

**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 HOSPITAL SHALL REQUIRE THAT A PATIENT BE
11 TRANSPORTED BY AN AMBULANCE THAT IS A MOTOR VEHICLE INSTEAD OF AN
12 AIRCRAFT TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT,
13 UNLESS 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 A HOSPITAL DETERMINES THAT ORDERING AN AIRCRAFT
17 TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT TO
18 TRANSPORT A NONEMERGENCY PATIENT IS MEDICALLY NECESSARY FOR THE
19 NONEMERGENCY PATIENT, THE HOSPITAL SHALL ORDER AN AIRCRAFT
20 TRANSPORT VEHICLE FROM AN AIRCRAFT TRANSPORT OPERATION, OR AN
21 AMBULANCE THAT IS A ROTARY AIRCRAFT FROM AN AMBULANCE OPERATION,
22 THAT IS A PARTICIPATING PROVIDER WITH THE NONEMERGENCY PATIENT'S
23 HEALTH BENEFIT PLAN BEFORE ORDERING AN AIRCRAFT TRANSPORT VEHICLE
24 FROM AN AIRCRAFT TRANSPORT OPERATION, OR AN AMBULANCE THAT IS A
25 ROTARY AIRCRAFT FROM AN AMBULANCE OPERATION, THAT IS NOT A
26 PARTICIPATING PROVIDER WITH THE NONEMERGENCY PATIENT'S HEALTH
27 BENEFIT PLAN. THIS SUBSECTION DOES NOT APPLY IF THE HOSPITAL DOES

1 NOT HAVE ELECTRONIC ACCESS TO THE INFORMATION DESCRIBED IN SECTION
2 21541(1)(A)(i)(A) AND (B).

3 (3) IN ADDITION TO THE SANCTIONS SET FORTH IN SECTION 20165, A
4 HOSPITAL THAT VIOLATES THIS SECTION IS LIABLE TO THE AIRCRAFT
5 TRANSPORT OPERATION OR AMBULANCE OPERATION FOR THE COST OF
6 TRANSPORTING THE PATIENT BY THAT OPERATION'S AIRCRAFT TRANSPORT
7 VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT TO THE EXTENT THAT
8 THE COST EXCEEDS THE AMOUNT COVERED BY THE PATIENT'S HEALTH BENEFIT
9 PLAN.

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

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

15 (a) House Bill No. 5218.

16 (b) House Bill No. 5219.