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

Sponsor: Representative Paul Gieleghem

House Committee: Health Policy Senate Committee: Health Policy

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 services 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.

If adopted in protocols approved by the Department of Community Health (DCH), 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 service was equipped with an epinephrine auto-injector, and that each licensed responder was properly trained to recognize an anaphylactic reaction and to administer and dispose of the auto-injector.

An affected person could appeal a local medical control authority's decision regarding medical first responders to the statewide Emergency Medical Services Coordination Committee.

Legislative Analyst: Julie Koval MCL 333.20919

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. 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.

Date Completed: 11-3-03 Fiscal Analyst: Dana Patterson