



Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

BILL



ANALYSIS

Telephone: (517) 373-5383
Fax: (517) 373-1986

Senate Bill 929 (Substitute S-1 as passed by the Senate)
Sponsor: Senator Tom Casperson
Committee: Health Policy

Date Completed: 7-18-18

RATIONALE

The Public Health Code requires an ambulance operation's license to state the highest level of life support (i.e., basic, limited advanced, or advanced) it is licensed to provide, and it must operate consistent with its license on a 24-hour-a-day, 7-day-a-week basis. Public Act 413 of 2014 enacted Section 20921a of the Code, which created an exception to the Code's requirements by permitting a limited or advanced ambulance operation whose primary service area was in a county or micropolitan area with a population of 10,000 or less and population density of less than seven people per square mile to operate at a reduced or increased level of licensure, provided certain conditions were met. However, Public Act 413 contained a sunset that repealed Section 20921a on January 1, 2018. It has been suggested that ambulance operations in counties meeting the population requirements described above be allowed to continue to operate at a reduced or increased level of service.

CONTENT

The bill would amend Part 209 (Emergency Medical Services) of the Public Health Code to permit an ambulance operation whose primary service area was in a county with a population of 10,000 or less, with fewer than seven people per square mile, to operate at a reduced or increased level of licensure, if certain conditions were met.

Under Part 209, an ambulance operation license must state the highest level of life support the ambulance operation is licensed to provide. An ambulance operation must not provide life support at a level that exceeds its license and available licensed personnel.

The bill would permit a limited ambulance operation whose primary service area was in a county with a population of 10,000 or less and whose primary service area had a population density of fewer than seven people per square mile to have an ambulance available at less than the limited level of licensure if both of the following conditions were met:

- The medical control authority under which the ambulance operation operated authorized the lesser availability.
- The ambulance operation had in place local medical control authority protocols approved by the Department of Health and Human Services (DHHS).

Additionally, the bill would permit a basic ambulance operation whose primary service area met the criteria described above to operate at a limited ambulance operation level of licensure when staffed with an advanced emergency medical technician (EMT) if all of the following were met:

- The basic ambulance was equipped at the greater licensure level.
- The medical control authority under which the ambulance operation operated authorized the conditional increased level of licensure.
- The basic ambulance operation had DHHS-approved local medical control authority protocols in place.

(The Code defines "medical control authority" as an organization designated by the DHHS as the control for emergency medical services for a particular geographic region. "Protocol" means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the DHHS.)

Proposed MCL 333.20921b

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

By allowing ambulance services in remote and sparsely populated counties to operate under conditions similar to those specified under Public Act 413 of 2014, the bill would allow those services to operate at a higher level of service on a part-time basis. This would allow ambulance services situated in those areas to operate in a manner that would best serve their local populations.

For example, Ontonagon County is located in the western part of Michigan's Upper Peninsula, and has a population of approximately 6,780, according to the 2010 United States Census. SONCO Ambulance, Inc., the only 9-1-1 service in Ontonagon County, previously tried and failed to provide 24-hour-a-day, 7-day-a-week advanced level services, and could operate only a basic level ambulance service, even when staffed with properly licensed EMT-specialists and EMT-paramedics. This prevented paramedics from mechanically ventilating patients, administering electrocardiograms, and providing potentially lifesaving medications during transit. Additionally, without 24-hour-a-day, 7-day-a-week advanced life support services, Aspirus Ontonagon Hospital and Clinic did not have the ability to transport patients to Marquette General Hospital, the nearest higher level care hospital. Reportedly, the only alternatives for transportation from Aspirus Ontonagon to Marquette General Hospital were ambulance services located in Houghton or Marquette County. However, since Aspirus Ontonagon is located outside of the service zones for ambulance services located in those counties, patients at Aspirus Ontonagon were considered the lowest priority for transportation, which resulted in significant wait times for those patients to be transported to Marquette General.

While Section 90921a was in effect, SONCO worked to meet the requirements to upgrade to a part-time limited advanced ambulance operation. This process included having several EMTs gain advanced EMT licensure. However, due to issues during the application process, SONCO did not have the opportunity to begin operating a part-time limited advanced ambulance operation before the sunset provision took effect.

The bill would permit ambulance services in remote counties, such as Ontonagon County, to operate at a limited advanced level, when necessary, and otherwise operate at the basic service level. Having an ambulance service that is able to operate at a part-time limited advanced level would have a positive impact on prehospital care and could help save lives.

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: Ellyn Ackerman

SAS/A1718/s929a

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.