

# SENATE BILL NO. 521

June 08, 2021, Introduced by Senators BIZON, OUTMAN, VANDERWALL, POLEHANKI, BAYER, LASATA, BRINKS, GEISS, HERTEL, WOJNO, MACDONALD, CHANG and BULLOCK and referred to the Committee on Health Policy and Human Services.

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending sections 20904, 20908, and 20910 (MCL 333.20904, 333.20908, and 333.20910), section 20904 as amended by 2000 PA 375, section 20908 as amended by 2004 PA 581, and section 20910 as amended by 2006 PA 582, and by adding section 20917b.

## **THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

**1**           Sec. 20904. (1) "Education program sponsor" means a person,

1 other than an individual, that meets the standards of the  
2 department to conduct training at the following levels:

- 3 (a) Medical first responder.
- 4 (b) Emergency medical technician.
- 5 (c) Emergency medical technician specialist.
- 6 (d) Paramedic.
- 7 (e) Emergency medical services instructor-coordinator.

8 (2) "Emergency" means a condition or situation in which an  
9 individual declares a need for immediate medical attention for any  
10 individual, or where that need is declared by emergency medical  
11 services personnel or a public safety official.

12 (3) "Emergency medical services instructor-coordinator" means  
13 an individual licensed under this part to conduct and instruct  
14 emergency medical services education programs.

15 (4) "Emergency medical services" means the emergency medical  
16 services personnel, ambulances, nontransport prehospital life  
17 support vehicles, aircraft transport vehicles, medical first  
18 response vehicles, and equipment required for transport or  
19 treatment of an individual requiring medical first response life  
20 support, basic life support, limited advanced life support, or  
21 advanced life support.

22 (5) **"Emergency medical services coordination committee" or**  
23 **"statewide emergency medical services coordination committee" means**  
24 **the state emergency medical services coordination committee created**  
25 **in section 20915.**

26 (6) ~~+(5)~~—"Emergency medical services personnel" means a medical  
27 first responder, emergency medical technician, emergency medical  
28 technician specialist, paramedic, or emergency medical services  
29 instructor-coordinator.

(7) ~~(6)~~—"Emergency medical services system" means a comprehensive and integrated arrangement of the personnel, facilities, equipment, services, communications, medical control, and organizations necessary to provide emergency medical services and trauma care within a particular geographic region.

(8) ~~(7)~~—"Emergency medical technician" means an individual who is licensed by the department to provide basic life support.

(9) ~~(8)~~—"Emergency medical technician specialist" means an individual who is licensed by the department to provide limited advanced life support.

(10) ~~(9)~~—"Emergency patient" means an individual with a physical or mental condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to, pain such that a prudent layperson, possessing average knowledge of health and medicine, could reasonably expect to result in 1 or all of the following:

(a) Placing the health of the individual or, in the case of a pregnant woman, the health of the patient or the unborn child, or both, in serious jeopardy.

(b) Serious impairment of bodily function.

(c) Serious dysfunction of a body organ or part.

(11) ~~(10)~~—"Examination" means a written and practical evaluation approved or developed by the ~~national registry~~ **National Registry** of ~~emergency medical technicians~~ **Emergency Medical Technicians** or other organization with equivalent national recognition and expertise in emergency medical services personnel testing and approved by the department.

Sec. 20908. (1) "Nonemergency patient" means an individual who is transported by stretcher, isolette, cot, or litter but whose

1 physical or mental condition is such that the individual may  
2 reasonably be suspected of not being in imminent danger of loss of  
3 life or of significant health impairment.

4 (2) "Nontransport prehospital life support operation" means a  
5 person licensed under this part to provide, for profit or  
6 otherwise, basic life support, limited advanced life support, or  
7 advanced life support at the scene of an emergency.

8 (3) "Nontransport prehospital life support vehicle" means a  
9 motor vehicle that is used to provide basic life support, limited  
10 advanced life support, or advanced life support, and is not  
11 intended to transport patients.

12 (4) "Ongoing education program sponsor" means an education  
13 program sponsor that provides continuing education for emergency  
14 medical services personnel.

15 (5) "Paramedic" means an individual licensed under this part  
16 to provide advanced life support.

17 (6) "Patient" means an emergency patient or a nonemergency  
18 patient.

19 (7) "Person" means ~~a person~~ **that term** as defined in section  
20 1106 or a governmental entity other than an agency of the United  
21 States.

22 (8) "Professional standards review organization" means a  
23 committee established by a life support agency or a medical control  
24 authority for the purpose of improving the quality of medical care.

25 (9) "Protocol" means a patient care standard, standing orders,  
26 policy, or procedure for providing emergency medical services that  
27 is established by a medical control authority and approved by the  
28 department under section 20919.

29 (10) "Statewide emergency medical services communications

system" means a system that integrates each emergency medical services system with a centrally coordinated dispatch and resource coordination facility utilizing the universal emergency telephone number, 9-1-1, when that number is appropriate, or any other designated emergency telephone number, a statewide emergency medical 2-way radio communications network, and linkages with the statewide emergency preparedness communications system.

**(11) "Statewide system of care for time-sensitive emergencies" means the system of care for stroke and STEMI described in section 20910.**

**(12) ~~(11)~~**—"Statewide trauma care system" means a comprehensive and integrated arrangement of the emergency **medical** services personnel, facilities, equipment, services, communications, medical control authorities, and organizations necessary to provide trauma care to all patients within a particular geographic region.

**Beginning on the effective date of rules promulgated under section 20910(1)(m), the statewide trauma care system includes the statewide system of care for time-sensitive emergencies.**

**(13) "STEMI" means ST-elevation myocardial infarction.**

**(14) ~~(12)~~**—"Volunteer" means an individual who provides services regulated under this part without expecting or receiving money, goods, or services in return for providing those services, except for reimbursement for expenses necessarily incurred in providing those services.

Sec. 20910. (1) The department shall do all of the following:

(a) Be responsible for the development, coordination, and administration of a statewide emergency medical services system.

(b) Facilitate and promote programs of public information and education concerning emergency medical services.

1 (c) In case of actual disasters and disaster training drills  
2 and exercises, provide emergency medical services resources  
3 pursuant to applicable provisions of the Michigan emergency  
4 preparedness plan, or as prescribed by the director of emergency  
5 services pursuant to the emergency management act, 1976 PA 390, MCL  
6 30.401 to 30.421.

7 (d) Consistent with the rules of the ~~federal communications~~  
8 ~~commission~~, **Federal Communications Commission**, plan, develop,  
9 coordinate, and administer a statewide emergency medical services  
10 communications system.

11 (e) Develop and maintain standards of emergency medical  
12 services and **emergency medical services** personnel as follows:

13 (i) License emergency medical services personnel in accordance  
14 with this part.

15 (ii) License ambulance operations, nontransport prehospital  
16 life support operations, and medical first response services in  
17 accordance with this part.

18 (iii) At least annually, inspect or provide for the inspection  
19 of each life support agency, except medical first response  
20 services. As part of that inspection, the department shall conduct  
21 random inspections of life support vehicles. If a life support  
22 vehicle is determined by the department to be out of compliance,  
23 the department shall give the life support agency 24 hours to bring  
24 the life support vehicle into compliance. If the life support  
25 vehicle is not brought into compliance in that time period, the  
26 department shall order the life support vehicle taken out of  
27 service until the life support agency demonstrates to the  
28 department, in writing, that the life support vehicle has been  
29 brought into compliance.

1           (iv) Promulgate rules to establish the requirements for  
2 licensure of life support agencies, vehicles, and individuals  
3 licensed under this part to provide emergency medical services and  
4 other rules necessary to implement this part. The department shall  
5 submit all proposed rules and changes to the ~~state~~-emergency  
6 medical services coordination committee and provide a reasonable  
7 time for the committee's review and recommendations before  
8 submitting the rules for public hearing under the administrative  
9 procedures act of 1969.

10           (f) Promulgate rules to establish and maintain standards for  
11 and regulate the use of descriptive words, phrases, symbols, or  
12 emblems that represent or denote that an ambulance operation,  
13 nontransport prehospital life support operation, or medical first  
14 response service is or may be provided. The department's authority  
15 to regulate use of the descriptive devices includes use for the  
16 purposes of advertising, promoting, or selling the services  
17 rendered by an ambulance operation, nontransport prehospital life  
18 support operation, or medical first response service, or by  
19 emergency medical services personnel.

20           (g) Designate a medical control authority as the medical  
21 control for emergency medical services for a particular geographic  
22 region as provided for under this part.

23           (h) Develop and implement field studies involving the use of  
24 skills, techniques, procedures, or equipment that are not included  
25 as part of the standard education for medical first responders,  
26 emergency medical technicians, emergency medical technician  
27 specialists, or paramedics, if all of the following conditions are  
28 met:

29           (i) The ~~state~~-emergency medical services coordination committee

1 reviews the field study ~~prior to implementation.~~**before the field**  
2 **study is implemented.**

3 (ii) The field study is conducted in an area for which a  
4 medical control authority has been approved pursuant to subdivision  
5 (g).

6 (iii) The medical first responders, emergency medical  
7 technicians, emergency medical technician specialists, and  
8 paramedics participating in the field study receive training for  
9 the new skill, technique, procedure, or equipment.

10 (i) Collect data as necessary to assess the need for and  
11 quality of emergency medical services throughout the state pursuant  
12 to 1967 PA 270, MCL 331.531 to ~~331.533.~~**331.534.**

13 (j) Develop, with the advice of the emergency medical services  
14 coordination committee, an emergency medical services plan that  
15 includes rural issues.

16 (k) Develop recommendations for territorial boundaries of  
17 medical control authorities that are designed to ~~assure~~**ensure** that  
18 there exists reasonable emergency medical services capacity within  
19 the boundaries for the estimated demand for emergency medical  
20 services.

21 (l) Within 1 year after the statewide trauma care advisory  
22 subcommittee is established under section 20917a and in  
23 consultation with the statewide trauma care advisory subcommittee,  
24 develop, implement, and promulgate rules for the implementation and  
25 operation of a statewide trauma care system within the emergency  
26 medical services system consistent with the document entitled  
27 "Michigan Trauma Systems Plan" prepared by the Michigan ~~trauma~~  
28 ~~coalition,~~**Trauma Coalition**, dated November 2003. The  
29 implementation and operation of the statewide trauma care system,



1 including the rules promulgated in accordance with this  
2 subdivision, are subject to review by the emergency medical  
3 services coordination committee and the statewide trauma care  
4 advisory subcommittee. The rules promulgated under this subdivision  
5 ~~shall~~**must** not require a hospital to be designated as providing a  
6 certain level of trauma care. ~~Upon~~**On** implementation of a statewide  
7 trauma care system, the department shall review and identify  
8 potential funding mechanisms and sources for the statewide trauma  
9 care system.

10 (m) Within 1 year after the stroke advisory subcommittee and  
11 STEMI advisory subcommittee are established under section 20917b,  
12 and in consultation with the stroke advisory subcommittee and STEMI  
13 advisory subcommittee, develop, implement, and promulgate rules for  
14 the implementation and operation of a statewide system of care for  
15 time-sensitive emergencies. The implementation and operation of the  
16 statewide system of care for time-sensitive emergencies, including  
17 the rules promulgated in accordance with this subdivision, are  
18 subject to review by the emergency medical services coordination  
19 committee and the subcommittees described in this subdivision. The  
20 rules promulgated under this subdivision must ensure that the  
21 statewide system of care for time-sensitive emergencies is  
22 integrated into the statewide trauma care system within the  
23 emergency medical services system and must include all of the  
24 following:

25 (i) The designation of facilities as stroke and STEMI  
26 facilities based on a verification that national certification or  
27 accreditation standards, as approved by the stroke advisory  
28 subcommittee and the STEMI advisory subcommittee, have been met.

29 (ii) A requirement that a hospital is not required to be

1 designated as providing certain levels of care for stroke or STEMI.

2 (iii) The development and utilization of stroke and STEMI  
3 registries that utilize nationally recognized data platforms with  
4 confidentiality standards, as approved by the stroke advisory  
5 subcommittee and the STEMI advisory subcommittee.

6 (n) ~~(m)~~—Promulgate other rules to implement this part.

7 (o) ~~(n)~~—Perform other duties as set forth in this part.

8 (2) The department may do all of the following:

9 (a) In consultation with the emergency medical services  
10 coordination committee, promulgate rules to require an ambulance  
11 operation, nontransport prehospital life support operation, or  
12 medical first response service to periodically submit designated  
13 records and data for evaluation by the department.

14 (b) Establish a grant program or contract with a public or  
15 private agency, emergency medical services professional  
16 association, or emergency medical services coalition to provide  
17 training, public information, and assistance to medical control  
18 authorities and emergency medical services systems or to conduct  
19 other activities as specified in this part.

20 Sec. 20917b. (1) The stroke advisory subcommittee and the  
21 STEMI advisory subcommittee are established under the emergency  
22 medical services coordination committee to advise and assist the  
23 department on all matters concerning the development,  
24 implementation, and continuing operation of a statewide system of  
25 care for time-sensitive emergencies. Subject to subsections (2) and  
26 (3), as applicable, each subcommittee described in this section  
27 must consist of members appointed by the director within 1 year  
28 after the effective date of the amendatory act that added this  
29 section, and must include at least 1 individual who represents a

1 rural county as that term is defined in section 20917a.

2 (2) The stroke advisory subcommittee must include all of the  
3 following:

4 (a) A neurologist.

5 (b) A stroke neurointerventionalist.

6 (c) A stroke coordinator.

7 (d) A stroke data abstractor.

8 (e) An emergency medicine physician.

9 (f) A medical control authority medical director.

10 (g) A life support agency manager.

11 (h) An individual representing the Upper Peninsula.

12 (i) An individual representing a hospital designated as a  
13 level I or level II trauma center.

14 (j) An individual representing a hospital designated as a  
15 level III or level IV trauma center.

16 (3) The STEMI advisory subcommittee must include all of the  
17 following:

18 (a) A cardiologist.

19 (b) An interventional cardiologist.

20 (c) A registered professional nurse who is a STEMI  
21 coordinator.

22 (d) A STEMI data abstractor.

23 (e) An emergency medicine physician.

24 (f) A medical control authority medical director.

25 (g) A life support agency manager.

26 (h) An individual representing the Upper Peninsula.

27 (i) An individual representing a hospital designated as a  
28 level I or level II trauma center.

29 (j) An individual representing a hospital designated as a

1 level III or level IV trauma center.

2 (4) The members appointed to a subcommittee described in this  
3 section serve for a term of 3 years. A member who is unable to  
4 complete his or her term must be replaced for the balance of the  
5 unexpired term.

6 (5) Each subcommittee described in this section shall annually  
7 select a member to serve as chairperson.

8 (6) Meetings of each subcommittee described in this section  
9 are subject to the open meetings act, 1976 PA 267, MCL 15.261 to  
10 15.275. Four members constitute a quorum for the transaction of  
11 business of each subcommittee.