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Senate Bill 282 (as introduced 4-24-19)
Sponsor: Senator Curtis S. Vanderwall
Committee: Health Policy and Human Services

Date Completed: 4-24-19

CONTENT

The bill would amend the Public Health Code to do the following:

- Delete a provision that requires a medical control authority to develop and adopt protocols to ensure that each life support vehicle that is dispatched and responding to provide certain medical support is equipped with opioid antagonists and that personnel are properly trained to administer them.**
- Modify a provision requiring a medical control authority to develop and adopt protocols defining the process, actions, and sanctions it may use in holding a life support agency or personnel accountable to refer instead to "emergency medical services personnel".**

The bill is tie-barred to House Bill 4367 and Senate Bill 200, and would take effect 90 days after its enactment. (House Bill 4367 would create the "Administration of Opioid Antagonists Act" to allow, among other things, an agency employee or agent to administer an opioid antagonist to an individual under certain circumstances. Senate Bill 200 would allow a prescriber to issue a prescription for, and allow a dispensing prescriber or pharmacist to dispense an opioid antagonist to an agency authorized under the proposed Administration of Opioid Antagonists Act.)

Under the Code, a medical control authority must establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. The medical control authority must develop and adopt the protocols required by the Code in accordance with procedures established by the Department of Licensing and Regulatory Affairs.

Among other protocols, the Code specifies that, except as otherwise provided in the Code, before October 15, 2015, a medical control authority must develop and adopt protocols to ensure that each life support vehicle that is dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support is equipped with opioid antagonists and that each emergency medical services personnel is properly trained to administer opioid antagonists. Beginning October 14, 2017, a medical control authority, at its discretion, may rescind or continue the protocol adopted as described above. The bill would delete these provisions.

Additionally, the Code requires the medical authority to develop and adopt protocols defining the process, actions, and sanctions a medical control authority may use in holding a life support agency or personnel accountable. The bill instead would refer to *emergency medical services* personnel.

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.