

**SUBSTITUTE FOR  
HOUSE BILL NO. 5217**

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending section 20919 (MCL 333.20919), as amended by 2017 PA  
154, and by adding section 21540.

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

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

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

1 this part.

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

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

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

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

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

24 (g) Protocols to ensure that 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 331.534.

27 (h) Protocols to ensure that an appropriate appeals process is

1 in place.

2 (i) Protocols to ensure that each life support agency that  
3 provides basic life support, limited advanced life support, or  
4 advanced life support is equipped with epinephrine or epinephrine  
5 auto-injectors and that each emergency **MEDICAL** services personnel  
6 authorized to provide those services is properly trained to  
7 recognize an anaphylactic reaction, to administer the epinephrine,  
8 and to dispose of the epinephrine auto-injector or vial.

9 (j) Protocols to ensure that each life support vehicle that is  
10 dispatched and responding to provide medical first response life  
11 support, basic life support, or limited advanced life support is  
12 equipped with an automated external defibrillator and that each  
13 emergency medical services personnel is properly trained to utilize  
14 the automated external defibrillator.

15 (k) Except as otherwise provided in this subdivision, before  
16 October 15, 2015, protocols to ensure that each life support  
17 vehicle that is dispatched and responding to provide medical first  
18 response life support, basic life support, or limited advanced life  
19 support is equipped with opioid antagonists and that each emergency  
20 medical services personnel is properly trained to administer opioid  
21 antagonists. Beginning October 14, 2017, a medical control  
22 authority, at its discretion, may rescind or continue the protocol  
23 adopted under this subdivision.

24 (l) Protocols for complying with part 56B.

25 (2) A medical control authority shall not establish a protocol  
26 under this section that conflicts with the Michigan do-not-  
27 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067,

1 or part 56B.

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

6 (a) At least 60 days before adoption of a protocol, the  
7 medical control authority shall circulate a written draft of the  
8 proposed protocol to all significantly affected persons within the  
9 emergency medical services system served by the medical control  
10 authority and submit the written draft to the department for  
11 approval.

12 (b) The department shall review a proposed protocol for  
13 consistency with other protocols concerning similar subject matter  
14 that have already been established in this state and shall consider  
15 any written comments received from interested persons in its  
16 review.

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

24 (d) After department approval of a proposed protocol, the  
25 medical control authority may formally adopt and implement the  
26 protocol.

27 (e) A medical control authority may establish an emergency

1 protocol necessary to preserve the health or safety of individuals  
2 within its region in response to a present medical emergency or  
3 disaster without following the procedures established by the  
4 department under this subsection for an ordinary protocol. An  
5 emergency protocol established under this subdivision is effective  
6 only for a limited period and does not take permanent effect unless  
7 it is approved according to the procedures established by the  
8 department under this subsection.

9 (4) A medical control authority shall provide an opportunity  
10 for an affected participant in an emergency medical services system  
11 to appeal a decision of the medical control authority. Following  
12 appeal, the medical control authority may affirm, suspend, or  
13 revoke its original decision. After appeals to the medical control  
14 authority have been exhausted, the affected participant in an  
15 emergency medical services system may appeal the medical control  
16 authority's decision to the state emergency medical services  
17 coordination committee created in section 20915. The state  
18 emergency medical services coordination committee shall issue an  
19 opinion on whether the actions or decisions of the medical control  
20 authority are in accordance with the department-approved protocols  
21 of the medical control authority and state law. If the state  
22 emergency medical services coordination committee determines in its  
23 opinion that the actions or decisions of the medical control  
24 authority are not in accordance with the medical control  
25 authority's department-approved protocols or with state law, the  
26 state emergency medical services coordination committee shall  
27 recommend that the department take any enforcement action

1 authorized under this code.

2 (5) If adopted in protocols approved by the department, a  
3 medical control authority may require life support agencies within  
4 its region to meet reasonable additional standards for equipment  
5 and personnel, other than medical first responders, that may be  
6 more stringent than are otherwise required under this part. If a  
7 medical control authority proposes a protocol that establishes  
8 additional standards for equipment and personnel, the medical  
9 control authority and the department shall consider the medical and  
10 economic impact on the local community, the need for communities to  
11 do long-term planning, and the availability of personnel. If either  
12 the medical control authority or the department determines that  
13 negative medical or economic impacts outweigh the benefits of those  
14 additional standards as they affect public health, safety, and  
15 welfare, the medical control authority shall not adopt and the  
16 department shall not approve protocols containing those additional  
17 standards.

18 (6) If adopted in protocols approved by the department, a  
19 medical control authority may require medical first response  
20 services and licensed medical first responders within its region to  
21 meet additional standards for equipment and personnel to ensure  
22 that each medical first response service is equipped with an  
23 epinephrine auto-injector, and that each licensed medical first  
24 responder is properly trained to recognize an anaphylactic reaction  
25 and to administer and dispose of the epinephrine auto-injector, if  
26 a life support agency that provides basic life support, limited  
27 advanced life support, or advanced life support is not readily

1 available in that location.

2 (7) If a decision of the medical control authority under  
3 subsection (5) or (6) is appealed by an affected person, the  
4 medical control authority shall make available, in writing, the  
5 medical and economic information it considered in making its  
6 decision. On appeal, the state emergency medical services  
7 coordination committee created in section 20915 shall review this  
8 information under subsection (4) and shall issue its findings in  
9 writing.

10 **SEC. 21540. (1) A NONEMERGENCY PATIENT SHALL BE TRANSPORTED BY**  
11 **AN AMBULANCE THAT IS A MOTOR VEHICLE INSTEAD OF AN AIRCRAFT**  
12 **TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT, UNLESS**  
13 **TRANSPORTING THE PATIENT BY AN AIRCRAFT TRANSPORT VEHICLE OR**  
14 **AMBULANCE THAT IS A ROTARY AIRCRAFT IS MEDICALLY NECESSARY FOR THE**  
15 **PATIENT.**

16 (2) IF IT IS DETERMINED THAT ORDERING AN AIRCRAFT TRANSPORT  
17 VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT TO TRANSPORT A  
18 NONEMERGENCY PATIENT IS MEDICALLY NECESSARY FOR THE NONEMERGENCY  
19 PATIENT, AN AIRCRAFT TRANSPORT VEHICLE FROM AN AIRCRAFT TRANSPORT  
20 OPERATION, OR AN AMBULANCE THAT IS A ROTARY AIRCRAFT FROM AN  
21 AMBULANCE OPERATION, THAT IS A PARTICIPATING PROVIDER WITH THE  
22 NONEMERGENCY PATIENT'S HEALTH BENEFIT PLAN MUST BE ORDERED BEFORE  
23 ORDERING AN AIRCRAFT TRANSPORT VEHICLE FROM AN AIRCRAFT TRANSPORT  
24 OPERATION, OR AN AMBULANCE THAT IS A ROTARY AIRCRAFT FROM AN  
25 AMBULANCE OPERATION, THAT IS NOT A PARTICIPATING PROVIDER WITH THE  
26 NONEMERGENCY PATIENT'S HEALTH BENEFIT PLAN. THIS SUBSECTION DOES  
27 NOT APPLY IF THE HOSPITAL DOES NOT HAVE ELECTRONIC ACCESS TO THE

1 INFORMATION DESCRIBED IN SECTION 21541(1) (A) (i) (A) AND (B) .

2 (3) A HOSPITAL THAT VIOLATES THIS SECTION IS LIABLE TO THE  
3 AIRCRAFT TRANSPORT OPERATION OR AMBULANCE OPERATION FOR THE  
4 REASONABLE COST OF TRANSPORTING THE NONEMERGENCY PATIENT, AS  
5 NEGOTIATED BETWEEN THE HOSPITAL AND THE AIRCRAFT TRANSPORT  
6 OPERATION OR AMBULANCE OPERATION, TO THE EXTENT THAT THE COST  
7 EXCEEDS THE AMOUNT COVERED BY THE PATIENT'S HEALTH BENEFIT PLAN.

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

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

13 (a) House Bill No. 5218.

14 (b) House Bill No. 5219.