

**SUBSTITUTE FOR
SENATE BILL NO. 282**

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending section 20919 (MCL 333.20919), as amended by 2018 PA
383.

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



1 each type of emergency medical services personnel licensed under
2 this part.

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

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

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

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

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

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

28 (h) Protocols to ensure that an appropriate appeals process is
29 in place.



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

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

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

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

27 (2) A medical control authority shall not establish a protocol
 28 under this section that conflicts with the Michigan do-not-
 29 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067,



1 or part 56B.

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

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

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

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

24 (d) After department approval of a proposed protocol, the
25 medical control authority may formally adopt and implement the
26 protocol.

27 (e) A medical control authority may establish an emergency
28 protocol necessary to preserve the health or safety of individuals
29 within its region in response to a present medical emergency or



1 disaster without following the procedures established by the
2 department under this subsection for an ordinary protocol. An
3 emergency protocol established under this subdivision is effective
4 only for a limited period and does not take permanent effect unless
5 it is approved according to the procedures established by the
6 department under this subsection.

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

27 (5) If adopted in protocols approved by the department, a
28 medical control authority may require life support agencies within
29 its region to meet reasonable additional standards for equipment



1 and personnel, other than medical first responders, that may be
2 more stringent than are otherwise required under this part. If a
3 medical control authority proposes a protocol that establishes
4 additional standards for equipment and personnel, the medical
5 control authority and the department shall consider the medical and
6 economic impact on the local community, the need for communities to
7 do long-term planning, and the availability of personnel. If either
8 the medical control authority or the department determines that
9 negative medical or economic impacts outweigh the benefits of those
10 additional standards as they affect public health, safety, and
11 welfare, the medical control authority shall not adopt and the
12 department shall not approve protocols containing those additional
13 standards.

14 (6) If adopted in protocols approved by the department, a
15 medical control authority may require medical first response
16 services and licensed medical first responders within its region to
17 meet additional standards for equipment and personnel to ensure
18 that each medical first response service is equipped with an
19 epinephrine auto-injector, and that each licensed medical first
20 responder is properly trained to recognize an anaphylactic reaction
21 and to administer and dispose of the epinephrine auto-injector, if
22 a life support agency that provides basic life support, limited
23 advanced life support, or advanced life support is not readily
24 available in that location.

25 (7) If a decision of the medical control authority under
26 subsection (5) or (6) is appealed by an affected person, the
27 medical control authority shall make available, in writing, the
28 medical and economic information it considered in making its
29 decision. On appeal, the state emergency medical services



1 coordination committee created in section 20915 shall review this
2 information under subsection (4) and shall issue its findings in
3 writing.

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

6 Enacting section 2. This amendatory act does not take effect
7 unless all of the following bills of the 100th Legislature are
8 enacted into law:

9 (a) Senate Bill No. 200.

10 (b) House Bill No. 4367.

