

**SUBSTITUTE FOR
HOUSE BILL NO. 5217**

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending section 20919 (MCL 333.20919), as amended by 2017 PA
154, and by adding section 21540.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

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

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

House Bill No. 5217 as amended December 6, 2017

this part.

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

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

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

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

(f) Protocols to ensure that if medical control has been removed from a participant in an emergency medical services system, the participant does not provide prehospital care until medical control is reinstated and that the medical control authority that

1 removed the medical control notifies the department of the removal
2 within 1 business day.

3 (g) Protocols to ensure that a quality improvement program is
4 in place within a medical control authority and provides data
5 protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

6 (h) Protocols to ensure that an appropriate appeals process is
7 in place.

8 (i) Protocols to ensure that each life support agency that
9 provides basic life support, limited advanced life support, or
10 advanced life support is equipped with epinephrine or epinephrine
11 auto-injectors and that each emergency **MEDICAL** services personnel
12 authorized to provide those services is properly trained to
13 recognize an anaphylactic reaction, to administer the epinephrine,
14 and to dispose of the epinephrine auto-injector or vial.

15 (j) Protocols to ensure that each life support vehicle that is
16 dispatched and responding to provide medical first response life
17 support, basic life support, or limited advanced life support is
18 equipped with an automated external defibrillator and that each
19 emergency medical services personnel is properly trained to utilize
20 the automated external defibrillator.

21 (k) Except as otherwise provided in this subdivision, before
22 October 15, 2015, protocols to ensure that each life support
23 vehicle that is dispatched and responding to provide medical first
24 response life support, basic life support, or limited advanced life
25 support is equipped with opioid antagonists and that each emergency
26 medical services personnel is properly trained to administer opioid
27 antagonists. Beginning October 14, 2017, a medical control

1 authority, at its discretion, may rescind or continue the protocol
2 adopted under this subdivision.

3 (1) Protocols for complying with part 56B.

4 (2) A medical control authority shall not establish a protocol
5 under this section that conflicts with the Michigan do-not-
6 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067,
7 or part 56B.

8 (3) The department shall establish procedures for the
9 development and adoption of written protocols under this section.
10 The procedures must include at least all of the following
11 requirements:

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

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

23 (c) Within 60 days after receiving a written draft of a
24 proposed protocol from a medical control authority, the department
25 shall provide a written recommendation to the medical control
26 authority with any comments or suggested changes on the proposed
27 protocol. If the department does not respond within 60 days after

1 receiving the written draft, the proposed protocol is considered to
2 be approved by the department.

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

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

15 (4) A medical control authority shall provide an opportunity
16 for an affected participant in an emergency medical services system
17 to appeal a decision of the medical control authority. Following
18 appeal, the medical control authority may affirm, suspend, or
19 revoke its original decision. After appeals to the medical control
20 authority have been exhausted, the affected participant in an
21 emergency medical services system may appeal the medical control
22 authority's decision to the state emergency medical services
23 coordination committee created in section 20915. The state
24 emergency medical services coordination committee shall issue an
25 opinion on whether the actions or decisions of the medical control
26 authority are in accordance with the department-approved protocols
27 of the medical control authority and state law. If the state

1 emergency medical services coordination committee determines in its
2 opinion that the actions or decisions of the medical control
3 authority are not in accordance with the medical control
4 authority's department-approved protocols or with state law, the
5 state emergency medical services coordination committee shall
6 recommend that the department take any enforcement action
7 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 proposes a protocol that establishes
14 additional standards for equipment and personnel, the medical
15 control authority and the department shall consider the medical and
16 economic impact on the local community, the need for communities to
17 do long-term planning, and the availability of personnel. If either
18 the medical control authority or the department determines that
19 negative medical or economic impacts outweigh the benefits of those
20 additional standards as they affect public health, safety, and
21 welfare, the medical control authority shall not adopt and the
22 department shall not approve protocols containing those additional
23 standards.

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

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

8 (7) If a decision of the medical control authority under
9 subsection (5) or (6) is appealed by an affected person, the
10 medical control authority shall make available, in writing, the
11 medical and economic information it considered in making its
12 decision. On appeal, the state emergency medical services
13 coordination committee created in section 20915 shall review this
14 information under subsection (4) and shall issue its findings in
15 writing.

16 **SEC. 21540. (1) A HOSPITAL SHALL REQUIRE THAT A PATIENT BE**
17 **TRANSPORTED BY AN AMBULANCE THAT IS A MOTOR VEHICLE INSTEAD OF AN**
18 **AIRCRAFT TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT,**
19 **UNLESS TRANSPORTING THE PATIENT BY AN AIRCRAFT TRANSPORT VEHICLE OR**
20 **AMBULANCE THAT IS A ROTARY AIRCRAFT IS MEDICALLY NECESSARY FOR THE**
21 **PATIENT.**

22 (2) IF A HOSPITAL DETERMINES THAT ORDERING AN AIRCRAFT
23 TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT TO
24 TRANSPORT A NONEMERGENCY PATIENT IS MEDICALLY NECESSARY FOR THE
25 NONEMERGENCY PATIENT, THE HOSPITAL SHALL ORDER AN AIRCRAFT
26 TRANSPORT VEHICLE FROM AN AIRCRAFT TRANSPORT OPERATION, OR AN
27 AMBULANCE THAT IS A ROTARY AIRCRAFT FROM AN AMBULANCE OPERATION,

1 THAT IS A PARTICIPATING PROVIDER WITH THE NONEMERGENCY PATIENT'S
2 HEALTH BENEFIT PLAN BEFORE ORDERING AN AIRCRAFT TRANSPORT VEHICLE
3 FROM AN AIRCRAFT TRANSPORT OPERATION, OR AN AMBULANCE THAT IS A
4 ROTARY AIRCRAFT FROM AN AMBULANCE OPERATION, THAT IS NOT A
5 PARTICIPATING PROVIDER WITH THE NONEMERGENCY PATIENT'S HEALTH
6 BENEFIT PLAN.

7 (3) IN ADDITION TO THE SANCTIONS SET FORTH IN SECTION 20165, A
8 HOSPITAL THAT VIOLATES THIS SECTION IS LIABLE TO THE AIRCRAFT
9 TRANSPORT OPERATION OR AMBULANCE OPERATION FOR THE COST OF
10 TRANSPORTING THE PATIENT BY THAT OPERATION'S AIRCRAFT TRANSPORT
11 VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT TO THE EXTENT THAT
12 THE COST EXCEEDS THE AMOUNT COVERED BY THE PATIENT'S HEALTH BENEFIT
13 PLAN.

14 Enacting section 1. This amendatory act takes effect 90 days
15 after the date it is enacted into law.

16 Enacting section 2. This amendatory act does not take effect
17 unless all of the following bills of the 99th Legislature are
18 enacted into law:

19 (a) House Bill No. 5218.

20 (b) House Bill No. 5219.