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DEPARTMENT OF COMMUNITY HEALTH
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**Implementation of the Declaratory Ruling by the Michigan Department of Community
Health/EMS and Trauma Systems Section**

To provide further clarification related to the Declaratory Ruling, the Department is providing the following as clarification in the implementation of this ruling relative to Medical Control Authorities' protocols concerning inter-facility transfers by ambulance services:

Section 20902(5) defines an ambulance operation as:

A person licensed under this part to provide emergency medical services and patient transport, for profit or otherwise.

Pursuant to Section 20921(1), an ambulance operation is required to 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.

This means a life support agency must maintain one ambulance for the provision of emergency response 24 hours a day; 7 days a week throughout its approved service area regardless of the agency's other duties.

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

This means that if an agency's ambulance has already been dispatched to respond to a medical emergency, the agency is required to ensure a response is provided to their service area; this is done through established mutual aid agreements.

(c) Operate under the direction of a medical control authority or the medical control authorities with jurisdiction over the ambulance operation.

Section 20910(1)(g) authorizes establishment of local medical control authorities as part of a statewide emergency medical services system to supervise emergency medical services in their designated geographical regions.

Administrative Rule 325.22103 states: "Service area means the geographic area in which a life support agency is licensed to provide emergency medical services for responding to an emergency." The service area is designated by the Department on the agency's license.

This means a life support agency may be approved to operate, in a specific geographic area, in a Medical Control Authority if they meet Department and MCA requirements. These requirements must include 24 hours a day, 7 days a week emergency response within the designated service area. A life support agency's service area may include an entire MCA, specific municipalities within an MCA, or more than one MCA.

In order to ensure a 24 hour, 7 day a week emergency response area, the MCA and/or the Department may require a life support agency (that is a new applicant or life support agency expanding its geographic service area) to provide a proposed 60-day staffing schedule to determine their ability to provide 24/7 operation and a letter of support or agreement from the municipality/county/township(s) in which they are agreeing to provide 24/7 emergency response. For life support agencies that are currently licensed, the MCA and/or the Department may request a letter of support or agreement from the municipality/county/township(s) in which they are agreeing to provide 24/7 emergency response OR evidence that the agency is providing 24/7 emergency response to their designated geographic service area.

Section 20919(1) requires local medical control authorities to establish written protocols for emergency medical services personnel.

The Code defines "protocol" as "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." MCL 333.20908(9). The Attorney General declared in Opinion No. 7072, "nothing in the code . . . limits the application of these protocols to emergency personnel only when they are engaged in the transport of emergency patients." AG Op No. 7072, p 6. The Attorney General concluded in that opinion, "therefore, an emergency medical service, when transporting a person from one health facility to

another, must follow protocols adopted by a local medical control authority established under Part 209 of the Public Health Code.”

This means an ambulance operation may respond and transport non-emergency patients in any MCA where they have an approved Service Area, as long as they continue to meet their 24 hour a day, 7 day a week emergency response obligations.

Section 20906(4) defines “medical control” as the supervising and coordinating of emergency medical services through a medical control authority, as prescribed, adopted, and enforced through department-approved protocols, within an emergency medical services system. Section 20918(6) provides “each life support agency and individual licensed under this part is accountable to the MCA in the provision of emergency medical services, as defined in protocols developed by the MCA and approved by the department.”

Based upon the Declaratory Ruling, a medical control authority may adopt a protocol or protocols that allow its life support agencies to perform inter-facility transfers which both begin and end outside of the MCA’s jurisdiction, as long as those protocols are coordinated with and consistent with the protocols imposed by the MCA in the geographic region(s) where the transfer begins or ends, and have been approved by MDCH.

This means an ambulance operation may perform patient transports between health care facilities in a MCA outside its licensed service area if the MCAs have coordinated protocols that allow for such transfers. At a minimum, these protocols must state that: (1) medical oversight and quality review will remain with the ambulance operation’s original MCA; and (2) that the agency will provide the appropriate level of life support and personnel for the patient transfer. The ambulance operation providing this service must also continue to provide adequate emergency services in their existing service area and will cooperate with the MCA’s quality review process.

If a MCA has not adopted a protocol to allow its life support agencies to perform inter-facility transfers that begin and end outside of the MCA, then the life support agency cannot conduct such transfers. Similarly, if a MCA adopts a protocol that prohibits a life support agency that is licensed outside its geographic service area from performing inter-facility transfers that begin and end within that MCA, then such a life support agency must not conduct such transfers. This means that a life support agency cannot conduct transfers

that both begin and end outside of its Medical Control Authority without having an established protocol in place.

Finally, as every life support agency must operate under the direction of a medical control authority, each response and/or transport must be performed under the medical direction and oversight of the MCA in which the vehicle is licensed. The Department does not envision any instance where a life support agency will respond to an emergency or non-emergency patient when not under the medical direction and oversight of a Medical Control Authority.