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House Bill 4518 (Substitute H-1 as passed by the House)
Sponsor: Representative Paul Gielegem
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 10-28-03

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.

The bill also would allow a local medical control authority to require, if adopted in protocols approved by the Department of Community Health, 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 Services 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

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, to administer epinephrine, and to dispose of the epinephrine auto-injector or vial. Information on the number of ambulances that would be required to carry a supply of epinephrine or on the number of personnel who would be required to receive additional training under this bill who currently do not, is not available. There would be no direct cost to the State under this provision.

Local entities also would be responsible for the costs associated with the provision that would allow local medical control authorities to adopt protocols requiring medical first responders (i.e., fire-fighters who arrive on the scene before an ambulance arrives) to meet additional standards for equipment and personnel pertaining to the administration of epinephrine. However, the Department of Community Health would be responsible for 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.

Fiscal Analyst: Dana Patterson