



Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

**BILL ANALYSIS**

Telephone: (517) 373-5383
Fax: (517) 373-1986
TDD: (517) 373-0543

House Bill 4518 (Substitute H-1 as reported with amendment)

Sponsor: Representative Paul Gieleghem

House Committee: Health Policy

Senate Committee: Health Policy

Date Completed: 11-6-03

RATIONALE

Some people experience severe and even life-threatening allergic reactions, known as anaphylaxis, to insect bites and stings, medication, food, and other substances. Symptoms can include hives; swelling of the lips, tongue, eyes, or throat; nausea and vomiting; and difficulty breathing. If a person knows that he or she is allergic to something, he or she can try to avoid contact with the allergen or carry an epinephrine auto-injector, or Epi-pen, in case it is needed. Sometimes, however, a person might forget his or her Epi-pen. In other cases, a person might not yet know that he or she is allergic to something and could go into anaphylactic shock upon encountering it.

Not all emergency medical technicians are authorized to administer epinephrine, and only ambulance services that provide advanced life support are equipped with it. People generally expect that the personnel who respond to a 9-1-1 call will have the capability to provide treatment. In the case of an anaphylactic reaction, however, especially in a rural area, the patient might have to wait until a life support unit licensed to administer epinephrine arrives, or be transported to a hospital for the injection. In many cases, it may be too late to prevent death or serious, long-term effects. It has been suggested that protocols should be established to ensure that people who respond to medical emergencies are properly trained and equipped to administer epinephrine.

CONTENT

The bill would amend the Public Health Code to require a local medical control authority to establish written protocols to ensure that each life support agency that provided basic life support, limited advanced life support, or

advanced life support was equipped with epinephrine or epinephrine auto-injectors, and that all emergency service personnel authorized to provide those services were properly trained to recognize an anaphylactic reaction, to administer the epinephrine, and to dispose of the epinephrine auto-injector or vial. Local medical control authorities would have to develop these protocols within one year after the bill's effective date.

Also, if adopted in protocols approved by the Department of Community Health, a local medical control authority could require medical first response services and licensed medical first responders within its region to meet additional standards for equipment and personnel to ensure that each medical first response service was equipped with an epinephrine auto-injector, and that each licensed medical first responder was properly trained to recognize an anaphylactic reaction and to administer and dispose of the auto-injector, if a life support agency that provided basic life support, limited advanced life support, or advanced life support were not readily available.

If an affected person appealed a local medical control authority's decision regarding medical first responders, the authority would have to make available, in writing, the medical and economic information it considered in making its decision. On appeal, the statewide Emergency Medical Service Coordination Committee would have to review this information and issue its findings in writing. (These procedures currently apply to an authority's decision to require life support agencies to meet additional equipment and personnel standards.)

MCL 333.20919

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

Currently, only the highest level of emergency response vehicles are equipped with epinephrine. While most areas of the State are served by these vehicles, some rural areas are not. Furthermore, the commute to a hospital in a rural area can be much longer than in an urban area. A person could die before getting an epinephrine injection. When people call for an ambulance, they expect it to be outfitted with the proper tools to respond adequately to the emergency. The bill would provide peace of mind for individuals with severe allergies and their families, knowing that the people called for help are able to give it. More importantly, ensuring quick access to epinephrine would help prevent more deaths, since every second counts when a person has an anaphylactic reaction.

Legislative Analyst: Julie Koval

FISCAL IMPACT

Local entities would be responsible for the costs associated with mandating that all three levels of ambulance service (basic, limited advanced, and advanced life support) be equipped with epinephrine or epinephrine auto-injectors (Epi-Pens) and that emergency services personnel be trained to recognize anaphylactic reaction, administer epinephrine, and dispose of the epinephrine auto-injector or vial. Information on the number of affected ambulances or personnel is not available. There would be no direct cost to the State under this provision.

Local entities also would be responsible for associated costs if local medical control authorities adopted protocols requiring medical first response services and licensed responders to meet additional standards. The DCH, however, would be responsible for the costs associated with reviewing and approving protocols submitted by local medical control authorities. The Department currently has procedures in place for reviewing and approving protocols developed by local medical control authorities and additional costs due to this bill would be covered under

existing appropriations. Local entities would be responsible for the costs associated with mandating that all three levels of ambulance service (basic, limited advanced, and advanced life support) be equipped with epinephrine or epinephrine auto-injectors (Epi-Pens) and that emergency services personnel be trained to recognize anaphylactic reaction, administer epinephrine, and dispose of the epinephrine auto-injector or vial. Information on the number of affected ambulances or personnel is not available. There would be no direct cost to the State under this provision.

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Fiscal Analyst: Dana Patterson

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.