

**SENATE BILL NO. 1155**

May 21, 1998, Introduced by Senators SHUGARS and SCHWARZ and referred to the Committee on Health Policy and Senior Citizens.

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), sections 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 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 VEHICLE IS DETERMINED BY  
4 THE DEPARTMENT TO BE OUT OF COMPLIANCE, THE DEPARTMENT SHALL GIVE  
5 THE LIFE SUPPORT AGENCY 24 HOURS TO COMPLY. IF THE VEHICLE IS  
6 NOT BROUGHT INTO COMPLIANCE IN THAT TIME PERIOD, THE DEPARTMENT  
7 SHALL ORDER THE VEHICLE TAKEN OUT OF SERVICE UNTIL THE LIFE SUP-  
8 PORT AGENCY DEMONSTRATES TO THE DEPARTMENT, IN WRITING, THAT COM-  
9 PLIANCE HAS BEEN MET.

10 (iv) Promulgate rules to establish ~~and maintain minimum~~  
11 ~~requirements for patient care equipment and safety equipment for~~  
12 ~~ambulances, aircraft transport vehicles, nontransport prehospital~~  
13 ~~life support vehicles, and medical first response vehicles under~~  
14 ~~this part and publish lists of the minimum required equipment.~~  
15 ~~The department shall submit proposed changes in these require-~~  
16 ~~ments to the state emergency medical services coordination com-~~  
17 ~~mittee and provide a reasonable time for the committee's review~~  
18 ~~and comment before beginning the rule making process-~~ THE  
19 REQUIREMENTS FOR LICENSURE OF LIFE SUPPORT AGENCIES, VEHICLES,  
20 AND INDIVIDUALS LICENSED TO PROVIDE EMERGENCY MEDICAL SERVICES  
21 AND OTHER RULES NECESSARY TO IMPLEMENT THIS PART. THE DEPARTMENT  
22 SHALL SUBMIT ALL PROPOSED RULES AND CHANGES TO THE STATE EMER-  
23 GENCY MEDICAL SERVICES COORDINATION COMMITTEE AND PROVIDE A REA-  
24 SONABLE TIME FOR THE COMMITTEE'S REVIEW AND RECOMMENDATIONS  
25 BEFORE SUBMITTING THE RULES FOR PUBLIC HEARING UNDER THE ADMINIS-  
26 TRATIVE PROCEDURES ACT OF 1969.

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

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

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

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

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

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

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

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

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

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

6 (l) ~~(p)~~ Promulgate other rules to implement this part.

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

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

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

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

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

22 (a) Review and approve education ~~programs~~ PROGRAM SPON-  
23 SORS, ONGOING EDUCATION PROGRAM SPONSORS, and curricula for emer-  
24 gency medical services personnel. Approved EDUCATION programs  
25 ~~shall have provisions for written and practical examinations~~  
26 and REFRESHER PROGRAMS SHALL BE COORDINATED BY A LICENSED  
27 EMERGENCY MEDICAL SERVICES INSTRUCTOR-COORDINATOR COMMENSURATE

1 WITH LEVEL OF LICENSURE. APPROVED PROGRAMS CONDUCTED BY ONGOING  
2 EDUCATION PROGRAM SPONSORS shall be coordinated by a licensed  
3 emergency medical services instructor-coordinator.

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

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

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

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

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

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

24 Sec. 20915. (1) The state emergency medical services coor-  
25 dination committee is created in the department. The director  
26 shall appoint the voting members of the committee as follows:

1 (a) Four representatives from the Michigan hospital  
2 association, at least 1 of whom is from a hospital located in a  
3 county with a population of not more than 100,000.

4 (b) Four representatives from the Michigan chapter of the  
5 American college of emergency physicians, at least 1 of whom  
6 practices medicine in a county with a population of not more than  
7 100,000.

8 (c) Three representatives from the Michigan association of  
9 ambulance services, at least 1 of whom operates an ambulance  
10 service in a county with a population of not more than 100,000.

11 (d) Three representatives from the Michigan fire chiefs  
12 association, at least 1 of whom is from a fire department located  
13 in a county with a population of not more than 100,000.

14 (e) Two representatives from the society of Michigan emer-  
15 gency medical services technician instructor-coordinators, at  
16 least 1 of whom works in a county with a population of not more  
17 than 100,000.

18 (f) Two representatives from the Michigan association of  
19 emergency medical technicians, at least 1 of whom practices in a  
20 county with a population of not more than 100,000.

21 (g) One representative from the Michigan association of air  
22 medical services.

23 (h) One representative from the Michigan association of  
24 emergency medical services systems.

25 (i) Three representatives from a statewide organization rep-  
26 resenting labor that deals with emergency medical services, at

1 least 1 of whom represents emergency medical services personnel  
2 in a county with a population of not more than 100,000.

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

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

8 (a) One representative of the office of health and medical  
9 affairs of the department of management and budget, appointed by  
10 the department.

11 (b) One representative of the department.

12 (c) One member of the house of representatives, appointed by  
13 the speaker of the house of representatives.

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

16 (3) The representatives of the organizations described in  
17 subsection (1) shall be appointed from among nominations made by  
18 each of those organizations.

19 (4) The voting members shall serve for a term of 3 years.  
20 ~~except that of the voting members who are initially appointed to~~  
21 ~~the committee, the director shall designate 6 members to serve~~  
22 ~~4-year terms, 12 members to serve 3-year terms, and 6 members to~~  
23 ~~serve 2-year terms.~~ A member who is unable to complete a term  
24 shall be replaced for the balance of the unexpired term.

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

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

3 (7) Meetings of the committee are subject to the open meet-  
4 ings act, ~~Act No. 267 of the Public Acts of 1976, being~~  
5 ~~sections 15.261 to 15.275 of the Michigan Compiled Laws 1976 PA~~  
6 267, MCL 15.261 TO 15.275. Thirteen voting members constitute a  
7 quorum for the transaction of business.

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

11 Sec. 20916. The state emergency medical services coordina-  
12 tion committee CREATED IN SECTION 20915 shall do all of the  
13 following:

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

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

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

19 (C) ~~(d)~~ Act as liaison between organizations and individu-  
20 als involved in the emergency medical services system.

21 (D) ~~(e)~~ Make recommendations to the department in the  
22 development of a comprehensive statewide emergency medical serv-  
23 ices program.

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

26 (F) ~~(g) Provide the department with advisory~~  
27 ~~recommendations on appeals of local medical control decisions~~

1 MAKE DETERMINATIONS ON APPEALS OF MEDICAL CONTROL AUTHORITY  
2 DECISIONS under section 20919.

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

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

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

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

12 (K) ~~(l)~~ Appoint, with the advice and consent of the  
13 department, a statewide quality assurance task force to review  
14 and make recommendations to the department concerning approval of  
15 medical control authority applications and revisions concerning  
16 protocols under section 20919 and field studies under section  
17 ~~20910(1)(l)~~ 20910(1)(H), and conduct other quality assurance  
18 activities as requested by the director. A majority of the mem-  
19 bers of the task force shall be individuals who are not currently  
20 serving on the committee. The task force shall report its deci-  
21 sions, findings, and recommendations to the committee and the  
22 department.

23 (l) ADVISE THE DEPARTMENT CONCERNING REQUIREMENTS FOR CUR-  
24 RICULUM CHANGES FOR EMERGENCY MEDICAL SERVICES EDUCATIONAL  
25 PROGRAMS.

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

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

25           (2) A medical control authority shall be administered by the  
26 participating hospitals. A MEDICAL CONTROL AUTHORITY SHALL  
27 ACCEPT PARTICIPATION IN ITS ADMINISTRATION BY A FREESTANDING

1 SURGICAL OUTPATIENT FACILITY LICENSED UNDER PART 208 IF THE  
2 FREESTANDING SURGICAL OUTPATIENT FACILITY OPERATES A SERVICE FOR  
3 TREATING EMERGENCY PATIENTS DETERMINED BY THE MEDICAL CONTROL  
4 AUTHORITY TO MEET THE APPLICABLE STANDARDS ESTABLISHED BY MEDICAL  
5 CONTROL AUTHORITY PROTOCOLS. Subject to subsection (4), the par-  
6 ticipating hospitals shall appoint an advisory body for the medi-  
7 cal control authority that shall include, at a minimum, a repre-  
8 sentative of each type of ~~emergency medical services provider~~  
9 LIFE SUPPORT AGENCY and each type of emergency medical services  
10 personnel functioning within the medical control authority's  
11 boundaries.

12 (3) With the advice of the advisory body of the medical con-  
13 trol authority APPOINTED UNDER SUBSECTION (2), ~~the participating~~  
14 ~~hospitals within~~ a medical control authority shall appoint a  
15 medical director of the medical control authority. The medical  
16 director shall be a physician who is board certified in emergency  
17 medicine, or who practices emergency medicine and is certified in  
18 both advanced cardiac life support and advanced trauma life sup-  
19 port by a national organization approved by the department, and  
20 who meets other standards set forth in department rules. THE  
21 MEDICAL DIRECTOR IS RESPONSIBLE FOR MEDICAL CONTROL FOR THE EMER-  
22 GENCY MEDICAL SERVICES SYSTEM SERVED BY THE MEDICAL CONTROL  
23 AUTHORITY.

24 (4) No more than 10% of the membership of the advisory body  
25 of a medical control authority shall be employees of the medical  
26 director or of an entity substantially owned or controlled by the  
27 medical director.

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

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

8 Sec. 20919. (1) A local medical control authority shall  
9 establish written protocols for the practice of life support  
10 agencies and licensed emergency medical services personnel within  
11 its region. The protocols shall be developed and adopted in  
12 accordance with procedures established by the department and  
13 shall include all of the following:

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

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

20 (c) Protocols for complying with the Michigan  
21 do-not-resuscitate procedure act.

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

25 (E) PROTOCOLS TO ENSURE THAT IF THE MEDICAL CONTROL AUTHOR-  
26 ITY DETERMINES THAT AN IMMEDIATE THREAT TO THE PUBLIC HEALTH,  
27 SAFETY, OR WELFARE EXISTS, APPROPRIATE ACTION TO REMOVE MEDICAL

1 CONTROL CAN IMMEDIATELY BE TAKEN UNTIL THE MEDICAL CONTROL  
2 AUTHORITY HAS HAD THE OPPORTUNITY TO REVIEW THE MATTER AT A MEDI-  
3 CAL CONTROL AUTHORITY HEARING. THE PROTOCOLS SHALL REQUIRE THAT  
4 THE HEARING IS HELD WITHIN 3 BUSINESS DAYS AFTER THE MEDICAL CON-  
5 TROL AUTHORITY'S DETERMINATION.

6 (F) PROTOCOLS TO ENSURE THAT IF MEDICAL CONTROL HAS BEEN  
7 REMOVED FROM A PARTICIPANT IN AN EMERGENCY MEDICAL SERVICES  
8 SYSTEM, THE PARTICIPANT DOES NOT PROVIDE PREHOSPITAL CARE UNTIL  
9 MEDICAL CONTROL IS REINSTATED, AND THAT THE MEDICAL CONTROL  
10 AUTHORITY THAT REMOVED THE MEDICAL CONTROL NOTIFIES THE DEPART-  
11 MENT WITHIN 1 BUSINESS DAY OF THE REMOVAL.

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

15 (H) PROTOCOLS TO ENSURE THAT AN APPROPRIATE APPEALS PROCESS  
16 IS IN PLACE.

17 (2) A protocol established under this section shall not con-  
18 flict with the Michigan do-not-resuscitate procedure act.

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

22 (a) At least 60 days before adoption of a protocol, the med-  
23 ical control authority shall circulate a written draft of the  
24 proposed protocol to all significantly affected persons within  
25 the emergency medical services system served by the medical con-  
26 trol authority and submit the written draft to the department for  
27 approval.

1 (b) The department shall review a proposed protocol for  
2 consistency with other protocols concerning similar subject  
3 matter that have already been established in this state and shall  
4 consider any written comments received from interested persons in  
5 its review.

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

13 (d) After department approval of a proposed protocol, the  
14 medical control authority may formally adopt and implement the  
15 protocol.

16 (e) A medical control authority may establish an emergency  
17 protocol necessary to preserve the health or safety of individu-  
18 als within its jurisdiction in response to a present medical  
19 emergency or disaster without following the procedures estab-  
20 lished by the department under this section for an ordinary  
21 protocol. An emergency protocol established under this subdivi-  
22 sion shall be effective only for a limited time period and shall  
23 not take permanent effect unless it is approved according to this  
24 subsection.

25 ~~(4) A medical control authority shall provide an opportu-~~  
26 ~~nity for an affected person to appeal decisions made by the~~  
27 ~~medical control authority. After appeals to a medical control~~

~~1 authority have been exhausted, an affected person may apply to~~  
~~2 the department for a variance from the medical control~~  
~~3 authority's decision. The department may grant the variance if~~  
~~4 it determines that the action is appropriate to protect the~~  
~~5 public health, safety, and welfare. The department shall impose~~  
~~6 a time limitation and may impose other conditions for the~~  
~~7 variance.~~ A MEDICAL CONTROL AUTHORITY SHALL PROVIDE AN OPPORTU-  
8 NITY FOR AN AFFECTED PARTICIPANT IN AN EMERGENCY MEDICAL SERVICES  
9 SYSTEM TO APPEAL A DECISION OF THE MEDICAL CONTROL AUTHORITY.  
10 FOLLOWING APPEAL, THE MEDICAL CONTROL AUTHORITY MAY AFFIRM, SUS-  
11 PEND, OR REVOKE ITS ORIGINAL DECISION. AFTER APPEALS TO THE MED-  
12 ICAL CONTROL AUTHORITY HAVE BEEN EXHAUSTED, THE AFFECTED PARTICI-  
13 PANT IN AN EMERGENCY MEDICAL SERVICES SYSTEM MAY APPEAL THE MEDI-  
14 CAL CONTROL AUTHORITY'S DECISION TO THE STATEWIDE EMERGENCY MEDI-  
15 CAL SERVICES COORDINATION COMMITTEE. THE STATEWIDE EMERGENCY  
16 MEDICAL SERVICES COORDINATION COMMITTEE SHALL DETERMINE WHETHER  
17 THE ACTIONS OR DECISIONS OF THE MEDICAL CONTROL AUTHORITY ARE IN  
18 ACCORDANCE WITH THE DEPARTMENT-APPROVED PROTOCOLS OF THE MEDICAL  
19 CONTROL AUTHORITY AND STATE LAW. IF THE STATEWIDE EMERGENCY MED-  
20 ICAL SERVICES COORDINATION COMMITTEE DETERMINES THAT THE ACTIONS  
21 OR DECISIONS OF THE MEDICAL CONTROL AUTHORITY ARE NOT IN ACCORD-  
22 ANCE WITH THE MEDICAL CONTROL AUTHORITY'S DEPARTMENT-APPROVED  
23 PROTOCOLS OR WITH STATE LAW, THE DEPARTMENT MAY ISSUE A COMPLI-  
24 ANCE ORDER UNDER SECTION 20162(5)(A) AND (6) OR TAKE ANY OTHER  
25 ENFORCEMENT ACTION AUTHORIZED UNDER THIS CODE.

26 (5) If adopted in protocols approved by the department, a  
27 medical control authority may require life support agencies

1 within its region to meet reasonable additional standards for  
2 equipment and personnel, other than medical first responders,  
3 that may be more stringent than are otherwise required under this  
4 part. If a medical control authority establishes additional  
5 standards for equipment and personnel, the medical control  
6 authority and the department shall consider the medical and eco-  
7 nomic impact on the local community, the need for communities to  
8 do long-term planning, and the availability of personnel. If  
9 either the medical control authority or the department determines  
10 that negative medical or economic impacts outweigh the benefits  
11 of those additional standards as they affect public health,  
12 safety, and welfare, protocols containing those additional stan-  
13 dards shall not be adopted.

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

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

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

1 (3) An applicant shall specify in the application each  
2 ambulance to be operated.

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

5 (5) An ambulance operation license shall state the level of  
6 life support the ambulance operation is licensed to provide. An  
7 ambulance operation shall operate in accordance with this part,  
8 rules promulgated under this part, and approved ~~local~~ medical  
9 control authority protocols and shall not provide life support at  
10 a level that exceeds its license or violates approved ~~local~~  
11 medical control authority protocols.

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

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

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

1 (b) Is a transporting basic life support service, that is  
2 able to staff and equip 1 or more ambulances for the transport of  
3 emergency patients at a life support level higher than basic life  
4 support, or is a transporting limited advanced life support serv-  
5 ice, that is able to staff and equip 1 or more ambulances for the  
6 transport of emergency patients at the life support level of  
7 advanced life support.

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

13 (d) Will provide the services described in subdivision (b)  
14 only to the local unit of government described in  
15 subdivision (c), and only in response to a 911 call or other call  
16 for emergency transport.

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

21 (a) Verification of all of the requirements of subsection  
22 (7) including, but not limited to, a description of the staffing  
23 and equipment to be used in providing the higher level of life  
24 support services.

25 (b) If the applicant is a transporting basic life support  
26 service, a plan of action to upgrade from providing basic life  
27 support to providing limited advanced life support or advanced

1 life support to take place over a period of not more than 2  
2 years. If the applicant is a transporting limited advanced life  
3 support service, a plan of action to upgrade from providing  
4 limited advanced life support to providing advanced life support  
5 to take place over a period of not more than 2 years.

6 (c) The medical control authority protocols for the ambu-  
7 lance operation upgrade license, along with a recommendation from  
8 the medical control authority under which the ambulance operation  
9 operates that the ambulance operation upgrade license be issued  
10 by the department.

11 (d) Other information required by the department.

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

17 (10) Upon receipt of a completed application as required  
18 under subsection (8), a positive recommendation under  
19 subsection (9), and payment of a \$100.00 fee, the department  
20 shall issue to the applicant an ambulance operation upgrade  
21 license. Subject to subsection (12), the license is valid for 2  
22 years from the date of issuance and is renewable for 1 additional  
23 2-year period. An application for renewal of an ambulance opera-  
24 tion upgrade license shall contain documentation of the progress  
25 made on the plan of action described in subsection (8)(b). In  
26 addition, the medical control authority under which the ambulance  
27 operation operates shall annually file with the statewide

1 emergency medical services ~~coordinating~~ COORDINATION committee  
2 a written report on the progress made by the ambulance operation  
3 on the plan of action described in subsection (8)(b), including,  
4 but not limited to, information on training, equipment, and  
5 personnel.

6 (11) If an ambulance operation is designated by its regular  
7 license as providing basic life support services, then an ambu-  
8 lance operation upgrade license issued under this section allows  
9 the ambulance operation to provide limited advanced life support  
10 services or advanced life support services when the ambulance  
11 operation is able to staff and equip 1 or more ambulances to pro-  
12 vide services at the higher levels. If an ambulance operation is  
13 designated by its regular license as providing limited advanced  
14 life support services, then an ambulance operation upgrade  
15 license issued under this section allows the ambulance operation  
16 to provide advanced life support services when the ambulance  
17 operation is able to staff and equip 1 or more ambulances to pro-  
18 vide services at the higher level. An ambulance operation shall  
19 not provide services under an ambulance operation upgrade license  
20 unless the medical control authority under which the ambulance  
21 operation operates has adopted protocols for the ambulance opera-  
22 tion upgrade license regarding quality monitoring procedures, use  
23 and protection of equipment, and patient care.

24 (12) The department may revoke or fail to renew an ambulance  
25 operation upgrade license for a violation of this part or a rule  
26 promulgated under this part or for failure to comply with the  
27 plan of action filed under subsection (8)(b). An ambulance

1 operation that obtains an ambulance operation upgrade license  
2 must annually renew its regular license under subsections (2) to  
3 (6). An ambulance operation's regular license is not affected by  
4 the following:

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

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

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

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

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

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

24 (c) The number of ambulance operations that successfully  
25 upgraded from being a transporting basic life support service to  
26 a transporting limited advanced service or a transporting  
27 advanced life support service or that successfully upgraded from

1 being a transporting limited advanced life support service to a  
2 transporting advanced life support service under an ambulance  
3 operation upgrade license.

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

8 (e) The number of ambulance operations that failed to suc-  
9 cessfully upgrade, as described in subdivision (c), under an  
10 ambulance operation upgrade license, and that showed no improve-  
11 ment or a decline in their services.

12 (f) The effect of the amendatory act that added this subsec-  
13 tion on the delivery of emergency medical services in this  
14 state.

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

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

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

24 (c) ~~If the ambulance operation operates under a medical~~  
25 ~~control authority, operate only~~ OPERATE under the direction of  
26 ~~that~~ A medical control authority OR THE MEDICAL CONTROL  
27 AUTHORITIES WITH JURISDICTION OVER THE AMBULANCE OPERATION.

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

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

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

10 (a) Knowingly provide a person with false or misleading  
11 information concerning the time at which an emergency response  
12 will be initiated or the location from which the response is  
13 being initiated.

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

17 (c) Advertise, or permit advertising of, within or on the  
18 premises of the ambulance operation or within or on an ambulance,  
19 the name or the services of an attorney, accident investigator,  
20 nurse, physician, long-term care facility, mortuary, or  
21 hospital. If 1 of those persons or facilities owns or operates  
22 an ambulance operation, the person or facility may use its busi-  
23 ness name in the name of the ambulance operation and may display  
24 the name of the ambulance operation within or on the premises of  
25 the ambulance operation or within or on an ambulance.

26 (d) Advertise or disseminate information for the purpose of  
27 obtaining contracts under a name other than the name of the

1 person holding an ambulance operation license or the trade or  
2 assumed name of the ambulance operation.

3 (e) If the ambulance operation is operating under an ambu-  
4 lance operation upgrade license issued under section 20920(7) to  
5 (12), advertise or otherwise hold itself out as a full-time  
6 transporting limited advanced life support service or a full-time  
7 transporting advanced life support service unless the ambulance  
8 operation actually provides those services on a 24-hour-per-day,  
9 7-day-a-week basis.

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

13 (a) If designated as providing basic life support, with at  
14 least 1 emergency medical technician and 1 medical first  
15 responder.

16 (b) If designated as providing limited advanced life sup-  
17 port, with at least 1 emergency medical technician specialist and  
18 1 emergency medical technician.

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

21 (4) Except as provided in subsection (5), an ambulance oper-  
22 ation shall ensure that an emergency medical technician, an emer-  
23 gency medical technician specialist, or a paramedic is in the  
24 patient compartment of an ambulance while transporting an emer-  
25 gency patient.

26 (5) Subsection (4) does not apply to the transportation of a  
27 patient by an ambulance if the patient is accompanied in the

1 patient compartment of the ambulance by an appropriate licensed  
2 health professional designated by a physician and after a  
3 physician-patient relationship has been established as prescribed  
4 in this part or the rules promulgated by the department under  
5 this part.

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

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

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

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

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

7 (6) Patient care equipment and safety equipment carried on  
8 an ambulance shall meet the minimum requirements prescribed by  
9 the department and the approved local medical control authority  
10 protocols.

11 (7) An ambulance shall be equipped with a communications  
12 system utilizing frequencies and procedures consistent with the  
13 statewide emergency medical services communications system devel-  
14 oped by the department.

15 (8) An ambulance license is not transferable to another  
16 ambulance operation.

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

21 ~~(2) Upon proper application and payment of a \$25.00 fee,~~  
22 ~~the department shall issue a license or annual renewal for a non-~~  
23 ~~transport prehospital life support vehicle if it meets the~~  
24 ~~requirements of this part and rules promulgated under this part.~~

25 UPON PROPER APPLICATION AND PAYMENT OF A \$25.00 FEE, THE DEPART-  
26 MENT SHALL ISSUE A NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE  
27 LICENSE OR ANNUAL RENEWAL TO THE APPLICANT NONTRANSPORT

1 PREHOSPITAL LIFE SUPPORT OPERATION. RECEIPT OF THE APPLICATION  
2 BY THE DEPARTMENT SERVES AS ATTESTATION TO THE DEPARTMENT BY THE  
3 NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION THAT THE VEHICLE  
4 BEING LICENSED OR RENEWED IS IN COMPLIANCE WITH THE MINIMUM STAND-  
5 DARDS REQUIRED BY THE DEPARTMENT. THE INSPECTION OF A NONTRANS-  
6 PORT PREHOSPITAL LIFE SUPPORT VEHICLE BY THE DEPARTMENT IS NOT  
7 REQUIRED AS A BASIS FOR ISSUING A LICENSURE RENEWAL, UNLESS OTH-  
8 ERWISE DETERMINED BY THE DEPARTMENT.

9 (3) A nontransport prehospital life support operation shall  
10 submit an application and required fee to the department for each  
11 vehicle in service. Each application shall include a certificate  
12 of insurance for the vehicle in the amount and coverage required  
13 by the department.

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

18 (5) A nontransport prehospital life support vehicle shall be  
19 equipped according to the department's minimum equipment list and  
20 approved ~~local~~ medical control authority protocols based upon  
21 the level of life support the vehicle and personnel are licensed  
22 to provide.

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

1       (2) ~~Upon proper application and payment of a \$100.00 fee,~~  
2 ~~the department shall issue a license or annual renewal for an~~  
3 ~~aircraft transport vehicle if it meets the requirements of this~~  
4 ~~part and rules promulgated under this part.~~ UPON PROPER APPLICA-  
5 TION AND PAYMENT OF A \$100.00 FEE, THE DEPARTMENT SHALL ISSUE AN  
6 AIRCRAFT TRANSPORT VEHICLE LICENSE OR ANNUAL RENEWAL TO THE  
7 APPLICANT AIRCRAFT TRANSPORT OPERATION. RECEIPT OF THE APPLICA-  
8 TION BY THE DEPARTMENT SERVES AS ATTESTATION TO THE DEPARTMENT BY  
9 THE AIRCRAFT TRANSPORT OPERATION THAT THE VEHICLE IS IN COMPLI-  
10 ANCE WITH THE MINIMUM STANDARDS REQUIRED BY THE DEPARTMENT. THE  
11 INSPECTION OF AN AIRCRAFT TRANSPORT VEHICLE BY THE DEPARTMENT IS  
12 NOT REQUIRED AS A BASIS FOR LICENSURE RENEWAL, UNLESS OTHERWISE  
13 DETERMINED BY THE DEPARTMENT.

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

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

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

1           Sec. 20950. (1) An individual shall not practice or  
2 advertise to practice as a medical first responder, emergency  
3 medical technician, emergency medical technician specialist,  
4 paramedic, or emergency medical services instructor-coordinator  
5 unless licensed to do so by the department.

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

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

10          (b) Has successfully completed the appropriate education  
11 program approved under section 20912.

12          (c) ~~Has~~ SUBJECT TO SUBSECTION (3), HAS attained a passing  
13 score on the appropriate department prescribed ~~written and prac-~~  
14 ~~tical examinations.~~ EXAMINATION, AS FOLLOWS:

15           (i) WITHIN 3 YEARS AFTER THE EFFECTIVE DATE OF THE AMENDA-  
16 TORY ACT THAT ADDED THIS SUBPARAGRAPH, A MEDICAL FIRST RESPONDER  
17 SHALL PASS THE WRITTEN EXAMINATION PROCTORED BY THE DEPARTMENT OR  
18 THE DEPARTMENT'S DESIGNEE AND A PRACTICAL EXAMINATION APPROVED BY  
19 THE DEPARTMENT. THE PRACTICAL EXAMINATION SHALL BE ADMINISTERED  
20 BY THE INSTRUCTORS OF THE MEDICAL FIRST RESPONDER COURSE. THE  
21 DEPARTMENT OR THE DEPARTMENT'S DESIGNEE MAY ALSO PROCTOR THE  
22 PRACTICAL EXAMINATION.

23           (ii) AN EMERGENCY MEDICAL TECHNICIAN, EMERGENCY MEDICAL  
24 TECHNICIAN SPECIALIST, AND A PARAMEDIC SHALL PASS THE WRITTEN  
25 EXAMINATION PROCTORED BY THE DEPARTMENT OR THE DEPARTMENT'S DES-  
26 IGNEE AND A PRACTICAL EXAMINATION PROCTORED BY THE DEPARTMENT OR  
27 THE DEPARTMENT'S DESIGNEE.

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

5           (d) Meets other requirements of this part.

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

11           (4) ~~(3)~~ The department shall issue a license as an emer-  
12 gency medical services instructor-coordinator only to an individ-  
13 ual who meets the requirements of subsection (2) for an emergency  
14 medical services instructor-coordinator and at the time of appli-  
15 cation is currently licensed as an emergency medical technician,  
16 emergency medical technician specialist, or paramedic and has at  
17 least 3 years' field experience as an emergency medical  
18 technician. THE DEPARTMENT SHALL PROVIDE FOR THE DEVELOPMENT AND  
19 ADMINISTRATION OF AN EXAMINATION FOR EMERGENCY MEDICAL SERVICES  
20 INSTRUCTOR-COORDINATORS.

21           ~~(4) Until December 31, 1992, the department shall issue a~~  
22 ~~medical first responder license to an individual who does not~~  
23 ~~meet the requirement of subsection (2)(b) if the department~~  
24 ~~determines that the individual is performing the functions of a~~  
25 ~~medical first responder on the effective date of this part and~~  
26 ~~meets the other requirements of subsection (2). Beginning on~~  
27 ~~January 1, 1993, the department shall issue a medical first~~

1 ~~responder license only to an individual who meets all of the~~  
2 ~~requirements of subsection (2).~~

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

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

9 (a) Medical first responder - no fee.

10 (b) Emergency medical technician - \$40.00.

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

12 (d) Paramedic - \$80.00.

13 (e) Emergency medical services instructor-coordinator -  
14 \$100.00.

15 ~~(7) The fee under subsection (6) for examination or reexam-~~  
16 ~~ination shall include initial licensure if the applicant passes~~  
17 ~~the examination or reexamination.~~

18 (7) ~~(8)~~ If a life support agency certifies to the depart-  
19 ment that an applicant for licensure under this section will act  
20 as a volunteer and if the life support agency does not charge for  
21 its services, the department shall not require the applicant to  
22 pay the fee required under subsection (6). If the applicant  
23 ceases to meet the definition of a volunteer under this part at  
24 any time during the effective period of his or her license and is  
25 employed as a licensee under this part, the applicant shall at  
26 that time pay the fee required under subsection (6).

1           Sec. 20954. (1) Upon proper application to the department  
2 and payment of the renewal fee under subsection (2), the  
3 department may renew ~~a license for a medical first responder,~~  
4 ~~emergency medical technician, emergency medical technician spe-~~  
5 ~~cialist, paramedic, or emergency medical services~~  
6 ~~instructor-coordinator who meets the requirements of this part~~  
7 ~~and completes required ongoing educational programs approved or~~  
8 ~~developed by the department~~ AN EMERGENCY MEDICAL SERVICES PER-  
9 SONNEL LICENSE IF THE APPLICANT MEETS THE REQUIREMENTS OF THIS  
10 PART AND PROVIDES, UPON REQUEST OF THE DEPARTMENT, VERIFICATION  
11 OF HAVING MET ONGOING EDUCATION REQUIREMENTS ESTABLISHED BY THE  
12 DEPARTMENT. IF AN APPLICANT FOR RENEWAL FAILS TO PROVIDE THE  
13 DEPARTMENT WITH A CHANGE OF ADDRESS, THE APPLICANT SHALL PAY A  
14 \$20.00 FEE IN ADDITION TO THE RENEWAL AND LATE FEES REQUIRED  
15 UNDER SUBSECTIONS (2) AND (3).

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

19           (a) Medical first responder - no fee.

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

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

22           (d) Paramedic - \$25.00.

23           (e) Emergency medical services instructor-coordinator -  
24 ~~\$50.00~~ \$25.00.

25           (3) Except as otherwise provided in subsection (5), if an  
26 application for renewal under subsection (1) is ~~received by the~~  
27 ~~department~~ POSTMARKED after the date the license expires, the

1 applicant shall pay a late fee in addition to the renewal fee  
2 under subsection (2) as follows:

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

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

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

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

7 (E) ~~(d)~~ Emergency medical services instructor-coordinator  
8 - ~~\$100.00~~ \$50.00.

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

15 (5) If a life support agency certifies to the department  
16 that an applicant for renewal under this section is a volunteer  
17 and if the life support agency does not charge for its services,  
18 the department shall not require the applicant to pay the fee  
19 required under subsection (2) or a late fee under  
20 subsection (3). If the applicant for renewal ceases to meet the  
21 definition of a volunteer under this part at any time during the  
22 effective period of his or her license renewal and is employed as  
23 a licensee under this part, the applicant for renewal shall at  
24 that time pay the fee required under subsection (2).

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

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

6           (2) A medical first responder, emergency medical technician,  
7 emergency medical technician specialist, or paramedic may perform  
8 techniques required in implementing a field study authorized  
9 under section ~~20910(1)(I)~~ 20910(1)(H) if he or she receives  
10 training for the skill, technique, procedure, or equipment  
11 involved in the field study.

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

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

17           (b) Has illegally obtained, possessed, used, or distributed  
18 drugs.

19           (c) Has practiced after his or her license has expired or  
20 has been suspended.

21           (d) Has knowingly violated, or aided or abetted others in  
22 the violation of, this part or rules promulgated under this  
23 part.

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

1 (f) Is physically or mentally incapable of performing his or  
2 her prescribed duties.

3 (g) Has been convicted of a criminal offense under sections  
4 520a to 520l of the Michigan penal code, ~~Act No. 328 of the~~  
5 ~~Public Acts of 1931, being sections 750.520a to 750.520l of the~~  
6 ~~Michigan Compiled Laws~~ 1931 PA 328, MCL 750.520A TO 750.520L. A  
7 certified copy of the court record is conclusive evidence of the  
8 conviction.

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

13 (2) The department shall provide notice of intent to deny,  
14 revoke, or suspend an emergency services personnel license and  
15 opportunity for a hearing according to the provisions of  
16 section 20166.

17 Sec. 20965. (1) Unless an act or omission is the result of  
18 gross negligence or willful misconduct, the acts or omissions of  
19 a medical first responder, emergency medical technician, emer-  
20 gency medical technician specialist, paramedic, ~~or~~ medical  
21 director of a medical control authority or his or her designee,  
22 OR AN INDIVIDUAL ACTING AS A CLINICAL PRECEPTOR OF A  
23 DEPARTMENT-APPROVED EDUCATION PROGRAM SPONSOR while providing  
24 services to a patient outside a hospital, ~~or~~ in a hospital  
25 before transferring patient care to hospital personnel, OR IN A  
26 CLINICAL SETTING that are consistent with the individual's  
27 licensure or additional training required by the ~~local~~ medical

1 control authority OR CONSISTENT WITH AN APPROVED PROCEDURE FOR  
2 THAT PARTICULAR EDUCATION PROGRAM do not impose liability in the  
3 treatment of a patient on those individuals or any of the follow-  
4 ing persons:

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

6 (b) The medical director and individuals serving on the  
7 GOVERNING BOARD, advisory body, OR COMMITTEE of the medical con-  
8 trol authority AND AN EMPLOYEE OF THE MEDICAL CONTROL AUTHORITY.

9 (c) The person providing communications services or lawfully  
10 operating or utilizing supportive electronic communications  
11 devices.

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

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

16 (f) The authoritative governmental unit or units.

17 (g) Emergency personnel from outside the state.

18 (H) THE EDUCATION PROGRAM MEDICAL DIRECTOR.

19 (I) THE EDUCATION PROGRAM INSTRUCTOR-COORDINATOR.

20 (J) THE EDUCATION PROGRAM SPONSOR AND EDUCATION PROGRAM  
21 SPONSOR ADVISORY COMMITTEE.

22 (K) THE STUDENT OF A DEPARTMENT-APPROVED EDUCATION PROGRAM  
23 WHO IS PARTICIPATING IN AN EDUCATION PROGRAM-APPROVED CLINICAL  
24 SETTING.

25 (L) AN INSTRUCTOR OR OTHER STAFF EMPLOYED BY OR UNDER CON-  
26 TRACT TO A DEPARTMENT-APPROVED EDUCATION PROGRAM FOR THE PURPOSE

1 OF PROVIDING TRAINING OR INSTRUCTION FOR THE DEPARTMENT-APPROVED  
2 EDUCATION PROGRAM.

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

6 (N) THE HOSPITAL OR AN OFFICER, MEMBER OF THE MEDICAL STAFF,  
7 OR OTHER EMPLOYEE OF THE HOSPITAL PROVIDING THE CLINICAL SETTING  
8 DESCRIBED IN SUBDIVISION (K).

9 (2) UNLESS AN ACT OR OMISSION IS THE RESULT OF GROSS NEGLI-  
10 GENCE OR WILLFUL MISCONDUCT, THE ACTS OR OMISSIONS OF ANY OF THE  
11 PERSONS NAMED BELOW, WHILE PARTICIPATING IN THE DEVELOPMENT OF  
12 PROTOCOLS UNDER THIS PART, IMPLEMENTATION OF PROTOCOLS UNDER THIS  
13 PART, OR HOLDING A PARTICIPANT IN THE EMERGENCY MEDICAL SERVICES  
14 SYSTEM ACCOUNTABLE FOR DEPARTMENT-APPROVED PROTOCOLS UNDER THIS  
15 PART, DOES NOT IMPOSE LIABILITY IN THE PERFORMANCE OF THOSE  
16 FUNCTIONS:

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

20 (B) A PARTICIPATING HOSPITAL OR FREESTANDING SURGICAL OUTPA-  
21 TIENT FACILITY IN THE MEDICAL CONTROL AUTHORITY OR AN OFFICER,  
22 MEMBER OF THE MEDICAL STAFF, OR OTHER EMPLOYEE OF THE HOSPITAL OR  
23 FREESTANDING SURGICAL OUTPATIENT FACILITY.

24 (C) A PARTICIPATING AGENCY IN THE MEDICAL CONTROL AUTHORITY  
25 OR AN OFFICER, MEMBER OF THE MEDICAL STAFF, OR OTHER EMPLOYEE OF  
26 THE PARTICIPATING AGENCY.

1 (D) A NONPROFIT CORPORATION THAT PERFORMS THE FUNCTIONS OF A  
2 MEDICAL CONTROL AUTHORITY.

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

6 Sec. 20975. The department ~~shall~~ MAY promulgate rules to  
7 implement this part.

8 Sec. 20977. (1) ~~Rules~~ EXCEPT AS OTHERWISE PROVIDED IN  
9 SUBSECTION (2), RULES promulgated to implement former parts 32,  
10 203, or 207 of this act and in effect on ~~the effective date of~~  
11 ~~this section shall~~ JULY 22, 1990 DO NOT continue. ~~, to the~~  
12 ~~extent that they do not conflict with this part, and shall be~~  
13 ~~considered as rules promulgated under this part.~~

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