

**SUBSTITUTE FOR  
HOUSE BILL NO. 4170**

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending section 20919 (MCL 333.20919), as amended by 2014 PA  
312, and by adding part 56B and section 20192a.

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

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**PART 56B**

**PHYSICIAN ORDERS FOR SCOPE OF TREATMENT**

**SEC. 5671. (1) AS USED IN THIS PART, THE WORDS AND PHRASES  
DEFINED IN SECTIONS 5672 TO 5674 HAVE THE MEANINGS ASCRIBED TO THEM  
IN THOSE SECTIONS.**

**(2) IN ADDITION, ARTICLE 1 CONTAINS GENERAL DEFINITIONS AND  
PRINCIPLES OF CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS CODE.**

**SEC. 5672. (1) "ACTUAL NOTICE" INCLUDES THE PHYSICAL  
PRESENTATION OF A POST FORM OR A REVOKED POST FORM, OR THE**

1 ELECTRONIC TRANSMISSION OF A POST FORM OR A REVOKED POST FORM IF  
2 THE RECIPIENT OF THE FORM SENDS AN ELECTRONIC CONFIRMATION TO THE  
3 PATIENT, PATIENT REPRESENTATIVE, OR ATTENDING HEALTH PROFESSIONAL,  
4 WHO SENT THE ELECTRONIC TRANSMISSION, INDICATING THAT THE POST FORM  
5 OR REVOKED POST FORM HAS BEEN RECEIVED. ACTUAL NOTICE ALSO INCLUDES  
6 KNOWLEDGE OF A PATIENT'S INTENT TO REVOKE THE POST FORM BY A HEALTH  
7 PROFESSIONAL WHO IS TREATING THE PATIENT, BY AN ATTENDING HEALTH  
8 PROFESSIONAL, OR BY EMERGENCY MEDICAL SERVICES PERSONNEL.

9 (2) "ADULT FOSTER CARE FACILITY" MEANS THAT TERM AS DEFINED IN  
10 SECTION 3 OF THE ADULT FOSTER CARE FACILITY LICENSING ACT, 1979 PA  
11 218, MCL 400.703.

12 (3) "ADVANCED ILLNESS" MEANS A MEDICAL OR SURGICAL CONDITION  
13 WITH SIGNIFICANT FUNCTIONAL IMPAIRMENT THAT IS NOT REVERSIBLE BY  
14 CURATIVE THERAPIES AND THAT IS ANTICIPATED TO PROGRESS TOWARD DEATH  
15 DESPITE ATTEMPTS AT CURATIVE THERAPIES OR MODULATION.

16 (4) "ATTENDING HEALTH PROFESSIONAL" MEANS A PHYSICIAN,  
17 PHYSICIAN'S ASSISTANT, OR CERTIFIED NURSE PRACTITIONER, WHO HAS  
18 PRIMARY RESPONSIBILITY FOR THE TREATMENT OF A PATIENT AND IS  
19 AUTHORIZED TO ISSUE THE MEDICAL ORDERS ON A POST FORM. TO QUALIFY  
20 AS AN ATTENDING HEALTH PROFESSIONAL, A CERTIFIED NURSE PRACTITIONER  
21 MUST ACT UNDER THE SUPERVISION OF THE PHYSICIAN IN A MANNER  
22 CONSISTENT WITH ARTICLE 15.

23 (5) "CERTIFIED NURSE PRACTITIONER" MEANS AN INDIVIDUAL  
24 LICENSED AS A REGISTERED PROFESSIONAL NURSE UNDER PART 172 WHO HAS  
25 BEEN ISSUED A SPECIALTY CERTIFICATION AS A NURSE PRACTITIONER BY  
26 THE MICHIGAN BOARD OF NURSING UNDER SECTION 17210.

27 SEC. 5673. (1) "EMERGENCY MEDICAL PROTOCOL" MEANS A PROTOCOL

1 AS THAT TERM IS DEFINED IN SECTION 20908.

2 (2) "EMERGENCY MEDICAL SERVICES PERSONNEL" MEANS THAT TERM AS  
3 DEFINED IN SECTION 20904, BUT DOES NOT INCLUDE AN EMERGENCY MEDICAL  
4 SERVICES INSTRUCTOR-COORDINATOR.

5 (3) "GUARDIAN" MEANS A PERSON WITH THE POWERS AND DUTIES TO  
6 MAKE MEDICAL TREATMENT DECISIONS ON BEHALF OF A PATIENT TO THE  
7 EXTENT GRANTED BY COURT ORDER UNDER SECTION 5314 OF THE ESTATES AND  
8 PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.5314.

9 (4) "HEALTH FACILITY" MEANS A HEALTH FACILITY OR AGENCY  
10 LICENSED UNDER ARTICLE 17. HEALTH FACILITY DOES NOT INCLUDE A  
11 HOSPITAL UNLESS SPECIFICALLY PROVIDED.

12 (5) "HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL LICENSED,  
13 REGISTERED, OR OTHERWISE AUTHORIZED TO ENGAGE IN THE PRACTICE OF A  
14 HEALTH PROFESSION UNDER ARTICLE 15.

15 (6) "HOSPITAL" MEANS THAT TERM AS DEFINED IN SECTION 20106.

16 (7) "INFORMATION FORM" MEANS THE INFORMATION FORM DESCRIBED IN  
17 SECTION 5676.

18 SEC. 5674. (1) "MEDICAL CONTROL AUTHORITY" MEANS THAT TERM AS  
19 DEFINED IN SECTION 20906.

20 (2) "PATIENT" MEANS AN ADULT WITH AN ADVANCED ILLNESS OR MEANS  
21 AN ADULT WITH ANOTHER MEDICAL CONDITION THAT, DESPITE AVAILABLE  
22 CURATIVE THERAPIES OR MODULATION, COMPROMISES HIS OR HER HEALTH SO  
23 AS TO MAKE DEATH WITHIN 1 YEAR FORESEEABLE THOUGH NOT A SPECIFIC OR  
24 PREDICTED PROGNOSIS.

25 (3) "PATIENT ADVOCATE" MEANS AN INDIVIDUAL PRESENTLY  
26 AUTHORIZED TO MAKE MEDICAL TREATMENT DECISIONS ON BEHALF OF A  
27 PATIENT UNDER SECTIONS 5506 TO 5515 OF THE ESTATES AND PROTECTED

1 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5506 TO 700.5515.

2 (4) "PATIENT REPRESENTATIVE" MEANS A PATIENT ADVOCATE OR A  
3 GUARDIAN.

4 (5) "PERSON" MEANS THAT TERM AS DEFINED IN SECTION 1106 OR A  
5 GOVERNMENTAL ENTITY.

6 (6) "PHYSICIAN" MEANS THAT TERM AS DEFINED IN SECTION 17001 OR  
7 17501.

8 (7) "PHYSICIAN ORDERS FOR SCOPE OF TREATMENT FORM" OR "POST  
9 FORM" MEANS THE STANDARDIZED POST FORM DESCRIBED IN SECTION 5676. A  
10 POST FORM IS NOT AN ADVANCE HEALTH CARE DIRECTIVE.

11 (8) "PHYSICIAN'S ASSISTANT" MEANS AN INDIVIDUAL LICENSED AS A  
12 PHYSICIAN'S ASSISTANT UNDER PART 170 OR PART 175.

13 (9) "RESIDENTIAL SETTING" MEANS A SETTING OUTSIDE OF A  
14 HOSPITAL, INCLUDING, BUT NOT LIMITED TO, AN ADULT FOSTER CARE  
15 FACILITY.

16 (10) "WARD" MEANS THAT TERM AS DEFINED IN SECTION 1108 OF THE  
17 ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.1108.

18 SEC. 5675. (1) NOT LATER THAN 90 DAYS AFTER THE EFFECTIVE DATE  
19 OF THE AMENDATORY ACT THAT ADDED THIS PART, THE DIRECTOR SHALL  
20 APPOINT MEMBERS OF AND CONVENE AN AD HOC ADVISORY COMMITTEE. THE  
21 COMMITTEE MUST CONSIST OF 11 MEMBERS APPOINTED AS FOLLOWS:

22 (A) FOUR MEMBERS OF THE COMMITTEE MUST INCLUDE 1 INDIVIDUAL  
23 REPRESENTING EACH OF THE FOLLOWING:

24 (i) A HEALTH FACILITY OR AN ADULT FOSTER CARE FACILITY, OR AN  
25 ORGANIZATION OR PROFESSIONAL ASSOCIATION REPRESENTING HEALTH  
26 FACILITIES OR ADULT FOSTER CARE FACILITIES.

27 (ii) A PALLIATIVE CARE PROVIDER.

1 (iii) EMERGENCY MEDICAL SERVICES PERSONNEL.

2 (iv) A MEDICAL CONTROL AUTHORITY.

3 (B) SEVEN MEMBERS OF THE COMMITTEE MAY INCLUDE, BUT ARE NOT  
4 LIMITED TO, INDIVIDUALS REPRESENTING THE FOLLOWING:

5 (i) A HEALTH PROFESSIONAL.

6 (ii) A PATIENT ADVOCACY ORGANIZATION.

7 (2) WITHIN 180 DAYS AFTER THE COMMITTEE IS CONVENED, THE  
8 COMMITTEE SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT ON ALL OF  
9 THE FOLLOWING:

10 (A) SUBJECT TO SECTION 5676, THE CREATION OF A STANDARDIZED  
11 POST FORM.

12 (B) MEDICAL ORDERS TO BE INCLUDED ON THE POST FORM THAT RELATE  
13 TO EMERGENCY AND NONEMERGENCY SITUATIONS.

14 (C) SUBJECT TO SECTION 5676, THE CREATION OF AN INFORMATION  
15 FORM.

16 (D) THE PROCEDURES FOR THE USE OF A POST FORM WITHIN A  
17 RESIDENTIAL SETTING.

18 (E) THE CIRCUMSTANCES UNDER WHICH A PHOTOCOPY, FACSIMILE, OR  
19 DIGITAL IMAGE OF A COMPLETED POST FORM IS CONSIDERED VALID FOR  
20 PURPOSES OF A HEALTH PROFESSIONAL, A HEALTH FACILITY, AN ADULT CARE  
21 FACILITY, OR EMERGENCY MEDICAL SERVICES PERSONNEL COMPLYING WITH  
22 THE ORDERS FOR MEDICAL TREATMENT ON THE POST FORM.

23 (3) AFTER THE DEPARTMENT RECEIVES THE RECOMMENDATIONS FROM THE  
24 COMMITTEE UNDER SUBSECTION (2), THE COMMITTEE IS ABOLISHED.

25 (4) AS USED IN THIS SECTION, "COMMITTEE" MEANS THE AD HOC  
26 ADVISORY COMMITTEE APPOINTED UNDER SUBSECTION (1).

27 SEC. 5676. (1) THE DEPARTMENT, AFTER CONSIDERING THE

1 RECOMMENDATIONS OF THE ADVISORY COMMITTEE UNDER SECTION 5675, SHALL  
2 DO ALL OF THE FOLLOWING:

3 (A) DEVELOP A STANDARDIZED POST FORM THAT HAS A DISTINCT  
4 FORMAT AND IS PRINTED ON A SPECIFIC STOCK AND COLOR OF PAPER TO  
5 MAKE THE FORM EASILY IDENTIFIABLE. THE DEPARTMENT SHALL INCLUDE ON  
6 THE POST FORM AT LEAST ALL OF THE FOLLOWING:

7 (i) A SPACE FOR THE PRINTED NAME OF THE PATIENT, THE PATIENT'S  
8 AGE, AND THE PATIENT'S DIAGNOSIS OR MEDICAL CONDITION THAT WARRANTS  
9 THE MEDICAL ORDERS ON THE POST FORM.

10 (ii) A SPACE FOR THE SIGNATURE OF THE PATIENT OR THE PATIENT  
11 REPRESENTATIVE WHO CONSENTS TO THE MEDICAL ORDERS INDICATED ON THE  
12 POST FORM AND A SPACE TO INDICATE THE DATE THE PATIENT OR THE  
13 PATIENT REPRESENTATIVE SIGNED THE FORM.

14 (iii) A SPACE FOR THE PRINTED NAME AND SIGNATURE OF THE  
15 ATTENDING HEALTH PROFESSIONAL WHO ISSUES THE MEDICAL ORDERS ON THE  
16 POST FORM.

17 (iv) SECTIONS CONTAINING MEDICAL ORDERS THAT DIRECT SPECIFIC  
18 TYPES OR LEVELS OF TREATMENT TO BE PROVIDED IN A SETTING OUTSIDE OF  
19 A HOSPITAL TO WHICH A PATIENT OR A PATIENT REPRESENTATIVE MAY  
20 PROVIDE CONSENT.

21 (v) A SPACE FOR THE DATE AND THE INITIALS OF EITHER THE  
22 ATTENDING HEALTH PROFESSIONAL AND THE PATIENT OR THE ATTENDING  
23 HEALTH PROFESSIONAL AND THE PATIENT REPRESENTATIVE. THE POST FORM  
24 MUST ALSO INCLUDE A STATEMENT THAT, BY DATING AND INITIALING THE  
25 POST FORM, THE INDIVIDUALS DESCRIBED IN THIS SUBPARAGRAPH CONFIRM  
26 THAT THE MEDICAL ORDERS ON THE FORM REMAIN IN EFFECT.

27 (vi) A STATEMENT THAT FOR THE POST FORM TO REMAIN IN EFFECT,

1 THE POST FORM MUST BE REVIEWED, DATED, AND INITIALED BY EITHER THE  
2 ATTENDING HEALTH PROFESSIONAL AND THE PATIENT OR THE ATTENDING  
3 HEALTH PROFESSIONAL AND THE PATIENT REPRESENTATIVE, IF ANY OF THE  
4 FOLLOWING HAVE OCCURRED:

5 (A) ONE YEAR HAS EXPIRED SINCE THE PATIENT AND THE ATTENDING  
6 HEALTH PROFESSIONAL OR THE PATIENT REPRESENTATIVE AND THE ATTENDING  
7 HEALTH PROFESSIONAL HAVE SIGNED OR INITIALED THE POST FORM.

8 (B) THERE HAS BEEN AN UNEXPECTED CHANGE IN THE PATIENT'S  
9 MEDICAL CONDITION.

10 (C) THE PATIENT IS TRANSFERRED FROM 1 CARE SETTING OR CARE  
11 LEVEL TO ANOTHER CARE SETTING OR CARE LEVEL.

12 (D) THE PATIENT'S TREATMENT PREFERENCES CHANGE.

13 (E) THE PATIENT'S ATTENDING HEALTH PROFESSIONAL CHANGES.

14 (vii) A STATEMENT THAT A PATIENT OR A PATIENT REPRESENTATIVE  
15 HAS THE OPTION OF EXECUTING A POST FORM AND THAT CONSENTING TO THE  
16 MEDICAL ORDERS ON THE POST FORM IS VOLUNTARY.

17 (viii) A STATEMENT THAT THE POST FORM IS VOID IF ANY  
18 INFORMATION DESCRIBED IN SUBPARAGRAPH (i), (ii), OR (iii) IS NOT  
19 PROVIDED ON THE FORM.

20 (ix) A STATEMENT THAT IF A SECTION ON THE POST FORM REGARDING  
21 A SPECIFIC TYPE OR LEVEL OF TREATMENT IS LEFT BLANK, THE BLANK  
22 SECTION WILL BE INTERPRETED AS AUTHORIZING FULL TREATMENT FOR THE  
23 PATIENT FOR THAT TREATMENT, BUT A BLANK SECTION ON THE POST FORM  
24 REGARDING A SPECIFIC TYPE OR LEVEL OF TREATMENT DOES NOT INVALIDATE  
25 THE ENTIRE FORM OR OTHER MEDICAL ORDERS ON THE FORM.

26 (x) A SPACE FOR THE PRINTED NAME AND CONTACT INFORMATION OF  
27 THE PATIENT REPRESENTATIVE, IF APPLICABLE.

1 (B) DEVELOP AN INFORMATION FORM. THE DEPARTMENT SHALL INCLUDE  
2 ON THE INFORMATION FORM AT LEAST ALL OF THE FOLLOWING:

3 (i) AN INTRODUCTORY STATEMENT IN SUBSTANTIALLY THE FOLLOWING  
4 FORM:

5 "THE POST FORM IS INTENDED TO BE USED AS PART OF AN ADVANCE CARE  
6 PLANNING PROCESS. THE POST FORM IS NOT INTENDED TO BE USED AS A  
7 STAND-ALONE ADVANCE HEALTH CARE DIRECTIVE THAT UNILATERALLY  
8 EXPRESSES THE PATIENT'S MEDICAL TREATMENT WISHES. THE POST FORM  
9 CONTAINS MEDICAL ORDERS THAT ARE JOINTLY AGREED TO BY THE PATIENT  
10 AND THE ATTENDING HEALTH PROFESSIONAL OR THE PATIENT REPRESENTATIVE  
11 AND THE ATTENDING HEALTH PROFESSIONAL. THE MEDICAL ORDERS ON THE  
12 POST FORM REFLECT BOTH THE PATIENT'S EXPRESSED WISHES OR BEST  
13 INTERESTS AND THE ATTENDING HEALTH PROFESSIONAL'S MEDICAL ADVICE OR  
14 RECOMMENDATION. AN ADVANCE CARE PLANNING PROCESS THAT USES THE POST  
15 FORM MUST RECOMMEND THAT THE PATIENT CONSIDER DESIGNATING AN  
16 INDIVIDUAL TO SERVE AS THE PATIENT'S PATIENT ADVOCATE TO MAKE  
17 FUTURE MEDICAL DECISIONS ON BEHALF OF THE PATIENT IF THE PATIENT  
18 BECOMES UNABLE TO DO SO."

19 (ii) AN EXPLANATION OF WHO IS CONSIDERED A PATIENT WITH AN  
20 ADVANCED ILLNESS FOR PURPOSES OF EXECUTING A POST FORM.

21 (iii) AN EXPLANATION OF HOW A PATIENT ADVOCATE IS DESIGNATED  
22 UNDER SECTIONS 5506 TO 5515 OF THE ESTATES AND PROTECTED  
23 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5506 TO 700.5515.

24 (iv) A STATEMENT INDICATING THAT, BY SIGNING THE INFORMATION  
25 FORM, THE PATIENT OR THE PATIENT REPRESENTATIVE ACKNOWLEDGES THAT  
26 HE OR SHE HAD THE OPPORTUNITY TO REVIEW THE INFORMATION FORM BEFORE  
27 EXECUTING A POST FORM.



1 (v) A SPACE FOR THE SIGNATURE OF THE PATIENT OR THE PATIENT  
2 REPRESENTATIVE AND A SPACE TO INDICATE THE DATE THE PATIENT OR THE  
3 PATIENT REPRESENTATIVE REVIEWED THE INFORMATION FORM.

4 (C) PROMULGATE RULES FOR THE PROCEDURES FOR THE USE OF A POST  
5 FORM WITHIN A RESIDENTIAL SETTING. THE RULES MUST ALSO INCLUDE, BUT  
6 ARE NOT LIMITED TO, THE CIRCUMSTANCES UNDER WHICH A PHOTOCOPY,  
7 FACSIMILE, OR DIGITAL IMAGE OF A COMPLETED POST FORM WILL BE  
8 CONSIDERED VALID FOR PURPOSES OF A HEALTH PROFESSIONAL, A HEALTH  
9 FACILITY, AN ADULT FOSTER CARE FACILITY, OR EMERGENCY MEDICAL  
10 SERVICES PERSONNEL COMPLYING WITH THE MEDICAL ORDERS ON THE FORM.

11 (2) THE DEPARTMENT MAY PUBLISH INFORMATION OR MATERIALS  
12 REGARDING THE POST FORM ON THE DEPARTMENT'S WEBSITE.

13 SEC. 5677. (1) THE FOLLOWING INDIVIDUALS MAY CONSENT TO THE  
14 MEDICAL ORDERS CONTAINED ON A POST FORM:

15 (A) IF A PATIENT IS CAPABLE OF PARTICIPATING IN THE MEDICAL  
16 TREATMENT DECISIONS INCLUDED ON THE POST FORM, THE PATIENT.

17 (B) SUBJECT TO SUBSECTION (2), IF A PATIENT IS NOT CAPABLE OF  
18 PARTICIPATING IN THE MEDICAL TREATMENT DECISIONS INCLUDED ON THE  
19 POST FORM, EITHER OF THE FOLLOWING:

20 (i) A PATIENT REPRESENTATIVE WHO IS A PATIENT ADVOCATE.

21 (ii) A PATIENT REPRESENTATIVE WHO IS A GUARDIAN AFTER  
22 COMPLYING WITH SECTION 5314 OF THE ESTATES AND PROTECTED  
23 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5314.

24 (2) IF A PATIENT REPRESENTATIVE IS CONSENTING TO THE MEDICAL  
25 ORDERS CONTAINED ON THE POST FORM, THE PATIENT REPRESENTATIVE SHALL  
26 COMPLY WITH THE PATIENT'S EXPRESSED WISHES. IF THE PATIENT'S WISHES  
27 ARE UNKNOWN, THE PATIENT REPRESENTATIVE SHALL CONSENT TO THE

1 MEDICAL ORDERS IN THE FOLLOWING MANNER:

2 (A) IF THE PATIENT REPRESENTATIVE IS A GUARDIAN, IN A MANNER  
3 THAT IS CONSISTENT WITH THE PATIENT'S BEST INTEREST.

4 (B) IF THE PATIENT REPRESENTATIVE IS A PATIENT ADVOCATE,  
5 SUBJECT TO SECTION 5509(1)(E) OF THE ESTATES AND PROTECTED  
6 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5509.

7 (3) BEFORE A PATIENT AND AN ATTENDING HEALTH PROFESSIONAL OR A  
8 PATIENT REPRESENTATIVE AND AN ATTENDING HEALTH PROFESSIONAL SIGN A  
9 POST FORM, THE ATTENDING HEALTH PROFESSIONAL SHALL PROVIDE THE  
10 PATIENT OR THE PATIENT REPRESENTATIVE WITH THE INFORMATION FORM  
11 AND, IF THE PATIENT DOES NOT HAVE A PATIENT REPRESENTATIVE, THE  
12 ATTENDING HEALTH PROFESSIONAL SHALL RECOMMEND TO THE PATIENT THAT  
13 THE PATIENT CONSIDER DESIGNATING AN INDIVIDUAL TO SERVE AS THE  
14 PATIENT'S PATIENT ADVOCATE TO MAKE FUTURE MEDICAL DECISIONS ON  
15 BEHALF OF THE PATIENT IF THE PATIENT BECOMES UNABLE TO DO SO. THE  
16 ATTENDING HEALTH PROFESSIONAL SHALL ALSO CONSULT WITH THE PATIENT  
17 OR PATIENT REPRESENTATIVE AND EXPLAIN TO THE PATIENT OR PATIENT  
18 REPRESENTATIVE THE NATURE AND CONTENT OF THE POST FORM AND THE  
19 MEDICAL IMPLICATIONS OF THE MEDICAL ORDERS CONTAINED ON THE POST  
20 FORM. THE PATIENT OR PATIENT REPRESENTATIVE SHALL SIGN THE  
21 INFORMATION FORM AT THE TIME HE OR SHE SIGNS THE POST FORM UNDER  
22 THIS SUBSECTION. THE ATTENDING HEALTH PROFESSIONAL WHO SIGNS THE  
23 POST FORM SHALL PLACE THE INFORMATION FORM THAT IS SIGNED BY THE  
24 PATIENT OR THE PATIENT REPRESENTATIVE IN THE PATIENT'S PERMANENT  
25 MEDICAL RECORD. THE ATTENDING HEALTH PROFESSIONAL WHO SIGNS THE  
26 POST FORM SHALL ALSO OBTAIN A COPY OR DUPLICATE OF THE POST FORM  
27 AND MAKE THAT COPY OR DUPLICATE PART OF THE PATIENT'S PERMANENT

1 MEDICAL RECORD. THE PATIENT OR THE PATIENT REPRESENTATIVE SHALL  
2 MAINTAIN POSSESSION OF THE ORIGINAL POST FORM.

3 SEC. 5678. (1) THE FOLLOWING INDIVIDUALS MAY REVOKE A POST  
4 FORM UNDER THE FOLLOWING CIRCUMSTANCES:

5 (A) A PATIENT MAY REVOKE THE POST FORM AT ANY TIME AND IN ANY  
6 MANNER THAT THE PATIENT IS ABLE TO COMMUNICATE HIS OR HER INTENT TO  
7 REVOKE THE POST FORM. IF THE PATIENT'S REVOCATION IS NOT IN  
8 WRITING, AN INDIVIDUAL WHO WITNESSES THE PATIENT'S EXPRESSED INTENT  
9 TO REVOKE THE POST FORM SHALL DESCRIBE IN WRITING THE CIRCUMSTANCES  
10 OF THE REVOCATION, SIGN THE WRITING, AND PROVIDE THE WRITING TO THE  
11 INDIVIDUALS DESCRIBED IN SUBSECTION (2), AS APPLICABLE.

12 (B) THE PATIENT REPRESENTATIVE MAY REVOKE THE POST FORM AT ANY  
13 TIME THE PATIENT REPRESENTATIVE CONSIDERS REVOKING THE POST FORM TO  
14 BE CONSISTENT WITH THE PATIENT'S WISHES OR, IF THE PATIENT'S WISHES  
15 ARE UNKNOWN, IN THE PATIENT'S BEST INTEREST.

16 (C) IF A CHANGE IN THE PATIENT'S MEDICAL CONDITION MAKES THE  
17 MEDICAL ORDERS ON THE POST FORM CONTRARY TO GENERALLY ACCEPTED  
18 HEALTH CARE STANDARDS, THE ATTENDING HEALTH PROFESSIONAL MAY REVOKE  
19 THE POST FORM. IF AN ATTENDING HEALTH PROFESSIONAL REVOKES A POST  
20 FORM UNDER THIS SUBDIVISION, HE OR SHE SHALL TAKE REASONABLE  
21 ACTIONS TO NOTIFY THE PATIENT OR THE PATIENT REPRESENTATIVE OF THE  
22 REVOCATION AND THE CHANGE IN THE PATIENT'S MEDICAL CONDITION THAT  
23 WARRANTED THE REVOCATION OF THE POST FORM.

24 (2) UPON REVOCATION OF THE POST FORM, THE PATIENT, PATIENT  
25 REPRESENTATIVE, OR ATTENDING HEALTH PROFESSIONAL SHALL WRITE  
26 "REVOKED" OVER THE SIGNATURE OF THE PATIENT OR PATIENT  
27 REPRESENTATIVE, AS APPLICABLE, AND OVER THE SIGNATURE OF THE

1 ATTENDING HEALTH PROFESSIONAL, ON THE POST FORM THAT IS CONTAINED  
2 IN THE PATIENT'S PERMANENT MEDICAL RECORD AND ON THE ORIGINAL POST  
3 FORM IF THE ORIGINAL POST FORM IS AVAILABLE. IF A PATIENT OR  
4 PATIENT REPRESENTATIVE REVOKES THE POST FORM, THE PATIENT OR  
5 PATIENT REPRESENTATIVE SHALL TAKE REASONABLE ACTIONS TO NOTIFY 1 OR  
6 MORE OF THE FOLLOWING OF THE REVOCATION:

7 (A) THE ATTENDING HEALTH PROFESSIONAL.

8 (B) A HEALTH PROFESSIONAL WHO IS TREATING THE PATIENT.

9 (C) THE HEALTH FACILITY THAT IS DIRECTLY RESPONSIBLE FOR THE  
10 MEDICAL TREATMENT OR CARE AND CUSTODY OF THE PATIENT.

11 (D) THE PATIENT.

12 SEC. 5679. (1) IN AN ACUTE CARE SETTING, A HEALTH PROFESSIONAL  
13 WHO IS TREATING THE PATIENT MAY USE A COMPLETED POST FORM AS A  
14 COMMUNICATION TOOL.

15 (2) EMERGENCY MEDICAL SERVICES PERSONNEL SHALL PROVIDE OR  
16 WITHHOLD TREATMENT TO A PATIENT ACCORDING TO THE ORDERS ON A POST  
17 FORM UNLESS ANY OF THE FOLLOWING APPLY:

18 (A) THE EMERGENCY MEDICAL SERVICES BEING PROVIDED BY THE  
19 EMERGENCY MEDICAL SERVICES PERSONNEL ARE NECESSITATED BY AN INJURY  
20 OR MEDICAL CONDITION THAT IS UNRELATED TO THE DIAGNOSIS OR MEDICAL  
21 CONDITION THAT IS INDICATED ON THE PATIENT'S POST FORM.

22 (B) THE ORDERS ON THE POST FORM REQUEST MEDICAL TREATMENT THAT  
23 IS CONTRARY TO GENERALLY ACCEPTED HEALTH CARE STANDARDS OR  
24 EMERGENCY MEDICAL PROTOCOLS.

25 (C) THE POST FORM CONTAINS A MEDICAL ORDER REGARDING THE  
26 INITIATION OF RESUSCITATION IF THE PATIENT SUFFERS CESSATION OF  
27 BOTH SPONTANEOUS RESPIRATION AND CIRCULATION, AND THE EMERGENCY

1 MEDICAL SERVICES PERSONNEL HAS ACTUAL NOTICE OF A DO-NOT-  
2 RESUSCITATE ORDER THAT WAS EXECUTED UNDER THE MICHIGAN DO-NOT-  
3 RESUSCITATE PROCEDURE ACT, 1996 PA 193, MCL 333.1051 TO 333.1067,  
4 AFTER THE POST FORM WAS VALIDLY EXECUTED. AS USED IN THIS  
5 SUBDIVISION, "ACTUAL NOTICE" MEANS THAT TERM AS DEFINED IN SECTION  
6 2 OF THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT, 1996 PA 193,  
7 MCL 333.1052.

8 (D) THE POST FORM HAS BEEN REVOKED IN THE MANNER PROVIDED IN  
9 THIS PART AND THE EMERGENCY MEDICAL SERVICES PERSONNEL HAS ACTUAL  
10 NOTICE OF THE REVOCATION.

11 (3) IF A HEALTH PROFESSIONAL OR HEALTH FACILITY IS UNWILLING  
12 TO COMPLY WITH THE MEDICAL ORDERS ON A VALIDLY EXECUTED POST FORM  
13 BECAUSE OF A POLICY, RELIGIOUS BELIEF, OR MORAL CONVICTION, THE  
14 HEALTH PROFESSIONAL OR HEALTH FACILITY SHALL TAKE ALL REASONABLE  
15 STEPS TO REFER OR TRANSFER THE PATIENT TO ANOTHER HEALTH  
16 PROFESSIONAL OR HEALTH FACILITY. IF AN ADULT FOSTER CARE FACILITY  
17 IS UNWILLING TO COMPLY WITH THE MEDICAL ORDERS ON A VALIDLY  
18 EXECUTED POST FORM FOR THE REASONS DESCRIBED IN THIS SUBSECTION,  
19 THE ADULT FOSTER CARE FACILITY SHALL TAKE ALL REASONABLE STEPS TO  
20 REFER OR TRANSFER THE PATIENT TO ANOTHER ADULT FOSTER CARE FACILITY  
21 AS PROVIDED IN SECTION 26C OF THE ADULT FOSTER CARE FACILITY  
22 LICENSING ACT, 1979 PA 218, MCL 400.726C.

23 SEC. 5680. A PERSON IS NOT SUBJECT TO CRIMINAL PROSECUTION,  
24 CIVIL LIABILITY, OR PROFESSIONAL DISCIPLINARY ACTION FOR ANY OF THE  
25 FOLLOWING:

26 (A) PROVIDING MEDICAL TREATMENT THAT IS CONTRARY TO THE  
27 MEDICAL ORDERS INDICATED ON A POST FORM IF THE PERSON DID NOT HAVE

1 ACTUAL NOTICE OF THE POST FORM.

2 (B) PROVIDING MEDICAL TREATMENT THAT IS CONSISTENT WITH THE  
3 MEDICAL ORDERS INDICATED ON A POST FORM IF THE PERSON DID NOT HAVE  
4 ACTUAL NOTICE THAT THE POST FORM WAS REVOKED.

5 (C) PROVIDING EMERGENCY MEDICAL SERVICES CONSISTENT WITH  
6 GENERALLY ACCEPTED HEALTH CARE STANDARDS OR EMERGENCY MEDICAL  
7 PROTOCOLS AS PROVIDED IN SECTION 5679, REGARDLESS OF THE MEDICAL  
8 ORDERS INDICATED ON THE POST FORM.

9 SEC. 5681. (1) IF A POST FORM IS VALIDLY EXECUTED AFTER A  
10 PATIENT ADVOCATE DESIGNATION THAT CONTAINS WRITTEN DIRECTIVES  
11 REGARDING MEDICAL TREATMENT, OR ANOTHER ADVANCE HEALTH CARE  
12 DIRECTIVE THAT CONTAINS WRITTEN DIRECTIVES REGARDING MEDICAL  
13 TREATMENT, THE MEDICAL ORDERS INDICATED ON THE POST FORM ARE  
14 PRESUMED TO EXPRESS THE PATIENT'S CURRENT WISHES.

15 (2) IF A POST FORM IS VALIDLY EXECUTED AFTER A DO-NOT-  
16 RESUSCITATE ORDER IS EXECUTED UNDER THE MICHIGAN DO-NOT-RESUSCITATE  
17 PROCEDURE ACT, 1996 PA 193, MCL 333.1051 TO 333.1067, THE MEDICAL  
18 ORDERS INDICATED ON THE POST FORM ARE PRESUMED TO EXPRESS THE  
19 PATIENT'S CURRENT WISHES.

20 SEC. 5682. IF AN INDIVIDUAL HAS REASON TO BELIEVE THAT A POST  
21 FORM HAS BEEN EXECUTED CONTRARY TO THE WISHES OF THE PATIENT OR, IF  
22 THE PATIENT IS A WARD, CONTRARY TO THE WISHES OR BEST INTERESTS OF  
23 THE WARD, THE INDIVIDUAL MAY PETITION THE PROBATE COURT TO HAVE THE  
24 POST FORM AND THE CONDITIONS OF ITS EXECUTION REVIEWED. IF THE  
25 PROBATE COURT FINDS THAT THE POST FORM HAS BEEN EXECUTED CONTRARY  
26 TO THE WISHES OF THE PATIENT OR, IF THE PATIENT IS A WARD, CONTRARY  
27 TO THE WISHES OR BEST INTERESTS OF THE WARD, THE PROBATE COURT

1 SHALL ISSUE AN INJUNCTION VOIDING THE EFFECTIVENESS OF THE POST  
2 FORM AND PROHIBITING COMPLIANCE WITH THE POST FORM.

3 SEC. 5683. (1) A LIFE INSURER SHALL NOT DO ANY OF THE  
4 FOLLOWING BECAUSE OF THE EXECUTION OR IMPLEMENTATION OF A POST  
5 FORM:

6 (A) REFUSE TO PROVIDE OR CONTINUE COVERAGE TO THE PATIENT.

7 (B) CHARGE THE PATIENT A HIGHER PREMIUM.

8 (C) OFFER A PATIENT DIFFERENT POLICY TERMS BECAUSE THE PATIENT  
9 HAS EXECUTED A POST FORM.

10 (D) CONSIDER THE TERMS OF AN EXISTING POLICY OF LIFE INSURANCE  
11 TO HAVE BEEN BREACHED OR MODIFIED.

12 (E) INVOKE A SUICIDE OR INTENTIONAL DEATH EXEMPTION OR  
13 EXCLUSION IN A POLICY COVERING THE PATIENT.

14 (2) A HEALTH INSURER SHALL NOT DO ANY OF THE FOLLOWING:

15 (A) REQUIRE THE EXECUTION OF A POST FORM TO MAINTAIN OR BE  
16 ELIGIBLE FOR COVERAGE.

17 (B) CHARGE A DIFFERENT PREMIUM BASED ON WHETHER A PATIENT OR  
18 PATIENT REPRESENTATIVE HAS EXECUTED A POST FORM.

19 (C) CONSIDER THE TERMS OF AN EXISTING POLICY TO HAVE BEEN  
20 BREACHED OR MODIFIED IF THE PATIENT OR PATIENT REPRESENTATIVE HAS  
21 EXECUTED A POST FORM.

22 SEC. 5684. (1) THE PROVISIONS OF THIS PART ARE CUMULATIVE AND  
23 DO NOT IMPAIR OR SUPERSEDE A LEGAL RIGHT THAT A PATIENT OR PATIENT  
24 REPRESENTATIVE MAY HAVE TO CONSENT TO OR REFUSE MEDICAL TREATMENT  
25 FOR HIMSELF OR HERSELF OR ON BEHALF OF ANOTHER.

26 (2) THIS PART DOES NOT CREATE A PRESUMPTION THAT A PATIENT WHO  
27 HAS EXECUTED A POST FORM INTENDS TO CONSENT TO OR REFUSE MEDICAL

1 TREATMENT THAT IS NOT ADDRESSED IN THE MEDICAL ORDERS ON THE POST  
2 FORM.

3 (3) THIS PART DOES NOT CREATE A PRESUMPTION THAT A PATIENT OR  
4 PATIENT REPRESENTATIVE WHO HAS NOT EXECUTED A POST FORM INTENDS TO  
5 CONSENT TO OR REFUSE ANY TYPE OF MEDICAL TREATMENT.

6 SEC. 5685. (1) BY 3 YEARS AFTER THE EFFECTIVE DATE OF THE  
7 AMENDATORY ACT THAT ADDED THIS PART, THE DIRECTOR SHALL APPOINT AN  
8 AD HOC ADVISORY COMMITTEE CONSISTING OF 11 MEMBERS IN THE SAME  
9 MANNER AS THE AD HOC ADVISORY COMMITTEE IS REQUIRED TO BE APPOINTED  
10 UNDER SECTION 5675.

11 (2) THE DIRECTOR SHALL CALL THE FIRST MEETING OF THE  
12 COMMITTEE.

13 (3) WITHIN 90 DAYS AFTER THE FIRST MEETING OF THE COMMITTEE IS  
14 CONVENED, THE COMMITTEE SHALL SUBMIT A REPORT TO THE DEPARTMENT  
15 THAT CONTAINS RECOMMENDATIONS ON ALL OF THE FOLLOWING:

16 (A) ANY CHANGES TO THE RULES PROMULGATED UNDER SECTION 5676  
17 THAT THE COMMITTEE CONSIDERS NECESSARY OR APPROPRIATE.

18 (B) ANY CHANGES TO THE POST FORM OR THE INFORMATION FORM THAT  
19 THE COMMITTEE CONSIDERS NECESSARY OR APPROPRIATE.

20 (C) ANY LEGISLATIVE CHANGES TO THIS PART THAT THE COMMITTEE  
21 CONSIDERS NECESSARY OR APPROPRIATE.

22 (4) AFTER THE DEPARTMENT RECEIVES THE RECOMMENDATIONS FROM THE  
23 COMMITTEE UNDER SUBSECTION (3), THE COMMITTEE IS ABOLISHED.

24 (5) AS USED IN THIS SECTION, "COMMITTEE" MEANS THE AD HOC  
25 ADVISORY COMMITTEE APPOINTED UNDER SUBSECTION (1).

26 SEC. 20192A. A HEALTH FACILITY OR AGENCY SHALL NOT REQUIRE THE  
27 EXECUTION OF A POST FORM UNDER PART 56B AS A CONDITION FOR



1 **ADMISSION OR THE RECEIPT OF SERVICES.**

2           Sec. 20919. (1) A medical control authority shall establish  
3 written protocols for the practice of life support agencies and  
4 licensed emergency medical services personnel within its region.  
5 The medical control authority shall develop and adopt the protocols  
6 required under this section in accordance with procedures  
7 established by the department and shall include all of the  
8 following:

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

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

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

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

20           (e) Protocols to ensure that if the medical control authority  
21 determines that an immediate threat to the public health, safety,  
22 or welfare exists, appropriate action to remove medical control can  
23 immediately be taken until the medical control authority has had  
24 the opportunity to review the matter at a medical control authority  
25 hearing. The protocols must require that the hearing is held within  
26 3 business days after the medical control authority's  
27 determination.

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

7 (g) Protocols to ensure that a quality improvement program is  
8 in place within a medical control authority and provides data  
9 protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

10 (h) Protocols to ensure that an appropriate appeals process is  
11 in place.

12 (i) Protocols to ensure that each life support agency that  
13 provides basic life support, limited advanced life support, or  
14 advanced life support is equipped with epinephrine or epinephrine  
15 auto-injectors and that each emergency services personnel  
16 authorized to provide those services is properly trained to  
17 recognize an anaphylactic reaction, to administer the epinephrine,  
18 and to dispose of the epinephrine auto-injector or vial.

19 (j) Protocols to ensure that each life support vehicle that is  
20 dispatched and responding to provide medical first response life  
21 support, basic life support, or limited advanced life support is  
22 equipped with an automated external defibrillator and that each  
23 emergency **MEDICAL** services personnel is properly trained to utilize  
24 the automated external defibrillator.

25 (k) Except as otherwise provided in this subdivision, ~~within~~  
26 ~~12 months after the effective date of the amendatory act that added~~  
27 ~~this subdivision,~~ **BEFORE OCTOBER 15, 2015**, protocols to ensure that

1 each life support vehicle that is dispatched and responding to  
2 provide medical first response life support, basic life support, or  
3 limited advanced life support is equipped with opioid antagonists  
4 and that each emergency **MEDICAL** services personnel is properly  
5 trained to administer opioid antagonists. Beginning ~~3 years after~~  
6 ~~the effective date of the amendatory act that added this~~  
7 ~~subdivision,~~ **OCTOBER 14, 2017**, a medical control authority, at its  
8 discretion, may rescind or continue the protocol adopted under this  
9 subdivision.

10 **(l) PROTOCOLS FOR COMPLYING WITH PART 56B.**

11 (2) A medical control authority shall not establish a protocol  
12 under this section that conflicts with the Michigan do-not-  
13 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067,  
14 **OR PART 56B.**

15 (3) The department shall establish procedures for the  
16 development and adoption of written protocols under this section.  
17 The procedures must include at least all of the following  
18 requirements:

19 (a) At least 60 days before adoption of a protocol, the  
20 medical control authority shall circulate a written draft of the  
21 proposed protocol to all significantly affected persons within the  
22 emergency medical services system served by the medical control  
23 authority and submit the written draft to the department for  
24 approval.

25 (b) The department shall review a proposed protocol for  
26 consistency with other protocols concerning similar subject matter  
27 that have already been established in this state and shall consider

1 any written comments received from interested persons in its  
2 review.

3 (c) Within 60 days after receiving a written draft of a  
4 proposed protocol from a medical control authority, the department  
5 shall provide a written recommendation to the medical control  
6 authority with any comments or suggested changes on the proposed  
7 protocol. If the department does not respond within 60 days after  
8 receiving the written draft, the proposed protocol is considered to  
9 be approved by the department.

10 (d) After department approval of a proposed protocol, the  
11 medical control authority may formally adopt and implement the  
12 protocol.

13 (e) A medical control authority may establish an emergency  
14 protocol necessary to preserve the health or safety of individuals  
15 within its region in response to a present medical emergency or  
16 disaster without following the procedures established by the  
17 department under this subsection for an ordinary protocol. An  
18 emergency protocol established under this subdivision is effective  
19 only for a limited period and does not take permanent effect unless  
20 it is approved according to the procedures established by the  
21 department under this subsection.

22 (4) A medical control authority shall provide an opportunity  
23 for an affected participant in an emergency medical services system  
24 to appeal a decision of the medical control authority. Following  
25 appeal, the medical control authority may affirm, suspend, or  
26 revoke its original decision. After appeals to the medical control  
27 authority have been exhausted, the affected participant in an

1 emergency medical services system may appeal the medical control  
2 authority's decision to the state emergency medical services  
3 coordination committee created in section 20915. The state  
4 emergency medical services coordination committee shall issue an  
5 opinion on whether the actions or decisions of the medical control  
6 authority are in accordance with the department-approved protocols  
7 of the medical control authority and state law. If the state  
8 emergency medical services coordination committee determines in its  
9 opinion that the actions or decisions of the medical control  
10 authority are not in accordance with the medical control  
11 authority's department-approved protocols or with state law, the  
12 state emergency medical services coordination committee shall  
13 recommend that the department take any enforcement action  
14 authorized under this code.

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

1 welfare, the medical control authority shall not adopt and the  
2 department shall not approve protocols containing those additional  
3 standards.

4 (6) If adopted in protocols approved by the department, a  
5 medical control authority may require medical first response  
6 services and licensed medical first responders within its region to  
7 meet additional standards for equipment and personnel to ensure  
8 that each medical first response service is equipped with an  
9 epinephrine auto-injector, and that each licensed medical first  
10 responder is properly trained to recognize an anaphylactic reaction  
11 and to administer and dispose of the epinephrine auto-injector, if  
12 a life support agency that provides basic life support, limited  
13 advanced life support, or advanced life support is not readily  
14 available in that location.

15 (7) If a decision of the medical control authority under  
16 subsection (5) or (6) is appealed by an affected person, the  
17 medical control authority shall make available, in writing, the  
18 medical and economic information it considered in making its  
19 decision. On appeal, the state emergency medical services  
20 coordination committee **CREATED IN SECTION 20915** shall review this  
21 information under subsection (4) and shall issue its findings in  
22 writing.

23 Enacting section 1. This amendatory act takes effect 90 days  
24 after the date it is enacted into law.

25 Enacting section 2. This amendatory act does not take effect  
26 unless all of the following bills of the 99th Legislature are  
27 enacted into law:

- 1 (a) House Bill No. 4171.
- 2 (b) House Bill No. 4173.
- 3 (c) House Bill No. 4174.