

**SUBSTITUTE FOR
HOUSE BILL NO. 4518**

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending section 20919 (MCL 333.20919), as amended by 2000 PA
375.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

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

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

10 (b) Medical protocols to ensure the appropriate dispatching

1 of a life support agency based upon medical need and the
2 capability of the emergency medical services system.

3 (c) Protocols for complying with the Michigan
4 do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to
5 333.1067.

6 (d) Protocols defining the process, actions, and sanctions a
7 medical control authority may use in holding a life support
8 agency or personnel accountable.

9 (e) Protocols to ensure that if the medical control authority
10 determines that an immediate threat to the public health, safety,
11 or welfare exists, appropriate action to remove medical control
12 can immediately be taken until the medical control authority has
13 had the opportunity to review the matter at a medical control
14 authority hearing. The protocols shall require that the hearing
15 is held within 3 business days after the medical control
16 authority's determination.

17 (f) Protocols to ensure that if medical control has been
18 removed from a participant in an emergency medical services
19 system, the participant does not provide prehospital care until
20 medical control is reinstated, and that the medical control
21 authority that removed the medical control notifies the
22 department within 1 business day of the removal.

23 (g) Protocols that ensure a quality improvement program is in
24 place within a medical control authority and provides data
25 protection as provided in 1967 PA 270, MCL 331.531 to 331.533.

26 (h) Protocols to ensure that an appropriate appeals process
27 is in place.

House Bill No 4518 as amended November 5, 2003

1 (i) Within 1 year after the effective date of the amendatory
2 act that added this subdivision, protocols to ensure that each
3 life support agency that provides basic life support, limited
4 advanced life support, or advanced life support is equipped with
5 epinephrine or epinephrine auto-injectors and that each emergency
6 services personnel authorized to provide those services is
7 properly trained to recognize an anaphylactic reaction, to
8 administer the epinephrine, and to dispose of the epinephrine
9 auto-injector or vial.

10 (2) A protocol established under this section shall not
11 conflict with the Michigan do-not-resuscitate procedure act, 1996
12 PA 193, MCL 333.1051 to 333.1067.

13 (3) The procedures established by the department for
14 development and adoption of written protocols under this section
15 shall comply with at least all of the following requirements:

16 (a) At least 60 days before adoption of a protocol, the
17 medical control authority shall circulate a written draft of the
18 proposed protocol to all significantly affected persons within
19 the emergency medical services system served by the medical
20 control authority and submit the written draft to the department
21 for approval.

22 (b) The department shall review a proposed protocol for
23 consistency with other protocols concerning similar subject
24 matter that have already been established in this state and shall
25 consider any written comments received from interested persons in
26 its review.

27 (c) ~~<<Not later than~~ **Within**>> 60 days after receiving a written
draft of

1 a proposed protocol from a medical control authority, the
2 department shall provide a written recommendation to the medical
3 control authority with any comments or suggested changes on the
4 proposed protocol. If the department does not respond within 60
5 days after receiving the written draft, the proposed protocol
6 shall be considered to be approved by the department.

7 (d) After department approval of a proposed protocol, the
8 medical control authority may formally adopt and implement the
9 protocol.

10 (e) A medical control authority may establish an emergency
11 protocol necessary to preserve the health or safety of
12 individuals within its jurisdiction in response to a present
13 medical emergency or disaster without following the procedures
14 established by the department under this section for an ordinary
15 protocol. An emergency protocol established under this
16 subdivision is effective only for a limited time period and does
17 not take permanent effect unless it is approved according to this
18 subsection.

19 (4) A medical control authority shall provide an opportunity
20 for an affected participant in an emergency medical services
21 system to appeal a decision of the medical control authority.
22 Following appeal, the medical control authority may affirm,
23 suspend, or revoke its original decision. After appeals to the
24 medical control authority have been exhausted, the affected
25 participant in an emergency medical services system may appeal
26 the medical control authority's decision to the statewide
27 emergency medical services coordination committee. The statewide

1 emergency medical services coordination committee shall issue an
2 opinion on whether the actions or decisions of the medical
3 control authority are in accordance with the department-approved
4 protocols of the medical control authority and state law. If the
5 statewide emergency medical services coordination committee
6 determines in its opinion that the actions or decisions of the
7 medical control authority are not in accordance with the medical
8 control authority's department-approved protocols or with state
9 law, the emergency medical services coordination committee shall
10 recommend that the department take any enforcement action
11 authorized under this code.

12 (5) If adopted in protocols approved by the department, a
13 medical control authority may require life support agencies
14 within its region to meet reasonable additional standards for
15 equipment and personnel, other than medical first responders,
16 that may be more stringent than are otherwise required under this
17 part. If a medical control authority establishes additional
18 standards for equipment and personnel, the medical control
19 authority and the department shall consider the medical and
20 economic impact on the local community, the need for communities
21 to do long-term planning, and the availability of personnel. If
22 either the medical control authority or the department determines
23 that negative medical or economic impacts outweigh the benefits
24 of those additional standards as they affect public health,
25 safety, and welfare, protocols containing those additional
26 standards shall not be adopted.

27 (6) **If adopted in protocols approved by the department, a**

1 local medical control authority may require medical first
2 response services and licensed medical first responders within
3 its region to meet additional standards for equipment and
4 personnel to ensure that each medical first response service is
5 equipped with an epinephrine auto-injector, and that each
6 licensed medical first responder is properly trained to recognize
7 an anaphylactic reaction and to administer and dispose of the
8 epinephrine auto-injector, if a life support agency that provides
9 basic life support, limited advanced life support, or advanced
10 life support is not readily available in that location.

11 (7) ~~(6)~~ If a decision of the medical control authority
12 under subsection (5) or (6) is appealed by an affected person,
13 the medical control authority shall make available, in writing,
14 the medical and economic information it considered in making its
15 decision. On appeal, the statewide emergency medical services
16 coordination committee shall review this information under
17 subsection (4) and shall issue its findings in writing.