

HOUSE BILL No. 4191

February 8, 2011, Introduced by Rep. McMillin and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled "Public health code," by amending section 20919 (MCL 333.20919), as amended by 2006 PA 582.

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 shall
6 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

1 this part.

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

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

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

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

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

24 (g) Protocols that ensure a quality improvement program is in
25 place within a medical control authority and provides data
26 protection as provided in 1967 PA 270, MCL 331.531 to ~~331.533~~
27 **331.534**.

1 (h) Protocols to ensure that an appropriate appeals process is
2 in place.

3 (i) ~~Within 1 year after December 23, 2003, protocols~~ **PROTOCOLS**
4 to ensure that each life support agency that provides basic life
5 support, limited advanced life support, or advanced life support is
6 equipped with epinephrine or epinephrine auto-injectors and that
7 each emergency services personnel authorized to provide those
8 services is properly trained to recognize an anaphylactic reaction,
9 to administer the epinephrine, and to dispose of the epinephrine
10 auto-injector or vial.

11 (j) ~~Within 6 months after the effective date of the amendatory~~
12 ~~act that added this subdivision, protocols~~ **PROTOCOLS** to ensure that
13 each life support vehicle that is dispatched and responding to
14 provide medical first response life support, basic life support, or
15 limited advanced life support is equipped with an automated
16 external defibrillator and that each emergency services personnel
17 is properly trained to utilize the automated external
18 defibrillator.

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

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

25 (a) At least 60 days before adoption of a protocol, the
26 medical control authority shall circulate a written draft of the
27 proposed protocol to all significantly affected persons within the

1 emergency medical services system served by the medical control
2 authority and submit the written draft to the department for
3 approval.

4 (b) The department shall review a proposed protocol for
5 consistency with other protocols concerning similar subject matter
6 that have already been established in this state and shall consider
7 any written comments received from interested persons in its
8 review.

9 (c) Within 60 days after receiving a written draft of a
10 proposed protocol from a medical control authority, the department
11 shall provide a written recommendation to the medical control
12 authority with any comments or suggested changes on the proposed
13 protocol. If the department does not respond within 60 days after
14 receiving the written draft, the proposed protocol shall be
15 considered to be approved by the department.

16 (d) After department approval of a proposed protocol, the
17 medical control authority may formally adopt and implement the
18 protocol.

19 (e) A medical control authority may establish an emergency
20 protocol necessary to preserve the health or safety of individuals
21 within its jurisdiction in response to a present medical emergency
22 or disaster without following the procedures established by the
23 department under this section for an ordinary protocol. An
24 emergency protocol established under this subdivision is effective
25 only for a limited time period and does not take permanent effect
26 unless it is approved according to this subsection.

27 (4) A medical control authority shall provide an opportunity

1 for an affected participant in an emergency medical services system
2 to appeal a decision of the medical control authority. Following
3 appeal, the medical control authority may affirm, suspend, or
4 revoke its original decision. After appeals to the medical control
5 authority have been exhausted, the affected participant in an
6 emergency medical services system may appeal the medical control
7 authority's decision to the statewide emergency medical services
8 coordination committee. The statewide emergency medical services
9 coordination committee shall issue an opinion on whether the
10 actions or decisions of the medical control authority are in
11 accordance with the department-approved protocols of the medical
12 control authority and state law. If the statewide emergency medical
13 services coordination committee determines in its opinion that the
14 actions or decisions of the medical control authority are not in
15 accordance with the medical control authority's department-approved
16 protocols or with state law, the emergency medical services
17 coordination committee shall recommend that the department take any
18 enforcement action authorized under this code.

19 (5) If adopted in protocols approved by the department, a
20 medical control authority may require life support agencies within
21 its region to meet reasonable additional standards for equipment
22 and personnel, other than medical first responders, that may be
23 more stringent than are otherwise required under this part **UNLESS**
24 **PROHIBITED UNDER SUBSECTION (8)**. If a medical control authority
25 establishes additional standards for equipment and personnel, the
26 medical control authority and the department shall consider the
27 medical and economic impact on the local community, the need for

1 communities to do long-term planning, and the availability of
2 personnel. If either the medical control authority or the
3 department determines that negative medical or economic impacts
4 outweigh the benefits of those additional standards as they affect
5 public health, safety, and welfare, protocols containing those
6 additional standards shall not be adopted.

7 (6) If adopted in protocols approved by the department, a
8 local medical control authority may require medical first response
9 services and licensed medical first responders within its region to
10 meet additional standards for equipment and personnel to ensure
11 that each medical first response service is equipped with an
12 epinephrine auto-injector, and that each licensed medical first
13 responder is properly trained to recognize an anaphylactic reaction
14 and to administer and dispose of the epinephrine auto-injector, if
15 a life support agency that provides basic life support, limited
16 advanced life support, or advanced life support is not readily
17 available in that location.

18 (7) If a decision of the medical control authority under
19 subsection (5) or (6) is appealed by an affected person, the
20 medical control authority shall make available, in writing, the
21 medical and economic information it considered in making its
22 decision. On appeal, the statewide emergency medical services
23 coordination committee shall review this information under
24 subsection (4) and shall issue its findings in writing.

25 **(8) A MEDICAL CONTROL AUTHORITY SHALL NOT ESTABLISH OR**
26 **MAINTAIN A PROTOCOL THAT IS MORE RESTRICTIVE THAN ANY MINIMUM**
27 **STAFFING REQUIREMENTS ESTABLISHED UNDER THIS PART FOR A LIFE**

1 SUPPORT AGENCY.