

SENATE BILL NO. 282

April 24, 2019, Introduced by Senator VANDERWALL and referred to the Committee on Health Policy and Human Services.

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.

1 The medical control authority shall develop and adopt the protocols
2 required under this section in accordance with procedures
3 established by the department and shall include all of the
4 following:

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

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

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

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

16 (e) Protocols to ensure that if the medical control authority
17 determines that an immediate threat to the public health, safety,
18 or welfare exists, appropriate action to remove medical control can
19 immediately be taken until the medical control authority has had
20 the opportunity to review the matter at a medical control authority
21 hearing. The protocols must require that the hearing is held within
22 3 business days after the medical control authority's
23 determination.

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

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

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

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

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

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

28 **(k)** ~~(l)~~ Protocols for complying with part 56B.

29 (2) A medical control authority shall not establish a protocol

1 under this section that conflicts with the Michigan do-not-
2 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067,
3 or part 56B.

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

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

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

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

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

29 (e) A medical control authority may establish an emergency

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

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

29 (5) If adopted in protocols approved by the department, a

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

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

27 (7) If a decision of the medical control authority under
28 subsection (5) or (6) is appealed by an affected person, the
29 medical control authority shall make available, in writing, the

1 medical and economic information it considered in making its
2 decision. On appeal, the state emergency medical services
3 coordination committee created in section 20915 shall review this
4 information under subsection (4) and shall issue its findings in
5 writing.

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

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

11 (a) Senate Bill No. 200.

12 (b) House Bill No. 4367.