

Legislative Analysis



BASIC LIFE SUPPORT OPERATIONS: STAFFING REQUIREMENTS

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House Bill 5046 (Substitute H-1)
Sponsor: Rep. Leslie Mortimer
Committee: Health Policy

First Analysis (9-27-05)

BRIEF SUMMARY: The bill would allow emergency medical response operations designated to provide basic life support to have one emergency medical technician who is on board an emergency vehicle or, if approved by the local medical control authority, one emergency medical technician who is at the emergency scene.

FISCAL IMPACT: The proposed legislation will have no fiscal impact.

THE APPARENT PROBLEM:

In rural areas of Michigan, emergency medical response operations are customarily staffed by volunteers, or by a very few full-time employees assisted by a group of volunteers. When an emergency occurs and medical attention is needed, those at the scene generally place a telephone call for assistance to a minimally staffed rescue station—typically the fire department—and a rescue vehicle is dispatched. The emergency medical technicians who are trained to respond to medical crises are then paged at their homes or businesses, and they travel to the rescue station, in order to ride to the scene on the rescue vehicle.

The emergency rescue vehicles that carry emergency medical technicians to the scene are licensed by the state. Each vehicle is staffed by professionals, consistent with the level of care the rescue operation is licensed to provide. Technically, then, a vehicle cannot leave the station unless the appropriately licensed individual is on board.

Legislation has been introduced that would allow the emergency medical technicians who are paged at their homes or offices to proceed directly to the scene of the mishap, meeting the rescue vehicle at the scene.

THE CONTENT OF THE BILL:

House Bill 5046 would amend the Public Health Code to revise the staffing requirements for a non-transport pre-hospital life support operation that is designated as providing basic life support.

Currently under the law, non-transport, pre-hospital life support programs are licensed, and operate their vehicles in accord with local medical control authority protocols. The law specifies that a non-transport pre-hospital life support operation is prohibited from

operating a life support vehicle unless it is staffed 24 hours a day, 7 days a week with certain specified personnel. The minimum staffing level is specified in the code based on the level of care the operation is designated to provide, as follows:

-If designated to provide basic life support, then with at least one emergency medical technician.

-If designated to provide limited advanced life support, then with at least one emergency medical technician specialist.

-If designated to provide advanced life support, then with at least one paramedic.

House Bill 5046 would apply only to operations designated to provide basic life support. The bill specifies a staffing level of at least one emergency medical technician *who is on board that vehicle or, if approved by the local medical control authority, with at least one emergency medical technician who is at the emergency scene.* (The italicized language is new.)

MCL 333.20927

ARGUMENTS:

For:

This legislation would save emergency medical volunteers travel time, and improve the life chances of those they rescue. The bill allows emergency medical technicians to proceed directly to the site of a life-threatening crisis when they are paged to respond, meeting the rescue vehicle there. Currently, in keeping with state vehicle licensing rules, the emergency technicians must travel to the rescue operation's headquarters and ride to the scene of the mishap in the emergency vehicle.

Against:

There is the possibility that this change in the law would increase the liability of county medical control authorities, since volunteer emergency technicians who proceed directly to an accident scene might arrive more quickly than the emergency vehicle. Then, without access to the life-saving equipment in the vehicle, they might be unable to stabilize a person in crisis.

Response:

The bill was amended in the Health Policy Committee to make this change in policy optional. For it go into effect at the local level, a county medical control authority would have to give its approval.

POSITIONS:

The Michigan Department of Community Health supports the bill, as amended. (9-27-05)

The Hamlin Township Fire Department supports the bill. (9-27-05)

The Michigan Association of Ambulance Services is neutral on the bill. (9-27-05)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.