

# HOUSE BILL No. 5615

February 20, 2018, Introduced by Reps. Hammoud, Lucido, Rabhi, Wittenberg, Santana, Robinson, Runestad, Geiss, Pagan, Liberati, Garrett, Elder and Lasinski and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled "Public health code," by amending sections 20104, 20902, and 20919 (MCL 333.20104, 333.20902, and 333.20919), section 20104 as amended by 2015 PA 155, section 20902 as amended by 2000 PA 375, and section 20919 as amended by 2017 PA 154.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1           Sec. 20104. (1) "Certification" means the issuance of a  
2 document by the department to a health facility or agency attesting  
3 to the fact that the health facility or agency meets both of the  
4 following:

5           (a) It complies with applicable statutory and regulatory  
6 requirements and standards.

7           (b) It is eligible to participate as a provider of care and

1 services in a specific federal or state health program.

2 (2) "Consumer" means a person who is not a health care  
3 provider as defined in ~~section 300jj of title 15 of the public~~  
4 ~~health service act,~~ 42 USC 300jj.

5 (3) "County medical care facility" means a nursing care  
6 facility, other than a hospital long-term care unit, that provides  
7 organized nursing care and medical treatment to 7 or more unrelated  
8 individuals who are suffering or recovering from illness, injury,  
9 or infirmity and that is owned by a county or counties.

10 (4) ~~"Department"~~ **EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE,**  
11 **"DEPARTMENT"** means the department of licensing and regulatory  
12 affairs.

13 (5) "Direct access" means access to a patient or resident or  
14 to a patient's or resident's property, financial information,  
15 medical records, treatment information, or any other identifying  
16 information.

17 (6) ~~"Director"~~ **EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE,**  
18 **"DIRECTOR"** means the director of the department.

19 (7) "Freestanding surgical outpatient facility" means a  
20 facility, other than the office of a physician, dentist,  
21 podiatrist, or other private practice office, offering a surgical  
22 procedure and related care that in the opinion of the attending  
23 physician can be safely performed without requiring overnight  
24 inpatient hospital care. Freestanding surgical outpatient facility  
25 does not include a surgical outpatient facility owned by and  
26 operated as part of a hospital.

27 (8) "Good moral character" means that term as defined in

1 section 1 of 1974 PA 381, MCL 338.41.

2       Sec. 20902. (1) "Advanced life support" means patient care  
3 that may include any care a paramedic is qualified to provide by  
4 paramedic 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 a paramedic.

8       (2) "Aircraft transport operation" means a person licensed  
9 under this part to provide patient transport, for profit or  
10 otherwise, between health facilities using an aircraft transport  
11 vehicle.

12       (3) "Aircraft transport vehicle" means an aircraft that is  
13 primarily used or designated as available to provide patient  
14 transportation between health facilities and that is capable of  
15 providing patient care according to orders issued by the patient's  
16 physician.

17       (4) "Ambulance" means a motor vehicle or rotary aircraft that  
18 is primarily used or designated as available to provide  
19 transportation and basic life support, limited advanced life  
20 support, or advanced life support.

21       (5) "Ambulance operation" means a person licensed under this  
22 part to provide emergency medical services and patient transport,  
23 for profit or otherwise.

24       (6) "Basic life support" means patient care that may include  
25 any care an emergency medical technician is qualified to provide by  
26 emergency medical technician education that meets the educational  
27 requirements established by the department under section 20912 or

1 is authorized to provide by the protocols established by the local  
2 medical control authority under section 20919 for an emergency  
3 medical technician.

4 (7) "Clinical preceptor" means an individual who is designated  
5 by or under contract with an education program sponsor for purposes  
6 of overseeing the students of an education program sponsor during  
7 the participation of the students in clinical training.

8 **(8) "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH AND HUMAN**  
9 **SERVICES.**

10 **(9) "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT.**

11 **(10) ~~(8)~~**"Disaster" means an occurrence of imminent threat of  
12 widespread or severe damage, injury, or loss of life or property  
13 resulting from a natural or man-made cause, including but not  
14 limited to, fire, flood, snow, ice, windstorm, wave action, oil  
15 spill, water contamination requiring emergency action to avert  
16 danger or damage, utility failure, hazardous peacetime radiological  
17 incident, major transportation accident, hazardous materials  
18 accident, epidemic, air contamination, drought, infestation, or  
19 explosion. Disaster does not include a riot or other civil disorder  
20 unless it directly results from and is an aggravating element of  
21 the disaster.

22 Sec. 20919. (1) A medical control authority shall establish  
23 written protocols for the practice of life support agencies and  
24 licensed emergency medical services personnel within its region.  
25 The medical control authority shall develop and adopt the protocols  
26 required under this section in accordance with procedures  
27 established by the department and shall include all of the

1 following:

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

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

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

10 (d) Protocols defining the process, actions, and sanctions a  
11 medical control authority may use in holding a life support agency  
12 or **EMERGENCY MEDICAL SERVICES** personnel accountable.

13 (e) Protocols to ensure that if the medical control authority  
14 determines that an immediate threat to the public health, safety,  
15 or welfare exists, appropriate action to remove medical control can  
16 immediately be taken until the medical control authority has had  
17 the opportunity to review the matter at a medical control authority  
18 hearing. The protocols must require that the hearing is held within  
19 3 business days after the medical control authority's  
20 determination.

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

27 (g) Protocols to ensure that a quality improvement program is

1 in place within a medical control authority and provides data  
2 protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

3 (h) Protocols to ensure that an appropriate appeals process is  
4 in place.

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

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

18 ~~(k) Except as otherwise provided in this subdivision, before~~  
19 ~~October 15, 2015, protocols **PROTOCOLS** to ensure that each life~~  
20 ~~support vehicle that is dispatched and responding to provide~~  
21 ~~medical first response life support, basic life support, or limited~~  
22 ~~advanced life support is equipped with opioid antagonists and that~~  
23 ~~each emergency medical services personnel is properly trained to~~  
24 ~~administer opioid antagonists. Beginning October 14, 2017, a~~  
25 ~~medical control authority, at its discretion, may rescind or~~  
26 ~~continue the protocol adopted under this subdivision.~~

27 (l) Protocols for complying with part 56B.

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

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

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

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

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

27           (d) After department approval of a proposed protocol, the

1 medical control authority may formally adopt and implement the  
2 protocol.

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

12 (4) A medical control authority shall provide an opportunity  
13 for an affected participant in an emergency medical services system  
14 to appeal a decision of the medical control authority. Following  
15 appeal, the medical control authority may affirm, suspend, or  
16 revoke its original decision. After appeals to the medical control  
17 authority have been exhausted, the affected participant in an  
18 emergency medical services system may appeal the medical control  
19 authority's decision to the state emergency medical services  
20 coordination committee created in section 20915. The state  
21 emergency medical services coordination committee shall issue an  
22 opinion on whether the actions or decisions of the medical control  
23 authority are in accordance with the department-approved protocols  
24 of the medical control authority and state law. If the state  
25 emergency medical services coordination committee determines in its  
26 opinion that the actions or decisions of the medical control  
27 authority are not in accordance with the medical control

1 authority's department-approved protocols or with state law, the  
2 state emergency medical services coordination committee shall  
3 recommend that the department take any enforcement action  
4 authorized under this code.

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

21 (6) If adopted in protocols approved by the department, a  
22 medical control authority may require medical first response  
23 services and licensed medical first responders within its region to  
24 meet additional standards for equipment and personnel to ensure  
25 that each medical first response service is equipped with an  
26 epinephrine auto-injector, and that each licensed medical first  
27 responder is properly trained to recognize an anaphylactic reaction

1 and to administer and dispose of the epinephrine auto-injector, if  
2 a life support agency that provides basic life support, limited  
3 advanced life support, or advanced life support is not readily  
4 available in that location.

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

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