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Senate Bill 460 (Substitute S-3 as passed by the Senate)
Sponsor: Senator Aric Nesbitt
Committee: Health Policy and Human Services

Date Completed: 11-26-19

RATIONALE

In rural areas around the State, emergency medical services (EMS) personnel can take a significant amount of time to arrive at the scene of an emergency. This delay can result in the serious injury or death of a person who is in need of immediate medical attention. Volunteer medical first responder teams often serve in rural areas to administer aid as soon as possible in these critical moments until EMS personnel can arrive on the scene. After arriving, EMS personnel gather information about the patient from the volunteer medical first responder and assume responsibility for the patient's care.

In addition to the information provided to EMS personnel, the Department of Licensing and Regulatory Affairs (LARA) requires all first responders to report certain information about the scene of the emergency to the Michigan Emergency Medical Services Information System (MEMSIS), which LARA uses to develop and maintain standards for EMS and to promulgate rules. Some believe that this report, which must be filed online, is burdensome for volunteer medical first responder teams and can hinder their ability to operate. Accordingly, it has been suggested that volunteer medical first responder teams be exempt from reporting data for purposes of the Michigan Emergency Medical Services Information System under certain circumstances.

CONTENT

The bill would amend Part 209 (Emergency Medical Services) of the Public Health Code to do the following:

- Prohibit LARA from requiring a medical first response service to submit data for MEMSIS if the medical first response service was located in a county with a population less than 85,000 and was composed only of medical first responders who provide services regulated under the Act without expecting or receiving money, goods, or services in return for providing those services.**
- Require a medical first response service described above to ensure that a medical first responder provided, in writing, certain information related to the scene, the patient's condition, and the treatment provided to the patient to an emergency medical technician, emergency medical technician specialist, or paramedic arriving at the scene.**
- Specify that the bill's provisions would not apply to data collection and sharing required by a medical control authority for quality monitoring and improvement activity or by a medical control authority that had approved extended interventions for medical first responders.**
- Allow LARA to develop and circulate to each medical first response service described above a standardized form that could be used by a medical first responder when providing the required information.**

Currently, LARA must collect data as necessary to assess the need for and quality of emergency medical services throughout the State. Under the bill, LARA could not require a medical first responder service to submit data for purposes of the Michigan Emergency Medical Services Information System if the medical first responder service were located in a county with a population less than 85,000 according to the most recent Federal decennial census and was composed only of medical first responders who provided services regulated under the Act without expecting or receiving money, goods, or services in return for providing those services.

The medical first responder team described above would have to ensure that a medical first responder provided in writing at least the following information to an emergency medical technician, emergency medical technician specialist, or paramedic arriving at the scene after the medical first responder:

- The time of the initial medical first responder's arrival at the scene.
- The patient's condition at the time of the initial medical first responder's arrival at the scene.
- Information gathered from a patient assessment, including, but not limited to, the patient's vital signs and level of consciousness.
- Each treatment provided to the patient, the time that each treatment was provided, and the patient's response to each treatment, if any.
- Any change in the patient's condition after the initial patient assessment and the time of each change.
- The name of each emergency medical services personnel who arrived at the scene.

The bill specifies that the bill's provisions would not apply to data collection and sharing required by a medical control authority for the purpose of a quality monitoring and improvement activity or by a medical control authority that has approved extended interventions for medical first responders.

Additionally, LARA could develop and circulate to each medical first responder services described above a standardized form that could be used by a medical first responder when providing the above information.

The bill would prohibit LARA from requiring a life support agency that did not charge for its services to submit data for MEMSIS or another quality improvement program.

MCL 333.20904 & 333.20910

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

The Michigan Emergency Medical Services Information System is an online data repository that requires access to the internet to upload information. Reportedly, the software can be difficult to use, and volunteer medical first responder teams without sufficient and consistent access to the internet struggle to comply with reporting requirements. The burden of these reporting requirements, especially in rural communities with inconsistent internet access, make providing volunteer medical first responder services difficult.

According to testimony before the Senate Committee on Health Policy and Human Services, some volunteer medical first responder teams cannot cope with the difficulties of reporting to MEMSIS and must stop providing services to the rural areas they currently serve. This could lead to longer delays for individuals who need medical attention, as EMS personnel usually cannot arrive on the scene as quickly as volunteer medical first responder teams. The bill ensures that volunteer medical first responder teams that serve rural communities can continue to provide these vital services.

Response: The reports do not take long to complete with proper technology, and other means to resolve the issues described above should be implemented. Volunteer medical first responder teams could acquire internet-capable devices from other medical agencies in the area to assist in compliance. In addition, LARA could assist volunteer medical first responder teams with reporting requirements, or streamline the reporting process with the use of 9-1-1 dispatch data so the volunteer medical first responder would have to report only the clinical information of an emergency response.

Opposing Argument

Reports submitted to the MEMSIS become aggregated data, which LARA studies and uses to maintain standards and promulgate rules for EMS in Michigan. These data can improve the safety and efficacy of EMS. Among other improvements, the aggregated data lead to changes in technology and equipment used by EMS personnel. For example, according to testimony before the Senate Committee on Health Policy and Human Services, analysis of the aggregated data allowed for the use of the Lucas CPR device, which tailors CPR to the individual based upon his or her physical attributes; the manual drawing of epinephrine for allergic reactions, which reduces costs to EMS by avoiding the high prices of commercial epinephrine products; and the i-gel, which is a piece of airway equipment used during CPR to ensure that rescue breaths do not result in vomit aspiration that blocks the airway unintentionally.

These pieces of equipment used by EMS are a result of LARA's study of the aggregated data provided by the required reports. The information provided within these reports helps EMS save lives and is important to the State. In addition, by exempting volunteer medical first responder teams that serve rural areas from reporting requirements, the aggregated data would not take these areas into consideration. Rural areas could have unique circumstances that could benefit from further study by LARA. Required reporting to the Michigan Emergency Medical Services Information System contributes to effective EMS policies and procedures and improves health outcomes for residents.

Legislative Analyst: Tyler VanHuyse

FISCAL IMPACT

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

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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.