

## EMERGENCY MEDICAL SERVICES

(revised 11/18/96)

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Part 209. EMERGENCY MEDICAL SERVICES

(revised 11/18/96)

33 Sec. 20901. (1) For purposes of this part, the words and phrases defined in sections 20902 to 20908 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code, and part 201 contains

definitions applicable to this part.

Sec. 20902. (1) "Advanced life support" means patient care that may include any care a paramedic is qualified to provide by paramedic education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for a paramedic.

(2) "Aircraft transport operation" means a person licensed under this part to provide patient transport, for profit or otherwise, between health facilities using an aircraft transport vehicle.

(3) "Aircraft transport vehicle" means an aircraft that is primarily used or designated as available to provide patient transportation between health facilities and that is capable of providing patient care according to orders issued by the patient's physician.

(4) "Ambulance" means a motor vehicle or rotary aircraft that is primarily used or designated as available to provide transportation and basic life support, limited advanced life support, or advanced life support.

(5) "Ambulance operation" means a person licensed under this part to provide emergency medical services and patient transport, for profit or otherwise.

(6) "Basic life support" means patient care that may include any care an emergency medical technician is qualified to provide by emergency medical technician education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 to an emergency medical technician.

(7) "Disaster" means an occurrence of imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or manmade cause, including but not limited to, fire, flood, snow, ice, windstorm, wave action, oil spill, water contamination requiring emergency action to avert danger or damage, utility failure, hazardous peacetime radiological incident, major transportation accident, hazardous materials accident, epidemic, air contamination, drought, infestation, or explosion. Disaster does not include a riot or other civil disorder unless it directly results from and is an aggravating element of the disaster.

Sec. 20904. (1) "EDUCATION PROGRAM SPONSOR" MEANS AN ORGANIZATION, OTHER THEN AN INDIVIDUAL, WHICH MEETS THE STANDARDS OF THE DEPARTMENT TO CONDUCT TRAINING AT THE MEDICAL FIRST RESPONDER, EMERGENCY MEDICAL TECHNICIAN, EMERGENCY MEDICAL TECHNICIAN SPECIALIST, PARAMEDIC, OR EMERGENCY MEDICAL SERVICES INSTRUCTOR-COORDINATOR LEVELS.

(2) "Emergency" means a condition or situation in which an individual declares a need for immediate medical attention for any individual, or

where that need is declared by emergency medical services personnel or a public safety official.

(3) "Emergency medical services instructor-coordinator" means an individual licensed under this part to conduct and instruct emergency medical services education program

(4) "Emergency medical services" means the emergency medical services personnel, ambulances, nontransport prehospital life support vehicles, aircraft transport or treatment of an individual requiring medical first response life support, basic life support, limited advanced life support, or advanced life support.

(5) "Emergency medical services personnel" means a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator.

(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.

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

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

(9) "Emergency patient" means an individual whose physical or mental condition is such that the A PRUDENT individual is, or may reasonably be suspected or known to be, in imminent danger of loss of life or of significant health impairment.

(10) "Examination" means a written and practical evaluation developed by the NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS OR OTHER ORGANIZATION APPROVED BY THE DEPARTMENT, WITH EQUIVALENT NATIONAL RECOGNITION AND EXPERTISE IN EMERGENCY MEDICAL SERVICES PERSONNEL TESTING.

Sec. 20906. (1) "Life support agency" means an ambulance operation, nontransport prehospital life support operation, aircraft transport operation, or medical first response service.

(2) "Limited advanced life support" means patient care that may include any are an emergency medical technician specialist is qualified to provide by emergency medical technician specialist education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for an emergency medical technician specialist.

(3) "Local governmental unit" means a county, city, village, charter township, or township.

(4) "Medical control" means supervising (AS DEFINED IN MCL 333.16104 (2) AS AMENDED) emergency medical services through a medical control authority, within an emergency medical services system.

(5) "Medical control authority" means an A LOCAL AND/OR REGIONAL organization designated by the department under section 20910(1)(k) to provide medical control.

(6) "Medical director" means a physician who is appointed to that position by a medical control authority under section 20918.

(7) "Medical first responder" means an individual who has met the educational requirements of a department approved medical first responder course and who is licensed to provide medical first response life support as part of a medical first response service or as a driver of an ambulance that provides basic life support services only.

(8) "Medical first response life support" means patient care that may include any care a medical first responder is qualified to provide by medical first responder education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for a medical first responder.

(9) "Medical first response service" means a person licensed by the department to respond under medical control to an emergency scene with a medical first responder and equipment required by the department prior to the arrival of an ambulance, and includes a fire suppression agency only when it is dispatched for medical first response life support. Medical first response service does not include a law enforcement agency, as defined in section 8 of Act NO. 319 of the Public Acts of 1968, being section 28258 of the Michigan Compiled Laws, unless the law enforcement agency holds itself out as a medical first response service and the unit responding was dispatched to provide medical first response life support.

(10) "Medical first response vehicle" means a motor vehicle staffed by at least 1 medical first responder and meeting equipment requirements of the department.

Sec. 20908. (1) "Nonemergency patient" means an individual who is transported by stretcher, isolette, cot, or litter but whose physical or mental condition is such that the individual may reasonably be suspected of not being in imminent danger of loss of life or of significant health impairment.

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

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

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

(5) "Patient" means an emergency patient or a nonemergency patient.

(6) "Person" means a person as defined in section 1106 or a government entity other than an agency of the United States.

(7) "PROFESSIONAL STANDARDS REVIEW COMMITTEE"  
MEANS A COMMITTEE ESTABLISHED BY A LIFE SUPPORT  
AGENCY OR MEDICAL CONTROL AUTHORITY FOR THE  
PURPOSE OF ASSURING THE QUALITY OF MEDICAL CARE.

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

(9) (8) "State health plan" means the health plan prepared by the state health planning council pursuant to the Michigan health planning and health policy development act, Act No. 323 of the Public Acts of 1978, being sections 325.2001 to 325.2031 of the Michigan Compiled Laws.

(10) (9) "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) (10) "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.

(c.) In case of actual disasters and disaster training drills and exercise, provide emergency medical services resources pursuant to applicable provisions of the Michigan emergency preparedness plan, or as prescribed by the director of emergency services pursuant to the

emergency preparedness act, Act No. 390 of the Public Acts of 1976, being sections 30.401 to 30.420 of the Michigan Compiled Laws.

(d) Consistent with the rules of the federal communications commission, plan, develop, coordinate, and administer a statewide emergency medical services communications system.

(e) Develop a program of hospital inventory that identifies hospitals as follows:

(I) Hospitals licensed under part 215 that have established specialty care capabilities.

(ii) Hospitals licensed under part 215 that meet applicable federal or state standards for the operation of a trauma center.

(f) Develop criteria for and a program of triennial categorization of emergency department capabilities of hospitals licensed under part 215

(g) (E) Assist in the development of the emergency medical services portions of the state health plan and statewide health priorities.

(h) (F) Develop and maintain standards of emergency medical services and personnel as follows:

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

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

(iii) At least annually, inspect or provide for the inspection of ambulance operations and nontransport prehospital life support operations in accordance with this part.

**(III) INSPECT LIFE SUPPORT AGENCIES, AMBULANCES, MEDICAL FIRST RESPONSE VEHICLES, AND NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLES.**

(iv) Promulgate rules **DEVELOP STANDARDS** to establish and maintain minimum requirements for patient care equipment and safety equipment, **INCLUDING VEHICLE STANDARDS**, for ambulances, aircraft transport vehicles, nontransport prehospital life support vehicles, and medical first response vehicles. under this part and publish lists of the minimum required equipment. The department shall submit proposed changes in these requirements to the state emergency medical services coordination committee and provide a reasonable time for the committee's review and comment **PRIOR TO IMPLEMENTATION** before beginning the rule making process. **THE MINIMUM EQUIPMENT LIST ON DEPARTMENT FORM J197-82C SHALL BE REQUIRED.**

(I) (G) Promulgate rules to establish and maintain vehicle standards for

ambulances. The department shall submit the proposed standards and proposed changes to the state emergency medical services coordination committee and provide a reasonable time for the committee's review and comment before beginning the rule making process.

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

(k) (I) Designate a medical control authority as the medical control for emergency medical services for a particular geographic region as provided for under this part.

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

(i) The state emergency medical services coordination committee reviews the field study prior to implementation.

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

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

(m) (K) Collect data as necessary to assess the need for and quality of emergency medical services throughout the state AS PROVIDED IN MCL 331.531 et.seq. (AS AMENDED).

(n) (L) Conduct an in-depth assessment of the unique needs of rural communities and rural health care agencies concerning the provision of emergency medical services. At a minimum, the assessment shall include an analysis of training programs, medical procedures, recruitment and utilization of volunteers, vehicle and equipment needs, and systems coordination. In conducting the assessment, the department shall solicit and obtain active participation and input from rural communities and rural emergency medical services providers. No later than 18 months after the effective date of this part, the department shall submit a written report detailing its findings and recommendations to the standing committees of the senate and the house of representatives having jurisdiction over public health matters.

(o) (M) Develop recommendations for territorial boundaries of medical

control authorities that are designed to assure that there exists reasonable emergency medical services capacity within the boundaries for the estimated demand for emergency medical services.

(p) (N) Promulgate other rules to implement this part.

(q) (O) Perform other duties as set forth in this part.

(P) CONTRACT FOR A STATE EMS MEDICAL DIRECTOR WHO SHALL PROVIDE MEDICAL OVERSIGHT FOR THE STATEWIDE EMS PROGRAM AND MEETS THE FOLLOWING MINIMAL QUALIFICATIONS:

(I) LICENSED TO PRACTICE MEDICINE OR OSTEOPATHY IN THE STATE OF MICHIGAN.

(II) BOARD CERTIFIED BY THE AMERICAN BOARD OF EMERGENCY MEDICINE OR AMERICAN BOARD OF OSTEOPATHIC EMERGENCY MEDICINE.

(III) DEMONSTRATED EXPERIENCE AND/OR FORMAL SUBSPECIALTY EDUCATION IN EMERGENCY MEDICAL SERVICES SYSTEMS.

(IV) NOMINATED BY THE MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS.

(2) The department may do all of the following.

(a) Promulgate rules, WITH THE ADVICE OF THE EMERGENCY MEDICAL SERVICES COORDINATING COMMITTEE (EMSCC), to require an ambulance operation, nontransport prehospital life support operation, or medical first response service to periodically submit designated records and data for evaluation by the department

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

Sec. 20912. The department shall perform all of the following with regard to educational programs and services:

(a) Review and approve education programs and curricula for emergency medical services personnel . Approved programs shall have provisions for written and practical examinations and shall be coordinated by a licensed emergency medical services instructor-coordinator .

(b) Review and approve all ongoing education programs for relicensure of emergency medical services personnel.

(c.) Maintain a listing of approved emergency medical education

programs and licensed emergency medical services  
instructor-coordinators.

(D) DEVELOP AND IMPLEMENT STANDARDS FOR ALL  
EDUCATION

PROGRAM SPONSORS BASED UPON CRITERIA DEVELOPED  
BY THE DEPARTMENT AND RECOMMENDED BY THE  
EMERGENCY MEDICAL SERVICES COORDINATION  
COMMITTEE.

(E) REQUIRE ACCREDITATION OF PARAMEDIC EDUCATION  
PROGRAMS BY THE JOINT REVIEW COMMITTEE ON  
EDUCATIONAL PROGRAMS FOR THE EMT-PARAMEDIC.

(F) THE DEPARTMENT SHALL GRANT INTERIM APPROVAL  
TO AN EDUCATION PROGRAM SPONSOR WHICH CANNOT  
MEET THE STANDARDS UNDER SUBSECTION (D) AND (E)  
BASED UPON THE INTENTION OF THE PROGRAM TO MEET  
THOSE STANDARDS. THIS SUBSECTION SHALL EXPIRE  
THREE YEARS FOLLOWING IMPLEMENTATION OF THIS  
ACT.

(G) APPLICATIONS FOR DEPARTMENT APPROVAL OF  
EDUCATION PROGRAMS FOR MEDICAL FIRST RESPONDER,  
EMERGENCY MEDICAL TECHNICIAN, EMERGENCY  
MEDICAL TECHNICIAN SPECIALIST, AND EMERGENCY  
MEDICAL SERVICES INSTRUCTOR- COORDINATOR SHALL  
INCLUDE THE FOLLOWING FEES EVERY THREE YEARS FOR  
CONTINUATION REVIEW OF APPROVAL BY THE  
DEPARTMENT. APPROVAL SHALL INCLUDE AN ON-SITE  
PROGRAM EVALUATION.

--MEDICAL FIRST RESPONDER -- \$100

--EMERGENCY MEDICAL TECHNICIAN -- \$400.00

--EMERGENCY MEDICAL TECHNICIAN-SPECIALIST --  
\$400.00

--EMERGENCY MEDICAL SERVICES INSTRUCTOR-  
COORDINATOR -- \$400

(H) EDUCATION PROGRAM SPONSORS OFFERING  
PARAMEDIC COURSES SHALL NOT BE REQUIRED TO PAY A  
FEE FOR APPROVAL TO THE DEPARTMENT.

(I) EACH EDUCATION PROGRAM SPONSOR WHICH HAS  
CURRENT APPROVAL FROM THE DEPARTMENT TO  
CONDUCT AN EDUCATION PROGRAM COURSE FOR  
PARAMEDIC TRAINING SHALL HAVE OBTAINED  
ACCREDITATION WITHIN THREE YEARS FOLLOWING THE  
EFFECTIVE DATE OF THIS ACT. AN APPLICATION FOR  
ACCREDITATION SHALL HAVE BEEN FILED WITH THE

ACCREDITATION AGENCY WITHIN NO LESS THAN TWO YEARS FROM THE EFFECTIVE DATE OF THIS ACT.

(J) AN EDUCATION PROGRAM SPONSOR WHICH DOES NOT POSSESS CURRENT APPROVAL BY THE DEPARTMENT TO CONDUCT AN EDUCATION PROGRAM COURSE FOR PARAMEDIC TRAINING PRIOR TO THE EFFECTIVE DATE OF THIS ACT SHALL BE PERMITTED TO CONDUCT A COURSE, PROVIDED THE PROGRAM MEETS DEPARTMENT STANDARDS AND AN APPLICATION FOR ACCREDITATION HAS BEEN MADE WITHIN SIX MONTHS OF THE BEGINNING OF THE COURSE.

(K) EACH EDUCATION PROGRAM SPONSOR SHALL PROVIDE THE DEPARTMENT WITH COPIES OF ALL CORRESPONDENCE RELATING TO THEIR ACCREDITATION STATUS AS REQUIRED BY THE DEPARTMENT.

(L) THE DEPARTMENT OR ITS DESIGNEE RESERVES THE RIGHT TO PARTICIPATE, AS AN OBSERVER, IN EACH ON SITE EVALUATION DURING THE ACCREDITATION PROCESS.

(M) IT IS THE RESPONSIBILITY OF EACH EDUCATION PROGRAM SPONSOR FOR PARAMEDIC TRAINING TO MAINTAIN ACCREDITATION STATUS FOR DEPARTMENT APPROVAL TO REMAIN IN EFFECT.

(N) AN EDUCATION PROGRAM SPONSOR FOR PARAMEDIC TRAINING IS CONSIDERED TO HAVE CURRENT DEPARTMENT APPROVAL, AS REFERRED TO UNDER SUB (I), IF THE PROGRAM SPONSOR HAS CONDUCTED AN EDUCATION PROGRAM COURSE FOR PARAMEDIC WITHIN A THREE YEAR PERIOD PRIOR TO THE EFFECTIVE DATE OF THIS ACT.

Sec. 20915. (1) The state emergency medical services coordination committee is created in the department. The director shall appoint the voting members of the committee as follows:

(a) Four representatives from the Michigan hospital association, at least 1 whom is from a hospital located in a county with a population of not more than 100,000.

(b) Four representatives from the Michigan chapter of the American college of emergency physicians, at least 1 of whom practices medicine in a county with a population of not more than 100,000.

(c.) Three representatives from the Michigan association of ambulance services, at least 1 of whom operates an ambulance service in a county with a population of not more than 100,000.

(d) Three representatives from the Michigan fire chiefs association, at least 1 of whom is from a fire department located in a county with a

population of not more than 100,000.

(e) Two representatives from the Society of Michigan emergency medical services technician instructor-coordinators, at least 1 of whom works in a county with a population not more than 100,000.

(f) Two representatives from the Michigan association of emergency medical technicians, at least 1 of whom practices in a county with a population not more than 100,000.

(g) One representative from the Michigan association of air medical services.

(h) One representative from the Michigan association of emergency medical services systems.

(I) Three representatives from a statewide organization representing labor that deals with emergency medical services, at least 1 of whom represents emergency medical services personnel in a county with a population of not more than 100,000.

(j) Two consumers, at least 1 whom resides in a county with a population of not more than 100,000.

(2) In addition to the voting members appointed under subsection (1), the following shall serve as ex officio members of the committee without the right to vote:

(a) One representative of the office of health and medical affairs of the department of management and budget appointed by the department.

(b) One representative of the department.

© One member of the house of representatives, appointed by the speaker of the house of representatives.

(d) One member of the senate, appointed by the senate majority.

(3) The representatives of the organizations described in subsection (1) shall be appointed from among nominations made by each of those organizations.

(4) The voting members shall serve for a term of 3 years except that of the voting members who are initially appointed by the committee, the director shall designate 6 members to serve 4-year terms, 12 members to serve 3-year terms, and 6 members to serve 2-year terms. A member who is unable to complete a term shall be replaced for the balance of the unexpired term.

(5) At least 1 voting member shall be from a county with a population of not more than 35,000 and at least 1 voting member shall be from a city with a population of not less than 900,000.

(6) The committee shall annually select a voting member to serve as

chairperson.

(7) Meetings of the committee are subject to the open meetings act, Act No.267 of the Public Acts of 1976, being sections 15.261 to 15.275 of the Michigan Compiled Laws. Thirteen voting members constitute a quorum for the transaction of business.

(8) The per diem compensation for the voting members and a schedule for reimbursement of expenses shall be established by the legislature.

Sec. 20916. The state emergency medical services coordination committee shall do all of the following:

(a) Meet not less than twice annually at the call of the chairperson or the director.

(b) Serve as task force 2 pursuant to section 20126.

(c) Provide for the coordination and exchange of information on emergency medical services programs and services.

(d) Act as liaison between organizations and individuals involved in the emergency medical services system.

(e) Make recommendations to the department in the development of a comprehensive statewide emergency medical services program.

(f) Advise the legislature and the department on matters concerning emergency medical services throughout the state.

(g) Provide the department with advisory recommendations on appeals of local medical control decisions under section 20919.

(G) ESTABLISH AN AD HOC APPEAL PANEL AND PROCEDURES TO HEAR ALL APPEALS FROM LIFE SUPPORT AGENCIES OR PERSONNEL ON THE DECISIONS OF MEDICAL CONTROL AUTHORITIES.

(h) Participate in educational activities, special studies, and the evaluations of emergency medical services as requested by the director.

(I) Advise the department concerning vehicle standards for ambulances under section 20910(1)(I) .

(I) ADVISE THE DEPARTMENT CONCERNING REQUIREMENTS ON CURRICULUM CHANGES FOR EMERGENCY MEDICAL SERVICES EDUCATIONAL PROGRAMS.

(j) Advise the department concerning minimum patient care equipment lists as required under section 20910(1)(h).

(k) Advise the department on the standards required under section 20910(1)(j).

(l) (J) Appoint, with the advice and consent of the department, a statewide quality assurance task force to review and make recommendations to the department concerning approval of medical control authority applications and revisions concerning protocols under section 20919 and field studies under section 20910(1)(l), and conduct other quality assurance activities as requested by the director. A majority of the members of the task force shall be individuals who are not currently serving on the committee. The task force shall report its decisions, findings, and recommendations to the committee and the department WHICH SHALL ACCEPT THE RECOMMENDATIONS UNLESS THE DEPARTMENT CAN DEMONSTRATE THE ACTIONS ARE A POTENTIAL THREAT TO PUBLIC HEALTH OR ARE OTHERWISE CONTRARY TO THIS PART.

Sec. 20918. (1) Each hospital licensed under part 215, AND 24-HOUR FREESTANDING EMERGENCY FACILITIES that operates a service for admitting and treating emergency patients AND MEETS STANDARDS ESTABLISHED BY MEDICAL CONTROL AUTHORITY PROTOCOLS shall be given the opportunity to participate in the ongoing planning and development activities of the local medical control authority designated by the department and shall adhere to protocols for providing services to a patient before care of the patient is transferred to hospital personnel, to the extent that those protocols apply to a hospital OR FREESTANDING EMERGENCY FACILITY. The department shall designate a LOCAL medical control authority for each Michigan county or part of a county, except that the department may designate a medical control authority to cover 2 or more counties if the department determines that the available resources would be better utilized with a multiple county medical control authority. THE DEPARTMENT MAY UPON APPLICATION BY ONE OR MORE LOCAL MEDICAL CONTROL AUTHORITIES DESIGNATE A REGIONAL MEDICAL CONTROL AUTHORITY WHICH SHALL BE COMPOSED OF ONE OR MORE LOCAL MEDICAL CONTROL AUTHORITIES. SUCH A DESIGNATED REGIONAL EMS MEDICAL CONTROL AUTHORITY SHALL HAVE A CLEARLY DELINEATED PURPOSE AS DETERMINED BY THE SPONSORING LOCAL MEDICAL CONTROL AUTHORITIES. In designating a medical control authority, the department shall assure that there is a reasonable relationship between the existing emergency medical services capacity in the geographical area to be served by the medical control authority and the estimated demand for emergency medical services in that area.

(2) A medical control authority shall be administered by the participating hospitals. A MEDICAL CONTROL AUTHORITY MAY ACCEPT PARTICIPATION BY A NON HOSPITAL ORGANIZATION IF THE ORGANIZATION OPERATES A SERVICE FOR EMERGENCY PATIENTS WHICH THE MEDICAL CONTROL AUTHORITY DETERMINES TO BE EQUIVALENT TO HOSPITAL BASED EMERGENCY CAPABILITIES. Subject to subsection (4), the participating hospitals shall appoint an advisory body for the medical control authority that shall include, at a minimum, a

representative of each type of emergency medical services provider and each type of emergency medical services personnel functioning within the medical control authority's boundaries.

(3) With the advice of the advisory body of the medical control authority, the participating hospitals within MEMBERS OF a medical control authority shall appoint a medical director of the medical control authority. The medical director shall be a physician who is board certified in emergency medicine, or who practices emergency medicine and is certified in both advanced cardiac life support and advanced trauma life support by a national organization approved by the department, and who meets other standards set forth in department rules. THE MEDICAL DIRECTOR OR MEDICAL DIRECTOR'S DESIGNEE SHALL BE RESPONSIBLE FOR MEDICAL CONTROL FOR THE EMERGENCY MEDICAL SERVICES SYSTEM SERVED BY THE MEDICAL CONTROL AUTHORITY.

(4) Not more than 10% of the membership of the advisory body of a medical control authority shall be employees of the medical director or of an entity substantially owned or controlled by the medical director.

(5) A designated medical control authority shall operate in accordance with the terms of its designation.

(6) Each life support agency and individual licensed under this part is accountable to the medical control authority in the provision of emergency medical services AS DEFINED IN PROTOCOLS DEVELOPED BY THE MEDICAL CONTROL AUTHORITY AND APPROVED BY THE DEPARTMENT.

Sec. 20919. (1) A local medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. IF SO DESIGNATED BY THE SPONSORING LOCAL MEDICAL CONTROL AUTHORITIES, A REGIONAL MEDICAL CONTROL AUTHORITY MAY BE AUTHORIZED TO ESTABLISH ALL OR SOME OF THE WRITTEN PROTOCOLS. The protocols shall be developed and adopted in accordance with procedures established by the department and shall include all of the following:

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

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

(c.) COMPLY WITH ACTS 192 AND 193 OF PUBLIC ACTS OF 1996.

(D) PROTOCOLS DEFINING THE PROCESS AND METHODS A MEDICAL CONTROL AUTHORITY MAY USE IN HOLDING LIFE SUPPORT AGENCIES OR PERSONNEL ACCOUNTABLE.

(E) PROTOCOLS TO ENSURE THAT IF THE MEDICAL CONTROL AUTHORITY DETERMINES THAT AN IMMEDIATE THREAT EXISTS TO THE PUBLIC WELFARE, APPROPRIATE ACTION TO REMOVE MEDICAL CONTROL CAN BE TAKEN IMMEDIATELY AND UNTIL THE AUTHORITY HAS HAD THE OPPORTUNITY OF REVIEWING THE MATTER IN THE COURSE OF A HEARING AT THE AUTHORITY LEVEL.

(F) IF MEDICAL CONTROL HAS BEEN REMOVED FROM AN INDIVIDUAL OR AGENCY, THAT INDIVIDUAL OR AGENCY MAY NOT PROVIDE PREHOSPITAL CARE UNTIL MEDICAL CONTROL IS REINSTATED. THE MEDICAL CONTROL AUTHORITY WILL NOTIFY THE DEPARTMENT WITHIN 72 HOURS OF THIS ACTION.

(G) COLLECT DATA AS NECESSARY TO ASSESS THE NEED FOR AND QUALITY OF EMERGENCY MEDICAL SERVICES AS PROVIDED IN MCL 331.531 et. seq. (AS AMENDED).

(2) The procedures established by the department for development and adoption of written protocols under this section shall comply with at least all of the following requirements.

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

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

(c.) Not later than 60 days after receiving a written draft of a proposed protocol from a medical control authority, the department shall provide a written recommendation to the medical control authority with any comments or suggested changes on the proposed protocol. If the department does not respond within 60 days after receiving the written draft, the proposed protocol shall be considered approved by the department.

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

(e) A medical control authority may establish an emergency protocol necessary to preserve the health or safety of individuals within its jurisdiction in response to a present medical emergency or disaster without following the procedures established by the department under this section for an ordinary protocol. An emergency protocol established under this subdivisions shall be effective only for a limited time period and shall not take permanent effect unless it is approved according to this subsection.

(3) A medical control authority shall provide an opportunity for an affected person to appeal decisions made by the medical control authority. After appeals to a medical control authority have been exhausted, an affected person may apply to the department for a variance from the medical control authority's decision. The department may grant the variance if it determines that the action is appropriate to protect the public health, safety, and welfare. The department shall impose a time limitation and may impose other conditions for the variance.

(3) A MEDICAL CONTROL AUTHORITY SHALL PROVIDE AN OPPORTUNITY FOR AN AFFECTED LIFE SUPPORT AGENCY OR INDIVIDUAL TO APPEAL DECISIONS MADE BY THE MEDICAL CONTROL AUTHORITY CONCERNING COMPLIANCE WITH PROTOCOLS AND OTHER APPROVED STANDARDS. AFTER APPEALS TO A MEDICAL CONTROL AUTHORITY HAVE BEEN EXHAUSTED, AN AFFECTED FACILITY, LIFE SUPPORT AGENCY OR INDIVIDUAL MAY APPEAL THE MEDICAL CONTROL AUTHORITY'S ACTION TO THE AD HOC APPEAL PANEL. THE DEPARTMENT MAY TEMPORARILY DEFER THE ACTION OF THE MEDICAL CONTROL AUTHORITY FOR A PERIOD NOT TO EXCEED 90 DAYS PENDING REVIEW BY THE PANEL IF IT DETERMINES THAT THE ACTION IS APPROPRIATE TO PROTECT THE PUBLIC HEALTH, SAFETY, AND WELFARE. THE AD HOC APPEAL PANEL MAY REVERSE OR OTHERWISE AMEND THE ACTION OF THE MEDICAL CONTROL AUTHORITY.

(4) If adopted in protocols approved by the department, a medical control authority may require life support agencies within its region to meet reasonable additional standards for equipment and personnel, the medical control authority and the department and shall consider the medial economic impact on the local community, the need for communities to do long-term planning, and the availability of personnel. If either the medical control authority or the department determines that negative medical or economic impacts outweigh the benefits of those additional standards as they affect public health, safety, and welfare, protocols containing those additional standards shall not be adopted.

(5) If a decision of the medical control authority is appealed by an affected FACILITY, LIFE SUPPORT AGENCY OR INDIVIDUAL, the medical control authority shall make available, in writing, the medical and economic information it considered in making its decision. On appeal, the AD HOC REVIEW PANEL department shall review this information and shall issue its findings in writing.

SEC. 20920. (1) A person shall not establish, operate, or cause to be operated an ambulance operation unless it is licensed under this section.

(2) Upon proper application and payment of a \$100.00 fee, the department shall issue a license as an ambulance operation to a person who meets the requirements under this part and rules promulgated under this part.

(3) An applicant shall specify in the application each ambulance to be operated.

(4) An ambulance operation license shall specify the ambulance licensed to be operated.

(5) An ambulance operation license shall state the level of life support the ambulance operation is licensed to provide. An ambulance operation shall operate in accordance with this part, rules promulgated under this part, and approved local OR REGIONAL medical control authority protocols and shall not provide life support at a level that exceeds its license or violates approved local medical control authority protocols.

(6) An ambulance operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the ambulance operation is in compliance with this part, rules promulgated under this part, and local medical control authority protocols.

Sec. 20921. (1) An ambulance operation shall do all of the following:

(a) Provide at least 1 ambulance available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.

(b) Respond or ensure that a response is provided to all requests for emergency assistance originating from within the bounds of its service area.

(c.) If the ambulance operation operates under a medical control authority, operate only under the direction of A that medical control authority.

(d) Notify the department immediately of any change that would alter the information contained on its application for an ambulance operation license or renewal.

(e) Provide life support consistent with its license and approved local medical control authority protocols to all emergency patients without prior inquiry into ability to pay or source of payment.

(2) An ambulance operation shall not do any of the following:

(a) Knowingly provide any person with false or misleading information concerning the time at which an emergency response will be initiated or the location from which the response is being initiated.

(b) Induce or seek to induce any person engaging an ambulance to patronize a long-term care facility, mortuary, or hospital.

(c.) Advertise, or permit advertising of, within or on the premises of the ambulance operation or within or on an ambulance, the name or the services of any attorney, accident investigator, nurse, physician, long-term care facility, mortuary, or hospital. If 1 of those persons or

facilities owns or operates an ambulance operation, the person or facility may use its business name in the name of the ambulance operation and may display the name of the ambulance operation within or on the premises of the ambulance operation or within or on an ambulance.

(d) Advertise or disseminate information for the purpose of obtaining contracts under any name other than the name of the person holding an ambulance operation license or the trade or assumed name of the ambulance operation.

(3) An ambulance operation shall not operate, attend, or permit an ambulance to be operated while transporting a patient unless the ambulance is staffed as follows:

(a) If designated as providing basic life support, with at least 1 emergency medical technician and 1 medical first responder.

(b) If designated as providing limited advanced life support, with at least 1 emergency medical technician specialist and 1 emergency medical technician.

(c.) If designated as providing advanced life support, with at least 1 paramedic and 1 emergency medical technician OR PHYSICIAN.

(4) Except as provided in subsection (5), an ambulance operation shall ensure that an emergency medical technician, an emergency medical technician specialist, or a paramedic is in the patient compartment of an ambulance while transporting an emergency patient.

(5) Subsection (4) does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment by an appropriate licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed in this part or rules promulgated by the department.

(6) AN AMBULANCE OPERATION DESIGNATED AS PROVIDING BASIC LIFE SUPPORT IN A COUNTY WITH A POPULATION OF NOT MORE THAN 35,000 MAY PROVIDE LIMITED ADVANCED OR ADVANCED LIFE SUPPORT WITH THE APPROVAL OF THE MEDICAL CONTROL AUTHORITY.

Sec. 20922. (1) A person shall not use the terms "ambulance" or "ambulance operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20920.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides an ambulance operation unless that person does in fact provide that service has been licensed by the department to do so.

Sec. 20923. (1) Except as provided in section 20924(2), a person shall not operate an ambulance unless the ambulance is licensed under this section and is operated as part of a licensed ambulance operation.

(2) Upon proper application and payment of a \$25.00 fee, the department shall issue an ambulance license or annual renewal for an ambulance that meets the requirements of this part and rules promulgated under this part.

(3) An ambulance operation shall submit an application and fee to the department for each ambulance in service. Each application shall include a certificate of insurance for the ambulance in the amount and coverage required by the department.

(4) Upon purchase, an ambulance shall meet all vehicle standards established by the department under 20910(1)(i).

(5) Once licensed for service, an ambulance is not required to meet subsequently modified state vehicle standards during its use by the ambulance operation that obtained the license.

(6) Patient care equipment and safety equipment carried on an ambulance shall meet the minimum requirements prescribed by the department and the approved local medical control authority protocols.

(7) An ambulance shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.

(8) An ambulance license is not transferable to another ambulance operation.

Sec. 20924. (1) Except as provided in subsection (2), a person shall not furnish, operate, conduct, maintain, advertise, or otherwise be engaged or profess to be engaged in the business or service of the transportation of patients in this state unless the person uses an ambulance licensed under this part.

(2) An ambulance operated by an agency of the United States is not required to be licensed under this part. This part does not apply to an ambulance or ambulance personnel from another state or nation or a political subdivision of another state or nation that is performing in this state emergency assistance required by an official of this state.

Sec. 20926. (1) A person shall not establish, operate, or cause to be operated a nontransport prehospital life support operation unless it is licensed under this section.

(2) The department, upon proper application and payment of a \$100.00 fee, shall issue a license for a nontransport prehospital life support operation to a person meeting the requirements of this part and rules promulgated under this part.

(3) A nontransport prehospital life support operation license shall specify the level of life support the operation is licensed to provide. A nontransport prehospital life support operation shall operate in

accordance with this part, rules promulgated under this part, and approved local medical control authority protocols and shall not provide life support at a level that exceeds its license or violates approved local medical control authority protocols.

(4) An applicant for a nontransport prehospital life support operation license shall specify in the application for licensure each nontransport prehospital life support vehicle to be operated.

(5) A nontransport prehospital life support operation license shall specify the nontransport prehospital life support vehicles licensed to be operated.

(6) A nontransport prehospital life support operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the nontransport prehospital life support operation is in compliance with this part, rules promulgated under this part, and local medical control authority protocols.

Sec. 20927. (1) A nontransport prehospital support operation shall:

(a) Provide at least 1 nontransport prehospital life support vehicle with proper equipment and personnel available for response to request for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.

(b) Respond or ensure that a response is provided to all requests for emergency assistance originating from within the bounds of its primary dispatch service area.

(c.) Operate only under the direction of a medical control authority.

(d) Notify the department of any change that would alter the information contained on its application for a nontransport prehospital life support operation license or renewal.

(e) Provide life support consistent with its license and approved local medical control authority protocols to all patients without prior inquiry into ability to pay or source of payment.

(2) A nontransport prehospital life support operation shall not knowingly provide any person with false or misleading information concerning the time at which an emergency response will be initiated or the location from which the response is being initiated.

(3) A nontransport prehospital life support operation shall not operate a nontransport prehospital life support vehicle unless it is staffed, 24 hours a day, 7 days a week, as follows:

(a) If designated as providing basic life support, with at least 1 emergency medical technician.

(b) If designated as providing limited advanced life support, with at least

1 emergency medical technician specialist.

(c.) If designated as providing advanced life support, with at east 1 paramedic.

Sec. 20928. (1) A person shall not use the term "nontransport prehospital life support vehicle" or "nontransport prehospital life support operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20926.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides a nontransport prehospital life support operation unless that person does in fact provide that service and has been licensed by the department to do so.

Sec. 20929. (1) A person shall not operate a nontransport prehospital life support vehicle unless the vehicle is licensed by the department under this section and is operated as part of a licensed nontransport prehospital life support operation.

(2) Upon proper application and payment of a \$25.00 fee, the department shall issue a license or annual renewal for a nontransport prehospital life support vehicle if it meets the requirements of this part and rules promulgated under this part.

(3) A nontransport prehospital life support operation shall submit an application and required fee to the department for each vehicle in service. Each application shall include a certificate of insurance for the vehicle in the amount and coverage required by the department.

(4) A nontransport prehospital life support vehicle shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.

(5) A nontransport prehospital life support vehicle shall be equipped according to the department's minimum equipment list and approved local medical control authority protocol based upon the level of life support the vehicle and personnel are licensed to provide.

Sec. 20931. (1) A person shall not establish, operate cause to be operated an aircraft transport operation unless it is licensed under this section.

(2) The department, upon proper application and payment of a \$100.00 fee, shall issue a license for an aircraft transport operation to a person meeting the requirements of this part and rules promulgated under this part.

(3) An aircraft transport operation license shall specify the level of life support the operation is licensed to provide. An aircraft transport operation shall operate in accordance with this part, rules promulgated under this part, and orders established by the patient's physician and shall not provide life support at a level that exceeds its license or violates

those orders.

(4) An applicant for an aircraft transport operation license shall specify in the application for licensure each aircraft transport vehicle to be operated and licensed.

(5) An aircraft transport operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the aircraft transport operation is in compliance with this part and rules promulgated under this part.

Sec. 20932. (1) An aircraft transport operation shall:

(a) Provide an aircraft transport vehicle with proper equipment and personnel available for response to requests for patient transportation between health facilities, as needed and for life support during that transportation according to the written orders of the patient's physician.

(b) Notify the department of any change that would alter the information contained on its application for an aircraft transport operation license or renewal.

(2) An aircraft transport operation shall not operate an aircraft transport vehicle unless it is staffed, with emergency medical services personnel or other licensed health care professionals as appropriate according to the written orders of the patient's physician.

Sec. 20933. (1) A person shall not use the term "aircraft transport vehicle" or "aircraft transport operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20931.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides an aircraft transport operation unless that person does in fact provide that service and has been licensed by the department to do so.

Sec. 20934. (1) A person shall not operate an aircraft transport vehicle unless the vehicle is licensed by the department under this section and is operated as part of a licensed aircraft transport operation.

(2) Upon proper application and payment of a \$100.00 fee, the department shall issue a license or annual renewal for an aircraft transport vehicle if it meets the requirements of this part and rules promulgated under this part.

(3) An aircraft transport operation shall submit an application and required fee to the department for each vehicle in service. Each application shall include a certificate of insurance for the vehicle in the amount and coverage required by the department.

(4) An aircraft transport vehicle shall be equipped with a communications system utilizing frequencies and procedures consistent

with the statewide emergency medical services communications system developed by the department.

(5) An aircraft transport vehicle shall be equipped according to the department's minimum equipment list based upon the level of life support the vehicle and personnel are licensed to provide.

Sec. 20936. (1) If any application for renewal of an ambulance operation, nontransport prehospital life support operation, or aircraft transport operation license is received by the department after the expiration date of the license, the applicant shall pay a late fee in the amount of \$300.00 in addition to the renewal fee. If an application for renewal is not received by the department within 60 days after the license expires, the department shall not issue a renewal license unless the licensee completes the requirements for initial licensure and pays the late fee.

(2) If an application for renewal of an ambulance or nontransport prehospital life support vehicle, or aircraft transport vehicle license is received by the department after the expiration date of the license, the applicant shall pay a late fee in the amount of \$100.00 in addition to the renewal fee. If an application for renewal is not received by the department within 60 days after the license expires, the department shall not issue a renewal license unless the licensee completes the requirements for initial licensure and pays the late fee.

Sec. 20938. When operating an ambulance or a nontransport prehospital life support vehicle under emergency conditions or a reasonable belief that an emergency condition exists, the driver of the ambulance or nontransport prehospital life support vehicle may exercise the privileges and is subject to the constraints prescribed by the Michigan vehicle code, Act No 300 of the Public Acts of 1949, being sections 257.1 to 257.923 of the Michigan Compiled Laws, pertaining to the driver of an authorized emergency vehicle.

Sec. 20939. If an ambulance operation is unable to respond to an emergency patient within a reasonable time, this part does not prohibit the spontaneous use of a vehicle under exceptional circumstances to provide, without charge or fee and as a humane service, transportation for the emergency patient. Emergency medical personnel who transport or who make the decision to transport an emergency patient under this section shall file a written report describing the incident with the medical control authority.

Sec. 20941. (1) A person shall not establish, operate, or cause to be operated a medical first response service unless the service is licensed by the department.

(2) Upon proper application, the department shall issue a license as a medical first response service to a person who meets the requirements of this part and rules promulgated under this part. The department shall not charge a fee for licensing a medical first response service.

(3) A medical first response service shall provide life support in

accordance with approved local medical control authority protocols and shall not provide life support at a level that exceeds its license or violates approved local medical control authority protocols.

(4) A medical first response service license may be renewed annually upon the application to the department.

(5) A person shall not advertise or disseminate information leading the public to believe that the person provides a medical first response service unless that person does in fact provide that service and has been licensed by the department.

(6) A medical first response service shall have at least 1 medical first response vehicle available on a 24-hour-a-day, 7-day-a-week basis, to provide a medical first response capability. Each medical first response vehicle shall be equipped and staffed as required by this part or rules promulgated under this part.

(7) A medical first response service shall provide life support consistent with its license and approved local medical control authority protocols to all patients without prior inquiry into ability or source of payment.

(8) To the extent that a police or fire suppression agency is dispatched to provide medical first response life support, that agency is subject to this section and other provisions of this part relating to medical first response services.

Sec. 20945. If the department determines that grounds exist under section 20165 for denial, suspension, or revocation of a life support agency license but that the denial, suspension, or revocation of the license may be detrimental to the health, safety, and welfare of the residents served by the life support agency or applicant, the department may issue a nonrenewable conditional license effective for not more than 1 year and may prescribe such conditions as the department determines to be necessary to protect the public health, safety, and welfare.

Sec. 20948. (1) A local governmental unit or combination of local governmental units may operate an ambulance operation or a nontransport prehospital life support operation, or contract with a person to furnish any of those services for the use and benefit of its residents, and may pay for any or all of the cost from available funds. A local governmental unit may receive state or federal funds. A local governmental unit may receive state or federal funds or private funds for the purpose of providing emergency medical services.

(2) A local governmental unit that operates an ambulance operation or a nontransport prehospital life support operation or is a party to a contract or an interlocal agreement may defray any or all of its share of the costs by either or both of the following methods:

(a) Collection of fees for services.

(b) Special assessments created, levied, collected, and annually determined pursuant to a procedure conforming as nearly as possible to

the procedure set forth in section 1 of Act No. 33 of the Public Acts of 1951, being section 41.801 of the Michigan Compiled Laws. This procedure does not prohibit the right of referendum set forth under Act No.33 of the Public Acts of 1951, being sections 41.801 to 41.811 of the Michigan Compiled Laws.

(3) A local governmental unit may enact an ordinance regulating ambulance operations, nontransport prehospital life support operations, or medical first response services. The standards and procedures established under the ordinance shall not be in conflict with or less stringent than those required under this part or the rules promulgated under this part.

Sec. 20950. (1) An individual shall not practice or advertise to practice as a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator unless licensed to do so by the department.

(2) Except as provided in subsection (4), the department shall issue a license under this action only to an individual who meets all of the following requirements:

(a) Is 18 years of age or older.

(b) Has successfully completed the appropriate education approved under section 20912.

(c.) Has attained a passing score on the appropriate department prescribed EXAMINATION written and practical examinations. AS FOLLOWS:

(I) MEDICAL FIRST RESPONDERS SHALL PASS THE WRITTEN EXAMINATION PROCTORED BY THE DEPARTMENT AND A PRACTICAL EXAMINATION APPROVED BY THE DEPARTMENT WHICH SHALL BE ADMINISTERED BY THE INSTRUCTORS OF THE MEDICAL FIRST RESPONDER COURSE. THE DEPARTMENT RESERVES THE RIGHT TO PROCTOR THE PRACTICAL EXAMINATION.

(II) EMERGENCY MEDICAL TECHNICIANS, EMERGENCY MEDICAL TECHNICIAN SPECIALISTS AND PARAMEDICS SHALL PASS THE WRITTEN EXAMINATION PROCTORED BY THE DEPARTMENT AND A PRACTICAL EXAMINATION. EACH PRACTICAL EXAMINATION SHALL BE PROCTORED BY A REPRESENTATIVE OF THE DEPARTMENT. EACH EXAMINATION SITE, PROCTOR, AND THOSE SERVING AS DEPARTMENT APPROVED EVALUATORS SHALL BE REIMBURSED FOR SERVICES RENDERED BY THE DEPARTMENT.

(III) THE FEE FOR EACH WRITTEN EXAMINATION ADMINISTERED UNDER THIS SUBRULE SHALL BE PAID DIRECTLY TO THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS OR OTHER ORGANIZATION

APPROVED BY THE DEPARTMENT.

(d) Meets other requirements of this part.

(D) BEGINNING JANUARY 1, 1998, THE DEPARTMENT WILL PROVIDE FOR AND SHALL REQUIRE SUCCESSFUL PASSAGE OF THE PRESCRIBED EXAMINATION REFERRED TO UNDER SECTION 20954(9) FOR PURPOSES OF COMPLIANCE WITH SUBSECTION (C).

E. MEET OTHER REQUIREMENTS OF THIS PART.

(3) The department shall issue a license as an emergency medical services instructor-coordinator only to an individual who meets the requirements of subsection (2) for an emergency medical services instructor-coordinator and at the time of application is currently licensed as an emergency medical technician, emergency medical technician specialist, or paramedic and has at least 3 years' field experience as an emergency medical technician. THE EMERGENCY MEDICAL SERVICES INSTRUCTOR-COORDINATOR EXAMINATION SHALL BE DEVELOPED BY THE DEPARTMENT.

(4) Until December 31, 1992, the department shall issue a medical first responder license to an individual who does not meet the requirement of subsection (2)(b) if the department determines that the individual is performing the functions of a medical first responder on the effective date of this part and meets the other requirements of subsection (2). Beginning on January 1, 1993, the department shall issue a medical first responder license only to an individual who meets all of the requirements of subsection (2).

(4) Except as provided by section 20952, a license under this section is effective for 3 years from date of issue unless revoked or suspended by the department.

(5) Except as otherwise provided in subsection (7), an applicant for licensure under this section shall pay a fee for THE PRACTICAL examination AND LICENSURE or reexamination as follows:

(a) Medical first responder - no fee \$25.00.

(b) Emergency medical technician - \$40.00 \$50.00.

© Emergency medical technician specialist - \$60.00 75.00.

(d) Paramedic - \$80.00 \$100.00.

(e) Emergency medical services instructor-coordinator - \$100.00.

(6) The fee under subsection (5) for examination or reexamination shall include initial licensure if the applicant passes the examination or reexamination AND DOES NOT APPLY TO THE PRACTICAL EXAMINATION FOR MEDICAL FIRST RESPONDERS.

(7) THE DEPARTMENT MAY WAIVE THE PRESCRIBED EXAMINATIONS FOR EMERGENCY MEDICAL SERVICES PERSONNEL, EXCEPT FOR EMERGENCY MEDICAL SERVICES INSTRUCTOR-COORDINATOR, OF INDIVIDUALS FROM ANOTHER STATE WHO WISH TO OBTAIN LICENSURE IN THE STATE OF MICHIGAN IF IT IS DETERMINED BY THE DEPARTMENT THAT THE INDIVIDUAL IS IN GOOD STANDING WITH THE NATIONAL REGISTRY AND THE OTHER STATE. THE FOLLOWING APPLICATION FEES APPLY TO THE OUT-OF-STATE APPLICANT DEFINED UNDER THIS SECTION:

(I) MEDICAL FIRST RESPONDER - \$40.00

(II) EMERGENCY MEDICAL TECHNICIAN - \$65.00

(III) EMERGENCY MEDICAL TECHNICIAN SPECIALIST - \$90.00

(IV) PARAMEDIC - \$115.00

(8) (7) If a life support agency certifies to the department that an applicant for licensure under this section will act as a volunteer and if the life support agency does not charge for its services, the department shall not require the applicant to pay the fee required under subsection (5). If the applicant ceases to meet the definition of a volunteer under this part at any time during the effective period of his or her license and is employed as a licensee under this part, the application shall at that time pay the fee required under subsection (5).

Sec. 20952. (1) The department may grant a nonrenewable temporary license to an individual who has made proper application with the required fee for licensure as a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic and who has successfully completed all of the requirements for licensure except for the department prescribed examinations. A temporary license is valid for 120 days from the date of an accepted application.

(2) An individual holding a temporary license as an emergency medical technician shall practice only under the direct supervision of an emergency medical technician, emergency medical technician specialist, or paramedic who holds a license other than a temporary license.

(3) An individual holding a temporary license as an emergency medical technician specialist shall practice only under the direct supervision of an emergency medical technician specialist or paramedic who holds a license other than a temporary license.

(4) An individual holding a temporary license as a paramedic shall practice only under the direct supervision of a paramedic who holds a license other than a temporary license.

Sec. 20954. (1) Upon proper application to the department and

payment of the renewal fee under subsection (2), the department may renew a license for a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator who meets the requirements of this part and completes required ongoing educational programs approved or developed by the department.

(2) Except as otherwise provided in subsection (5), an applicant for renewal of a license under section 20950 shall pay a renewal fee as follows:

(a) Medical first responder - no fee - \$25.00.

(b) Emergency medical technician - \$25.00.

(c.) Emergency medical technician specialist - \$25.00

(d) Paramedic - \$25.00

(e) Emergency medical services instructor-coordinator - \$50.00 \$25.00

(3) Except as otherwise provided in subsection (5), if an application for renewal under subsection (1) is received by the department after the date the license expires, the applicant shall pay a late fee in addition to the renewal fee under subsection (2) as follows:

(A) MEDICAL FIRST RESPONDER - \$50.00.

(a) (B) Emergency medical technician - \$50.00.

(b) (C.) Emergency medical technician specialist - \$50.00.

(c.) (D) Paramedic - \$50.00.

(d) (E) Emergency medical services instructor-coordinator - \$100.00 \$50.00.

(4) AN INDIVIDUAL RE-LICENSING UNDER SUBSECTIONS (2) OR (3) WHO HAS NOT INFORMED THE DEPARTMENT OF A CHANGE IN ADDRESS PRIOR TO THEIR RELICENSURE NOTIFICATION BY THE DEPARTMENT, AND WHOSE APPLICATION FOR RELICENSURE HAS NOT BEEN RECEIVED BY THE INDIVIDUAL AS A RESULT OF NOT NOTIFYING THE DEPARTMENT OF SUCH A CHANGE, SHALL BE REQUIRED TO PAY \$10.00 IN ADDITION TO THE FEES PRESCRIBED UNDER SUBSECTIONS (2) AND (3) FOR RELICENSURE.

(5) (4) If the department does not receive an application for renewal from an individual licensed under section 20950 within 60 days after his or her license

expires, the department shall not issue a renewal license unless the individual completes the requirements for initial licensure and, if a late fee

is required, pays the late fee.

(6) (5) If a life support agency certifies to the department that an applicant for renewal under this section is a volunteer and if the life support agency does not charge for its services, the department shall not require the applicant to pay the fee required under subsection (2) or a late fee under subsection (3). If the applicant for renewal ceases to meet the definition of a volunteer under this part at any time during the effective period of his or her license renewal and is employed as a licensee under this part, the applicant for renewal shall at that time pay the fee required under subsection (2).

Sec. 20956. (1) A medical first responder, an emergency medical technician, an emergency medical technician specialist, or a paramedic shall not provide life support at a level that is inconsistent with his or her education, licensure, AND or approved local medical control authority protocols.

(2) A medical first responder, emergency, emergency medical technician, emergency medical technician specialist, or paramedic may perform techniques required in implementing a field study authorized under section 20910(1)(1) if he or she receives training for the skill, technique, procedure, or equipment involved in the field study.

Sec. 20958. (1) The department may deny, revoke, or suspend an emergency medical services personnel license upon finding that an applicant or licensee meets 1 or more of the following:

(a) Is guilty of fraud or deceit in procuring or attempting to procure licensure.

(b) Has illegally obtained, possessed, used, or distributed drugs.

(c.) Has practiced after his or her license has expired or has been suspended.

(d) Has knowingly violated, or aided or abetted others in the violation of, this part or rules promulgated under this part.

(e) Is not performing in a manner consistent with his or her education or licensure OR APPROVED LOCAL OR REGIONAL MEDICAL CONTROL AUTHORITY PROTOCOLS.

(f) Is physically or mentally incapable of performing his or her prescribed duties.

(g) Has been convicted of a criminal offense under sections 520a to 520l of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being sections 750.520a to 750.520l of the Michigan Compiled Laws. A certified copy of the court record is conclusive evidence of the conviction.

(h) Has been convicted of a misdemeanor or felony reasonably related to and adversely affecting the ability to practice in a safe and competent

manner. A certified copy of the court record is conclusive evidence as to the conviction.

(2) The department shall provide notice of intent to deny, revoke, or suspend an emergency services personnel license and opportunity for a hearing according to the provisions of section 20166.

Sec. 20961. (1) The department may grant a license under this part to a person who is licensed in another state at the time of application if the applicant provides evidence satisfactory to the department as to all of the following:

(a) The applicant meets the requirements of the requirements of this part and rules promulgated by the department for licensure.

(b) There are no pending disciplinary proceedings against the applicant before a similar licensing agency of this or any other state or country.

(c.) If sanctions have been imposed against the applicant by a similar licensing agency of this or any other state or country based upon grounds that are substantially similar to those set forth in section 20165 or 20958, as determined by the department, the sanctions are not in force at the time of the application.

(d) The other state maintains licensure standards equivalent to or more stringent than those of this or other states.

(2) The department may make an independent inquiry to determine whether an applicant meets the requirements described in subsection (1)(b) and (c).

Sec. 20963. (1) A person participating in radio communications activities in support of emergency medical services, on frequencies utilized in the statewide emergency medical services communications system, shall comply with procedures and radio system requirements established by the department.

(2) A person who receives any intercepted public safety radio communication shall not utilize the contents of the communication for the purpose of initiating an emergency medical service response without the authorization of the sender. This subsection shall not apply to a radio communication generally transmitted to any listener by a person in distress.

Sec. 20965 (1) Unless an act or omission is the result of gross negligence or willful misconduct, the acts or omissions of a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, PHYSICIAN SERVING WITH A LIFE SUPPORT AGENCY, or medical director of a medical control authority or his or her designee while providing services to a patient outside a hospital, or in a hospital before transferring patient care to hospital personnel, that are consistent with the individual's licensure or additional training required by the local medical control authority do not impose liability in the treatment of a patient on those individuals or any of

the following persons:

- (a) The authorizing physician or physician's designee.
  - (b) The medical director and individuals sitting on the advisory body of the medical control authority.
  - (c) The person providing communications services or lawfully operating or using supportive electronic communications devices.
  - (d) The life support agency or an officer, member of the staff, or other employee of the life support agency.
  - (e) The hospital or an officer, member of the staff, nurse, or other hospital employee.
  - (f) The authoritative government unit or units.
  - (g) Emergency personnel from outside the state.
- (2) Subsection (1) does not limit immunity from liability otherwise provided by law for any of the persons listed in subsection (1).

Section 20967. (1) Authority for the management of a patient in an emergency is vested in the licensed health professional or licensed emergency medical services personnel at the scene of the emergency who has the most training specific to the provision of emergency medical care. If a licensed health professional or licensed emergency medical services personnel is not available, the authority is vested in the most appropriately trained representative of a public safety agency at the scene of the emergency.

(2) When a life support agency is present at the scene of the emergency, authority for the management of an emergency patient in an emergency is vested in the physician responsible for medical control until that physician relinquishes management of the patient to a licensed physician at the scene of the emergency.

(3) Authority for the management of the scene of an emergency is vested in appropriate public safety agencies. The scene of an emergency shall be managed in a manner that will minimize the risk of death or health impairment to an emergency patient and to other individuals who may be exposed to the risks as a result of the emergency. Priority shall be given to the interests of those individuals exposed to the more remediable risks to life and health. Public safety officials shall ordinarily consult emergency medical services personnel or other authoritative health professionals at the scene in the determination of remediable risks.

(4) If an emergency has been declared, the declaration that an emergency no longer exists shall be made only by an individual licensed under this part or a health professional licensed under article 15 who has training specific to the provision of emergency medical services in accordance with protocols established by the local medical control authority.

Sec. 20969 (1) This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if emergency medical services personnel, exercising professional judgement, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objection unless the objection is expressly based on the individual's religious beliefs.

Sec. 20971 (1) This part does not supersede, limit, or otherwise affect the emergency preparedness act, Act No. 390 of the Public Acts of 1976, being sections 30.401 to 30.420 of the Michigan Compiled Laws, dealing with licenses for professional, mechanical, or other skills for persons performing civil defense, emergency, or disaster functions under those acts.

(2) A reference in any law to former Act No. 290 of the Public Acts of 1976; former Act No. 288 of the Public Acts of 1976; former Act No. 330 of the Public Acts of 1976; or former part 32, 203, or 207 of this act shall be considered a reference to this part.

Sec. 20973 (1) This part does not deny emergency medical services to individuals outside the boundaries of this state, or limit, restrict, or prevent a cooperative agreement for the provision of emergency medical services between this state or a political subdivision of this state and another state or a political subdivision of another state, a federal agency, or another nation or a political subdivision of another nation.

Sec. 20975 The department shall promulgate rules to implement this part.

Sec. 20977 Rules promulgated to implement former parts 32, 203, or 207 of this act and in effect on the effective date of this section shall continue, to the extent that they do not conflict with this part, and shall be considered as rules promulgated under this part.

Sec. 20979 The legislature shall not use the increase in fees charged under this part from the fees charged under former part 207 as a basis reducing the amount of general fund money that is appropriated to the department.

#### AMENDMENTS TO M.C.L. 331.531

331.531 Data relating to physical or psychological condition and health care; review entity defined; liability

Sec. 1 (1) A person, organization, or entity may provide to a review entity information or data relating to the physical or psychological condition of a person, the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider.

(2) As used in this section, review entity means one of the following:

(a) A duly appointed peer review committee of the state, of a state or county association of health care professionals, of an officially constituted health care facility, or of a health care association.

(b) A professional standards review organization qualified under state or federal law.

(c) A foundation acting pursuant to the approval of a state or county association of health care professionals.

(d) A state department or agency whose jurisdiction encompasses the information described in subsection (1).

(e) An organization established by a state association of hospitals or physicians, or both, that collects and verifies the authenticity of documents and other data concerning the qualifications, competence, or performance of licensed health care professionals and acts as a health facility's agent pursuant to health care quality improvement act of 1986, title IV of Public Law 99-660, 100 stat. 3784.

(F) A DULY APPOINTED PROFESSIONAL STANDARDS REVIEW COMMITTEE ESTABLISHED BY A LIFE SUPPORT AGENCY OR MEDICAL CONTROL AUTHORITY PURSUANT TO PUBLIC ACT 179 OF 1990, PART 209 (AS AMENDED).

(3) A person, organization, or entity is not civilly or criminally liable:

(a) For providing information or data pursuant to subsection (1).

(b) For an act or communication within its scope as a review entity. (c) For releasing or publishing a record of the proceedings or the reports, findings, or conclusions of a review entity, subject to sections 2 and 3.

(4) The immunity from liability provided under subsection (3) does not apply to a person, organization, or entity that acts with malice.

331.532 Release or publication of review entity reports, purposes

Sec. 2 The release or publication of a record of the proceedings or the reports, findings, and conclusions of a review entity shall be for one of the following purposes:

(a) To advance health care research or health care education.

(b) To maintain the standards of health care professions.

(c) To protect the financial integrity of any governmentally funded program.

(d) To provide evidence relating to the ethics or discipline of a health care provider, entity, or practitioner.

(e) To review the qualifications, competence, and performance of a health care professional with respect to the selection and appointment of the health care professional to the medical staff of a health care facility.

(f) To comply with section 20175 of the public health code, Act No 368 of the Public Acts of 1978, being section 333.20175 of the Michigan Compiled Laws.

331.533 Confidentiality, identity of person, proceedings and reports of review entity

Sec. 3 The identity of a person whose condition or treatment has been studied under this act is confidential and a review entity shall remove the person's name and address from the record before the review entity releases or publishes a record of its proceedings or reports, findings, and conclusions. Except as otherwise provided in section 2, the record of the proceedings and the reports, findings, and conclusions of a review entity and the data collected by or for a review entity under this act are confidential, are not public records, and are not discoverable and shall not be used as evidence in a civil action or administrative proceedings.