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HOUSE BILL No. 4980

September 17, 2013, Introduced by Reps. Tlaib, Townsend, Switalski, Darany, Kandrevas, Hobbs and Cavanagh and referred to the Committee on Local Government.

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 MEDICAL CONTROL AUTHORITY SHALL DEVELOP AND ADOPT
- 5 THE protocols shall be developed and adopted REQUIRED UNDER THIS
 - SECTION in accordance with procedures established by the department
 - and shall include all of the following:
- **8** (a) The acts, tasks, or functions that may be performed by
- 9 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 MUST 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 TO ensure THAT a quality improvement
- 25 program is in place within a medical control authority and provides
- 26 data protection as provided in 1967 PA 270, MCL 331.531 to
- 27 331.533.331.534.

- 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 (K) WITHIN 6 MONTHS AFTER THE EFFECTIVE DATE OF THE AMENDATORY
- 20 ACT THAT ADDED THIS SUBDIVISION, FOR A MEDICAL CONTROL AUTHORITY
- 21 THAT HAS MORE THAN 500,000 RESIDENTS WITHIN ITS REGION, PROTOCOLS
- 22 TO ENSURE THAT EACH LIFE SUPPORT VEHICLE THAT IS DISPATCHED AND
- 23 RESPONDING TO PROVIDE BASIC LIFE SUPPORT, LIMITED ADVANCED LIFE
- 24 SUPPORT, OR ADVANCED LIFE SUPPORT IS DISPATCHED AND RESPONDING IN A
- 25 REASONABLE TIME WITHIN THAT REGION.
- 26 (2) A MEDICAL CONTROL AUTHORITY SHALL NOT ESTABLISH A protocol
- 27 established under this section shall not conflict THAT CONFLICTS

- 1 with the Michigan do-not-resuscitate procedure act, 1996 PA 193,
- 2 MCL 333.1051 to 333.1067.
- 3 (3) The **DEPARTMENT SHALL ESTABLISH** procedures established by
- 4 the department for THE development and adoption of written
- 5 protocols under this section. shall comply with THE PROCEDURES MUST
- 6 INCLUDE at least all of the following requirements:
- 7 (a) At least 60 days before adoption of a protocol, the
- 8 medical control authority shall circulate a written draft of the
- 9 proposed protocol to all significantly affected persons within the
- 10 emergency medical services system served by the medical control
- 11 authority and submit the written draft to the department for
- 12 approval.
- 13 (b) The department shall review a proposed protocol for
- 14 consistency with other protocols concerning similar subject matter
- 15 that have already been established in this state and shall consider
- 16 any written comments received from interested persons in its
- 17 review.
- 18 (c) Within 60 days after receiving a written draft of a
- 19 proposed protocol from a medical control authority, the department
- 20 shall provide a written recommendation to the medical control
- 21 authority with any comments or suggested changes on the proposed
- 22 protocol. If the department does not respond within 60 days after
- 23 receiving the written draft, the proposed protocol shall be IS
- 24 considered to be approved by the department.
- 25 (d) After department approval of a proposed protocol, the
- 26 medical control authority may formally adopt and implement the
- 27 protocol.

- 1 (e) A medical control authority may establish an emergency
- protocol necessary to preserve the health or safety of individuals
- 3 within its jurisdiction_REGION in response to a present medical
- 4 emergency or disaster without following the procedures established
- 5 by the department under this section SUBSECTION for an ordinary
- 6 protocol. An emergency protocol established under this subdivision
- 7 is effective only for a limited time period and does not take
- 8 permanent effect unless it is approved according to THE PROCEDURES
- 9 ESTABLISHED BY THE DEPARTMENT UNDER this subsection.
- 10 (4) A medical control authority shall provide an opportunity
- 11 for an affected participant in an emergency medical services system
- 12 to appeal a decision of the medical control authority. Following
- 13 appeal, the medical control authority may affirm, suspend, or
- 14 revoke its original decision. After appeals to the medical control
- 15 authority have been exhausted, the affected participant in an
- 16 emergency medical services system may appeal the medical control
- 17 authority's decision to the statewide STATE emergency medical
- 18 services coordination committee CREATED IN SECTION 20915. The
- 19 statewide STATE emergency medical services coordination committee
- 20 shall issue an opinion on whether the actions or decisions of the
- 21 medical control authority are in accordance with the department-
- 22 approved protocols of the medical control authority and state law.
- 23 If the statewide STATE emergency medical services coordination
- 24 committee determines in its opinion that the actions or decisions
- 25 of the medical control authority are not in accordance with the
- 26 medical control authority's department-approved protocols or with
- 27 state law, the STATE emergency medical services coordination

- 1 committee shall recommend that the department take any enforcement
- 2 action authorized under this code.
- 3 (5) If adopted in protocols approved by the department, a
- 4 medical control authority may require life support agencies within
- 5 its region to meet reasonable additional standards for equipment
- 6 and personnel, other than medical first responders, that may be
- 7 more stringent than are otherwise required under this part. If a
- 8 medical control authority PROPOSES A PROTOCOL THAT establishes
- 9 additional standards for equipment and personnel, the medical
- 10 control authority and the department shall consider the medical and
- 11 economic impact on the local community, the need for communities to
- 12 do long-term planning, and the availability of personnel. If either
- 13 the medical control authority or the department determines that
- 14 negative medical or economic impacts outweigh the benefits of those
- 15 additional standards as they affect public health, safety, and
- 16 welfare, THE MEDICAL CONTROL AUTHORITY SHALL NOT ADOPT AND THE
- 17 DEPARTMENT SHALL NOT APPROVE protocols containing those additional
- 18 standards. shall not be adopted.
- 19 (6) If adopted in protocols approved by the department, a
- 20 local medical control authority may require medical first response
- 21 services and licensed medical first responders within its region to
- 22 meet additional standards for equipment and personnel to ensure
- 23 that each medical first response service is equipped with an
- 24 epinephrine auto-injector, and that each licensed medical first
- 25 responder is properly trained to recognize an anaphylactic reaction
- 26 and to administer and dispose of the epinephrine auto-injector, if
- 27 a life support agency that provides basic life support, limited

- 1 advanced life support, or advanced life support is not readily
- 2 available in that location.
- 3 (7) If a decision of the medical control authority under
- 4 subsection (5) or (6) is appealed by an affected person, the
- 5 medical control authority shall make available, in writing, the
- 6 medical and economic information it considered in making its
- 7 decision. On appeal, the statewide STATE emergency medical services
- 8 coordination committee shall review this information under
- 9 subsection (4) and shall issue its findings in writing.

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