

HOUSE BILL No. 6515

September 14, 2006, Introduced by Reps. Polidori, Plakas, Byrnes, Miller, Vagnozzi, Wojno, Bieda, Rocca, Tobocman, Hood, Hopgood, Donigan, Virgil Smith, Bennett, Kolb, Spade, Gonzales, Zelenko, Alma Smith, Jones, Farrah, Farhat and Anderson and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 20906, 20910, and 20919 (MCL 333.20906,
333.20910, and 333.20919), section 20906 as amended by 2004 PA 6,
section 20910 as amended by 2004 PA 582, and section 20919 as
amended by 2003 PA 233, and by adding section 20911.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 20906. (1) "Life support agency" means an ambulance
- 2 operation, nontransport prehospital life support operation,
- 3 aircraft transport operation, or medical first response service.
- 4 (2) "LIFE SUPPORT VEHICLE" MEANS AN AMBULANCE, NONTRANSPORT
- 5 PREHOSPITAL LIFE SUPPORT VEHICLE, AIRCRAFT TRANSPORT VEHICLE, OR
- 6 MEDICAL FIRST RESPONSE VEHICLE.

1 (3) ~~—(2)—~~ "Limited advanced life support" means patient care
2 that may include any care an emergency medical technician
3 specialist is qualified to provide by emergency medical technician
4 specialist education that meets the educational requirements
5 established by the department under section 20912 or is authorized
6 to provide by the protocols established by the local medical
7 control authority under section 20919 for an emergency medical
8 technician specialist.

9 (4) ~~—(3)—~~ "Local governmental unit" means a county, city,
10 village, charter township, or township.

11 (5) ~~—(4)—~~ "Medical control" means supervising and coordinating
12 emergency medical services through a medical control authority, as
13 prescribed, adopted, and enforced through department-approved
14 protocols, within an emergency medical services system.

15 (6) ~~—(5)—~~ "Medical control authority" means an organization
16 designated by the department under section 20910(1)(g) to provide
17 medical control.

18 (7) ~~—(6)—~~ "Medical director" means a physician who is
19 appointed to that position by a medical control authority under
20 section 20918.

21 (8) ~~—(7)—~~ "Medical first responder" means an individual who
22 has met the educational requirements of a department approved
23 medical first responder course and who is licensed to provide
24 medical first response life support as part of a medical first
25 response service or as a driver of an ambulance that provides basic
26 life support services only. Medical first responder does not
27 include a police officer solely because his or her police vehicle

1 is equipped with an automated external defibrillator.

2 (9) ~~—(8)—~~ "Medical first response life support" means patient
3 care that may include any care a medical first responder is
4 qualified to provide by medical first responder education that
5 meets the educational requirements established by the department
6 under section 20912 or is authorized to provide by the protocols
7 established by the local medical control authority under section
8 20919 for a medical first responder.

9 (10) ~~—(9)—~~ "Medical first response service" means a person
10 licensed by the department to respond under medical control to an
11 emergency scene with a medical first responder and equipment
12 required by the department before the arrival of an ambulance, and
13 includes a fire suppression agency only if it is dispatched for
14 medical first response life support. Medical first response service
15 does not include a law enforcement agency, as defined in section 8
16 of 1968 PA 319, MCL 28.258, unless the law enforcement agency holds
17 itself out as a medical first response service and the unit
18 responding was dispatched to provide medical first response life
19 support.

20 (11) ~~—(10)—~~ "Medical first response vehicle" means a motor
21 vehicle staffed by at least 1 medical first responder and meeting
22 equipment requirements of the department.

23 Sec. 20910. (1) The department shall do all of the following:

24 (a) Be responsible for the development, coordination, and
25 administration of a statewide emergency medical services system.

26 (b) Facilitate and promote programs of public information and
27 education concerning emergency medical services.

1 (c) In case of actual disasters and disaster training drills
2 and exercises, provide emergency medical services resources
3 pursuant to applicable provisions of the Michigan emergency
4 preparedness plan, or as prescribed by the director of emergency
5 services pursuant to the emergency management act, 1976 PA 390, MCL
6 30.401 to 30.421.

7 (d) Consistent with the rules of the federal communications
8 commission, plan, develop, coordinate, and administer a statewide
9 emergency medical services communications system.

10 (e) Develop and maintain standards of emergency medical
11 services and personnel as follows:

12 (i) License emergency medical services personnel in accordance
13 with this part.

14 (ii) License ambulance operations, nontransport prehospital
15 life support operations, and medical first response services in
16 accordance with this part.

17 (iii) At least annually, inspect or provide for the inspection
18 of each life support agency, except medical first response
19 services. As part of that inspection, the department shall conduct
20 random inspections of life support vehicles. If a life support
21 vehicle is determined by the department to be out of compliance,
22 the department shall give the life support agency 24 hours to bring
23 the life support vehicle into compliance. If the life support
24 vehicle is not brought into compliance in that time period, the
25 department shall order the life support vehicle taken out of
26 service until the life support agency demonstrates to the
27 department, in writing, that the life support vehicle has been

1 brought into compliance.

2 (iv) Promulgate rules to establish the requirements for
3 licensure of life support agencies, vehicles, and individuals
4 licensed under this part to provide emergency medical services and
5 other rules necessary to implement this part. The department shall
6 submit all proposed rules and changes to the state emergency
7 medical services coordination committee and provide a reasonable
8 time for the committee's review and recommendations before
9 submitting the rules for public hearing under the administrative
10 procedures act of 1969.

11 (f) Promulgate rules to establish and maintain standards for
12 and regulate the use of descriptive words, phrases, symbols, or
13 emblems that represent or denote that an ambulance operation,
14 nontransport prehospital life support operation, or medical first
15 response service is or may be provided. The department's authority
16 to regulate use of the descriptive devices includes use for the
17 purposes of advertising, promoting, or selling the services
18 rendered by an ambulance operation, nontransport prehospital life
19 support operation, or medical first response service, or by
20 emergency medical services personnel.

21 (g) Designate a medical control authority as the medical
22 control for emergency medical services for a particular geographic
23 region as provided for under this part.

24 (h) Develop and implement field studies involving the use of
25 skills, techniques, procedures, or equipment that are not included
26 as part of the standard education for medical first responders,
27 emergency medical technicians, emergency medical technician

1 specialists, or paramedics, if all of the following conditions are
2 met:

3 (i) The state emergency medical services coordination committee
4 reviews the field study prior to implementation.

5 (ii) The field study is conducted in an area for which a
6 medical control authority has been approved pursuant to subdivision

7 (g).

8 (iii) The medical first responders, emergency medical
9 technicians, emergency medical technician specialists, and
10 paramedics participating in the field study receive training for
11 the new skill, technique, procedure, or equipment.

12 (i) Collect data as necessary to assess the need for and
13 quality of emergency medical services throughout the state pursuant
14 to 1967 PA 270, MCL 331.531 to 331.533.

15 (j) Develop, with the advice of the emergency medical services
16 coordination committee, an emergency medical services plan that
17 includes rural issues.

18 (k) Develop recommendations for territorial boundaries of
19 medical control authorities that are designed to assure that there
20 exists reasonable emergency medical services capacity within the
21 boundaries for the estimated demand for emergency medical services.

22 ~~—— (l) Within 180 days after July 12, 2004, in consultation with~~
23 ~~the emergency medical services coordination committee, conduct a~~
24 ~~study on the potential medical benefits, costs, and impact on life~~
25 ~~support agencies if each ambulance is required to be equipped with~~
26 ~~an automated external defibrillator and submit its recommendation~~
27 ~~to the standing committees in the senate and the house of~~

1 ~~representatives with jurisdiction over health policy issues.~~

2 **(I)** ~~—(m)—~~ Within 1 year after the statewide trauma care
3 advisory subcommittee is established under section 20917a and in
4 consultation with the statewide trauma care advisory subcommittee,
5 develop, implement, and promulgate rules for the implementation and
6 operation of a statewide trauma care system within the emergency
7 medical services system consistent with the document entitled
8 "Michigan Trauma Systems Plan" prepared by the Michigan trauma
9 coalition, dated November 2003. The implementation and operation of
10 the statewide trauma care system, including the rules promulgated
11 in accordance with this subdivision, are subject to review by the
12 emergency medical services coordination committee and the statewide
13 trauma care advisory subcommittee. The rules promulgated under this
14 subdivision shall not require a hospital to be designated as
15 providing a certain level of trauma care. Upon implementation of a
16 statewide trauma care system, the department shall review and
17 identify potential funding mechanisms and sources for the statewide
18 trauma care system.

19 **(M)** ~~—(n)—~~ Promulgate other rules to implement this part.

20 **(N)** ~~—(o)—~~ Perform other duties as set forth in this part.

21 (2) The department may do all of the following:

22 (a) In consultation with the emergency medical services
23 coordination committee, promulgate rules to require an ambulance
24 operation, nontransport prehospital life support operation, or
25 medical first response service to periodically submit designated
26 records and data for evaluation by the department.

27 (b) Establish a grant program or contract with a public or

1 private agency, emergency medical services professional
2 association, or emergency medical services coalition to provide
3 training, public information, and assistance to medical control
4 authorities and emergency medical services systems or to conduct
5 other activities as specified in this part.

6 **SEC. 20911. WITHIN 9 MONTHS AFTER THE EFFECTIVE DATE OF THIS**
7 **SECTION, EACH LIFE SUPPORT VEHICLE SHALL BE EQUIPPED WITH AN**
8 **AUTOMATED EXTERNAL DEFIBRILLATOR UNLESS THE LIFE SUPPORT VEHICLE IS**
9 **DESIGNATED AS PROVIDING ADVANCED LIFE SUPPORT AND IS EQUIPPED WITH**
10 **A MANUAL DEFIBRILLATOR.**

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

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

20 (b) Medical protocols to ensure the appropriate dispatching of
21 a life support agency based upon medical need and the capability of
22 the emergency medical services system.

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

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

1 (e) Protocols to ensure that if the medical control authority
2 determines that an immediate threat to the public health, safety,
3 or welfare exists, appropriate action to remove medical control can
4 immediately be taken until the medical control authority has had
5 the opportunity to review the matter at a medical control authority
6 hearing. The protocols shall require that the hearing is held
7 within 3 business days after the medical control authority's
8 determination.

9 (f) Protocols to ensure that if medical control has been
10 removed from a participant in an emergency medical services system,
11 the participant does not provide prehospital care until medical
12 control is reinstated, and that the medical control authority that
13 removed the medical control notifies the department within 1
14 business day of the removal.

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

18 (h) Protocols to ensure that an appropriate appeals process is
19 in place.

20 (i) Within 1 year after ~~the effective date of the amendatory~~
21 ~~act that added this subdivision~~ **DECEMBER 23, 2003**, protocols to
22 ensure that each life support agency that provides basic life
23 support, limited advanced life support, or advanced life support is
24 equipped with epinephrine or epinephrine auto-injectors and that
25 each emergency services personnel authorized to provide those
26 services is properly trained to recognize an anaphylactic reaction,
27 to administer the epinephrine, and to dispose of the epinephrine

1 auto-injector or vial.

2 (J) WITHIN 6 MONTHS AFTER THE EFFECTIVE DATE OF THE AMENDATORY
3 ACT THAT ADDED THIS SUBDIVISION, PROTOCOLS TO ENSURE THAT EACH LIFE
4 SUPPORT VEHICLE THAT IS REQUIRED TO BE EQUIPPED UNDER SECTION 20911
5 IS EQUIPPED WITH AN AUTOMATED EXTERNAL DEFIBRILLATOR AND THAT EACH
6 EMERGENCY SERVICES PERSONNEL IS PROPERLY TRAINED TO UTILIZE THE
7 AUTOMATED EXTERNAL DEFIBRILLATOR.

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

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

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

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

25 (c) Within 60 days after receiving a written draft of a
26 proposed protocol from a medical control authority, the department
27 shall provide a written recommendation to the medical control

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

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

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

16 (4) A medical control authority shall provide an opportunity
17 for an affected participant in an emergency medical services system
18 to appeal a decision of the medical control authority. Following
19 appeal, the medical control authority may affirm, suspend, or
20 revoke its original decision. After appeals to the medical control
21 authority have been exhausted, the affected participant in an
22 emergency medical services system may appeal the medical control
23 authority's decision to the statewide emergency medical services
24 coordination committee. The statewide emergency medical services
25 coordination committee shall issue an opinion on whether the
26 actions or decisions of the medical control authority are in
27 accordance with the department-approved protocols of the medical

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

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

23 (6) If adopted in protocols approved by the department, a
24 local medical control authority may require medical first response
25 services and licensed medical first responders within its region to
26 meet additional standards for equipment and personnel to ensure
27 that each medical first response service is equipped with an

1 epinephrine auto-injector, and that each licensed medical first
2 responder is properly trained to recognize an anaphylactic reaction
3 and to administer and dispose of the epinephrine auto-injector, if
4 a life support agency that provides basic life support, limited
5 advanced life support, or advanced life support is not readily
6 available in that location.

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