11 erty resulting from a natural or man-made cause, including but
12 not limited to, fire, flood, snow, ice, windstorm, wave action,
13 oil spill, water contamination requiring emergency action to
14 avert danger or damage, utility failure, hazardous peacetime
15 radiological incident, major transportation accident, hazardous
16 materials accident, epidemic, air contamination, drought, infes-
17 tation, or explosion. Disaster does not include a riot or other
18 civil disorder unless it directly results from and is an aggra-
19 vating element of the disaster.

20 Sec. 20904. (1) "EDUCATION PROGRAM SPONSOR" MEANS A PERSON,
21 OTHER THAN AN INDIVIDUAL, THAT MEETS THE STANDARDS OF THE DEPART-
22 MENT TO CONDUCT TRAINING AT THE FOLLOWING LEVELS:

23 (A) MEDICAL FIRST RESPONDER.

24 (B) EMERGENCY MEDICAL TECHNICIAN.

25 (C) EMERGENCY MEDICAL TECHNICIAN SPECIALIST.

26 (D) PARAMEDIC.

1 (E) EMERGENCY MEDICAL SERVICES INSTRUCTOR-COORDINATOR.

2 (2) ~~-(1)-~~ "Emergency" means a condition or situation in
3 which an individual declares a need for immediate medical atten-
4 tion for any individual, or where that need is declared by emer-
5 gency medical services personnel or a public safety official.

6 (3) ~~-(2)-~~ "Emergency medical services
7 instructor-coordinator" means an individual licensed under this
8 part to conduct and instruct emergency medical services education
9 programs.

10 (4) ~~-(3)-~~ "Emergency medical services" means the emergency
11 medical services personnel, ambulances, nontransport prehospital
12 life support vehicles, aircraft transport vehicles, medical first
13 response vehicles, and equipment required for transport or treat-
14 ment of an individual requiring medical first response life sup-
15 port, basic life support, limited advanced life support, or
16 advanced life support.

17 (5) ~~-(4)-~~ "Emergency medical services personnel" means a
18 medical first responder, emergency medical technician, emergency
19 medical technician specialist, paramedic, or emergency medical
20 services instructor-coordinator.

21 (6) ~~-(5)-~~ "Emergency medical services system" means a com-
22 prehensive and integrated arrangement of the personnel, facili-
23 ties, equipment, services, communications, MEDICAL CONTROL, and
24 organizations necessary to provide emergency medical services AND
25 TRAUMA CARE within a particular geographic region.

26 (7) ~~-(6)-~~ "Emergency medical technician" means an individual
27 who is licensed by the department to provide basic life support.

1 (8) ~~-(7)-~~ "Emergency medical technician specialist" means an
 2 individual who is licensed by the department to provide limited
 3 advanced life support.

4 (9) ~~-(8)-~~ "Emergency patient" means an individual ~~whose~~
 5 WITH A physical or mental condition ~~is such that the individual~~
 6 ~~is, or may reasonably be suspected or known to be, in imminent~~
 7 ~~danger of loss of life or of significant health impairment.~~ THAT
 8 MANIFESTS ITSELF BY ACUTE SYMPTOMS OF SUFFICIENT SEVERITY,
 9 INCLUDING, BUT NOT LIMITED TO, PAIN SUCH THAT A PRUDENT LAYPER-
 10 SON, POSSESSING AVERAGE KNOWLEDGE OF HEALTH AND MEDICINE, COULD
 11 REASONABLY EXPECT TO RESULT IN 1 OR ALL OF THE FOLLOWING:

12 (A) PLACING THE HEALTH OF THE INDIVIDUAL OR, IN THE CASE OF
 13 A PREGNANT WOMAN, THE HEALTH OF THE PATIENT OR THE UNBORN CHILD,
 14 OR BOTH, IN SERIOUS JEOPARDY.

15 (B) SERIOUS IMPAIRMENT OF BODILY FUNCTION.

16 (C) SERIOUS DYSFUNCTION OF A BODY ORGAN OR PART.

17 (10) "EXAMINATION" MEANS A WRITTEN AND PRACTICAL EVALUATION
 18 APPROVED OR DEVELOPED BY THE NATIONAL REGISTRY OF EMERGENCY MEDI-
 19 CAL TECHNICIANS OR OTHER ORGANIZATION WITH EQUIVALENT NATIONAL
 20 RECOGNITION AND EXPERTISE IN EMERGENCY MEDICAL SERVICES PERSONNEL
 21 TESTING AND APPROVED BY THE DEPARTMENT.

22 Sec. 20906. (1) "Life support agency" means an ambulance
 23 operation, nontransport prehospital life support operation, air-
 24 craft transport operation, or medical first response service.

25 (2) "Limited advanced life support" means patient care that
 26 may include any care an emergency medical technician specialist
 27 is qualified to provide by emergency medical technician

1 specialist education that meets the educational requirements
2 established by the department under section 20912 or is autho-
3 rized to provide by the protocols established by the local medi-
4 cal control authority under section 20919 for an emergency medi-
5 cal technician specialist.

6 (3) "Local governmental unit" means a county, city, village,
7 charter township, or township.

8 (4) "Medical control" means supervising AND COORDINATING
9 emergency medical services through a medical control authority,
10 AS PRESCRIBED, ADOPTED, AND ENFORCED THROUGH DEPARTMENT-APPROVED
11 PROTOCOLS, within an emergency medical services system.

12 (5) "Medical control authority" means an organization desig-
13 nated by the department under section ~~20910(1)(K)~~ 20910(1)(G)
14 to provide medical control.

15 (6) "Medical director" means a physician who is appointed to
16 that position by a medical control authority under
17 section 20918.

18 (7) "Medical first responder" means an individual who has
19 met the educational requirements of a department approved medical
20 first responder course and who is licensed to provide medical
21 first response life support as part of a medical first response
22 service or as a driver of an ambulance that provides basic life
23 support services only.

24 (8) "Medical first response life support" means patient care
25 that may include any care a medical first responder is qualified
26 to provide by medical first responder education that meets the
27 educational requirements established by the department under

1 section 20912 or is authorized to provide by the protocols
2 established by the local medical control authority under
3 section 20919 for a medical first responder.

4 (9) "Medical first response service" means a person licensed
5 by the department to respond under medical control to an emer-
6 gency scene with a medical first responder and equipment required
7 by the department ~~prior to~~ BEFORE the arrival of an ambulance,
8 and includes a fire suppression agency only ~~when~~ IF it is dis-
9 patched for medical first response life support. Medical first
10 response service does not include a law enforcement agency, as
11 defined in section 8 of ~~Act No. 319 of the Public Acts of 1968,~~
12 ~~being section 28.258 of the Michigan Compiled Laws~~ 1968 PA 319,
13 MCL 28.258, unless the law enforcement agency holds itself out as
14 a medical first response service and the unit responding was dis-
15 patched to provide medical first response life support.

16 (10) "Medical first response vehicle" means a motor vehicle
17 staffed by at least 1 medical first responder and meeting equip-
18 ment requirements of the department.

19 Sec. 20908. (1) "Nonemergency patient" means an individual
20 who is transported by stretcher, isolette, cot, or litter but
21 whose physical or mental condition is such that the individual
22 may reasonably be suspected of not being in imminent danger of
23 loss of life or of significant health impairment.

24 (2) "Nontransport prehospital life support operation" means
25 a person licensed under this part to provide, for profit or oth-
26 erwise, basic life support, limited advanced life support, or
27 advanced life support at the scene of an emergency.

1 (3) "Nontransport prehospital life support vehicle" means a
2 motor vehicle that is used to provide basic life support, limited
3 advanced life support, or advanced life support, and is not
4 intended to transport patients.

5 (4) "ONGOING EDUCATION PROGRAM SPONSOR" MEANS AN EDUCATION
6 PROGRAM SPONSOR THAT PROVIDES CONTINUING EDUCATION FOR EMERGENCY
7 MEDICAL SERVICES PERSONNEL.

8 (5) ~~-(4)-~~ "Paramedic" means an individual licensed under
9 this part to provide advanced life support.

10 (6) ~~-(5)-~~ "Patient" means an emergency patient or a nonemer-
11 gency patient.

12 (7) ~~-(6)-~~ "Person" means a person as defined in section 1106
13 or a governmental entity other than an agency of the United
14 States.

15 (8) "PROFESSIONAL STANDARDS REVIEW ORGANIZATION" MEANS A
16 COMMITTEE ESTABLISHED BY A LIFE SUPPORT AGENCY OR A MEDICAL CON-
17 TROL AUTHORITY FOR THE PURPOSE OF IMPROVING THE QUALITY OF MEDI-
18 CAL CARE.

19 (9) ~~-(7)-~~ "Protocol" means a patient care standard, standing
20 orders, policy, or procedure for providing emergency medical
21 services that is established by a medical control authority and
22 approved by the department under section 20919.

23 ~~-(8) "State health plan" means the health plan prepared by~~
24 ~~the state health planning council pursuant to the Michigan health~~
25 ~~planning and health policy development act, Act No. 323 of the~~
26 ~~Public Acts of 1978, being sections 325.2001 to 325.2031 of the~~
27 ~~Michigan Compiled Laws.-~~

1 (10) ~~-(9)-~~ "Statewide emergency medical services
 2 communications system" means a system that integrates each emer-
 3 gency medical services system with a centrally coordinated dis-
 4 patch and resource coordination facility utilizing the universal
 5 emergency telephone number, 9-1-1, when that number is appropri-
 6 ate, or any other designated emergency telephone number, a state-
 7 wide emergency medical 2-way radio communications network, and
 8 linkages with the statewide emergency preparedness communications
 9 system.

10 (11) ~~-(10)-~~ "Volunteer" means an individual who provides
 11 services regulated under this part without expecting or receiving
 12 money, goods, or services in return for providing those services,
 13 except for reimbursement for expenses necessarily incurred in
 14 providing those services.

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

17 (a) Be responsible for the development, coordination, and
 18 administration of a statewide emergency medical services system.

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

21 (c) In case of actual disasters and disaster training drills
 22 and exercises, provide emergency medical services resources pur-
 23 suant to applicable provisions of the Michigan emergency pre-
 24 paredness plan, or as prescribed by the director of emergency
 25 services pursuant to the emergency ~~preparedness~~ MANAGEMENT act,
 26 ~~Act No. 390 of the Public Acts of 1976, being sections 30.401 to~~

1 ~~30.420 of the Michigan Compiled Laws~~ 1976 PA 390, MCL 30.401 TO
2 30.420.

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

6 ~~(e) Develop a program of hospital inventory that identifies~~
7 ~~hospitals as follows:~~

8 ~~(i) Hospitals licensed under part 215 that have established~~
9 ~~specialty care capabilities.~~

10 ~~(ii) Hospitals licensed under part 215 that meet applicable~~
11 ~~federal or state standards for the operation of a trauma center.~~

12 ~~(f) Develop criteria for and a program of triennial categor-~~
13 ~~ization of emergency department capabilities of hospitals~~
14 ~~licensed under part 215.~~

15 ~~(g) Assist in the development of the emergency medical serv-~~
16 ~~ices portions of the state health plan and statewide health~~
17 ~~priorities.~~

18 (E) ~~(h)~~ Develop and maintain standards of emergency medi-
19 cal services and personnel as follows:

20 (i) License emergency medical services personnel in accord-
21 ance with this part.

22 (ii) License ambulance operations, nontransport prehospital
23 life support operations, and medical first response services in
24 accordance with this part.

25 (iii) At least annually, inspect or provide for the inspec-
26 tion of ~~ambulance operations and nontransport prehospital life~~
27 ~~support operations in accordance with this part~~ EACH LIFE

1 SUPPORT AGENCY, EXCEPT MEDICAL FIRST RESPONSE SERVICES. AS PART
2 OF THAT INSPECTION, THE DEPARTMENT SHALL CONDUCT RANDOM INSPEC-
3 TIONS OF LIFE SUPPORT VEHICLES. IF A LIFE SUPPORT VEHICLE IS
4 DETERMINED BY THE DEPARTMENT TO BE OUT OF COMPLIANCE, THE DEPART-
5 MENT SHALL GIVE THE LIFE SUPPORT AGENCY 24 HOURS TO BRING THE
6 LIFE SUPPORT VEHICLE INTO COMPLIANCE. IF THE LIFE SUPPORT VEHI-
7 CLE IS NOT BROUGHT INTO COMPLIANCE IN THAT TIME PERIOD, THE
8 DEPARTMENT SHALL ORDER THE LIFE SUPPORT VEHICLE TAKEN OUT OF
9 SERVICE UNTIL THE LIFE SUPPORT AGENCY DEMONSTRATES TO THE DEPART-
10 MENT, IN WRITING, THAT THE LIFE SUPPORT VEHICLE HAS BEEN BROUGHT
11 INTO COMPLIANCE.

12 (iv) Promulgate rules to establish ~~and maintain minimum~~
13 ~~requirements for patient care equipment and safety equipment for~~
14 ~~ambulances, aircraft transport vehicles, nontransport prehospital~~
15 ~~life support vehicles, and medical first response vehicles under~~
16 ~~this part and publish lists of the minimum required equipment.~~
17 ~~The department shall submit proposed changes in these require-~~
18 ~~ments to the state emergency medical services coordination com-~~
19 ~~mittee and provide a reasonable time for the committee's review~~
20 ~~and comment before beginning the rule making process~~ THE
21 REQUIREMENTS FOR LICENSURE OF LIFE SUPPORT AGENCIES, VEHICLES,
22 AND INDIVIDUALS LICENSED UNDER THIS PART TO PROVIDE EMERGENCY
23 MEDICAL SERVICES AND OTHER RULES NECESSARY TO IMPLEMENT THIS
24 PART. THE DEPARTMENT SHALL SUBMIT ALL PROPOSED RULES AND CHANGES
25 TO THE STATE EMERGENCY MEDICAL SERVICES COORDINATION COMMITTEE
26 AND PROVIDE A REASONABLE TIME FOR THE COMMITTEE'S REVIEW AND

1 RECOMMENDATIONS BEFORE SUBMITTING THE RULES FOR PUBLIC HEARING
2 UNDER THE ADMINISTRATIVE PROCEDURES ACT OF 1969.

3 ~~-(i) Promulgate rules to establish and maintain vehicle~~
4 ~~standards for ambulances. The department shall submit the pro-~~
5 ~~posed standards and proposed changes to the state emergency medi-~~
6 ~~cal services coordination committee and provide a reasonable time~~
7 ~~for the committee's review and comment before beginning the rule~~
8 ~~making process.~~

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

19 (G) ~~-(k)-~~ Designate a medical control authority as the medi-
20 cal control for emergency medical services for a particular geo-
21 graphic region as provided for under this part.

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

1 (i) The state emergency medical services coordination
2 committee reviews the field study prior to implementation.

3 (ii) The field study is conducted in an area for which a
4 medical control authority has been approved pursuant to subdivi-
5 sion ~~-(k)-~~ (G).

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

10 (I) ~~-(m)-~~ Collect data as necessary to assess the need for
11 and quality of emergency medical services throughout the state
12 PURSUANT TO 1967 PA 270, MCL 331.531 TO 331.533.

13 (J) ~~-(n) Conduct an in-depth assessment of the unique needs~~
14 ~~of rural communities and rural health care agencies concerning~~
15 ~~the provision of emergency medical services. At a minimum, the~~
16 ~~assessment shall include an analysis of training programs, medi-~~
17 ~~cal procedures, recruitment and utilization of volunteers, vehi-~~
18 ~~cle and equipment needs, and systems coordination. In conducting~~
19 ~~the assessment, the department shall solicit and obtain active~~
20 ~~participation and input from rural communities and rural emer-~~
21 ~~gency medical services providers. No later than 18 months after~~
22 ~~the effective date of this part, the department shall submit a~~
23 ~~written report detailing its findings and recommendations to the~~
24 ~~standing committees of the senate and the house of representa-~~
25 ~~tives having jurisdiction over public health matters. DEVELOP,~~
26 WITH THE ADVICE OF THE EMERGENCY MEDICAL SERVICES COORDINATION

1 COMMITTEE, AN EMERGENCY MEDICAL SERVICES PLAN THAT INCLUDES RURAL
2 ISSUES.

3 (K) ~~(o)~~ Develop recommendations for territorial boundaries
4 of medical control authorities that are designed to assure that
5 there exists reasonable emergency medical services capacity
6 within the boundaries for the estimated demand for emergency med-
7 ical services.

8 (L) ~~(p)~~ Promulgate other rules to implement this part.

9 (M) ~~(q)~~ Perform other duties as set forth in this part.

10 (2) The department may do all of the following:

11 (a) ~~Promulgate~~ IN CONSULTATION WITH THE EMERGENCY MEDICAL
12 SERVICES COORDINATION COMMITTEE, PROMULGATE rules to require an
13 ambulance operation, nontransport prehospital life support opera-
14 tion, or medical first response service to periodically submit
15 designated records and data for evaluation by the department.

16 (b) Establish a grant program or contract with a public or
17 private agency, emergency medical services professional associa-
18 tion, or emergency medical services coalition to provide train-
19 ing, public information, and assistance to medical control
20 authorities and emergency medical services systems or to conduct
21 other activities as specified in this part.

22 Sec. 20912. (1) The department shall perform all of the
23 following with regard to educational programs and services:

24 (a) Review and approve education ~~programs~~ PROGRAM SPON-
25 SORS, ONGOING EDUCATION PROGRAM SPONSORS, and curricula for emer-
26 gency medical services personnel. Approved EDUCATION programs
27 ~~shall have provisions for written and practical examinations~~

1 and REFRESHER PROGRAMS SHALL BE COORDINATED BY A LICENSED
2 EMERGENCY MEDICAL SERVICES INSTRUCTOR-COORDINATOR COMMENSURATE
3 WITH LEVEL OF LICENSURE. APPROVED PROGRAMS CONDUCTED BY ONGOING
4 EDUCATION PROGRAM SPONSORS shall be coordinated by a licensed
5 emergency medical services instructor-coordinator.

6 ~~(b) Review and approve all ongoing education programs for~~
7 ~~relicensure of emergency medical services personnel.~~

8 (B) ~~(c)~~ Maintain a listing of approved ~~emergency medical~~
9 ~~education programs~~ EDUCATION PROGRAM SPONSORS and licensed emer-
10 gency medical services instructor-coordinators.

11 (C) DEVELOP AND IMPLEMENT STANDARDS FOR ALL EDUCATION PRO-
12 GRAM SPONSORS AND ONGOING EDUCATION PROGRAM SPONSORS BASED UPON
13 CRITERIA RECOMMENDED BY THE EMERGENCY MEDICAL SERVICES COORDINA-
14 TION COMMITTEE AND DEVELOPED BY THE DEPARTMENT.

15 (2) AN EDUCATION PROGRAM SPONSOR THAT CONDUCTS EDUCATION
16 PROGRAMS FOR PARAMEDICS AND THAT RECEIVES ACCREDITATION FROM THE
17 JOINT REVIEW COMMITTEE ON EDUCATIONAL PROGRAMS FOR THE
18 EMT-PARAMEDIC OR OTHER ORGANIZATION APPROVED BY THE DEPARTMENT AS
19 HAVING EQUIVALENT EXPERTISE AND COMPETENCY IN THE ACCREDITATION
20 OF PARAMEDIC EDUCATION PROGRAMS IS CONSIDERED APPROVED BY THE
21 DEPARTMENT UNDER SUBSECTION (1)(A) IF THE EDUCATION PROGRAM SPON-
22 SOR MEETS BOTH OF THE FOLLOWING REQUIREMENTS:

23 (A) SUBMITS AN APPLICATION TO THE DEPARTMENT THAT INCLUDES
24 VERIFICATION OF ACCREDITATION DESCRIBED IN THIS SUBSECTION.

25 (B) MAINTAINS ACCREDITATION AS DESCRIBED IN THIS SUBSECTION.

26 Sec. 20915. (1) The state emergency medical services
27 coordination committee is created in the department. ~~The~~

1 SUBJECT TO SUBSECTIONS (3) AND (5), THE director shall appoint
2 the voting members of the committee as follows:

3 (a) Four representatives from the Michigan HEALTH AND hospi-
4 tal association OR ITS SUCCESSOR ORGANIZATION, at least 1 of whom
5 is from a hospital located in a county with a population of not
6 more than 100,000.

7 (b) Four representatives from the Michigan chapter of the
8 American college of emergency physicians OR ITS SUCCESSOR
9 ORGANIZATION, at least 1 of whom practices medicine in a county
10 with a population of not more than 100,000.

11 (c) Three representatives from the Michigan association of
12 ambulance services OR ITS SUCCESSOR ORGANIZATION, at least 1 of
13 whom operates an ambulance service in a county with a population
14 of not more than 100,000.

15 (d) Three representatives from the Michigan fire chiefs
16 association OR ITS SUCCESSOR ORGANIZATION, at least 1 of whom is
17 from a fire department located in a county with a population of
18 not more than 100,000.

19 (e) Two representatives from the society of Michigan emer-
20 gency medical services technician instructor-coordinators OR ITS
21 SUCCESSOR ORGANIZATION, at least 1 of whom works in a county with
22 a population of not more than 100,000.

23 (f) Two representatives from the Michigan association of
24 emergency medical technicians OR ITS SUCCESSOR ORGANIZATION, at
25 least 1 of whom practices in a county with a population of not
26 more than 100,000.

1 (g) One representative from the Michigan association of air
2 medical services OR ITS SUCCESSOR ORGANIZATION.

3 (h) One representative from the Michigan association of
4 emergency medical services systems OR ITS SUCCESSOR
5 ORGANIZATION.

6 (i) Three representatives from a statewide organization rep-
7 resenting labor that deals with emergency medical services, at
8 least 1 of whom represents emergency medical services personnel
9 in a county with a population of not more than 100,000.

10 (j) Two consumers, at least 1 of whom resides in a county
11 with a population of not more than 100,000.

12 (2) In addition to the voting members appointed under sub-
13 section (1), the following shall serve as ex officio members of
14 the committee without the right to vote:

15 (a) One representative of the office of health and medical
16 affairs of the department of management and budget, appointed by
17 the ~~department~~ DIRECTOR.

18 (b) One representative of the department OF CONSUMER AND
19 INDUSTRY SERVICES, APPOINTED BY THE DIRECTOR.

20 (c) One member of the house of representatives, appointed by
21 the speaker of the house of representatives.

22 (d) One member of the senate, appointed by the senate major-
23 ity leader.

24 (3) The representatives of the organizations described in
25 subsection (1) shall be appointed from among nominations made by
26 each of those organizations.

1 (4) The voting members shall serve for a term of 3 years.
2 ~~except that of the voting members who are initially appointed to~~
3 ~~the committee, the director shall designate 6 members to serve~~
4 ~~4-year terms, 12 members to serve 3-year terms, and 6 members to~~
5 ~~serve 2-year terms.~~ A member who is unable to complete a term
6 shall be replaced for the balance of the unexpired term.

7 (5) At least 1 voting member shall be from a county with a
8 population of not more than 35,000 and at least 1 voting member
9 shall be from a city with a population of not less than 900,000.

10 (6) The committee shall annually select a voting member to
11 serve as chairperson.

12 (7) Meetings of the committee are subject to the open meet-
13 ings act, ~~Act No. 267 of the Public Acts of 1976, being~~
14 ~~sections 15.261 to 15.275 of the Michigan Compiled Laws 1976 PA~~
15 ~~267, MCL 15.261 TO 15.275.~~ Thirteen voting members constitute a
16 quorum for the transaction of business.

17 (8) The per diem compensation for the voting members and a
18 schedule for reimbursement of expenses shall be as established by
19 the legislature.

20 Sec. 20916. The state emergency medical services coordina-
21 tion committee CREATED IN SECTION 20915 shall do all of the
22 following:

23 (a) Meet not less than twice annually at the call of the
24 chairperson or the director.

25 ~~(b) Serve as task force 2 pursuant to section 20126.~~

26 (B) ~~(c)~~ Provide for the coordination and exchange of
27 information on emergency medical services programs and services.

1 (C) ~~(d)~~ Act as liaison between organizations and
2 individuals involved in the emergency medical services system.

3 (D) ~~(e)~~ Make recommendations to the department in the
4 development of a comprehensive statewide emergency medical serv-
5 ices program.

6 (E) ~~(f)~~ Advise the legislature and the department on mat-
7 ters concerning emergency medical services throughout the state.

8 (F) ~~(g) Provide the department with advisory recommenda-~~
9 ~~tions on appeals of local medical control decisions~~ MAKE DETER-
10 MINATIONS ON APPEALS OF MEDICAL CONTROL AUTHORITY DECISIONS under
11 section 20919.

12 (G) ~~(h)~~ Participate in educational activities, special
13 studies, and the evaluation of emergency medical services as
14 requested by the director.

15 (H) ~~(i)~~ Advise the department concerning vehicle standards
16 for ambulances. ~~under section 20910(1)(i).~~

17 (I) ~~(j)~~ Advise the department concerning minimum patient
18 care equipment lists. ~~as required under section 20910(1)(h).~~

19 (J) ~~(k)~~ Advise the department on the standards required
20 under section ~~20910(1)(j)~~ 20910(1)(F).

21 (K) ~~(l)~~ Appoint, with the advice and consent of the
22 department, a statewide quality assurance task force to review
23 and make recommendations to the department concerning approval of
24 medical control authority applications and revisions concerning
25 protocols under section 20919 and field studies under section
26 ~~20910(1)(l)~~ 20910(1)(H), and conduct other quality assurance
27 activities as requested by the director. A majority of the

1 members of the task force shall be individuals who are not
2 currently serving on the committee. The task force shall report
3 its decisions, findings, and recommendations to the committee and
4 the department.

5 (1) ADVISE THE DEPARTMENT CONCERNING REQUIREMENTS FOR CUR-
6 RICULUM CHANGES FOR EMERGENCY MEDICAL SERVICES EDUCATIONAL
7 PROGRAMS.

8 (M) ADVISE THE DEPARTMENT ON MINIMUM STANDARDS THAT EACH
9 LIFE SUPPORT AGENCY MUST MEET FOR LICENSURE UNDER THIS PART.

10 Sec. 20918. (1) Each hospital licensed under part 215 AND
11 EACH FREESTANDING SURGICAL OUTPATIENT FACILITY LICENSED UNDER
12 PART 208 that operates a service for ~~admitting and~~ treating
13 emergency patients AND MEETS STANDARDS ESTABLISHED BY MEDICAL
14 CONTROL AUTHORITY PROTOCOLS shall be given the opportunity to
15 participate in the ongoing planning and development activities of
16 the local medical control authority designated by the department
17 and shall adhere to protocols for providing services to a patient
18 before care of the patient is transferred to hospital personnel,
19 to the extent that those protocols apply to a hospital OR FREE-
20 STANDING SURGICAL OUTPATIENT FACILITY. ~~The department shall~~
21 ~~complete designation of local medical control authorities not~~
22 ~~later than December 31, 1991.~~ The department shall designate a
23 medical control authority for each Michigan county or part of a
24 county, except that the department may designate a medical con-
25 trol authority to cover 2 or more counties if the department
26 ~~determines~~ AND AFFECTED MEDICAL CONTROL AUTHORITIES DETERMINE
27 that the available resources would be better utilized with a

1 multiple county medical control authority. In designating a
2 medical control authority, the department shall assure that there
3 is a reasonable relationship between the existing emergency medi-
4 cal services capacity in the geographical area to be served by
5 the medical control authority and the estimated demand for emer-
6 gency medical services in that area.

7 (2) A medical control authority shall be administered by the
8 participating hospitals. A MEDICAL CONTROL AUTHORITY SHALL
9 ACCEPT PARTICIPATION IN ITS ADMINISTRATION BY A FREESTANDING SUR-
10 GICAL OUTPATIENT FACILITY LICENSED UNDER PART 208 IF THE FREE-
11 STANDING SURGICAL OUTPATIENT FACILITY OPERATES A SERVICE FOR
12 TREATING EMERGENCY PATIENTS DETERMINED BY THE MEDICAL CONTROL
13 AUTHORITY TO MEET THE APPLICABLE STANDARDS ESTABLISHED BY MEDICAL
14 CONTROL AUTHORITY PROTOCOLS. Subject to subsection (4), the par-
15 ticipating hospitals shall appoint an advisory body for the medi-
16 cal control authority that shall include, at a minimum, a repre-
17 sentative of each type of ~~emergency medical services provider~~
18 LIFE SUPPORT AGENCY and each type of emergency medical services
19 personnel functioning within the medical control authority's
20 boundaries.

21 (3) With the advice of the advisory body of the medical con-
22 trol authority APPOINTED UNDER SUBSECTION (2), ~~the participating~~
23 ~~hospitals within~~ a medical control authority shall appoint a
24 medical director of the medical control authority. The medical
25 director shall be a physician who is board certified in emergency
26 medicine BY A NATIONAL ORGANIZATION APPROVED BY THE DEPARTMENT,
27 or who practices emergency medicine and is certified in both

1 advanced cardiac life support and advanced trauma life support by
2 a national organization approved by the department, and who meets
3 other standards set forth in department rules. THE MEDICAL
4 DIRECTOR IS RESPONSIBLE FOR MEDICAL CONTROL FOR THE EMERGENCY
5 MEDICAL SERVICES SYSTEM SERVED BY THE MEDICAL CONTROL AUTHORITY.

6 (4) No more than 10% of the membership of the advisory body
7 of a medical control authority shall be employees of the medical
8 director or of an entity substantially owned or controlled by the
9 medical director.

10 (5) A designated medical control authority shall operate in
11 accordance with the terms of its designation.

12 (6) Each life support agency and individual licensed under
13 this part is accountable to the medical control authority in the
14 provision of emergency medical services, AS DEFINED IN PROTOCOLS
15 DEVELOPED BY THE MEDICAL CONTROL AUTHORITY AND APPROVED BY THE
16 DEPARTMENT UNDER THIS PART.

17 Sec. 20919. (1) A local medical control authority shall
18 establish written protocols for the practice of life support
19 agencies and licensed emergency medical services personnel within
20 its region. The protocols shall be developed and adopted in
21 accordance with procedures established by the department and
22 shall include all of the following:

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

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

4 (c) Protocols for complying with the Michigan
5 do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 TO
6 333.1067.

7 (D) PROTOCOLS DEFINING THE PROCESS, ACTIONS, AND SANCTIONS A
8 MEDICAL CONTROL AUTHORITY MAY USE IN HOLDING A LIFE SUPPORT
9 AGENCY OR PERSONNEL ACCOUNTABLE.

10 (E) PROTOCOLS TO ENSURE THAT IF THE MEDICAL CONTROL AUTHOR-
11 ITY DETERMINES THAT AN IMMEDIATE THREAT TO THE PUBLIC HEALTH,
12 SAFETY, OR WELFARE EXISTS, APPROPRIATE ACTION TO REMOVE MEDICAL
13 CONTROL CAN IMMEDIATELY BE TAKEN UNTIL THE MEDICAL CONTROL
14 AUTHORITY HAS HAD THE OPPORTUNITY TO REVIEW THE MATTER AT A MEDI-
15 CAL CONTROL AUTHORITY HEARING. THE PROTOCOLS SHALL REQUIRE THAT
16 THE HEARING IS HELD WITHIN 3 BUSINESS DAYS AFTER THE MEDICAL CON-
17 TROL AUTHORITY'S DETERMINATION.

18 (F) PROTOCOLS TO ENSURE THAT IF MEDICAL CONTROL HAS BEEN
19 REMOVED FROM A PARTICIPANT IN AN EMERGENCY MEDICAL SERVICES
20 SYSTEM, THE PARTICIPANT DOES NOT PROVIDE PREHOSPITAL CARE UNTIL
21 MEDICAL CONTROL IS REINSTATED, AND THAT THE MEDICAL CONTROL
22 AUTHORITY THAT REMOVED THE MEDICAL CONTROL NOTIFIES THE DEPART-
23 MENT WITHIN 1 BUSINESS DAY OF THE REMOVAL.

24 (G) PROTOCOLS THAT ENSURE A QUALITY IMPROVEMENT PROGRAM IS
25 IN PLACE WITHIN A MEDICAL CONTROL AUTHORITY AND PROVIDES DATA
26 PROTECTION AS PROVIDED IN 1967 PA 270, MCL 331.531 TO 331.533.

1 (H) PROTOCOLS TO ENSURE THAT AN APPROPRIATE APPEALS PROCESS
2 IS IN PLACE.

3 (2) A protocol established under this section shall not con-
4 flict with the Michigan do-not-resuscitate procedure act, 1996 PA
5 193, MCL 333.1051 TO 333.1067.

6 (3) The procedures established by the department for devel-
7 opment and adoption of written protocols under this section shall
8 comply with at least all of the following requirements:

9 (a) At least 60 days before adoption of a protocol, the med-
10 ical control authority shall circulate a written draft of the
11 proposed protocol to all significantly affected persons within
12 the emergency medical services system served by the medical con-
13 trol authority and submit the written draft to the department for
14 approval.

15 (b) The department shall review a proposed protocol for con-
16 sistency with other protocols concerning similar subject matter
17 that have already been established in this state and shall con-
18 sider any written comments received from interested persons in
19 its review.

20 (c) Not later than 60 days after receiving a written draft
21 of a proposed protocol from a medical control authority, the
22 department shall provide a written recommendation to the medical
23 control authority with any comments or suggested changes on the
24 proposed protocol. If the department does not respond within 60
25 days after receiving the written draft, the proposed protocol
26 shall be considered to be approved by the department.

1 (d) After department approval of a proposed protocol, the
2 medical control authority may formally adopt and implement the
3 protocol.

4 (e) A medical control authority may establish an emergency
5 protocol necessary to preserve the health or safety of individu-
6 als within its jurisdiction in response to a present medical
7 emergency or disaster without following the procedures estab-
8 lished by the department under this section for an ordinary
9 protocol. An emergency protocol established under this subdivi-
10 sion ~~shall be~~ IS effective only for a limited time period and
11 ~~shall~~ DOES not take permanent effect unless it is approved
12 according to this subsection.

13 (4) ~~A medical control authority shall provide an opportu-~~
14 ~~nity for an affected person to appeal decisions made by the medi-~~
15 ~~cal control authority. After appeals to a medical control~~
16 ~~authority have been exhausted, an affected person may apply to~~
17 ~~the department for a variance from the medical control~~
18 ~~authority's decision. The department may grant the variance if~~
19 ~~it determines that the action is appropriate to protect the~~
20 ~~public health, safety, and welfare. The department shall impose~~
21 ~~a time limitation and may impose other conditions for the~~
22 ~~variance.~~ A MEDICAL CONTROL AUTHORITY SHALL PROVIDE AN OPPORTU-
23 NITY FOR AN AFFECTED PARTICIPANT IN AN EMERGENCY MEDICAL SERVICES
24 SYSTEM TO APPEAL A DECISION OF THE MEDICAL CONTROL AUTHORITY.
25 FOLLOWING APPEAL, THE MEDICAL CONTROL AUTHORITY MAY AFFIRM, SUS-
26 PEND, OR REVOKE ITS ORIGINAL DECISION. AFTER APPEALS TO THE
27 MEDICAL CONTROL AUTHORITY HAVE BEEN EXHAUSTED, THE AFFECTED

1 PARTICIPANT IN AN EMERGENCY MEDICAL SERVICES SYSTEM MAY APPEAL
2 THE MEDICAL CONTROL AUTHORITY'S DECISION TO THE STATEWIDE EMER-
3 GENCY MEDICAL SERVICES COORDINATION COMMITTEE. THE STATEWIDE
4 EMERGENCY MEDICAL SERVICES COORDINATION COMMITTEE SHALL DETERMINE
5 WHETHER THE ACTIONS OR DECISIONS OF THE MEDICAL CONTROL AUTHORITY
6 ARE IN ACCORDANCE WITH THE DEPARTMENT-APPROVED PROTOCOLS OF THE
7 MEDICAL CONTROL AUTHORITY AND STATE LAW. IF THE STATEWIDE EMER-
8 GENCY MEDICAL SERVICES COORDINATION COMMITTEE DETERMINES THAT THE
9 ACTIONS OR DECISIONS OF THE MEDICAL CONTROL AUTHORITY ARE NOT IN
10 ACCORDANCE WITH THE MEDICAL CONTROL AUTHORITY'S
11 DEPARTMENT-APPROVED PROTOCOLS OR WITH STATE LAW, THE DEPARTMENT
12 MAY ISSUE A COMPLIANCE ORDER UNDER SECTION 20162(5)(A) AND (6) OR
13 TAKE ANY OTHER ENFORCEMENT ACTION AUTHORIZED UNDER THIS CODE.

14 (5) If adopted in protocols approved by the department, a
15 medical control authority may require life support agencies
16 within its region to meet reasonable additional standards for
17 equipment and personnel, other than medical first responders,
18 that may be more stringent than are otherwise required under this
19 part. If a medical control authority establishes additional
20 standards for equipment and personnel, the medical control
21 authority and the department shall consider the medical and eco-
22 nomic impact on the local community, the need for communities to
23 do long-term planning, and the availability of personnel. If
24 either the medical control authority or the department determines
25 that negative medical or economic impacts outweigh the benefits
26 of those additional standards as they affect public health,

1 safety, and welfare, protocols containing those additional
2 standards shall not be adopted.

3 (6) If a decision of the medical control authority UNDER
4 SUBSECTION (5) is appealed by an affected person, the medical
5 control authority shall make available, in writing, the medical
6 and economic information it considered in making its decision.
7 On appeal, the ~~department~~ STATEWIDE EMERGENCY MEDICAL SERVICES
8 COORDINATION COMMITTEE shall review this information UNDER SUB-
9 SECTION (4) and shall issue its findings in writing.

10 Sec. 20920. (1) A person shall not establish, operate, or
11 cause to be operated an ambulance operation unless the ambulance
12 operation is licensed under this section.

13 (2) Upon proper application and payment of a \$100.00 fee,
14 the department shall issue a license as an ambulance operation to
15 a person who meets the requirements of this part and the rules
16 promulgated under this part.

17 (3) An applicant shall specify in the application each ambu-
18 lance to be operated.

19 (4) An ambulance operation license shall specify the ambu-
20 lances licensed to be operated.

21 (5) An ambulance operation license shall state the level of
22 life support the ambulance operation is licensed to provide. An
23 ambulance operation shall operate in accordance with this part,
24 rules promulgated under this part, and approved ~~local~~ medical
25 control authority protocols and shall not provide life support at
26 a level that exceeds its license or violates approved ~~local~~
27 medical control authority protocols.

1 (6) An ambulance operation license may be renewed annually
2 upon application to the department and payment of a \$100.00
3 renewal fee. Before issuing a renewal license, the department
4 shall determine that the ambulance operation is in compliance
5 with this part, the rules promulgated under this part, and
6 ~~local~~ medical control authority protocols.

7 (7) Beginning on ~~the effective date of the amendatory act~~
8 ~~that added this subsection~~ JULY 22, 1997, an ambulance operation
9 that meets all of the following requirements may apply for an
10 ambulance operation upgrade license under subsection (8):

11 (a) On or before ~~the effective date of the amendatory act~~
12 ~~that added this subsection~~ JULY 22, 1997, holds an ambulance
13 operation license that designates the ambulance operation either
14 as a transporting basic life support service or as a transporting
15 limited advanced life support service.

16 (b) Is a transporting basic life support service, that is
17 able to staff and equip 1 or more ambulances for the transport of
18 emergency patients at a life support level higher than basic life
19 support, or is a transporting limited advanced life support serv-
20 ice, that is able to staff and equip 1 or more ambulances for the
21 transport of emergency patients at the life support level of
22 advanced life support.

23 (c) Is owned or operated by or under contract to a local
24 unit of government and providing first-line emergency medical
25 response to that local unit of government on or before ~~the~~
26 ~~effective date of the amendatory act that added this subsection~~
27 JULY 22, 1997.

1 (d) Will provide the services described in subdivision (b)
2 only to the local unit of government described in
3 subdivision (c), and only in response to a 911 call or other call
4 for emergency transport.

5 (8) An ambulance operation meeting the requirements of
6 subsection (7) that applies for an ambulance operation upgrade
7 license shall include all of the following information in the
8 application provided by the department:

9 (a) Verification of all of the requirements of subsection
10 (7) including, but not limited to, a description of the staffing
11 and equipment to be used in providing the higher level of life
12 support services.

13 (b) If the applicant is a transporting basic life support
14 service, a plan of action to upgrade from providing basic life
15 support to providing limited advanced life support or advanced
16 life support to take place over a period of not more than 2
17 years. If the applicant is a transporting limited advanced life
18 support service, a plan of action to upgrade from providing
19 limited advanced life support to providing advanced life support
20 to take place over a period of not more than 2 years.

21 (c) The medical control authority protocols for the ambu-
22 lance operation upgrade license, along with a recommendation from
23 the medical control authority under which the ambulance operation
24 operates that the ambulance operation upgrade license be issued
25 by the department.

26 (d) Other information required by the department.

1 (9) The statewide emergency medical services ~~coordinating~~
2 COORDINATION committee shall review the information described in
3 subsection (8)(c) and make a recommendation to the department as
4 to whether or not an ambulance operation upgrade license should
5 be granted to the applicant.

6 (10) Upon receipt of a completed application as required
7 under subsection (8), a positive recommendation under
8 subsection (9), and payment of a \$100.00 fee, the department
9 shall issue to the applicant an ambulance operation upgrade
10 license. Subject to subsection (12), the license is valid for 2
11 years from the date of issuance and is renewable for 1 additional
12 2-year period. An application for renewal of an ambulance opera-
13 tion upgrade license shall contain documentation of the progress
14 made on the plan of action described in subsection (8)(b). In
15 addition, the medical control authority under which the ambulance
16 operation operates shall annually file with the statewide emer-
17 gency medical services ~~coordinating~~ COORDINATION committee a
18 written report on the progress made by the ambulance operation on
19 the plan of action described in subsection (8)(b), including, but
20 not limited to, information on training, equipment, and
21 personnel.

22 (11) If an ambulance operation is designated by its regular
23 license as providing basic life support services, then an ambu-
24 lance operation upgrade license issued under this section allows
25 the ambulance operation to provide limited advanced life support
26 services or advanced life support services when the ambulance
27 operation is able to staff and equip 1 or more ambulances to

1 provide services at the higher levels. If an ambulance operation
2 is designated by its regular license as providing limited
3 advanced life support services, then an ambulance operation
4 upgrade license issued under this section allows the ambulance
5 operation to provide advanced life support services when the
6 ambulance operation is able to staff and equip 1 or more ambu-
7 lances to provide services at the higher level. An ambulance
8 operation shall not provide services under an ambulance operation
9 upgrade license unless the medical control authority under which
10 the ambulance operation operates has adopted protocols for the
11 ambulance operation upgrade license regarding quality monitoring
12 procedures, use and protection of equipment, and patient care.

13 (12) The department may revoke or fail to renew an ambulance
14 operation upgrade license for a violation of this part or a rule
15 promulgated under this part or for failure to comply with the
16 plan of action filed under subsection (8)(b). An ambulance oper-
17 ation that obtains an ambulance operation upgrade license must
18 annually renew its regular license under subsections (2) to (6).
19 An ambulance operation's regular license is not affected by the
20 following:

21 (a) The fact that the ambulance operation has obtained or
22 renewed an ambulance operation upgrade license.

23 (b) The fact that an ambulance operation's ambulance opera-
24 tion upgrade license is revoked or is not renewed under this
25 subsection.

1 (c) The fact that the ambulance operation's ambulance
2 operation upgrade license expires at the end of the second 2-year
3 period prescribed by subsection (10).

4 (13) ~~Within 3 years after the effective date of the amenda-~~
5 ~~tory act that added this subsection~~ BY JULY 22, 2000, the
6 department shall file a written report to the legislature. The
7 department shall include all of the following information in the
8 report:

9 (a) The number of ambulance operations that were qualified
10 under subsection (7) to apply for an ambulance operation upgrade
11 license under subsection (8) during the 3-year period.

12 (b) The number of ambulance operations that in fact applied
13 for an ambulance operation upgrade license during the 3-year
14 period.

15 (c) The number of ambulance operations that successfully
16 upgraded from being a transporting basic life support service to
17 a transporting limited advanced service or a transporting
18 advanced life support service or that successfully upgraded from
19 being a transporting limited advanced life support service to a
20 transporting advanced life support service under an ambulance
21 operation upgrade license.

22 (d) The number of ambulance operations that failed to suc-
23 cessfully upgrade, as described in subdivision (c), under an
24 ambulance operation upgrade license, but that improved their
25 services during the 3-year period.

26 (e) The number of ambulance operations that failed to
27 successfully upgrade, as described in subdivision (c), under an

1 ambulance operation upgrade license, and that showed no
2 improvement or a decline in their services.

3 (f) The effect of the amendatory act that added this subsec-
4 tion on the delivery of emergency medical services in this
5 state.

6 Sec. 20921. (1) An ambulance operation shall do all of the
7 following:

8 (a) Provide at least 1 ambulance available for response to
9 requests for emergency assistance on a 24-hour-a-day, 7-day-a-
10 week basis in accordance with local medical control authority
11 protocols.

12 (b) Respond or ensure that a response is provided to each
13 request for emergency assistance originating from within the
14 bounds of its service area.

15 (c) ~~If the ambulance operation operates under a medical~~
16 ~~control authority, operate only~~ OPERATE under the direction of
17 ~~that~~ A medical control authority OR THE MEDICAL CONTROL AUTHOR-
18 ITIES WITH JURISDICTION OVER THE AMBULANCE OPERATION.

19 (d) Notify the department immediately of a change that would
20 alter the information contained on its application for an ambu-
21 lance operation license or renewal.

22 (e) Subject to section 20920(7) to (12), provide life sup-
23 port consistent with its license and approved local medical con-
24 trol authority protocols to each emergency patient without prior
25 inquiry into ability to pay or source of payment.

26 (2) An ambulance operation shall not do 1 or more of the
27 following:

1 (a) Knowingly provide a person with false or misleading
2 information concerning the time at which an emergency response
3 will be initiated or the location from which the response is
4 being initiated.

5 (b) Induce or seek to induce any person engaging an ambu-
6 lance to patronize a long-term care facility, mortuary, or
7 hospital.

8 (c) Advertise, or permit advertising of, within or on the
9 premises of the ambulance operation or within or on an ambulance,
10 the name or the services of an attorney, accident investigator,
11 nurse, physician, long-term care facility, mortuary, or
12 hospital. If 1 of those persons or facilities owns or operates
13 an ambulance operation, the person or facility may use its busi-
14 ness name in the name of the ambulance operation and may display
15 the name of the ambulance operation within or on the premises of
16 the ambulance operation or within or on an ambulance.

17 (d) Advertise or disseminate information for the purpose of
18 obtaining contracts under a name other than the name of the
19 person holding an ambulance operation license or the trade or
20 assumed name of the ambulance operation.

21 (e) If the ambulance operation is operating under an ambu-
22 lance operation upgrade license issued under section 20920(7) to
23 (12), advertise or otherwise hold itself out as a full-time
24 transporting limited advanced life support service or a full-time
25 transporting advanced life support service unless the ambulance
26 operation actually provides those services on a 24-hour-per-day,
27 7-day-a-week basis.

1 (3) An ambulance operation shall not operate, attend, or
2 permit an ambulance to be operated while transporting a patient
3 unless the ambulance is, at a minimum, staffed as follows:

4 (a) If designated as providing basic life support, with at
5 least 1 emergency medical technician and 1 medical first
6 responder.

7 (b) If designated as providing limited advanced life sup-
8 port, with at least 1 emergency medical technician specialist and
9 1 emergency medical technician.

10 (c) If designated as providing advanced life support, with
11 at least 1 paramedic and 1 emergency medical technician.

12 (4) Except as provided in subsection (5), an ambulance oper-
13 ation shall ensure that an emergency medical technician, an emer-
14 gency medical technician specialist, or a paramedic is in the
15 patient compartment of an ambulance while transporting an emer-
16 gency patient.

17 (5) Subsection (4) does not apply to the transportation of a
18 patient by an ambulance if the patient is accompanied in the
19 patient compartment of the ambulance by an appropriate licensed
20 health professional designated by a physician and after a
21 physician-patient relationship has been established as prescribed
22 in this part or the rules promulgated by the department under
23 this part.

24 Sec. 20923. (1) Except as provided in section 20924(2), a
25 person shall not operate an ambulance unless the ambulance is
26 licensed under this section and is operated as part of a licensed
27 ambulance operation.

1 (2) ~~Upon proper application and payment of a \$25.00 fee,~~
2 ~~the department shall issue an ambulance license or annual renewal~~
3 ~~for an ambulance that meets the requirements of this part and~~
4 ~~rules promulgated under this part.~~ UPON PROPER APPLICATION AND
5 PAYMENT OF A \$25.00 FEE, THE DEPARTMENT SHALL ISSUE AN AMBULANCE
6 LICENSE, OR ANNUAL RENEWAL OF AN AMBULANCE LICENSE, TO THE AMBU-
7 LANCE OPERATION. RECEIPT OF THE APPLICATION BY THE DEPARTMENT
8 SERVES AS ATTESTATION TO THE DEPARTMENT BY THE AMBULANCE OPERA-
9 TION THAT THE AMBULANCE BEING LICENSED OR RENEWED IS IN COMPLI-
10 ANCE WITH THE MINIMUM STANDARDS REQUIRED BY THE DEPARTMENT. THE
11 INSPECTION OF AN AMBULANCE BY THE DEPARTMENT IS NOT REQUIRED AS A
12 BASIS FOR LICENSURE RENEWAL, UNLESS OTHERWISE DETERMINED BY THE
13 DEPARTMENT.

14 (3) An ambulance operation shall submit an application and
15 fee to the department for each ambulance in service. Each appli-
16 cation shall include a certificate of insurance for the ambulance
17 in the amount and coverage required by the department.

18 (4) Upon purchase BY AN AMBULANCE OPERATION, an ambulance
19 shall meet all vehicle standards established by the department
20 under section ~~20910(1)(i)~~ 20910(E)(iv).

21 (5) Once licensed for service, an ambulance is not required
22 to meet subsequently modified state vehicle standards during its
23 use by the ambulance operation that obtained the license.

24 (6) Patient care equipment and safety equipment carried on
25 an ambulance shall meet the minimum requirements prescribed by
26 the department and the approved local medical control authority
27 protocols.

1 (7) An ambulance shall be equipped with a communications
2 system utilizing frequencies and procedures consistent with the
3 statewide emergency medical services communications system devel-
4 oped by the department.

5 (8) An ambulance license is not transferable to another
6 ambulance operation.

7 Sec. 20929. (1) A person shall not operate a nontransport
8 prehospital life support vehicle unless the vehicle is licensed
9 by the department under this section and is operated as part of a
10 licensed nontransport prehospital life support operation.

11 (2) ~~Upon proper application and payment of a \$25.00 fee,~~
12 ~~the department shall issue a license or annual renewal for a non-~~
13 ~~transport prehospital life support vehicle if it meets the~~
14 ~~requirements of this part and rules promulgated under this part.~~
15 UPON PROPER APPLICATION AND PAYMENT OF A \$25.00 FEE, THE DEPART-
16 MENT SHALL ISSUE A NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE
17 LICENSE OR ANNUAL RENEWAL TO THE APPLICANT NONTRANSPORT PREHOSPI-
18 TAL LIFE SUPPORT OPERATION. RECEIPT OF THE APPLICATION BY THE
19 DEPARTMENT SERVES AS ATTESTATION TO THE DEPARTMENT BY THE NON-
20 TRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION THAT THE VEHICLE
21 BEING LICENSED OR RENEWED IS IN COMPLIANCE WITH THE MINIMUM STAN-
22 DARDS REQUIRED BY THE DEPARTMENT. THE INSPECTION OF A NONTRANS-
23 PORT PREHOSPITAL LIFE SUPPORT VEHICLE BY THE DEPARTMENT IS NOT
24 REQUIRED AS A BASIS FOR ISSUING A LICENSURE RENEWAL, UNLESS OTH-
25 ERWISE DETERMINED BY THE DEPARTMENT.

26 (3) A nontransport prehospital life support operation shall
27 submit an application and required fee to the department for each

1 vehicle in service. Each application shall include a certificate
2 of insurance for the vehicle in the amount and coverage required
3 by the department.

4 (4) A nontransport prehospital life support vehicle shall be
5 equipped with a communications system utilizing frequencies and
6 procedures consistent with the statewide emergency medical serv-
7 ices communications system developed by the department.

8 (5) A nontransport prehospital life support vehicle shall be
9 equipped according to the department's minimum equipment list and
10 approved ~~local~~ medical control authority protocols based upon
11 the level of life support the vehicle and personnel are licensed
12 to provide.

13 Sec. 20934. (1) A person shall not operate an aircraft
14 transport vehicle unless the vehicle is licensed by the depart-
15 ment under this section and is operated as part of a licensed
16 aircraft transport operation.

17 (2) ~~Upon proper application and payment of a \$100.00 fee,~~
18 ~~the department shall issue a license or annual renewal for an~~
19 ~~aircraft transport vehicle if it meets the requirements of this~~
20 ~~part and rules promulgated under this part.~~ UPON PROPER APPLICA-
21 TION AND PAYMENT OF A \$100.00 FEE, THE DEPARTMENT SHALL ISSUE AN
22 AIRCRAFT TRANSPORT VEHICLE LICENSE OR ANNUAL RENEWAL TO THE
23 APPLICANT AIRCRAFT TRANSPORT OPERATION. RECEIPT OF THE APPLICA-
24 TION BY THE DEPARTMENT SERVES AS ATTESTATION TO THE DEPARTMENT BY
25 THE AIRCRAFT TRANSPORT OPERATION THAT THE VEHICLE IS IN COMPLI-
26 ANCE WITH THE MINIMUM STANDARDS REQUIRED BY THE DEPARTMENT. THE
27 INSPECTION OF AN AIRCRAFT TRANSPORT VEHICLE BY THE DEPARTMENT IS

1 NOT REQUIRED AS A BASIS FOR LICENSURE RENEWAL, UNLESS OTHERWISE
2 DETERMINED BY THE DEPARTMENT.

3 (3) An aircraft transport operation shall submit an applica-
4 tion and required fee to the department for each vehicle in
5 service. Each application shall include a certificate of insur-
6 ance for the vehicle in the amount and coverage required by the
7 department.

8 (4) An aircraft transport vehicle shall be equipped with a
9 communications system utilizing frequencies and procedures con-
10 sistent with the statewide emergency medical services communica-
11 tions system developed by the department.

12 (5) An aircraft transport vehicle shall be equipped accord-
13 ing to the department's minimum equipment list based upon the
14 level of life support the vehicle and personnel are licensed to
15 provide.

16 Sec. 20950. (1) An individual shall not practice or adver-
17 tise to practice as a medical first responder, emergency medical
18 technician, emergency medical technician specialist, paramedic,
19 or emergency medical services instructor-coordinator unless
20 licensed to do so by the department.

21 (2) ~~Except as provided in subsection (4), the~~ THE depart-
22 ment shall issue a license under this section only to an individ-
23 ual who meets all of the following requirements:

24 (a) Is 18 years of age or older.

25 (b) Has successfully completed the appropriate education
26 program approved under section 20912.

1 (c) ~~Has~~ SUBJECT TO SUBSECTION (3), HAS attained a passing
2 score on the appropriate department prescribed ~~written and~~
3 ~~practical examinations.~~ EXAMINATION, AS FOLLOWS:

4 (i) WITHIN 3 YEARS AFTER THE EFFECTIVE DATE OF THE AMENDA-
5 TORY ACT THAT ADDED THIS SUBPARAGRAPH, A MEDICAL FIRST RESPONDER
6 SHALL PASS THE WRITTEN EXAMINATION PROCTORED BY THE DEPARTMENT OR
7 THE DEPARTMENT'S DESIGNEE AND A PRACTICAL EXAMINATION APPROVED BY
8 THE DEPARTMENT. THE PRACTICAL EXAMINATION SHALL BE ADMINISTERED
9 BY THE INSTRUCTORS OF THE MEDICAL FIRST RESPONDER COURSE. THE
10 DEPARTMENT OR THE DEPARTMENT'S DESIGNEE MAY ALSO PROCTOR THE
11 PRACTICAL EXAMINATION.

12 (ii) AN EMERGENCY MEDICAL TECHNICIAN, EMERGENCY MEDICAL
13 TECHNICIAN SPECIALIST, AND A PARAMEDIC SHALL PASS THE WRITTEN
14 EXAMINATION PROCTORED BY THE DEPARTMENT OR THE DEPARTMENT'S DES-
15 IGNEE AND A PRACTICAL EXAMINATION PROCTORED BY THE DEPARTMENT OR
16 THE DEPARTMENT'S DESIGNEE.

17 (iii) THE FEE FOR THE WRITTEN EXAMINATIONS REQUIRED UNDER
18 SUBPARAGRAPHS (i) AND (ii) SHALL BE PAID DIRECTLY TO THE NATIONAL
19 REGISTRY OF EMERGENCY MEDICAL TECHNICIANS OR OTHER ORGANIZATION
20 APPROVED BY THE DEPARTMENT.

21 (d) Meets other requirements of this part.

22 (3) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (2)(C)(i),
23 NOT MORE THAN 6 MONTHS AFTER THE EFFECTIVE DATE OF THE AMENDATORY
24 ACT THAT ADDED THIS SUBSECTION, THE DEPARTMENT SHALL REQUIRE FOR
25 PURPOSES OF COMPLIANCE WITH SUBSECTION (2)(C) SUCCESSFUL PASSAGE
26 OF AN EXAMINATION AS THAT TERM IS DEFINED IN SECTION 20904(10).

1 (4) ~~-(3)-~~ The department shall issue a license as an
2 emergency medical services instructor-coordinator only to an
3 individual who meets the requirements of subsection (2) for an
4 emergency medical services instructor-coordinator and at the time
5 of application is currently licensed as an emergency medical
6 technician, emergency medical technician specialist, or paramedic
7 and has at least 3 years' field experience as an emergency medi-
8 cal technician. THE DEPARTMENT SHALL PROVIDE FOR THE DEVELOPMENT
9 AND ADMINISTRATION OF AN EXAMINATION FOR EMERGENCY MEDICAL SERV-
10 ICES INSTRUCTOR-COORDINATORS.

11 ~~-(4) Until December 31, 1992, the department shall issue a~~
12 ~~medical first responder license to an individual who does not~~
13 ~~meet the requirement of subsection (2)(b) if the department~~
14 ~~determines that the individual is performing the functions of a~~
15 ~~medical first responder on the effective date of this part and~~
16 ~~meets the other requirements of subsection (2). Beginning on~~
17 ~~January 1, 1993, the department shall issue a medical first~~
18 ~~responder license only to an individual who meets all of the~~
19 ~~requirements of subsection (2).~~

20 (5) Except as provided by section 20952, a license under
21 this section is effective for 3 years from THE date of ~~issue~~
22 ISSUANCE unless revoked or suspended by the department.

23 (6) Except as otherwise provided in subsection ~~-(8)-~~ (7), an
24 applicant for licensure under this section shall pay ~~a fee for~~
25 ~~examination or reexamination as follows~~ THE FOLLOWING TRIENNIAL
26 LICENSURE FEES:

(a) Medical first responder - no fee.

(b) Emergency medical technician - \$40.00.

(c) Emergency medical technician specialist - \$60.00.

(d) Paramedic - \$80.00.

(e) Emergency medical services instructor-coordinator -
\$100.00.

~~(7) The fee under subsection (6) for examination or reexamination shall include initial licensure if the applicant passes the examination or reexamination.~~

(7) ~~(8)~~ If a life support agency certifies to the department that an applicant for licensure under this section will act as a volunteer and if the life support agency does not charge for its services, the department shall not require the applicant to pay the fee required under subsection (6). If the applicant ceases to meet the definition of a volunteer under this part at any time during the effective period of his or her license and is employed as a licensee under this part, the applicant shall at that time pay the fee required under subsection (6).

Sec. 20954. (1) Upon proper application to the department and payment of the renewal fee under subsection (2), the department may renew ~~a license for a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator who meets the requirements of this part and completes required ongoing educational programs approved or developed by the department~~ AN EMERGENCY MEDICAL SERVICES

PERSONNEL LICENSE IF THE APPLICANT MEETS THE REQUIREMENTS OF THIS

1 PART AND PROVIDES, UPON REQUEST OF THE DEPARTMENT, VERIFICATION
 2 OF HAVING MET ONGOING EDUCATION REQUIREMENTS ESTABLISHED BY THE
 3 DEPARTMENT. IF AN APPLICANT FOR RENEWAL FAILS TO PROVIDE THE
 4 DEPARTMENT WITH A CHANGE OF ADDRESS, THE APPLICANT SHALL PAY A
 5 \$20.00 FEE IN ADDITION TO THE RENEWAL AND LATE FEES REQUIRED
 6 UNDER SUBSECTIONS (2) AND (3).

7 (2) Except as otherwise provided in subsection (5), an
 8 applicant for renewal of a license under section 20950 shall pay
 9 a renewal fee as follows:

10 (a) Medical first responder - no fee.

11 (b) Emergency medical technician - \$25.00.

12 (c) Emergency medical technician specialist - \$25.00.

13 (d) Paramedic - \$25.00.

14 (e) Emergency medical services instructor-coordinator -
 15 ~~-\$50.00-~~ \$25.00.

16 (3) Except as otherwise provided in subsection (5), if an
 17 application for renewal under subsection (1) is ~~received by the~~
 18 ~~department~~ POSTMARKED after the date the license expires, the
 19 applicant shall pay a late fee in addition to the renewal fee
 20 under subsection (2) as follows:

21 (A) MEDICAL FIRST RESPONDER - \$50.00.

22 (B) ~~-(a)-~~ Emergency medical technician - \$50.00.

23 (C) ~~-(b)-~~ Emergency medical technician specialist - \$50.00.

24 (D) ~~-(c)-~~ Paramedic - \$50.00.

25 (E) ~~-(d)-~~ Emergency medical services instructor-coordinator
 26 - ~~-\$100.00-~~ \$50.00.

1 (4) If the department does not receive an application for
2 renewal from an individual licensed under section 20950 within 60
3 days after his or her license expires, the department shall not
4 issue a renewal license unless the individual completes the
5 requirements for initial licensure and, if a late fee is
6 required, pays the late fee.

7 (5) If a life support agency certifies to the department
8 that an applicant for renewal under this section is a volunteer
9 and if the life support agency does not charge for its services,
10 the department shall not require the applicant to pay the fee
11 required under subsection (2) or a late fee under
12 subsection (3). If the applicant for renewal ceases to meet the
13 definition of a volunteer under this part at any time during the
14 effective period of his or her license renewal and is employed as
15 a licensee under this part, the applicant for renewal shall at
16 that time pay the fee required under subsection (2).

17 (6) AN INDIVIDUAL SEEKING RENEWAL UNDER THIS SECTION IS NOT
18 REQUIRED TO MAINTAIN NATIONAL REGISTRY STATUS AS A CONDITION OF
19 LICENSE RENEWAL.

20 Sec. 20956. (1) A medical first responder, an emergency
21 medical technician, an emergency medical technician specialist,
22 or a paramedic shall not provide life support at a level that is
23 inconsistent with his or her education, licensure, ~~or~~ AND
24 approved ~~local~~ medical control authority protocols.

25 (2) A medical first responder, emergency medical technician,
26 emergency medical technician specialist, or paramedic may perform
27 techniques required in implementing a field study authorized

1 under section ~~20910(1)(I)~~ 20910(1)(H) if he or she receives
2 training for the skill, technique, procedure, or equipment
3 involved in the field study.

4 Sec. 20958. (1) The department may deny, revoke, or suspend
5 an emergency medical services personnel license upon finding that
6 an applicant or licensee meets 1 or more of the following:

7 (a) Is guilty of fraud or deceit in procuring or attempting
8 to procure licensure.

9 (b) Has illegally obtained, possessed, used, or distributed
10 drugs.

11 (c) Has practiced after his or her license has expired or
12 has been suspended.

13 (d) Has knowingly violated, or aided or abetted others in
14 the violation of, this part or rules promulgated under this
15 part.

16 (e) Is not performing in a manner consistent with his or her
17 education, ~~or~~ licensure, OR APPROVED MEDICAL CONTROL AUTHORITY
18 PROTOCOLS.

19 (f) Is physically or mentally incapable of performing his or
20 her prescribed duties.

21 (g) Has been convicted of a criminal offense under sections
22 520a to 520l of the Michigan penal code, ~~Act No. 328 of the~~
23 ~~Public Acts of 1931, being sections 750.520a to 750.520l of the~~
24 ~~Michigan Compiled Laws~~ 1931 PA 328, MCL 750.520A TO 750.520L. A
25 certified copy of the court record is conclusive evidence of the
26 conviction.

1 (h) Has been convicted of a misdemeanor or felony reasonably
2 related to and adversely affecting the ability to practice in a
3 safe and competent manner. A certified copy of the court record
4 is conclusive evidence ~~as to~~ OF the conviction.

5 (2) The department shall provide notice of intent to deny,
6 revoke, or suspend an emergency services personnel license and
7 opportunity for a hearing according to ~~the provisions of~~
8 section 20166.

9 Sec. 20965. (1) Unless an act or omission is the result of
10 gross negligence or willful misconduct, the acts or omissions of
11 a medical first responder, emergency medical technician, emer-
12 gency medical technician specialist, paramedic, ~~or~~ medical
13 director of a medical control authority or his or her designee,
14 OR AN INDIVIDUAL ACTING AS A CLINICAL PRECEPTOR OF A
15 DEPARTMENT-APPROVED EDUCATION PROGRAM SPONSOR while providing
16 services to a patient outside a hospital, ~~or~~ in a hospital
17 before transferring patient care to hospital personnel, OR IN A
18 CLINICAL SETTING that are consistent with the individual's licen-
19 sure or additional training required by the ~~local~~ medical con-
20 trol authority OR CONSISTENT WITH AN APPROVED PROCEDURE FOR THAT
21 PARTICULAR EDUCATION PROGRAM do not impose liability in the
22 treatment of a patient on those individuals or any of the follow-
23 ing persons:

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

25 (b) The medical director and individuals serving on the
26 GOVERNING BOARD, advisory body, OR COMMITTEE of the medical

1 control authority AND AN EMPLOYEE OF THE MEDICAL CONTROL
2 AUTHORITY.

3 (c) The person providing communications services or lawfully
4 operating or utilizing supportive electronic communications
5 devices.

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

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

10 (f) The authoritative governmental unit or units.

11 (g) Emergency personnel from outside the state.

12 (H) THE EDUCATION PROGRAM MEDICAL DIRECTOR.

13 (I) THE EDUCATION PROGRAM INSTRUCTOR-COORDINATOR.

14 (J) THE EDUCATION PROGRAM SPONSOR AND EDUCATION PROGRAM
15 SPONSOR ADVISORY COMMITTEE.

16 (K) THE STUDENT OF A DEPARTMENT-APPROVED EDUCATION PROGRAM
17 WHO IS PARTICIPATING IN AN EDUCATION PROGRAM-APPROVED CLINICAL
18 SETTING.

19 (L) AN INSTRUCTOR OR OTHER STAFF EMPLOYED BY OR UNDER CON-
20 TRACT TO A DEPARTMENT-APPROVED EDUCATION PROGRAM FOR THE PURPOSE
21 OF PROVIDING TRAINING OR INSTRUCTION FOR THE DEPARTMENT-APPROVED
22 EDUCATION PROGRAM.

23 (M) THE LIFE SUPPORT AGENCY OR AN OFFICER, MEMBER OF THE
24 STAFF, OR OTHER EMPLOYEE OF THE LIFE SUPPORT AGENCY PROVIDING THE
25 CLINICAL SETTING DESCRIBED IN SUBDIVISION (K).

1 (N) THE HOSPITAL OR AN OFFICER, MEMBER OF THE MEDICAL STAFF,
2 OR OTHER EMPLOYEE OF THE HOSPITAL PROVIDING THE CLINICAL SETTING
3 DESCRIBED IN SUBDIVISION (K).

4 (2) UNLESS AN ACT OR OMISSION IS THE RESULT OF GROSS NEGLIGENCE OR WILLFUL MISCONDUCT, THE ACTS OR OMISSIONS OF ANY OF THE
5 PERSONS NAMED BELOW, WHILE PARTICIPATING IN THE DEVELOPMENT OF
6 PROTOCOLS UNDER THIS PART, IMPLEMENTATION OF PROTOCOLS UNDER THIS
7 PART, OR HOLDING A PARTICIPANT IN THE EMERGENCY MEDICAL SERVICES
8 SYSTEM ACCOUNTABLE FOR DEPARTMENT-APPROVED PROTOCOLS UNDER THIS
9 PART, DOES NOT IMPOSE LIABILITY IN THE PERFORMANCE OF THOSE
10 FUNCTIONS:

11 (A) THE MEDICAL DIRECTOR AND INDIVIDUALS SERVING ON THE GOV-
12 ERNING BOARD, ADVISORY BODY, OR COMMITTEES OF THE MEDICAL CONTROL
13 AUTHORITY OR EMPLOYEES OF THE MEDICAL CONTROL AUTHORITY.

14 (B) A PARTICIPATING HOSPITAL OR FREESTANDING SURGICAL OUTPA-
15 TIENT FACILITY IN THE MEDICAL CONTROL AUTHORITY OR AN OFFICER,
16 MEMBER OF THE MEDICAL STAFF, OR OTHER EMPLOYEE OF THE HOSPITAL OR
17 FREESTANDING SURGICAL OUTPATIENT FACILITY.

18 (C) A PARTICIPATING AGENCY IN THE MEDICAL CONTROL AUTHORITY
19 OR AN OFFICER, MEMBER OF THE MEDICAL STAFF, OR OTHER EMPLOYEE OF
20 THE PARTICIPATING AGENCY.

21 (D) A NONPROFIT CORPORATION THAT PERFORMS THE FUNCTIONS OF A
22 MEDICAL CONTROL AUTHORITY.

23 (3) ~~(2) Subsection (1) does~~ SUBSECTIONS (1) AND (2) DO not
24 limit immunity from liability otherwise provided by law for any
25 of the persons listed in ~~subsection~~ SUBSECTIONS (1) AND (2).

1 Sec. 20975. The department ~~shall~~ MAY promulgate rules to
2 implement this part.

3 Sec. 20977. (1) ~~Rules~~ EXCEPT AS OTHERWISE PROVIDED IN
4 SUBSECTION (2), RULES promulgated to implement former parts 32,
5 203, or 207 of this act and in effect on ~~the effective date of~~
6 ~~this section shall~~ JULY 22, 1990 DO NOT continue, ~~to the extent~~
7 ~~that they do not conflict with this part, and shall be considered~~
8 ~~as rules promulgated under this part~~ AND ARE CONSIDERED AS
9 RESCINDED.

10 (2) SUBSECTION (1) DOES NOT APPLY TO RULES THAT HAVE BEEN
11 IDENTIFIED AS BEING APPLICABLE WITHIN 6 MONTHS AFTER THE EFFEC-
12 TIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SUBSECTION, AS
13 RECOMMENDED BY THE DEPARTMENT AND APPROVED BY THE STATEWIDE EMER-
14 GENCY MEDICAL SERVICES COORDINATION COMMITTEE.