STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING
Friday, May 19, 2023
9:30 a.m.
Lansing Community College West
Buick, Chevrolet, and Oldsmobile Rooms (M120-M122)
5708 Cornerstone Drive
Lansing, MI 48917
Click here to join the meeting
1 248-509-0316 Phone Conference ID: 803 710 009#

AGENDA

Call to Order:
Roll Call:
Approval of Agenda:
Approval of Minutes:
Announcements:
49th Annual National EMS Week May 21-27, 2023
Reminders of upcoming educational opportunities:

Guest Speaker:
Bill Seifarth, MS, MRP, ICE-CCP
Executive Director/Chief Executive Officer-NREMT

Public Comment on Agenda Items:

Old Business & Committee Reports:
EMS Systems/Strategic Planning Update – E. Bergquist
Emergency Preparedness Update – Dr. Edwards
Systems of Care Report – E. Worden
State 911 Administrator Report – J. Harvey
EMS Medical Director Report – Dr. Fales

Committee Reports:

- Quality Assurance – Dr. Edwards
  - Protocol Update – K. Kuhl
  - Appeal Hearing-File #2201222
    - Nicholas Sneiderwine, Paramedic vs Berrien County MCA
- Ambulance Operations – M. Nye
- Medical Control Authority – D. Condino
- Patient Movement Ad Hoc – D. Condino

- Ethics and Compliance – K. Cummings
- Education – K. Wilkinson
- Bylaws – B. Trevithick
    - Member Slate for CoPEM
    - Call for Subcommittee applications.
        - Ambulance Operations, Bylaws, Compliance and Ethics, Data, Education, Legislative, MCA, QATF, Rural.
- Data – E. Baker
- Legislative – B. Trevithick
    - SB 28
    - SB 249 – State Exam
    - HB 4358
    - SB 69 & 71
- Rural – G. Wadaga
- Pediatric Emergency Medicine – S. Mishra
- Air Medical – K. Wilkinson
    - Equipment list change
- EMS Safety – E. Bergquist – No update.
- Critical Care Ad Hoc – E. Bergquist – No update.
- Communications – No update.

Recruitment and Retention Work Group – K. Cummings/E. Bergquist

- Workforce Assessment
- Grant Update

Community Integrated Paramedicine (CIP) – K. Kuhl – No update.

New Business:
Public Comment:
Membership Round Table Report:
Adjournment:

NEXT MEETING: ***July 21, 2023.***

NOTE: The chair requests that all phones and pagers be turned off or placed in silent mode during meetings.
NOTE: Per the EMSCC Bylaws, public comment is limited to three minutes.

TELECONFERENCE INFORMATION:

Click here to join the meeting

1 248-509-0316 Phone Conference ID: 803 710 009#

- To reach out to a specific member with questions or concerns prior to the meeting, please email MDHHS-MichiganEMS@michigan.gov and your question will be relayed.
- Meetings will be recorded per the Open Meetings Act (PA 267 of 1976).

MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

QUALITY ASSURANCE TASK FORCE
MINUTES
April 28, 2023
10:00 a.m.
VIRTUAL ONLY
Click here to join the meeting
+1 248-509-0316 Conference ID: 389 448 299#

Attendance:
Member Roll Call:
Dr. Edwards-chair, Dr. Domeier, Dr. Fales, Dr. Wise, Dr. Paul, Lynn Weber, Lisa Martin, Betsy McDavid, Dr. Noel.

Absent: **Deb Wagner.**

MCA Representatives: **Katrina Rushford, Marquette Alger MCA; Lance Corey, Region 5; Kevin Henderson, Washtenaw Livingston MCA.**

Hearing Representatives: **Al DiBritio and Dr. Beyer, Berrien County MCA; Nick Sneiderwine, Ross Chapman, and Jason Wiley, claimant.**

Guests: **John Theut, Oakland County MCA; Carol Robinet, Superior; Dr. Van Alsten, U of M; Dr. Strong, HFHS; Kevin Henderson and Dr. Smith, Washtenaw Livingston County MCA.**

Bureau Staff: **Babb, Kerr, Kuhl, Minaudo, Piette, Burke, Biliti, Flory, Baker**

Call to Order: **The meeting was called to order at 10:04 a.m. by Dr. Edwards.**

EMSCC Appeal Hearing:
File No. 2201222 Nicholas Sneiderwine, Paramedic v. Berrien County MCA
Dr. Edwards read the opening statement.

Sneiderwine:
Attorney Ross Chapman spoke for the claimant. He questioned Mr. Sneiderwine about the consent order in place from the state EMS office. Mr. Sneiderwine testified that he followed the instructions for the consent order. He stated that he provided notice to his employer as required. Jason Wiley answered questions as a witness. He is employed by Medic 1 ambulance as Director, he has worked there for over 20 years. He stated Mr. Sneiderwine is an adequate paramedic and an adequate employee. Mr. Chapman questioned Mr. Wiley about Mr. Sneiderwine's notifications and his served suspension. Mr. Chapman then referred to the submitted statement. He stated the statute on allows for convictions to be considered and repeated the steps followed by Mr. Sneiderwine.

Berrien County MCA:
Dr. Beyer spoke for the MCA. He read the statement previously provided. He requests the EMSCC upholds the suspension of privileges and discussed the scenario Mr. Sneiderwine was in. Dr. Beyer stated his first notice of legal issues was when an anonymous complaint was made to the state. He was not notified that Mr. Sneiderwine was suspended and he received the consent order from the state upon inquiring about the license status. He stated Mr. Sneiderwine did not notify the MCA.

Questions:
Dr. Wise asked Mr. Sneiderwine how he accesses the protocol. He stated they are not organized, but on their tablets now, and they are getting more organized. He said they are hard to interpret.
Lisa Martin asked Dr. Beyer if they are using their own protocols for Section 8 or their own. Dr. Beyer said they are using the state models. She asked if he agrees they are hard to access, and he does not have trouble accessing. Lisa asked about protocol testing, and Dr. Beyer said they don't have a testing process, but they are expected to know them because they are the protocols they operate under.
Dr. Edwards asked about notification. Mr. Sneiderwine advised he thought the employer would be notifying.

Dr. Edwards read the closing statement. The decision will be released at the next EMSCC meeting on May 19, 2023.

Motion to go into closed session at 10:35 a.m. for deliberation (Paul, Weber). Approved.
Motion to go out of closed session at 11:17 a.m. (Paul, Weber). Approved.

Agenda and Minutes: **Motion to approve the agenda and minutes from 3/24/2023 (Domeier, Weber) Approved.**

MCA Protocols/Bylaws:

1. **MARQUETTE-ALGER MCA**
   a. 8-28 Evidentiary Blood Draw – **Motion to approve with changes (Paul, Domeier). Approved.**
      - This protocol was modeled after the new state suite, and they would like one to use in the interim. It was modified for local use but is mostly the same. Dr. Domeier asked about item 2 and the group discussed. **Action item: In item #2, after officer and, strike "only". Add "the" before MCA in the first sentence in the purpose statement.**
2. **REGION 6 – WMRMCC**
   a. 8.62 BLS Transport Utilization – **Motion to approve (Paul, Weber). Approved.**
      - Lance Corey went over the changes for the group. Betsy asked about number 4, as she has a concern about restraints and discussed.

3. **WASHTENAW LIVINGSTON MCA**
   a. 2.15 Sexual Assault – **Motion to approve (Paul, Martin). Approved. Noel and Domeier abstained.**
   b. 11.05 CP Med. Box Contents, Exchange, Procedure & Use Replacement Form – **Motion to approve (Paul, Weber). Approved. Domeier and Noel abstained.**
   c. 11.17 CP POC Blood Testing– **Motion to approve (Paul, Weber). Approved. Domeier and Noel abstained.**
   d. 11.20 CP GI Complaints – **Motion to approve (Paul, Weber). Approved. Domeier and Noel abstained.**
   e. 11.22 CP Feeding Tube Care – **Motion to approve (Paul, Weber). Approved. Domeier and Noel abstained.**
   f. 11.36 CP Migraine Headache – **Motion to approve (Paul, Weber). Approved. Domeier and Noel abstained.**
      - Dr. Domeier went over the protocol changes for the group.

State Protocols/Bylaws:

1. Anaphylaxis/Allergic Reaction 1-6
   a. Krisy brought this discussion to the group. John Theut explained the request for the emergency protocol. MFR vehicles licensed under an ALS or BLS license would not have the option to not have it. The group discussed and reviewed the PHC. The specific instance that brought this about was discussed. Emily discussed legal issues with this protocol. Krisy presented this to help provide guidance. All agencies EXCEPT MFR must carry epinephrine on all trucks. No action taken by QATF; this will be handled internally.
      i. **NOTE: Emily to touch base with licensing on other states.**
2. State Protocol Revisions
   a. Medical Control Privileges – reviewed only
   b. Criminal Convictions – reviewed only
   c. Emergency Airway 7-9 – **Motion to approve (Domeier, Weber). Approved.**
   d. Interfacility Patient Transfers 8-15 – **Motion to approve (Weber, McDavid). Approved.**
   e. Enhanced Paramedic Interfacility Transports Critical Care Interfacility Patient Transports 8-15 a – **Motion to approve (Weber, McDavid). Approved.**
   f. Personnel, Agency, and Vehicle: Medication and IV Supply Requirements 9-5 – **Motion to approve (Paul, Weber). Approved.**
   g. Pharmacy 9.6 – **Motion to approve (Paul, Weber). Approved.**
   h. **Timeline: Round two – done by Mid-May. Meet again May 22, 2023, 1-3 p.m.**

Adjournment: Motion to adjourn at 2:26 p.m. (Paul, Weber). Approved.

CoPEM SUBCOMMITTEE*-TBD

Member Information	ROLE
Lisa Hill, DNP RN TCRN EMT-P IC	**F - Nurse with emergency pediatric experience**
Stacey Noel, MD	**F- Physician with pediatric training**
K. Don Edwards, DO - Chair	**F- Emergency Physician**
Ryan Dennett EMT-P, EMT-IC, PECC	**F- Currently practicing EMT or Paramedic prehospital provider**
Justin Severs (FAN)	**F- Family Representative**
Dawn M. Shanafelt, MPA, BSN, RN	**S- TITLE V Maternal Child Health Block Grant Representative**
Andrea Abbas, MS NRP IC CP-C	**S- MCRH Representative**
Laura Rowen	**S- Injury Prevention Representative**
EVILIA JANKOWSKI	**S - School Nurse Representative**
DR. KAROLINA MAKSIMOWSKI	**At Large**
SARAH RAUNER	**At Large**
JEREMY BALDRICA	**At Large**
Dr. Pamela Coffey	**At Large**

EX OFFICIO POSTIONS

William Fales, MD	F Ex Officio-EMS State Agency Representative
Emily Bergquist	F Ex Officio-EMSC Project Director
Samantha Mishra, DO MPH	F Ex Officio-EMSC Grant Manager
Terrie Godde	S Ex Officio- EMS Education Coordinator
Aubree Verlinde	S Ex Officio- State Systems of Care Representative
Amber Pitts	S Ex Officio- State Emergency Preparedness Representative

*13 Members Total

Criteria for Position:

As prescribed by the EMSCC Bylaws

SENATE BILL NO. 28

January 18, 2023, Introduced by Senators ANTHONY, WOJNO, GEISS, CAVANAGH, SINGH and CHANG and referred to the Committee on Health Policy.

A bill to amend 1974 PA 258, entitled

"Mental health code,"

by amending sections 700 and 740 (MCL 330.1700 and 330.1740), as amended by 1995 PA 290; and to repeal acts and parts of acts.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 700. As used in this chapter, unless the context requires otherwise:

(a) "Authorized licensed practitioner" means a physician assistant or nurse practitioner.

(b) "Chemical restraint" means a drug that is used for

discipline or convenience and is not required to treat a diagnosed medical symptom. Chemical restraint may include a drug that is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others, a drug that has the temporary effect of restricting the resident's freedom of movement, or a drug that is not a standard treatment for the resident's medical or psychiatric condition. As used in this subdivision:

(*i*) "Convenience" means an action taken to control a resident's behavior with a lesser amount of effort and not in the resident's best interest.

(*ii*) "Discipline" means an action taken to punish or penalize a resident.

(*iii*) "Medical symptom" means an indication or characteristic of a physical or psychological condition.

(c) ~~(a)~~ "Criminal abuse" means 1 or more of the following:

(*i*) An assault that is a violation or an attempt or conspiracy to commit a violation of sections 81 to 90 of the Michigan penal code, ~~Act No. 328 of the Public Acts of 1931, being sections 750.81 to 750.90 of the Michigan Compiled Laws.~~ **1931 PA 328, MCL 750.81 to 750.90.** Criminal abuse does not include an assault or an assault and battery that is a violation of section 81 of ~~Act No. 328 of the Public Acts of 1939, being section 750.81 of the Michigan Compiled Laws, and~~ **the Michigan penal code, 1931 PA 328, MCL 750.81,** that is committed by a recipient against another recipient.

(*ii*) A criminal homicide that is a violation or an attempt or conspiracy to commit a violation of section 316, 317, or 321 of ~~Act No. 328 of the Public Acts of 1931, being sections 750.316, 750.317, and 750.321 of the Michigan Compiled Laws~~ **the Michigan penal code, 1931 PA 328, MCL 750.316, 750.317, and 750.321.**

(*iii*) Criminal sexual conduct that is a violation or an attempt or conspiracy to commit a violation of sections 520b to 520e or 520g of ~~Act No. 328 of the Public Acts of 1931, being sections 750.520b to 750.520e and 750.520g of the Michigan Compiled Laws~~ **the Michigan penal code, 1931 PA 328, MCL 750.520b to 750.250e and 750.520g.**

(*iv*) Vulnerable adult abuse that is a violation or an attempt or conspiracy to commit a violation of section 145n of the Michigan penal code, ~~Act No. 328 of the Public Acts of 1931, being section 750.145n of the Michigan Compiled Laws~~ **1931 PA 328, MCL 750.145n.**

(*v*) Child abuse that is a violation or an attempt or conspiracy to commit a violation of section 136b of ~~Act No. 328 of the Public Acts of 1931, being section 750.136b of the Michigan Compiled Laws~~ **the Michigan penal code, 1931 PA 328, MCL 750.136b.**

(d) "Debrief" means a discussion of the incident specifics following a restraint or seclusion event. Debrief includes details of the pre-incident circumstances, the intervention method employed and the incident's outcome.

(e) ~~(b)~~ "Health care corporation" means a nonprofit health care corporation operating under the nonprofit health care corporation reform act, ~~Act No. 350 of the Public Acts of 1980, being sections 550.1101 to 550.1704 of the Michigan Compiled Laws~~ **1980 PA 350, MCL 550.1101 to 550.1704.**

(f) ~~(c)~~ "Health care insurer" means an insurer authorized to provide health insurance in this state or a legal entity that is self-insured and provides health care benefits to its employees.

(g) ~~(d)~~ "Health maintenance organization" means ~~an organization licensed under part 210 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.21001 to~~

~~333.21098 of the Michigan Compiled Laws~~ **that term as defined in section 3501 of the insurance code of 1956, 1956 PA 218, MCL 500.3501.**

(h) "Less restrictive therapeutic intervention" means a professionally recognized strategy that is intended to recognize the early sign of impending dangerous behavior, to identify and ameliorate the cause of that behavior, and to implement a nonaversive technique to minimize the consequence of a patient's potentially harmful behavior.

(i) ~~(e)~~ "Money" means any legal tender, note, draft, certificate of deposit, stock, bond, check, or credit card.

(j) ~~(f)~~ "Nonprofit dental care corporation" means a dental care corporation incorporated under ~~Act No. 125 of the Public Acts of 1963, being sections 550.351 to 550.373 of the Michigan Compiled Laws~~ **1963 PA 125, MCL 550.351 to 550.373.**

(k) ~~(g)~~ "Person-centered planning" means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

(*l*) ~~(h)~~ "Privileged communication" means a communication made to a psychiatrist or psychologist in connection with the examination, diagnosis, or treatment of a patient, or to another person while the other person is participating in the examination, diagnosis, or treatment or a communication made privileged under other applicable state or federal law.

(m) "Prone immobilization" means a manual method of restraint

of a patient in a prone position, usually on the floor, where force is applied to the patient's body in a manner that prevents him or her from moving out of the prone position.

(n) ~~(i)~~ "Restraint" means ~~the use of a physical device to restrict an individual's movement.~~ **a manual method, physical or mechanical device, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. Restraint includes chemical restraint. Restraint includes physically holding a resident for forced medication, medical treatment, or laboratory study.** Restraint does not include the use of a device primarily intended to provide anatomical support. **As used in this subdivision, "medical symptom" means an indication or characteristic or a physical or psychological condition.**

(o) ~~(j)~~ "Seclusion" means the temporary placement of a recipient in a room, alone, where egress is prevented by any means.

(p) "Standard treatment or dosage for the resident's condition" means 1 or more of the following:

(*i*) A medication used within the pharmaceutical parameters approved by the United States Food and Drug Administration and the manufacturer for the indications that it is manufactured and labeled to address, including listed dosage parameters.

(*ii*) Use of the medication that follows national practice standards established or recognized by the medical community or professional medical associations or organizations.

(*iii*) Use of the medication to treat a specific resident's clinical condition is based on that resident's symptoms, overall clinical situation, and on the physician's or other licensed independent practitioner's knowledge of that resident's expected and actual response to the medication.

(q) ~~(k)~~ "Support plan" means a written plan that specifies the personal support services or any other supports that are to be developed with and provided for a recipient.

(r) ~~(l)~~ "Treatment plan" means a written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, that are to be developed with and provided for a recipient.

Sec. 740. (1) A resident shall not be placed in ~~physical~~ restraint **or seclusion** except in the circumstances and under the conditions set forth in this section or in other law. **Restraint or seclusion must not be imposed as a means of coercion, discipline, or retaliation by staff members.**

(2) Restraint or seclusion may only be imposed to ensure the immediate physical safety of the resident, staff member, or others and must be discontinued at the earliest possible time, except chemical restraint which shall continue until the intended effects are no longer observed.

(3) An order for using restraint or seclusion must not be written as a standing order or on an as needed basis.

(4) Restraint or seclusion may only be used when less restrictive intervention has been determined to be ineffective to protect the resident, staff member, or others from harm.

(5) The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the resident, staff member, or others from harm. The use of prone immobilization is prohibited unless implementation of other techniques is medically contraindicated and documented in the resident's record.

(6) Seclusion and mechanical restraint, as defined in section

2b of 1973 PA 116, MCL 722.112b, shall be used only in a hospital.

(7) An order for restraint or seclusion must be by a physician or an authorized licensed practitioner who is trained in the agency policy regarding the use of restraint and seclusion. Inpatient psychiatric services for beneficiaries under 21 years of age must be provided under the direction of a physician as required by 42 CFR 441.151, as follows:

(a) If the resident's treating physician is available, only he or she can order restraint or seclusion.

(b) The resident's treating physician must be consulted as soon as possible if the treating physician did not order the restraint or seclusion.

(8) ~~(2)~~ A resident may be restrained ~~only as provided in subsection (3), (4), or (5)~~ **or secluded** after less restrictive **therapeutic** interventions have been considered, and only if ~~restraint~~ **it** is essential in order to prevent the resident from physically harming himself, herself, **a staff member**, or others. ~~, or in order to prevent him or her from causing substantial property damage.~~ Consideration of less restrictive ~~measures shall~~ **interventions must** be documented in the medical record. ~~If restraint is essential in order to prevent the resident from physically harming himself, herself, or others, the resident may be physically held with no more force than is necessary to limit the resident's movement, until a restraint may be applied.~~**Seclusion must not be used if the intervention is essential to prevent the resident from harming himself or herself.**

(9) ~~(3)~~ A resident may be temporarily restrained for a maximum of 30 minutes without an order ~~or authorization~~ in an emergency **situation**. Immediately after imposition of the temporary restraint,

a physician ~~shall~~ **or authorized licensed practitioner must** be contacted. If, after being contacted, the physician **or authorized licensed practitioner** does not order ~~or authorize~~ the restraint, the restraint ~~shall~~ **must** be removed.

(10) ~~(4)~~ A resident may be restrained ~~prior to~~ **or secluded before** examination ~~pursuant~~ **according** to ~~an authorization~~ **a verbal order** by a physician **or authorized licensed practitioner if the verbal order is received by a registered nurse**. ~~An authorized restraint may continue only until a physician can personally examine the resident or for 2 hours, whichever is less. If it is not possible for the physician to examine the resident within 2 hours, a physician may reauthorize the restraint for another 2 hours. Authorized restraint may not continue for more than 4 hours.~~**The resident must be personally examined within 1 hour after initiating restraint or seclusion by a physician or authorized licensed practitioner to evaluate all of the following:**

(a) The resident's immediate situation.

(b) The resident's reaction to the intervention.

(c) The resident's medical and behavioral condition.

(d) The need to continue or terminate the restraint or seclusion.

(11) ~~(5)~~ A resident may be restrained ~~pursuant~~ **or secluded according** to an order by a physician **or authorized licensed practitioner** made after personal examination of the resident. ~~An ordered restraint shall continue only for that period of time specified in the order or for 8 hours, whichever is less.~~**Each order for restraint or seclusion shall continue only for the period of time specified in the order or for up to the following limits, whichever is less, for up to a total of 24 hours:**

(a) Four hours for an adult 18 years of age or older.

(b) Two hours for a child or an adolescent 9 to 17 years of age.

(c) One hour for a child under 9 years of age.

(12) After 24 hours, before writing a new order, a physician or authorized licensed practitioner who is responsible for the resident's care must see and assess the resident.

(13) ~~(6)~~ A restrained **or secluded** resident ~~shall~~ **must** continue to receive food, ~~shall~~ **must remain clothed or otherwise covered unless his or her actions make it impractical or inadvisable, must** be kept in sanitary conditions, ~~shall be clothed or otherwise covered, shall~~ **and must** be given access to toilet facilities. ~~, and shall be given the opportunity to sit or lie down.~~**A secluded resident must be provided a bed or similar piece of furniture unless his or her actions make it impractical or inadvisable.**

(14) ~~(7) Restraints shall~~ **A restraint or seclusion must be discontinued whenever the circumstance that justified its use ceases to exist, regardless of the length of the order. A restraint must** be removed every 2 hours for not less than 15 minutes unless ~~medically~~ **clinically** contraindicated. ~~or whenever they are no longer essential in order to achieve the objective which justified their initial application.~~

(15) ~~(8)~~ Each instance of restraint requires full justification for its application, and the results of each periodic examination ~~shall~~ **must** be placed promptly in the **resident's** record. ~~of the resident.~~

(16) Each instance of restraint or seclusion requires debriefing to reverse or minimize the negative effect of its use and to prevent future instances of restraint or seclusion.

(17) ~~(9)~~ If a resident is restrained **or secluded** repeatedly, the resident's individual plan of services ~~shall~~ **must** be reviewed and modified to facilitate the reduction of the use of ~~restraints.~~**restraint or seclusion.**

Enacting section 1. Section 742 of the mental health code, 1974 PA 258, MCL 330.1742, is repealed.

Enacting section 2. This amendatory act takes effect 90 days after the date it is enacted into law.

SENATE BILL NO. 249

April 11, 2023, Introduced by Senators HERTEL, MCMORROW, WOJNO, POLEHANKI, HUIZENGA, MCBROOM, MCDONALD RIVET, BAYER, SINGH and HOITENGA and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled

"Public health code,"

by amending sections 20904, 20912, 20950, 20952, and 20954 (MCL 333.20904, 333.20912, 333.20950, 333.20952, and 333.20954), sections 20904, 20912, and 20954 as amended by 2000 PA 375, section 20950 as amended by 2021 PA 25, and section 20952 as added by 1990 PA 179.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 20904. (1) "Education program sponsor" means a person, other than an individual, that meets the standards of the department to conduct training at the following levels:

(a) Medical first responder.

(b) Emergency medical technician.

(c) Emergency medical technician specialist.

(d) Paramedic.

(e) Emergency medical services instructor-coordinator.

(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 programs.

(4) "Emergency medical services" means the emergency medical services personnel, ambulances, nontransport prehospital life support vehicles, aircraft transport vehicles, medical first response vehicles, and equipment required for 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 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.

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

Sec. 20912. (1) The department shall perform all of the following with regard to educational programs and services:

(a) Review and approve education program sponsors, ongoing education program sponsors, and curricula for emergency medical services personnel. Approved education programs and refresher programs ~~shall~~ **must** be coordinated by a licensed emergency medical

services instructor-coordinator commensurate with level of licensure. Approved programs conducted by ongoing education program sponsors ~~shall~~ **must** be coordinated by a licensed emergency medical services instructor-coordinator.

(b) Maintain a listing of approved education program sponsors and licensed emergency medical services instructor-coordinators.

(c) Develop and implement standards for all education program sponsors and ongoing education program sponsors based upon criteria recommended by the emergency medical services coordination committee and developed by the department.

(2) An education program sponsor that conducts education programs for paramedics and that receives accreditation from the joint review committee on educational programs for the EMT-paramedic or other organization approved by the department as having equivalent expertise and competency in the accreditation of paramedic education programs is considered approved by the department under subsection (1)(a) if the education program sponsor meets both of the following requirements:

(a) Submits an application to the department that includes verification of accreditation described in this subsection.

(b) Maintains accreditation as described in this subsection.

(3) Before offering an education program to an individual seeking to become licensed as a paramedic, an education program sponsor that is not accredited as described under subsection (2) shall inform the individual that the education program sponsor is not accredited as described under subsection (2).

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 by the department under this section.

(2) The department shall issue a license under this section only to an individual who meets all of the following requirements:

(a) Is 18 years of age or older.

(b) Meets either of the following requirements:

(*i*) Has successfully completed the appropriate education program approved under section 20912.

(*ii*) While serving as a member of the armed forces, served as a military health care specialist and was separated from service with an honorable character of service or under an honorable conditions (general) character of service in the 2-year period preceding the date the license application is filed. The applicant shall provide a form DD214, DD215, or any other form that is satisfactory to the department to meet the criteria established in this subparagraph. This subparagraph only applies to an applicant for a license as an emergency medical technician.

(c) Subject to subsection (3), has attained a passing score on the appropriate department prescribed examination, as follows:

(*i*) A medical first responder must pass the written examination proctored by the department or the department's designee and a practical examination approved by the department. The instructors of the medical first responder course shall administer the practical examination. The department or the department's designee may also proctor the practical examination. The individual shall pay the fee for the written examination required under this subparagraph directly to the National Registry of Emergency Medical Technicians or other organization approved by the department. **As used in this subparagraph, "examination" means an evaluation**

approved or developed by the National Registry of Emergency Medical Technicians or another organization with equivalent national recognition and expertise in emergency medical services personnel testing and approved by the department.

(*ii*) An emergency medical technician ~~,~~ **or** emergency medical technician specialist ~~, or paramedic~~ must pass the written examination proctored by the department or the department's designee and a practical examination proctored by the department or the department's designee. The individual shall pay the fee for the written examination required under this subparagraph directly to the National Registry of Emergency Medical Technicians or other organization approved by the department. **As used in this subparagraph, "examination" means an evaluation approved or developed by the National Registry of Emergency Medical Technicians or another organization with equivalent national recognition and expertise in emergency medical services personnel testing and approved by the department.**

(*iii*) A paramedic must pass either of the following:

(A) A written and practical examination developed or prescribed by the department other than an examination defined in sub-subparagraph (B).

(B) The written examination proctored by the department or the department's designee and a practical examination proctored by the department or the department's designee. An individual who takes the examination described in this sub-subparagraph shall pay the fee for the examination directly to the National Registry of Emergency Medical Technicians or another organization approved by the department. As used in this sub-subparagraph, "examination" means an evaluation approved or developed by the National Registry

of Emergency Medical Technicians or another organization with equivalent national recognition and expertise in emergency medical services personnel testing and approved by the department.

(d) Meets other requirements of this part.

(3) The department shall require for purposes of compliance with subsection (2)(c) successful passage by each first-time applicant of ~~an~~ **the applicable** examination **described in that subsection. Not later than 2 years after the effective date of the amendatory act that added this sentence, the department shall develop or prescribe the examination described in subsection (2)(c)(*iii*)(A).**

(4) 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 a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic and has at least 3 years' field experience with a licensed life support agency as a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic. The department shall provide for the development and administration of an examination for emergency medical services instructor-coordinators. The license must specify the level of instruction-coordination the individual is licensed to provide. An emergency medical services instructor-coordinator shall not instruct or coordinate emergency medical training courses at a level that exceeds his or her designated level of licensure and for which he or she does not have at least 3 years' field experience at that level of licensure.

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

(6) Except as otherwise provided in this section, an applicant for licensure under this section shall pay the following triennial licensure fees:

(a) Medical first responder - no fee.

(b) Emergency medical technician - $40.00.

(c) Emergency medical technician specialist - $60.00.

(d) Paramedic - $80.00.

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

(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 (6). 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 applicant shall at that time pay the fee required under subsection (6).

(8) The department shall waive the fee required under subsection (6) for the initial license if the applicant for initial licensure was separated from service with an honorable character of service or under honorable conditions (general) character of service in the armed forces. The applicant shall provide a form DD214, DD215, or any other form that is satisfactory to the department to be eligible for the waiver of the fee under this subsection.

(9) The department may charge a fee for an applicant taking the examination described in section 20950(2)(c)(*iii*)(A), in an amount that does not exceed the fee for an applicant taking the examination described in section 20950(2)(c)(*iii*)(B).

(10) ~~(9)~~ As used in this section, "armed forces" means that term as defined in section 16103.

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 **described in section 20950**. 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 an emergency medical services personnel license if the

applicant meets the requirements of this part and provides, upon request of the department, verification of having met ongoing education requirements established by the department. If an applicant for renewal fails to provide the department with a change of address, the applicant shall pay a $20.00 fee in addition to the renewal and late fees required under subsections (2) and (3).

(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.

(b) Emergency medical technician - $25.00.

(c) Emergency medical technician specialist - $25.00.

(d) Paramedic - $25.00.

(e) Emergency medical services instructor-coordinator - $25.00.

(3) Except as otherwise provided in subsection (5), if an application for renewal under subsection (1) is postmarked 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.

(b) Emergency medical technician - $50.00.

(c) Emergency medical technician specialist - $50.00.

(d) Paramedic - $50.00.

(e) Emergency medical services instructor-coordinator - $50.00.

(4) A license or registration ~~shall~~ **must** be renewed by the licensee on or before the expiration date as prescribed by rule. The department shall mail a notice to the licensee at the last known address on file with the department advising of the time,

procedure, and fee for renewal. Failure of the licensee to receive notice under this subsection does not relieve the licensee of the responsibility for renewing his or her license. A license not renewed by the expiration date may be renewed within 60 days of the expiration date upon application, payment of renewal and late renewal fees, and fulfillment of any continued continuing education requirements set forth in rules promulgated under this article. The licensee may continue to practice and use the title during the 60-day period. If a license is not so renewed within 60 days of the expiration date, the license is void. The licensee shall not practice or use the title. An individual may be relicensed within 3 years of the expiration date upon application, payment of the application processing, renewal, and late renewal fees, and fulfillment of any continuing education requirements in effect at the time of the expiration date, or that would have been required had the individual renewed his or her license pursuant to subsection (1). An individual may be relicensed more than 3 years after the expiration date upon application as a new applicant, meeting all licensure requirements in effect at the time of application, taking or retaking and passing any **applicable** examinations **described in section 20950** required for initial licensure, and payment of fees required of new applicants.

(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).

(6) An individual seeking renewal under this section is not required to maintain national registry status as a condition of license renewal.

HOUSE BILL NO. 4358

April 11, 2023, Introduced by Reps. Steckloff, Breen, Morgan, Dievendorf, Coffia, Conlin, Byrnes, Hood, Paiz, McFall, Wegela, Tsernoglou, Brabec, Rheingans and Weiss and referred to the Committee on Labor.

A bill to amend 1927 PA 372, entitled

"An act to regulate and license the selling, purchasing, possessing, and carrying of certain firearms, gas ejecting devices, and electro-muscular disruption devices; to prohibit the buying, selling, or carrying of certain firearms, gas ejecting devices, and electro-muscular disruption devices without a license or other authorization; to provide for the forfeiture of firearms and electro-muscular disruption devices under certain circumstances; to provide for penalties and remedies; to provide immunity from civil liability under certain circumstances; to prescribe the powers and duties of certain state and local agencies; to prohibit certain conduct against individuals who apply for or receive a license to

carry a concealed pistol; to make appropriations; to prescribe certain conditions for the appropriations; and to repeal all acts and parts of acts inconsistent with this act,"

by amending section 5f (MCL 28.425f), as amended by 2015 PA 3.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 5f. (1) An individual who is licensed to carry a concealed pistol shall have ~~his or her~~ **the individual's** license to carry that pistol and ~~his or her~~ **the individual's** state-issued driver license or personal identification card in ~~his or her~~ **the individual's** possession at all times ~~he or she~~ **the individual** is carrying a concealed pistol or a portable device that uses electro-muscular disruption technology.

(2) An individual who is licensed to carry a concealed pistol and who is carrying a concealed pistol or a portable device that uses electro-muscular disruption technology shall show both of the following to a peace officer upon request by that peace officer:

(a) ~~His or her~~ **The individual's** license to carry a concealed pistol.

(b) ~~His or her~~ **The individual's** state-issued driver license or personal identification card.

(3) An individual licensed under this act to carry a concealed pistol and who is carrying a concealed pistol or a portable device that uses electro-muscular disruption technology and who is stopped by a peace officer **or who encounters, in an official capacity, a firefighter or emergency medical services personnel** shall immediately disclose to the peace officer, **firefighter, or emergency medical services personnel** that ~~he or she~~ **the individual** is carrying a pistol or a portable device that uses electro-muscular disruption technology concealed upon ~~his or her~~ **the individual's** person or in ~~his or her~~ **the individual's** vehicle.

(4) An individual who violates subsection (1) or (2) is responsible for a state civil infraction and shall be fined $100.00.

(5) An individual who violates subsection (3) is responsible for a state civil infraction and shall be fined as follows:

(a) For a first offense, by a fine of $500.00 and by the individual's license to carry a concealed pistol being suspended for 6 months.

(b) For a subsequent offense within 3 years ~~of~~ **after** a prior offense, by a fine of $1,000.00 and by the individual's license to carry a concealed pistol being revoked.

(6) If an individual is found responsible for a state civil infraction under subsection (5), the peace officer, **firefighter, or emergency medical services personnel** shall notify the department of state police of that civil infraction. The department of state police shall notify the county clerk who issued the license, who shall suspend or revoke that license. The county clerk shall send notice by first-class mail of that suspension or revocation to the individual's last known address as indicated in the records of the county clerk. The department of state police shall immediately enter that suspension or revocation into the law enforcement information network.

(7) A pistol or portable device that uses electro-muscular disruption technology carried in violation of this section is subject to immediate seizure by a peace officer. If a peace officer seizes a pistol or portable device that uses electro-muscular disruption technology under this subsection, the individual has 45 days in which to display ~~his or her~~ **the individual's** license or documentation to an authorized employee of the law enforcement

entity that employs the peace officer. If the individual displays ~~his or her~~ **the individual's** license or documentation to an authorized employee of the law enforcement entity that employs the peace officer within the 45-day period, the authorized employee of that law enforcement entity shall return the pistol or portable device that uses electro-muscular disruption technology to the individual unless the individual is prohibited by law from possessing a firearm or portable device that uses electro-muscular disruption technology. If the individual does not display ~~his or her~~ **the individual's** license or documentation within the 45-day period, the pistol or portable device that uses electro-muscular disruption technology is subject to forfeiture as provided in section 5g. A pistol or portable device that uses electro-muscular disruption technology is not subject to immediate seizure under this subsection if both of the following circumstances exist:

(a) The individual has ~~his or her~~ **the individual's** state-issued driver license or personal identification card in ~~his or her~~ **the individual's** possession when the violation occurs.

(b) The peace officer verifies through the law enforcement information network that the individual is licensed to carry a concealed pistol.

(8) As used in this section: ~~, "peace~~

(a) "Emergency medical services personnel" means that term as defined in section 20904 of the public health code, 1978 PA 368, MCL 333.20904.

(b) "Firefighter" means that term as defined in section 1 of the fire prevention code, 1941 PA 207, MCL 29.1.

(c) "Peace officer" includes a motor carrier officer appointed under section 6d of 1935 PA 59, MCL 28.6d, and security personnel

employed by the state under section 6c of 1935 PA 59, MCL 28.6c.

SENATE BILL NO. 69

February 16, 2023, Introduced by Senators THEIS, GEISS, CHANG, LAUWERS, BELLINO, BAYER, SHINK, WOJNO, MCCANN, CAVANAGH and POLEHANKI and referred to the Committee on Civil Rights, Judiciary, and Public Safety.

A bill to amend 1978 PA 368, entitled

"Public health code,"

(MCL 333.1101 to 333.25211) by adding sections 16279 and 16279a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 16279. (1) Except as otherwise provided in this section, a licensee or registrant shall not perform a medical treatment, procedure, or examination on a patient who is a minor that involves the vaginal or anal penetration of the minor unless all of the following are met:

(a) The medical treatment, procedure, or examination is within the scope of practice of the licensee's or registrant's health profession.

(b) A medical assistant or another licensee or registrant is in the room while the medical treatment, procedure, or examination is performed. The person providing consent under subdivision (c) may waive the requirement described in this subdivision.

(c) Before performing the medical treatment, procedure, or examination, the licensee or registrant obtains the written consent of a parent, guardian, or person in loco parentis of the minor or the consent of any person that is authorized by law to provide consent, on the form created in section 16279a or on another form that includes the same information as the form created in section 16279a. The written consent described in this subdivision may be obtained through electronic means.

(2) A licensee or registrant who obtains the consent required under subsection (1) for a medical treatment, procedure, or examination that requires subsequent visits to perform the same treatment, procedure, or examination on the minor may perform the subsequent treatment, procedure, or examination on the minor without obtaining the consent required under subsection (1) if the subsequent treatment, procedure, or examination is performed within 6 months from the date of obtaining the consent required under subsection (1).

(3) Subsection (1) does not apply in any of the following circumstances:

(a) If the medical treatment, procedure, or examination is necessary and is associated with or incident to a medical emergency. As used in this subdivision, "medical emergency" means a

circumstance that, in the licensee's or registrant's good-faith medical judgment, creates an immediate threat of serious risk to the life or physical health of the patient.

(b) If the medical treatment, procedure, or examination primarily relates to the patient's urological, gastrointestinal, reproductive, gynecological, or sexual health.

(c) If the medical treatment, procedure, or examination is performed at a children's advocacy center. As used in this subdivision, "children's advocacy center" means that term as defined in section 2 of the child protection law, 1975 PA 238, MCL 722.622.

(d) If the medical treatment, procedure, or examination is performed for purposes of a sexual assault medical forensic examination under section 21527.

(e) If the medical treatment, procedure, or examination is performed for the purpose of measuring the patient's temperature.

(f) If the medical treatment, procedure, or examination is performed for the purpose of rectally administering a drug or medicine.

(4) The consent form required under subsection (1) must be maintained in a patient's medical record for not less than 15 years from the date on which the medical treatment, procedure, or examination was performed.

(5) A person that knowingly violates subsection (1) is guilty of a felony punishable as follows:

(a) For the first offense, by imprisonment for not more than 2 years or a fine of not more than $5,000.00, or both.

(b) For a second or subsequent offense, by imprisonment for not more than 5 years or a fine of not more than $10,000.00, or

both.

(6) This section does not prohibit a person from being charged with, convicted of, or punished for any other violation of law that is committed by that person while violating this section.

(7) A court may order a term of imprisonment imposed for a violation of this section to be served consecutively to a term of imprisonment imposed for any other crime, including any other violation of law arising out of the same transaction as the violation of this section.

Sec. 16279a. (1) The department shall create and may periodically update a standardized consent form to be used by a licensee or registrant who provides a medical treatment, procedure, or examination to a minor under section 16279. The department shall use generally accepted standards of medical practice in determining the information to be included on the form. The form must include at least all of the following statements:

(a) That gloves are generally used for a medical treatment, procedure, or examination involving vaginal or anal penetration.

(b) That the person providing consent under section 16279 has the right to request information on whether there is a reasonable alternative to the treatment, procedure, or examination that does not consist of anal or vaginal penetration.

(c) That the person providing consent under section 16279 has the right to request a clear explanation of the nature of the treatment, procedure, or examination.

(d) That the person providing consent under section 16279 may request that gloves be used during the treatment, procedure, or examination.

(e) That a licensee or registrant generally cannot be alone in

the room with the patient while the treatment, procedure, or examination is being performed.

(2) The department shall make the form publicly available on its website.

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

SENATE BILL NO. 71

February 16, 2023, Introduced by Senators HAUCK, GEISS, CHANG, LAUWERS, BELLINO, BAYER, SHINK, WOJNO, MCCANN, CAVANAGH and POLEHANKI and referred to the Committee on Civil Rights, Judiciary, and Public Safety.

A bill to amend 1978 PA 368, entitled

"Public health code,"

by amending sections 16213, 20175, 20175a, and 20199 (MCL 333.16213, 333.20175, 333.20175a, and 333.20199), sections 16213 and 20175a as added and section 20175 as amended by 2006 PA 481, and by adding sections 16213a, 16429, 17029, 17529, 17829, 17909,

and 20175b.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 16213. (1) ~~An individual licensed under this article~~ **A licensee** shall keep and maintain a record for each patient for whom ~~he or she~~ **the licensee** has provided medical services, including a full and complete record of tests and examinations performed, observations made, and treatments provided. **If a medical service provided to a patient on or after the effective date of the amendatory act that added this sentence involves the vaginal or anal penetration of the patient, a licensee shall expressly state in the patient's record that vaginal or anal penetration was performed unless the medical service meets any of the circumstances described in subsection (2)(b)(*i*), (*ii*), (*iii*), or (*iv*).**

(2) Unless a longer retention period is otherwise required under federal or state laws or regulations or by generally accepted standards of medical practice, a licensee shall keep and retain each record ~~for~~ **required under subsection (1) as follows:**

(a) Except as otherwise provided in subdivision (b), for a minimum of 7 years from the date of service to which the record pertains.

(b) If the record is for a medical service performed on or after the effective date of the amendatory act that added this subdivision that involves the vaginal or anal penetration of a patient, for a minimum of 15 years from the date of service to which the record pertains. This subdivision does not apply to a record for any of the following:

(*i*) A medical service that primarily relates to the patient's urological, gastrointestinal, reproductive, gynecological, or sexual health.

(*ii*) A medical service that is necessary and associated with or incident to a medical emergency. As used in this subparagraph, "medical emergency" means a circumstance that, in the licensee's good-faith medical judgment, creates an immediate threat of serious risk to the life or physical health of the patient.

(*iii*) A medical service performed for the purpose of rectally administering a drug or medicine.

(*iv*) A medical service performed to measure a patient's temperature.

(3) The records ~~shall~~ **required under subsection (1) must** be maintained in such a manner as to protect their integrity, to ensure their confidentiality and proper use, and to ensure their accessibility and availability to each patient or ~~his or her~~ **the patient's** authorized representative as required by law.

(4) ~~A~~ **Except as otherwise provided in subsection (7), a** licensee may destroy a record **required under subsection (1)** that is less than 7 years old only if both of the following are satisfied:

(a) The licensee sends a written notice to the patient at the last known address of that patient informing the patient that the record is about to be destroyed, offering the patient the opportunity to request a copy of that record, and requesting the patient's written authorization to destroy the record.

(b) The licensee receives written authorization from the patient or ~~his or her~~ **the patient's** authorized representative agreeing to the destruction of the record.

(5) ~~(2)~~ If a licensee is unable to comply with this section, the licensee shall employ or contract, arrange, or enter into an agreement with another health care provider, a health facility or agency, or a medical records company to protect, maintain, and

provide access to those records required under subsection (1).

(6) ~~(3)~~ If a licensee or registrant sells or closes ~~his or her~~ **the licensee's or registrant's** practice, retires from practice, or otherwise ceases to practice under this article, the licensee or the personal representative of the licensee, if the licensee is deceased, shall not abandon the records required under this section and shall send a written notice to the department that specifies who will have custody of the medical records and how a patient may request access to or copies of ~~his or her~~ **the patient's** medical records and shall do either of the following:

(a) Transfer the records required under subsection (1) to any of the following:

(*i*) A successor licensee.

(*ii*) If requested by the patient or ~~his or her~~ **the patient's** authorized representative, to the patient or a specific health facility or agency or other health care provider licensed under article 15.

(*iii*) A health care provider, a health facility or agency, or a medical records company with which the licensee had contracted or entered into an agreement to protect, maintain, and provide access to those records required under subsection (1).

(b) ~~In~~ **Except as otherwise provided in subsection (7), and in** accordance with ~~subsection (1),~~ **subsections (1) to (4),** as long as the licensee or the personal representative of the licensee, if the licensee is deceased, sends a written notice to the last known address of each patient for whom ~~he or she~~ **the licensee** has provided medical services and receives written authorization from the patient or ~~his or her~~ **the patient's** authorized representative, destroy the records required under subsection (1). The notice ~~shall~~

must provide the patient with 30 days to request a copy of ~~his or her record~~ **the patient's records** or to designate where ~~he or she~~ **the patient** would like ~~his or her~~ **the patient's** medical records transferred and ~~shall~~ **must** request from the patient within 30 days written authorization for the destruction of ~~his or her~~ **the patient's** medical records. ~~If~~ **Except as otherwise provided in subsection (7), if** the patient fails to request a copy or transfer of ~~his or her~~ **the patient's** medical records or to provide the licensee with written authorization for the destruction, then the licensee or the personal representative of the licensee shall not destroy those records that are less than 7 years old but may destroy, in accordance with subsection ~~(4),~~ **(8),** those that are 7 years old or older.

(7) A licensee or the personal representative of a licensee, if the licensee is deceased, shall only destroy a record described in subsection (2)(b) in accordance with subsection (8).

(8) ~~(4)~~ Except as otherwise provided under this section or federal or state laws and regulations, records required to be maintained under subsection (1)**, other than a record described in subsection (2)(b),** may be destroyed or otherwise disposed of after being maintained for 7 years **and records described in subsection (2)(b) may be destroyed or otherwise disposed of after being maintained for 15 years**. If records maintained in accordance with this section are subsequently destroyed or otherwise disposed of, those records ~~shall~~ **must** be shredded, incinerated, electronically deleted, or otherwise disposed of in a manner that ensures continued confidentiality of the patient's health care information and any other personal information relating to the patient. If records are **not** destroyed or otherwise disposed of as provided

under this subsection, the department may take action, including, but not limited to, contracting for or making other arrangements to ensure that those records and any other confidential identifying information related to the patient are properly destroyed or disposed of to protect the confidentiality of patient's health care information and any other personal information relating to the patient. Before the department takes action in accordance with this subsection, the department, if able to identify the licensee responsible for the improper destruction or disposal of the medical records at issue, shall send a written notice to that licensee at ~~his or her~~ **the licensee's** last known address or place of business on file with the department and provide the licensee with an opportunity to properly destroy or dispose of those medical records as required under this subsection unless a delay in the proper destruction or disposal may compromise the patient's confidentiality. The department may assess the licensee with the costs incurred by the department to enforce this subsection.

(9) ~~(5) A~~ **Except as otherwise provided in section 16213a, a** person ~~who~~ **that** fails to comply with this section is subject to an administrative fine of not more than $10,000.00 if the failure was the result of gross negligence or willful and wanton misconduct.

(10) ~~(6)~~ Nothing in this section shall be construed to create or change the ownership rights to any medical records.

(11) ~~(7)~~ As used in this section:

(a) "Medical record" or "record" means information, oral or recorded in any form or medium, that pertains to a patient's health care, medical history, diagnosis, prognosis, or medical condition and that is maintained by a licensee in the process of providing medical services.

(b) "Medical records company" means a person who contracts for or agrees to protect, maintain, and provide access to medical records for a health care provider or health facility or agency in accordance with this section.

(c) "Patient" means an individual who receives or has received health care from a health care provider or health facility or agency. Patient includes a guardian, if appointed, and a parent, guardian, or person acting in loco parentis, if the individual is a minor, unless the minor lawfully obtained health care without the consent or notification of a parent, guardian, or other person acting in loco parentis, in which case the minor has the exclusive right to exercise the rights of a patient under this section with respect to ~~his or her~~ **the minor's** medical records relating to that care.

Sec. 16213a. (1) Except as otherwise provided in subsections (2) and (3), a person that violates section 16213(1) regarding the documentation of a medical service involving vaginal or anal penetration in a patient's medical record is subject to an administrative fine or guilty of a crime as follows:

(a) For a first violation, an administrative fine of not more than $1,000.00.

(b) For a second violation, an administrative fine of not more than $2,500.00.

(c) For a third or subsequent violation, a misdemeanor punishable by imprisonment for not more than 180 days or a fine of not more than $5,000.00, or both.

(2) A person that violates section 16213(1) regarding the documentation of a medical service involving vaginal or anal penetration in a patient's medical record is guilty of a

misdemeanor punishable by imprisonment for not more than 180 days or a fine of $5,000.00, or both, if the violation was the result of gross negligence.

(3) A person that intentionally violates section 16213(1) regarding the documentation of a medical service involving vaginal or anal penetration in a patient's medical record is guilty of a felony punishable by imprisonment for not more than 2 years or a fine of not more than $7,500.00, or both.

(4) This section does not limit any other sanction or additional action a disciplinary subcommittee is authorized to impose or take.

Sec. 16429. (1) The board shall create a document that provides guidance to licensees on generally accepted standards of practice for services involving vaginal or anal penetration, including internal pelvic floor treatments. In creating the document described in this subsection, the board shall consult with appropriate professional associations and other interested stakeholders.

(2) The board shall make the document required under subsection (1) publicly available by 1 year after the effective date of the amendatory act that added this section.

Sec. 17029. (1) The board shall create a document that provides guidance to licensees on generally accepted standards of medical practice for medical services involving vaginal or anal penetration, including internal pelvic floor treatments but excluding medical services that primarily relate to a patient's urological, gastrointestinal, reproductive, gynecological, or sexual health, that are performed to measure a patient's temperature, or that are performed for the purpose of rectally

administering a drug or medicine. In creating the document described in this subsection, the board shall consult with appropriate professional associations and other interested stakeholders.

(2) The board shall make the document required under subsection (1) publicly available by 1 year after the effective date of the amendatory act that added this section.

Sec. 17529. (1) The board shall create a document that provides guidance to licensees on generally accepted standards of medical practice for medical services involving vaginal or anal penetration, including internal pelvic floor treatments but excluding medical services that primarily relate to a patient's urological, gastrointestinal, reproductive, gynecological, or sexual health, that are performed to measure a patient's temperature, or that are performed for the purpose of rectally administering a drug or medicine. In creating the document described in this subsection, the board shall consult with appropriate professional associations and other interested stakeholders.

(2) The board shall make the document required under subsection (1) publicly available by 1 year after the effective date of the amendatory act that added this section.

Sec. 17829. (1) The board shall create a document that provides guidance to licensees on generally accepted standards of practice for services involving vaginal or anal penetration, including internal pelvic floor treatments. In creating the document described in this subsection, the board shall consult with appropriate professional associations and other interested stakeholders.

(2) The board shall make the document required under subsection (1) publicly available by 1 year after the effective date of the amendatory act that added this section.

Sec. 17909. (1) The board shall create a document that provides guidance to licensees on generally accepted standards of practice for services involving vaginal or anal penetration, including internal pelvic floor treatments. In creating the document described in this subsection, the board shall consult with appropriate professional associations and other interested stakeholders.

(2) The board shall make the document required under subsection (1) publicly available by 1 year after the effective date of the amendatory act that added this section.

Sec. 20175. (1) A health facility or agency shall keep and maintain a record for each patient, including a full and complete record of tests and examinations performed, observations made, treatments provided, and in the case of a hospital, the purpose of hospitalization. **If a medical service provided to a patient on or after the effective date of the amendatory act that added this sentence involves the vaginal or anal penetration of the patient, a health facility or agency shall ensure that the patient's medical record expressly states that vaginal or anal penetration was performed unless the medical service meets any of the circumstances described in subsection (2)(b)(*i*)(A), (B), (C), or (D).**

(2) Unless a longer retention period is otherwise required under federal or state laws or regulations or by generally accepted standards of medical practice, a health facility or agency shall keep and retain each record ~~for~~ **required under subsection (1) as follows:**

(a) Except as otherwise provided in subdivision (b), for a minimum of 7 years from the date of service to which the record pertains.

(b) For a minimum of 15 years from the date of service to which the record pertains if the service is performed on or after the effective date of the amendatory act that added this subdivision and 1 of the following applies:

(*i*) The record includes a medical service involving the vaginal or anal penetration of a patient. This subparagraph does not apply to a record for any of the following:

(A) A medical service that primarily relates to the patient's urological, gastrointestinal, reproductive, gynecological, or sexual health.

(B) A medical service that is necessary and associated with or incident to a medical emergency. As used in this sub-subparagraph, "medical emergency" means a circumstance that, in the good-faith medical judgment of a health professional who is licensed under article 15, creates an immediate threat of serious risk to the life or physical health of the patient.

(C) A medical service performed for the purpose of rectally administering a drug or medicine.

(D) A medical service performed to measure a patient's temperature.

(*ii*) The patient has filed a complaint with the health facility or agency alleging sexual misconduct by an individual who is employed by, under contract to, or granted privileges by the health facility or agency. As used in this subparagraph, "sexual misconduct" means the conduct described in section 90, 136, 145a, 145b, 145c, 520b, 520c, 520d, 520e, or 520g of the Michigan penal

code, 1931 PA 328, MCL 750.90, 750.136, 750.145a, 750.145b, 750.145c, 750.520b, 750.520c, 750.520d, 750.520e, or 750.520g, regardless of whether the conduct resulted in a criminal conviction.

(3) A health facility or agency shall maintain the records **required under subsection (1)** in such a manner as to protect their integrity, to ensure their confidentiality and proper use, and to ensure their accessibility and availability to each patient or ~~his or her~~ **the patient's** authorized representative as required by law.

(4) ~~A~~ **Except as otherwise provided in subsection (6), a** health facility or agency may destroy a record **required under subsection (1)** that is less than 7 years old only if both of the following are satisfied:

(a) The health facility or agency sends a written notice to the patient at the last known address of that patient informing the patient that the record is about to be destroyed, offering the patient the opportunity to request a copy of that record, and requesting the patient's written authorization to destroy the record.

(b) The health facility or agency receives written authorization from the patient or ~~his or her~~ **the patient's** authorized representative agreeing to the destruction of the record.

(5) Except as otherwise provided under federal or state laws and regulations, records required to be maintained under ~~this~~ subsection **(1), other than a record described in subsection (2)(b),** may be destroyed or otherwise disposed of after being maintained for 7 years, **and records described in subsection (2)(b) may be destroyed or otherwise disposed of after being maintained for 15**

years. If records maintained in accordance with this section are subsequently destroyed or otherwise disposed of, those records ~~shall~~ **must** be shredded, incinerated, electronically deleted, or otherwise disposed of in a manner that ensures continued confidentiality of the patient's health care information and any other personal information relating to the patient. If records are **not** destroyed or otherwise disposed of as provided under this subsection **or subsection (4)**, the department may take action, including, but not limited to, contracting for or making other arrangements to ensure that those records and any other confidential identifying information related to the patient are properly destroyed or disposed of to protect the confidentiality of patient's health care information and any other personal information relating to the patient. Before the department takes action in accordance with this subsection, the department, if able to identify the health facility or agency responsible for the improper destruction or disposal of the medical records at issue, shall send a written notice to that health facility or agency at the last known address on file with the department and provide the health facility or agency with an opportunity to properly destroy or dispose of those medical records as required under this subsection **or subsection (4)**, unless a delay in the proper destruction or disposal may compromise the patient's confidentiality. The department may assess the health facility or agency with the costs incurred by the department to enforce this subsection. In addition to the sanctions set forth in section 20165, a hospital that fails to comply with this subsection **or subsection (4)** is subject to an administrative fine of $10,000.00.

(6) A health facility or agency shall only destroy a record

described in subsection (2)(b) in accordance with subsection (5).

(7) ~~(2)~~ A hospital shall take precautions to ~~assure~~ **ensure** that the records required ~~by~~ **under** subsection (1) are not wrongfully altered or destroyed. A hospital that fails to comply with this subsection is subject to an administrative fine of $10,000.00.

(8) ~~(3)~~ Unless otherwise provided by law, the licensing and certification records required by this article are public records.

(9) ~~(4)~~ Departmental officers and employees shall respect the confidentiality of patient clinical records and shall not divulge or disclose the contents of records in a manner that identifies an individual except pursuant to court order or as otherwise authorized by law.

(10) ~~(5)~~ A health facility or agency that employs, contracts with, or grants privileges to a health professional licensed or registered under article 15 shall report the following to the department not more than 30 days after it occurs:

(a) Disciplinary action taken by the health facility or agency against a health professional licensed or registered under article 15 based on the licensee's or registrant's professional competence, disciplinary action that results in a change of employment status, or disciplinary action based on conduct that adversely affects the licensee's or registrant's clinical privileges for a period of more than 15 days. As used in this subdivision, "adversely affects" means the reduction, restriction, suspension, revocation, denial, or failure to renew the clinical privileges of a licensee or registrant by a health facility or agency.

(b) Restriction or acceptance of the surrender of the clinical privileges of a licensee or registrant under either of the

following circumstances:

(*i*) The licensee or registrant is under investigation by the health facility or agency.

(*ii*) There is an agreement in which the health facility or agency agrees not to conduct an investigation into the licensee's or registrant's alleged professional incompetence or improper professional conduct.

(c) A case in which a health professional resigns or terminates a contract or whose contract is not renewed instead of the health facility **or agency** taking disciplinary action against the health professional.

(11) ~~(6)~~ Upon request by another health facility or agency seeking a reference for purposes of changing or granting staff privileges, credentials, or employment, a health facility or agency that employs, contracts with, or grants privileges to health professionals licensed or registered under article 15 shall notify the requesting health facility or agency of any disciplinary or other action reportable under subsection ~~(5)~~ **(10)** that it has taken against a health professional licensed or registered under article 15 and employed by, under contract to, or granted privileges by the health facility or agency.

(12) ~~(7)~~ For the purpose of reporting disciplinary actions under this section, a health facility or agency shall include only the following in the information provided:

(a) The name of the licensee or registrant against whom disciplinary action has been taken.

(b) A description of the disciplinary action taken.

(c) The specific grounds for the disciplinary action taken.

(d) The date of the incident that is the basis for the

disciplinary action.

(13) ~~(8)~~ The records, data, and knowledge collected for or by individuals or committees assigned a professional review function in a health facility or agency, or an institution of higher education in this state that has colleges of osteopathic and human medicine, are confidential, ~~shall~~ **must** be used only for the purposes provided in this article, are not public records, and are not subject to court subpoena.

Sec. 20175a. (1) If a health facility or agency is unable to comply with section 20175, the health facility or agency shall employ or contract, arrange, or enter into an agreement with another health facility or agency or a medical records company to protect, maintain, and provide access to those records required under section 20175(1).

(2) If a health facility or agency closes or otherwise ceases operation, the health facility or agency shall not abandon the records required to be maintained under section 20175(1) and shall send a written notice to the department that specifies who will have custody of the medical records and how a patient may request access to or copies of ~~his or her~~ **the patient's** medical records and shall do either of the following:

(a) Transfer the records required under section 20175(1) to any of the following:

(*i*) A successor health facility or agency.

(*ii*) If designated by the patient or ~~his or her~~ **the patient's** authorized representative, to the patient or a specific health facility or agency or a health care provider licensed or registered under article 15.

(*iii*) A health facility or agency or a medical records company

with which the health facility or agency had contracted or entered into an agreement to protect, maintain, and provide access to those records required under section 20175(1).

(b) ~~In~~ **Except as otherwise provided in section 20175(6) and in** accordance with section 20175(1) **to (5),** as long as the health facility or agency sends a written notice to the last known address of each patient for whom ~~he or she~~ **the health facility or agency** has provided medical services and receives written authorization from the patient or ~~his or her~~ **the patient's** authorized representative, destroy the records required under section 20175(1). The notice ~~shall~~ **must** provide the patient with 30 days to request a copy of ~~his or her record~~ **the patient's records** or to designate where ~~he or she~~ **the patient** would like ~~his or her~~ **the patient's** medical records transferred and ~~shall~~ **must** request from the patient within 30 days written authorization for the destruction of ~~his or her~~ **the patient's** medical records. ~~If~~ **Except as otherwise provided in section 20175(6), if** the patient fails to request a copy or transfer of ~~his or her~~ **the patient's** medical records or to provide the health facility or agency with written authorization for the destruction, then the health facility or agency shall not destroy those records that are less than 7 years old but may destroy, in accordance with section 20175(1) **to (5),** those that are 7 years old or older.

(3) Nothing in this section shall be conducted to create or change the ownership rights to any medical records.

(4) A person that fails to comply with this section is subject to an administrative fine of not more than $10,000.00 if the failure was the result of gross negligence or willful and wanton misconduct.

(5) As used in this section:

(a) "Medical record" or "record" means information, oral or recorded in any form or medium, that pertains to a patient's health care, medical history, diagnosis, prognosis, or medical condition and that is maintained by a licensee in the process of providing medical services.

(b) "Medical records company" means a person who contracts for or agrees to protect, maintain, and provide access to medical records for a health facility or agency in accordance with section 20175.

(c) "Patient" means an individual who receives or has received health care from a health care provider or health facility or agency. Patient includes a guardian, if appointed, and a parent, guardian, or person acting in loco parentis, if the individual is a minor, unless the minor lawfully obtained health care without the consent or notification of a parent, guardian, or other person acting in loco parentis, in which case the minor has the exclusive right to exercise the rights of a patient under this section with respect to ~~his or her~~ **the minor's** medical records relating to that care.

Sec. 20175b. (1) Except as otherwise provided in subsections (2) and (3), a person that violates section 20175(1) regarding the documentation of a medical service involving vaginal or anal penetration in a patient's medical record is subject to an administrative fine or guilty of a crime as follows:

(a) For a first violation, an administrative fine of not more than $2,500.00.

(b) For a second violation, an administrative fine of not more than $5,000.00.

(c) For a third or subsequent violation, a misdemeanor punishable by imprisonment for not more than 180 days or a fine of not more than $7,500.00, or both.

(2) A person that violates section 20175(1) regarding the documentation of a medical service involving vaginal or anal penetration in a patient's medical record is guilty of a misdemeanor punishable by imprisonment for not more than 180 days or a fine of $10,000.00, or both, if the violation was the result of gross negligence.

(3) A person that intentionally violates section 20175(1) regarding the documentation of a medical service involving vaginal or anal penetration in a patient's medical record is guilty of a felony punishable by imprisonment for not more than 2 years or a fine of not more than $10,000.00, or both.

(4) This section does not limit any other sanction the department is authorized to impose under section 20165.

Sec. 20199. (1) Except as **otherwise** provided in subsection (2) ~~or section 20142,~~ **or this article**, a person ~~who~~ **that** violates this article or a rule promulgated or an order issued under this article is guilty of a misdemeanor, punishable by **a** fine of not more than $1,000.00 for each day the violation continues or, in case of a violation of sections 20551 to 20554, a fine of not more than $1,000.00 for each occurrence.

(2) A person ~~who~~ **that** violates sections 20181 to 20184 is guilty of a misdemeanor ~~,~~ punishable by imprisonment for not more than 6 months ~~,~~ or a fine of not more than $2,000.00, or both.

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

The EMSCC Air Medical Subcommittee recommends removing the word “video” from line 13 of the fixed wing equipment checklist and from number 11 on the rotary equipment checklist. A new item will be added to both the checklists stating, “video laryngoscope with blades for adult and pediatric capabilities”.

Number: BETP20211015-02833

Inspector: Derek Flory

Date: Oct 15, 2021

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

TEST1234567890
Expiration Date:

Vehicle Call Sign:
T1

Vehicle Unit Number:
T1

Fixed Wing Minimum Critical Equipment

Agency Information

***Name of Agency:**
Sample

Vehicle Requirements

No.	Item	
1	Air worthiness certificate and registration	C NC NR
2	Aircraft is Equipped with a Cargo Door or other Entry that Allows for Loading and Unloading of the Patient without Excessive Maneuvering of the Patient	C NC NR
3	Ambient Air Temperature Monitor in Cabin	C NC NR
4	Communication-State MEDCOM Compliant	C NC NR
5	Cot with straps with means of securing it. Capable of carrying a minimum of 1 patient in a horizontal position.	C NC NR
6	Equipment is Secured to the Aircraft, Readily Accessible, and when not in use, Securely Stored	C NC NR
7	Fire Extinguisher - per FAA Guidelines	C NC NR
8	Interior Affords an Adequate Patient Care and Treatment Area	C NC NR
9	Patient Compartment: Climate and Lighting Must Be Maintained Within Vehicle Standards	C NC NR

Airway

No.	Item	
10	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (>1000 ml) (1 each)	C NC NR

11	Endotracheal Tubes and Equipment: Cuffed or Uncuffed; Size 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm; Cuffed: 6.0, 7.0, 8.0 (2 each)	C NC NR
12	Gum Elastic Bougie (1)	C NC NR
13	Video Laryngoscope Blades: Curved Sizes 2, 3, or 4 (2); Stright Sizes 0, 1, 2, 3, or 4 (4) (1 each)	C NC NR
14	Laryngoscope Bulb, Batteries, and Handle (1 set)	C NC NR
15	Laryngoscope Handle (1) (Spare)	C NC NR
16	Magill Forceps: Adult & Pediatric (1 each)	C NC NR
17	Manometer Compatible with BVM System	C NC NR
18	Manual Peep Valve - Compatible with BVM System	C NC NR
19	Nasal Cannulas: Adult and Pediatric (1 each)	C NC NR
20	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C NC NR
21	Nebulizer (1)	C NC NR
22	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C NC NR
23	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C NC NR
24	Oxygen On-Board w/Regulator Capable of 15 lpm, and Supplies	C NC NR
25	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C NC NR
26	Pulse Oximeter with Pediatric & Adult Capability (1)	C NC NR
27	Stylettes for Endotracheal Tubes: Adult and Pediatric (1 each)	C NC NR
28	Suction On-Board with a Regulator	C NC NR
29	Suction Portable (Can be manually powered)	C NC NR
30	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C NC NR
31	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C NC NR
32	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C NC NR
33	Transport Ventilator with Volume/Pressure/NIVPPV Capabilities	C NC NR
34	Tube Holder (1)	C NC NR

IV Requirements

No.	Item

35	14 Gauge Needle at Least Three Inches or Commercial Device for Pleural Decompression	C	NC	NR
36	Alcohol Wipes (12)	C	NC	NR
37	Extension Set (2)	C	NC	NR
38	Filter Needles	C	NC	NR
39	Fluid Warmer	C	NC	NR
40	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C	NC	NR
41	Injection Supplies - Sizes Suitable for Pediatrics and Adults	C	NC	NR
42	IO Drill Device	C	NC	NR
43	IO Supplies: Adult and Pediatric (1 each)	C	NC	NR
44	IV Fluids: 3 Liters of Crystalloid Solution	C	NC	NR

***IV Fluids Filled by:**

(•) Hospital ( ) Wholesale

***Hospital or Wholesaler Name:**

Sample

***If Obtained through Wholesaler - Tracking Log?**

(•) Yes ( ) No ( ) Not Wholesale

***First Expiration Date of Fluids:**

Sample

45	IV Solution and Supplies Secured	C	NC	NR
46	IV Administration Set: Macro Drip (4)	C	NC	NR
47	IV Catheters - Size 24-18 Gauge (Range of 4 Sizes with at least 1 Smaller than 20 Gauge) (4 each)	C	NC	NR
48	IV Infusion Pumps Sufficient to Maintain a Minimum of 3 Simultaneous Infusions	C	NC	NR
49	Needles - Various Sizes	C	NC	NR
50	Pressure bags	C	NC	NR
51	Tourniquets (2)	C	NC	NR

Drug Package

No.	Item			
52	A method to determine weight based pediatric dosages	C	NC	NR
53	Drug Package in Climate Controlled Area	C	NC	NR
54	Drug Package Locked and Secured	C	NC	NR
55	Drug Package Sealed	C	NC	NR

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

56	Drug Package: Proof of Acquisition for additional Non-Sealed Medication	C NC NR

***Physician Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

57	Drug Package that is not Expired	C NC NR

Cardiac Monitor/Defibrillator

No.	Item	
58	*12 Lead EKG	C NC NR
59	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper.	C NC NR

***Type:**

Sample

***Serial Number:**

Sample

60	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C NC NR
61	Defibrillation Pads (2 sets)	C NC NR
62	Invasive Line Capability (2)	C NC NR
63	Transcutaneous Cardiac Pacemaker that includes Pediatric Capability (may integrate with Monitor/Defibrillator) (2)	C NC NR
64	Transvenous Pacer	C NC NR
65	Wave Form EtCo2	C NC NR

Miscellaneous - PPE & Other

No.	Item	
66	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C NC NR
67	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C NC NR

68	Documentation Tools (Pens, Tablet, Run Forms)	C NC NR
69	Gloves Non-Latex (1 Box or Pouch of Each Size)	C NC NR
70	HEPA Respirator or N-95 Masks (One for each crew member)	C NC NR
71	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C NC NR
72	Sharps Container (Portable or fixed)	C NC NR
73	Survival Kit - Signaling Mirror, Aerial Pyrotechnic or other Aerial Signaling Device, Fire Starting Device, Flashlight with Spare Batteries, and 4 Survival Blankets	C NC NR

Miscellaneous - Patient

No.	Item	
74	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C NC NR
75	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C NC NR
76	Child Restraint System-Size Appropriate (1)	C NC NR
77	Cold Packs (2)	C NC NR
78	Emesis Container (1)	C NC NR
79	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C NC NR

***Expiration Date:**

Sample

80	Heat Packs (2)	C NC NR
81	Infant Thermal Cap (1)	C NC NR
82	NG Tubes	C NC NR
83	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C NC NR

***Expiration Date:**

Sample

84	Stethoscope (1)	C NC NR
85	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C NC NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

Inspection Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance and notify MDHHS in writing, that the corrections were made. The vehicle may return to service with approval of MDHHS, provided MDHHS was notified in writing within 24 hours that corrections were made. A re-inspection may occur within 15 calendar days of MDHHS receiving such notification.

- A vehicle that is not brought into compliance within 24 hours from the time it was determined to be out of compliance due to missing equipment items, shall be removed from service immediately. A vehicle taken out of service due to non-compliance shall not respond or provide emergency assistance, or conduct inter-facility transfers. The vehicle may return to service with approval of MDHHS, provided MDHHS was notified in writing that corrections were made. A re-inspection may occur within 15 calendar days of MDHHS receiving such notification.

- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safey, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.

- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: floryd@michigan.gov

Fax: 517-335-9434

Attestation & Signatures

I, the undersigned representative of the above agency, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the agency to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this fixed wing in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

Comments:

Passed

Total: 0 deficiencies of 85 items

Responsible Party Signoff

*

***First Name:**

Sample

***Last Name:**

Sample

Certification Number:

Number: BETP20211015-02837

Inspector: Derek Flory

Date: Oct 15, 2021

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

TEST1234567890
Expiration Date:

Vehicle Call Sign:
T1

Vehicle Unit Number:
T1

Rotary Vehicle Minimum Critical Equipment

Agency Information

***Name of Agency:**
Sample

Vehicle Requirements

No.	Item	
1	Access that Allows for Safe Loading and Unloading of a Patient without Excessive Maneuvering of the Patient	C NC NR
2	Communication-State MEDCOM Compliant	C NC NR
3	Cot with straps with means of securing it. Capable of carrying a minimum of 1 patient in a horizontal position.	C NC NR
4	Equipment is Secured to the Helicopter, Readily Accessible, and when not in use, Securely Stored	C NC NR
5	Fire Extinguisher - per FAA Guidelines	C NC NR
6	Interior Affords an Adequate Patient Care and Treatment Area	C NC NR
7	Patient Compartment: Climate and Lighting Must Be Maintained Within Vehicle Standards	C NC NR

Airway

No.	Item	
8	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (>1000 ml) (1 each)	C NC NR
9	Endotracheal Tubes and Equipment: Cuffed or Uncuffed; Size 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm; Cuffed: 6.0, 7.0, 8.0 (2 each)	C NC NR
10	Gum Elastic Bougie (1)	C NC NR

11	Video Laryngoscope Blades: Curved Sizes 2, 3, or 4 (2); Stright Sizes 0, 1, 2, 3, or 4 (4) (1 each)	C	NC	NR
12	Laryngoscope Bulb, Batteries, and Handle (1 set)	C	NC	NR
13	Laryngoscope Handle (1) (Spare)	C	NC	NR
14	Magill Forceps: Adult & Pediatric (1 each)	C	NC	NR
15	Manometer Compatible with BVM System	C	NC	NR
16	Manual Peep Valve - Compatible with BVM System	C	NC	NR
17	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR
18	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C	NC	NR
19	Nebulizer (1)	C	NC	NR
20	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C	NC	NR
21	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C	NC	NR
22	Oxygen On-Board w/Regulator Capable of 15 lpm, and Supplies	C	NC	NR
23	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C	NC	NR
24	Pulse Oximeter with Pediatric & Adult Capability (1)	C	NC	NR
25	Stylettes for Endotracheal Tubes: Adult and Pediatric (1 each)	C	NC	NR
26	Suction On-Board with a Regulator	C	NC	NR
27	Suction Portable	C	NC	NR
28	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C	NC	NR
29	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult and Pediatric Size Required)	C	NC	NR
30	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR
31	Transport Ventilator with Volume/Pressure/NIVPPV Capabilities	C	NC	NR
32	Tube Holder (1)	C	NC	NR

Trauma - Bandaging

No.	Item			
33	Arterial Tourniquet (commercial) (1)	C	NC	NR
34	Hemostatic Agent (1)	C	NC	NR
35	Occlusive Chest Seal, or Commercial Device	C	NC	NR

36	Sterile Sheets	C NC NR

Trauma - Splinting

No.	Item	
37	Cervical Immobilizers: Infant, Child, Adult (1 each)	C NC NR
38	Pelvic Binder (Commercially Approved FDA Device) (1)	C NC NR

IV Requirements

No.	Item	
39	14 Gauge Needle at Least Three Inches or Commercial Device for Pleural Decompression	C NC NR
40	Alcohol Wipes (12)	C NC NR
41	Extension Set (2)	C NC NR
42	Filter Needles	C NC NR
43	Fluid Warmer	C NC NR
44	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C NC NR
45	Injection Supplies - Sizes Suitable for Pediatrics and Adults	C NC NR
46	IO Drill Device	C NC NR
47	IO Supplies: Adult and Pediatric (1 each)	C NC NR
48	IV Catheters- Sizes 24-18 Gauge (Range of 4 Sizes with at least 1 smaller than 20 Gauge) (2 each)	C NC NR
49	IV Solution and Supplies Secured	C NC NR
50	IV Administration Set: Macro Drip (4)	C NC NR
51	IV Infusion Pumps Sufficient to Maintain a Minimum of 3 Simultaneous Infusions	C NC NR
52	IV Fluids: 3 Liters of Crystalloid Sloution, 250 ML of D5W	C NC NR

***IV Fluids Filled by:**

(•) Hospital ( ) Wholesale

***Hospital or Wholesaler Name:**

Sample

***If Obtained through Wholesaler - Tracking Log?**

(•) Yes ( ) No ( ) Not Wholesale

***First Expiration Date of Fluids:**

Sample

53	Needles - Various Sizes	C NC NR
54	Pressure bags	C NC NR

55	Tourniquets (2)	C NC NR

Drug Package

No.	Item	
56	Drug Package in Climate Controlled Area	C NC NR
57	Drug Package Locked and Secured	C NC NR
58	Drug Package Sealed	C NC NR

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

59	Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy	C NC NR

***Physician Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

60	Drug Package that is not Expired	C NC NR
61	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C NC NR

Cardiac Monitor/Defibrillator

No.	Item	
62	*12 Lead EKG	C NC NR
63	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper.	C NC NR

***Type:**

Sample

***Serial Number:**

Sample

64	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C NC NR
65	Defibrillation Pads (2 sets)	C NC NR
66	Invasive Line Capability (2)	C NC NR

67	Transcutaneous Cardiac Pacemaker that includes Pediatric Capability (may integrate with Monitor/Defibrillator) (2)	C NC NR
68	Transvenous Pacer	C NC NR
69	Wave Form EtCo2	C NC NR

Miscellaneous - PPE & Other

No.	Item	
70	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C NC NR
71	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C NC NR
72	Documentation Tools (Pens, Tablet, Run Forms)	C NC NR
73	Gloves Non-Latex (1 Box or Pouch of Each Size)	C NC NR
74	Helmets (One set for each crew member)	C NC NR
75	HEPA Respirator or N-95 Masks (One for each crew member)	C NC NR
76	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver). Surgical Masks (One for each crew member, and patient)	C NC NR
77	Sharps Container (Portable or fixed)	C NC NR
78	Survival Kit - Signaling Mirror, Aerial Pyrotechnic or other Aerial Signaling Device, Fire Starting Device, Flashlight with Spare Batteries, and 4 Survival Blankets	C NC NR

Miscellaneous - Patient

No.	Item	
79	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C NC NR
80	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C NC NR
81	Child Restraint System-Size Appropriate (1)	C NC NR
82	Cold Packs (2)	C NC NR
83	Emesis Container (1)	C NC NR
84	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C NC NR

***Expiration Date:**

Sample

85	Hearing Protection for Patient	C NC NR

86	Heat Packs (2)	C	NC	NR
87	Infant Thermal Cap (1)	C	NC	NR
88	NG Tubes	C	NC	NR
89	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C	NC	NR

***Expiration Date:**

Sample

90	Stethoscope (1)	C	NC	NR
91	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C	NC	NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

Inspection Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance and notify MDHHS in writing, that the corrections were made. The vehicle may return to service with approval of MDHHS, provided MDHHS was notified in writing within 24 hours that corrections were made. A re-inspection may occur within 15 calendar days of MDHHS receiving such notification.
- A vehicle that is not brought into compliance within 24 hours from the time it was determined to be out of compliance due to missing equipment items, shall be removed from service immediately. A vehicle taken out of service due to non-compliance shall not respond or provide emergency assistance, or conduct inter-facility transfers. The vehicle may return to service with approval of MDHHS, provided MDHHS was notified in writing that corrections were made. A re-inspection may occur within 15 calendar days of MDHHS receiving such notification.
- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safey, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.
- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: floryd@michigan.gov

Fax: 517-335-9434

Attestation & Signatures

I, the undersigned representative of the above agency, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the agency to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this fixed wing in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

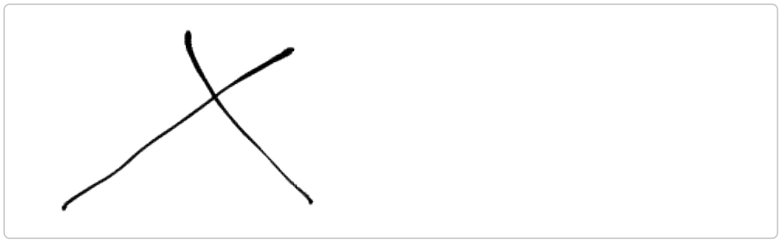
Comments:

Passed

Total: 0 deficiencies of 91 items

Responsible Party Signoff

*



***First Name:**

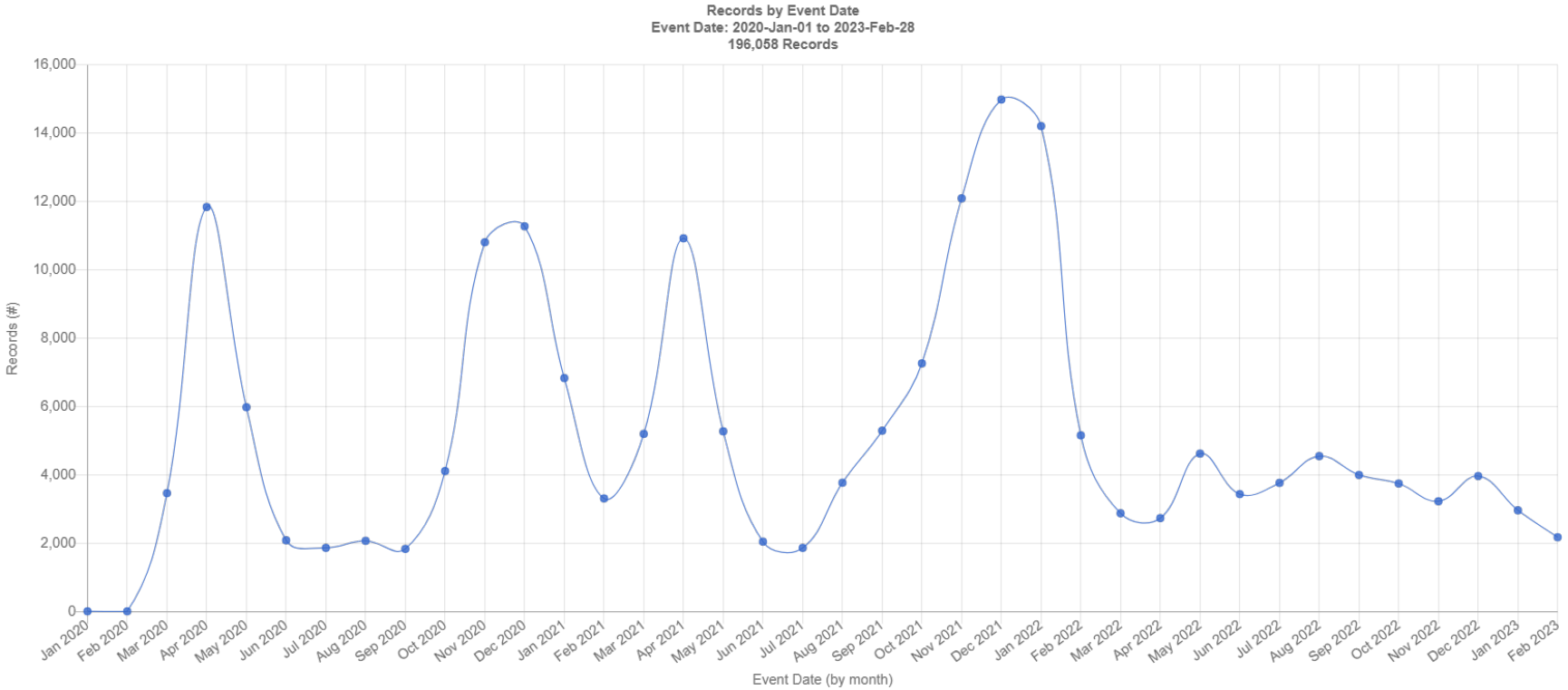
Sample

***Last Name:**

Sample

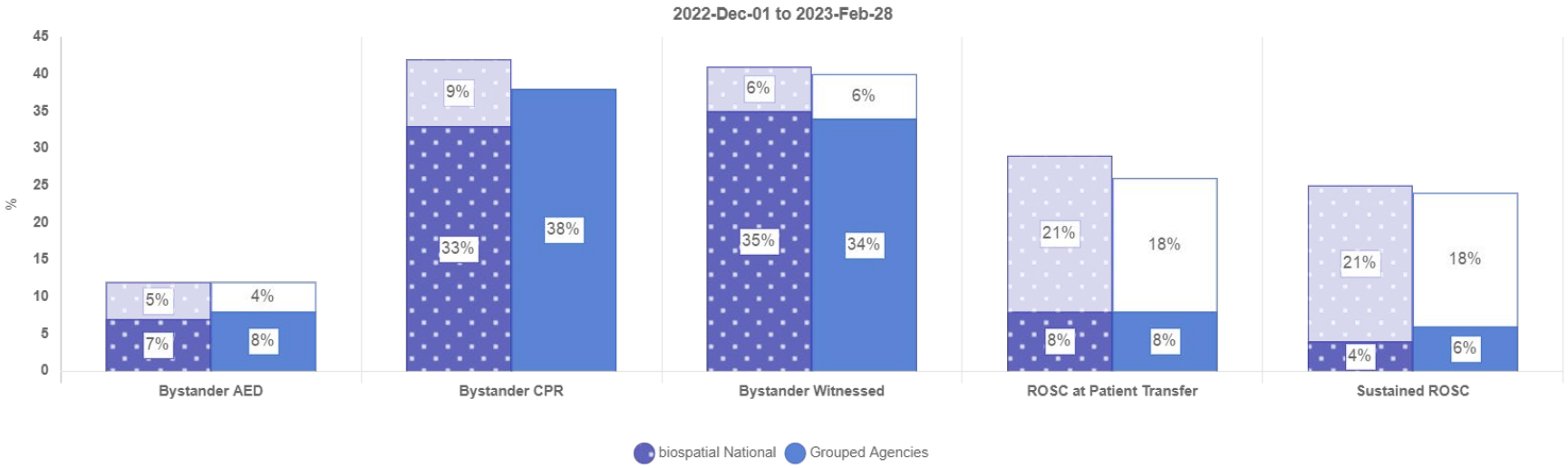
Certification Number:

Covid 19 Syndrome



The COVID-19 syndrome is designed to capture potential Coronavirus Disease 2019 (COVID-19, also referred to as Wuhan coronavirus or 2019-nCoV) patients. While EMS may not have the capability to diagnose COVID-2019, documentation and detection of possible cases will assist users in surveillance and may initiate follow-up investigation. This syndrome analyzes the record for symptoms of respiratory, gastro-intestinal, or influenza-like illness (fever, cough, shortness of breath, lower respiratory infection, pleural effusion, diarrhea, etc.), as well as indication of travel to an affected geographic region (Asia, China, Europe, Iran, Italy), patient contact with someone who has traveled to one of those regions, or patient contact with someone who may have COVID-19.

Cardiac Arrest Measures



Bystander AED: Percentage of cardiac arrest events occurring prior to EMS arrival for which an automated external defibrillator (AED) was utilized by a bystander. Note this metric can only be computed for NEMSIS v3 data.

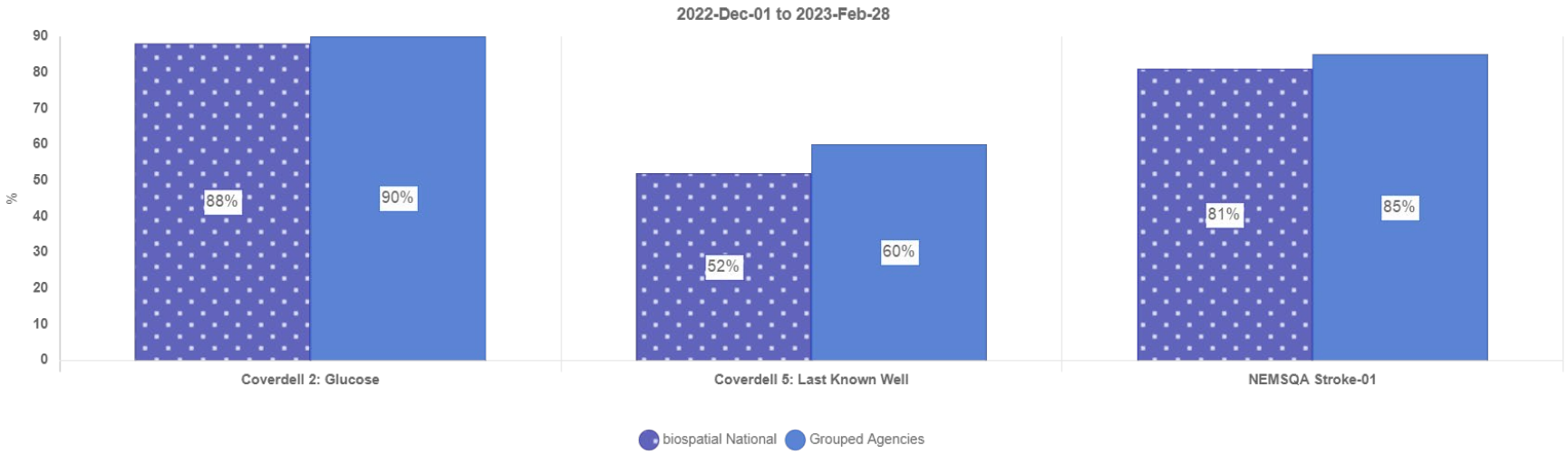
Bystander CPR: Percentage of cardiac arrest events occurring prior to EMS arrival for which cardiopulmonary resuscitation (CPR) was performed by a bystander. Note this metric can only be computed for NEMSIS v3 data.

Bystander Witnesses: Percentage of cardiac arrest events occurring prior to EMS arrival that were witnessed by a bystander.

ROSC at Patient Transfer: Percentage of cardiac arrest events for which return of spontaneous circulation (ROSC) was maintained at the time of patient transfer.

Sustained ROSC: Percentage of cardiac arrest events for which a sustained (>= 20 minute) return of spontaneous circulation (ROSC) was attained.

Stroke Measures

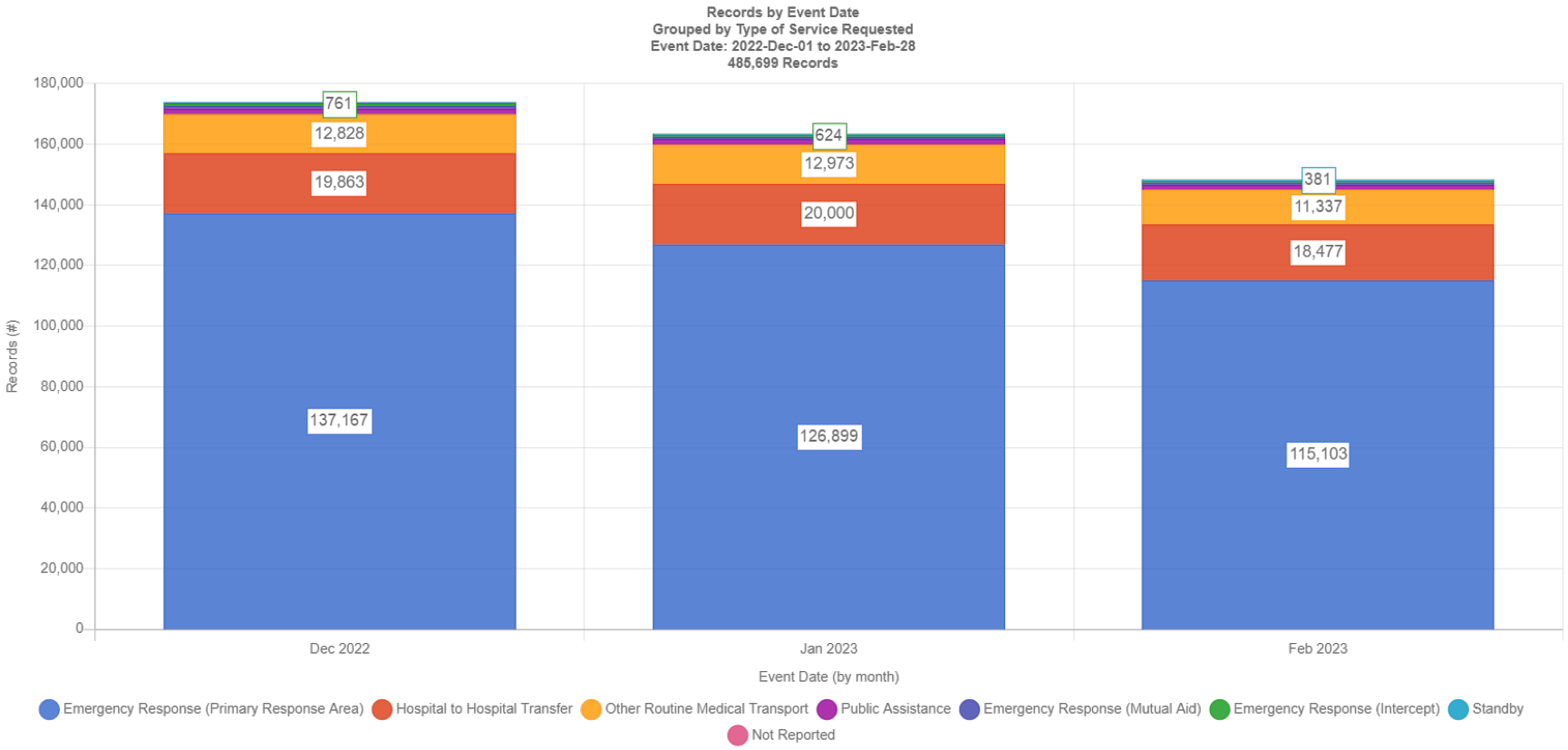


NEMSQA Stroke-01: Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.

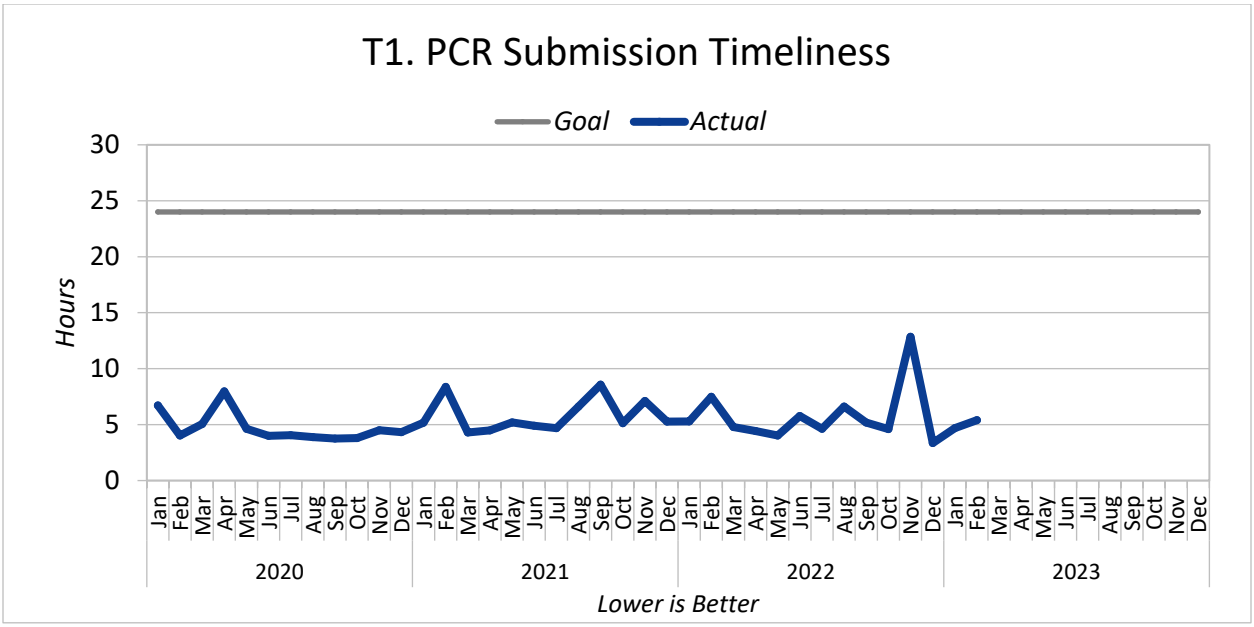
Coverdell 2: Glucose The purpose of this QPM is to identify assessment of blood glucose as an important pre-hospital intervention in the stroke chain of survival. Hypoglycemia is frequently found in patients with stroke-like symptoms; administering glucose may resolve neurological deficits.

Coverdell 5: Last Known Well The purpose of this QPM is to assess EMS documentation of time last known to be well, without signs and symptoms of acute stroke, at baseline. Note this metric can only be computed for NEMSIS v3 data. NEMSIS v2 stroke records will be “unknown” for this metric.

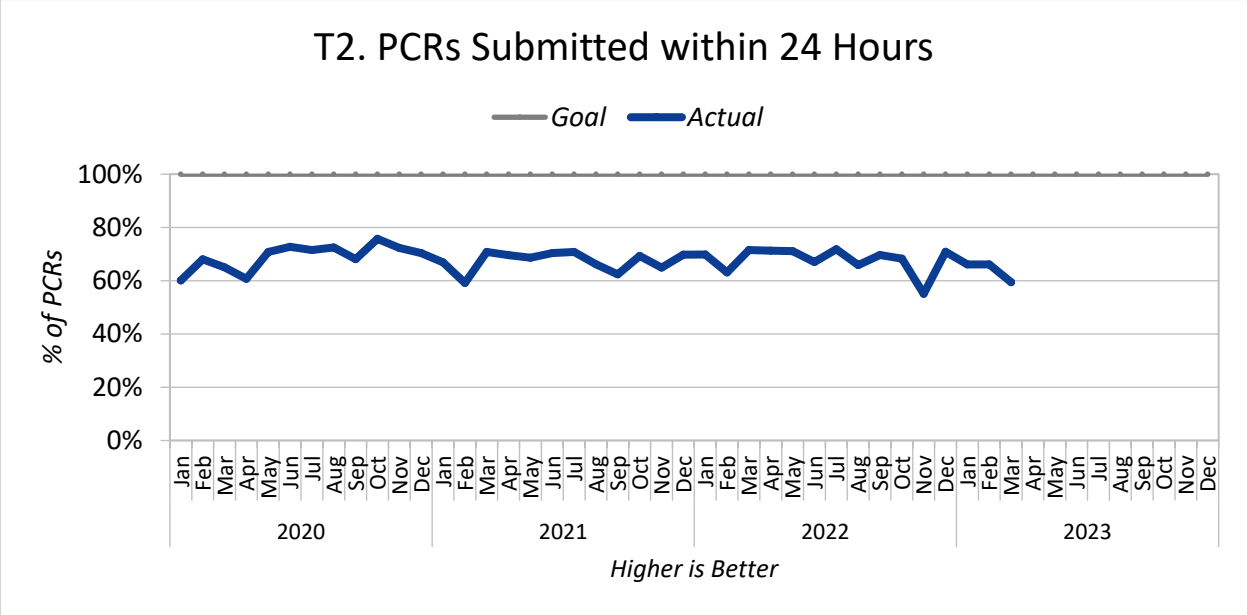
Event Records



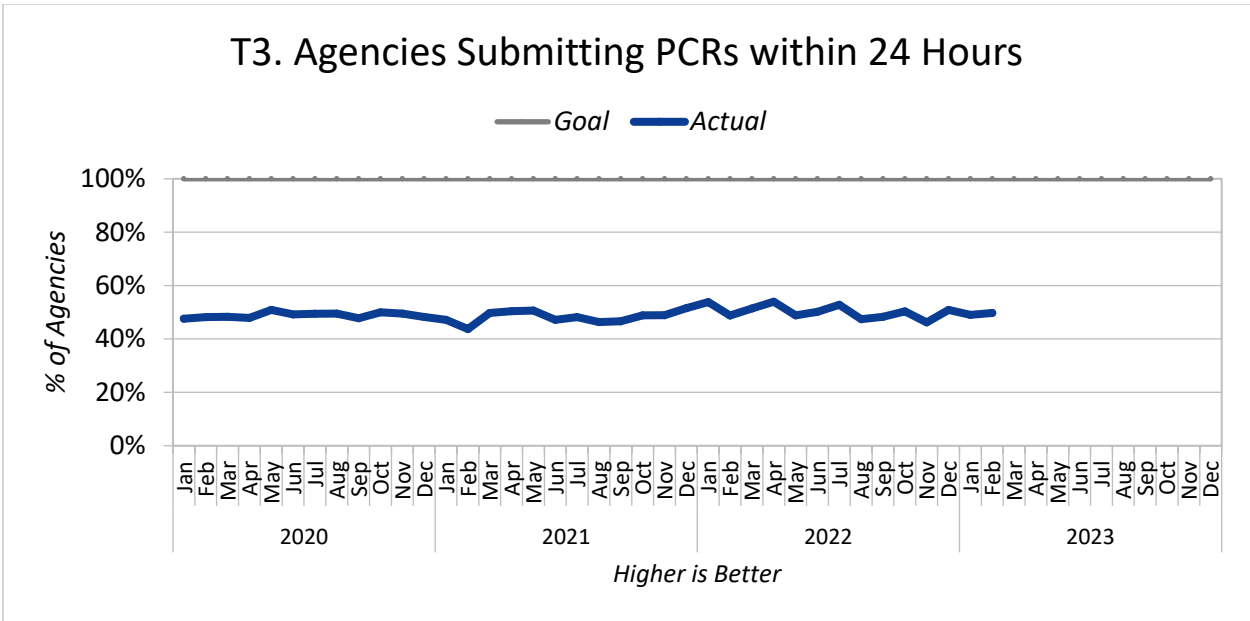
Statewide record count submitted by ALL Michigan EMS Agencies, split by Type of Service Requested.



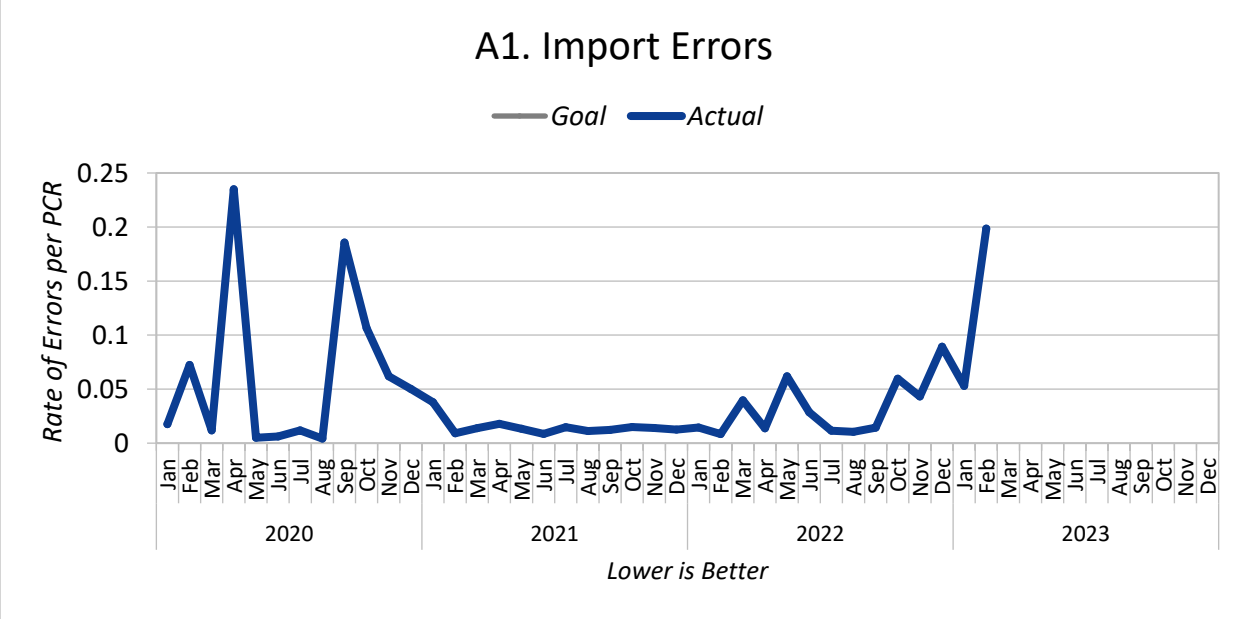
The median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call).



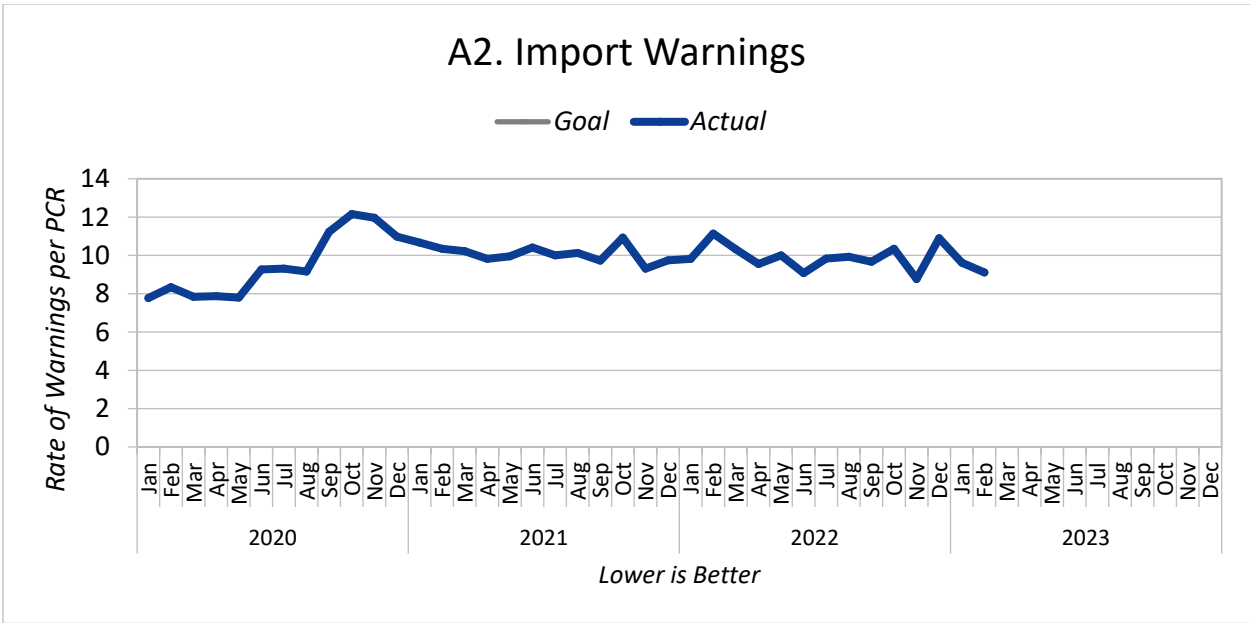
The percentage of NEMSIS version 3 patient care reports received by the state data system within 24 hours from the time the EMS unit was back in service after the call.



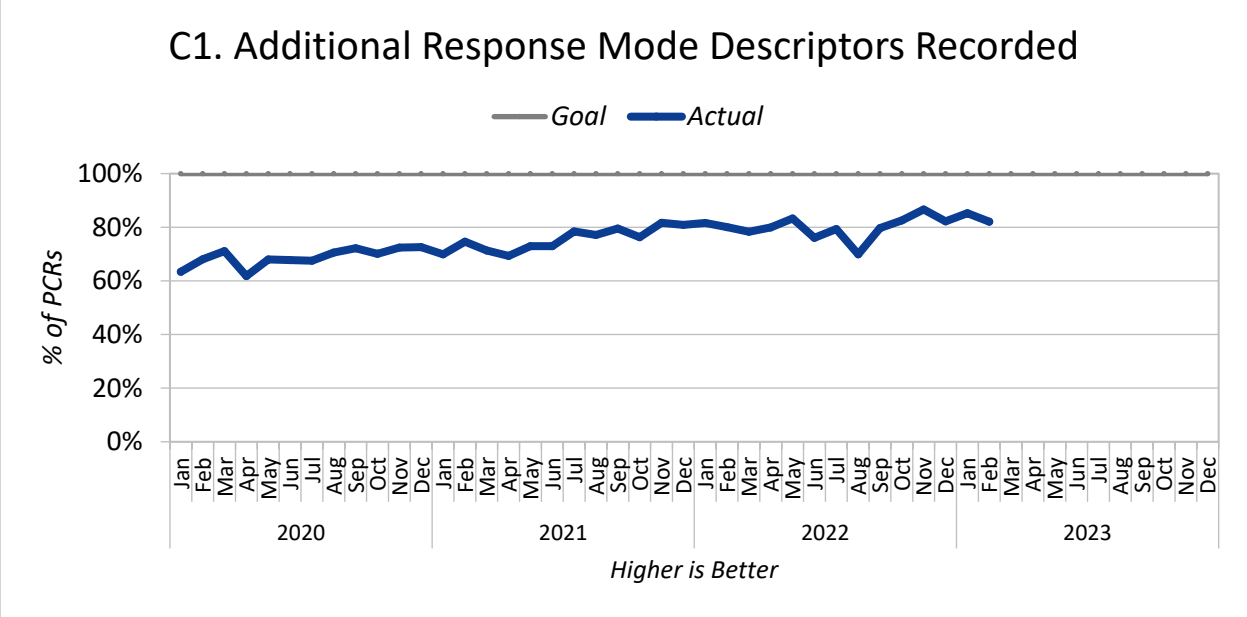
The percentage of agencies where the median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call) is less than 24.



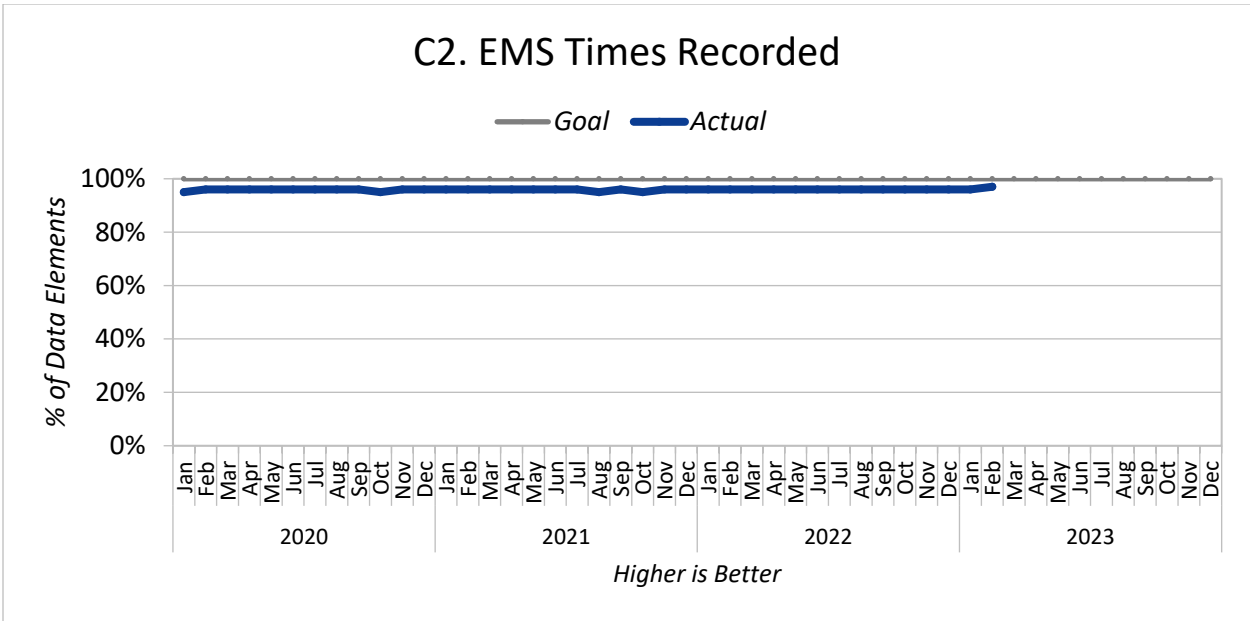
The rate of errors in NEMSIS 3 data submitted to the state EMS data system from other systems.



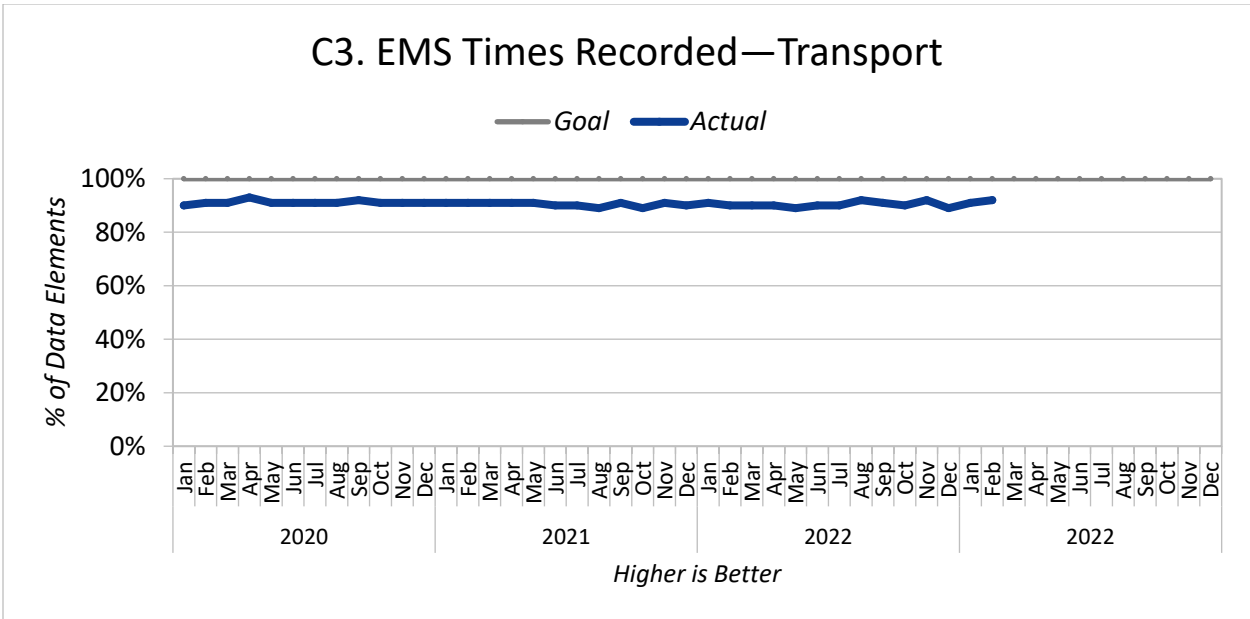
The rate of warnings in NEMSIS 3 data submitted to the state EMS data system from other systems.



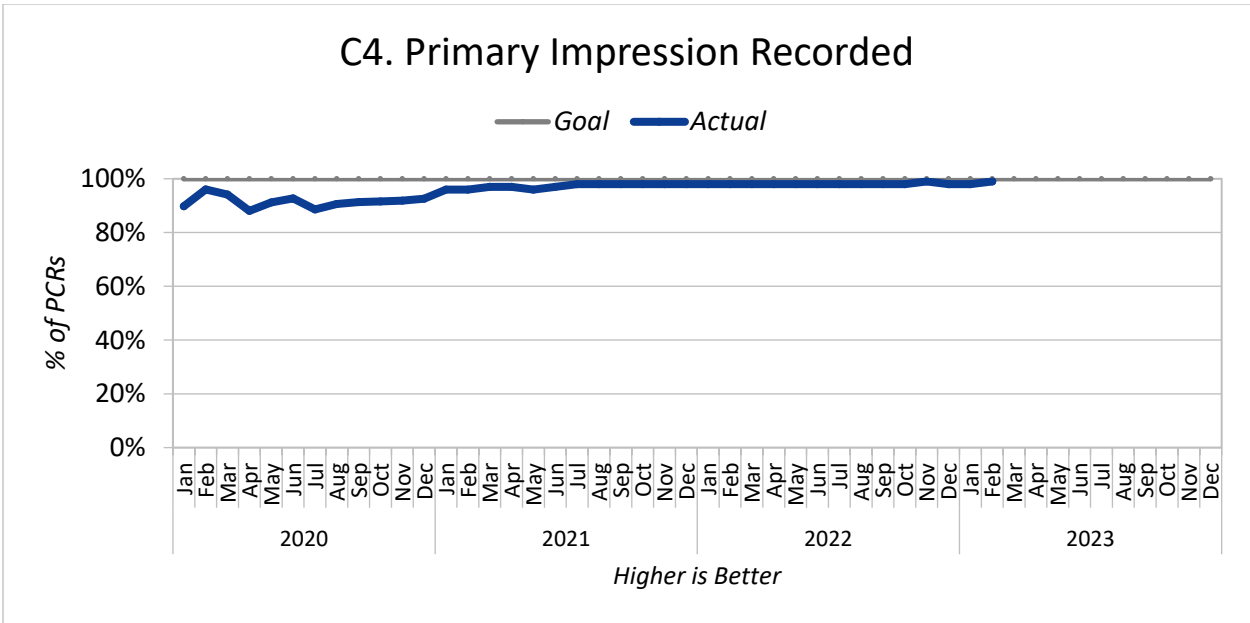
Where there is an incident scene, the percentage of patient care reports where Additional Response Mode Descriptors is recorded with a non-blank value.



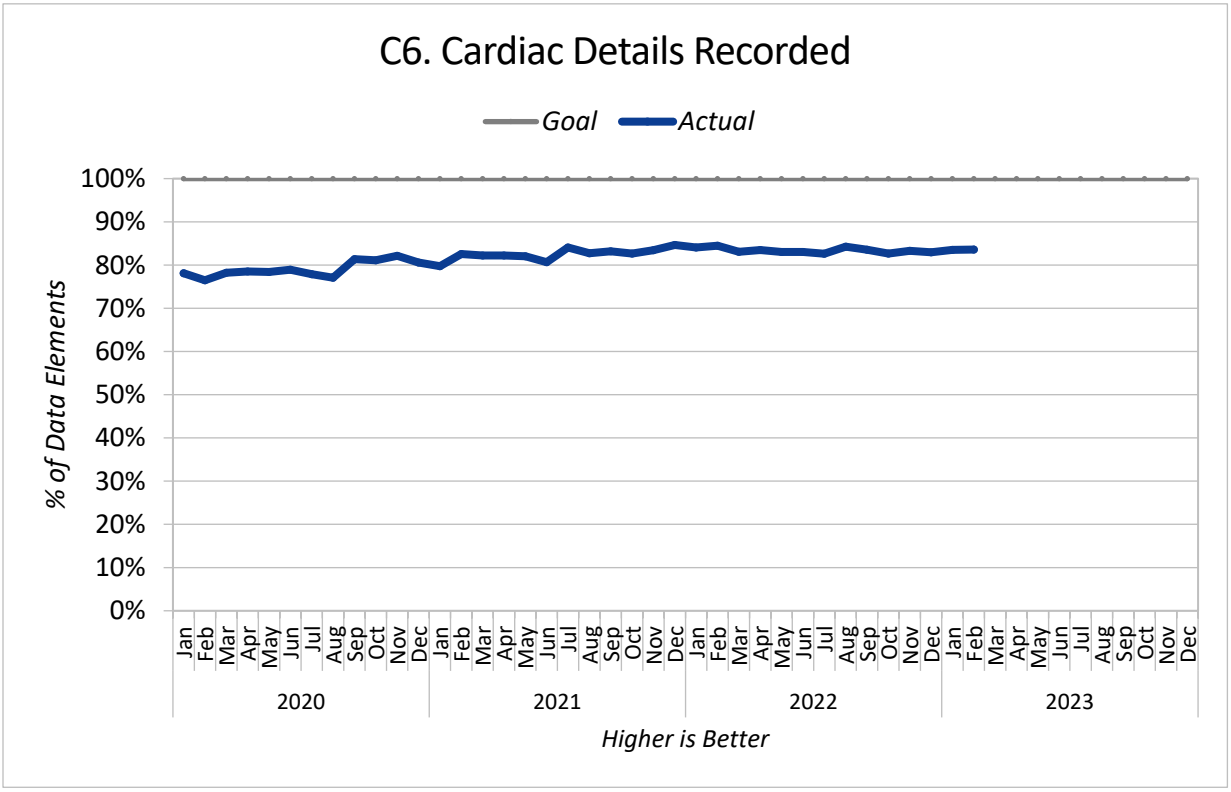
Where a patient is encountered, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



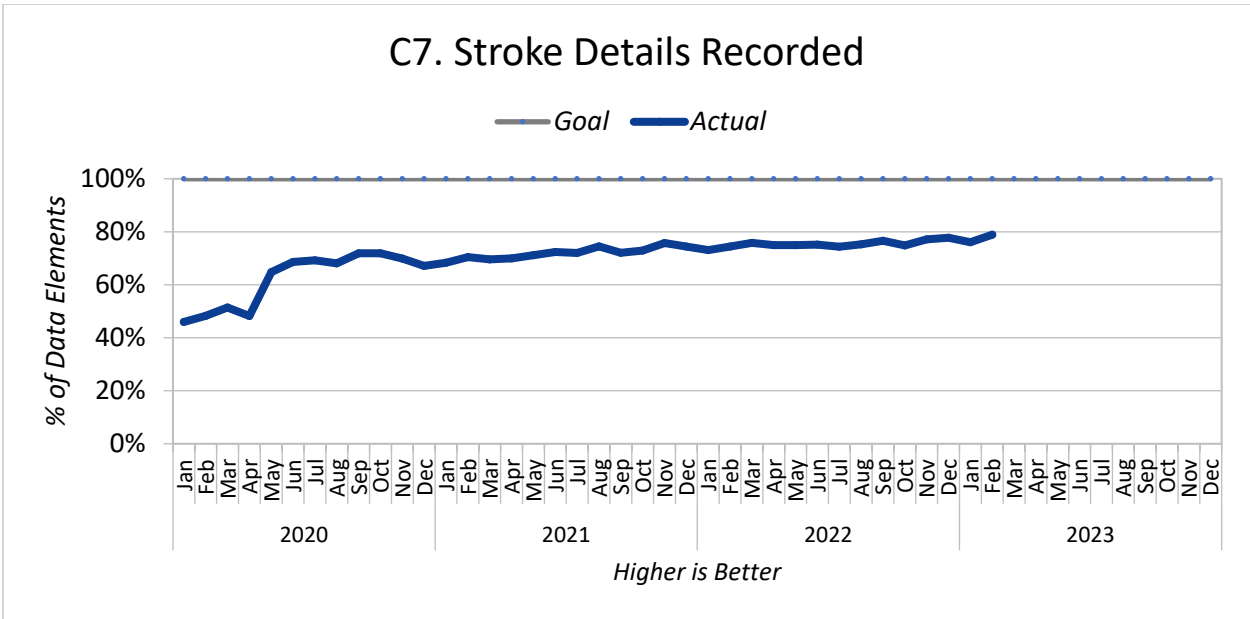
Where a patient is transported by EMS, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



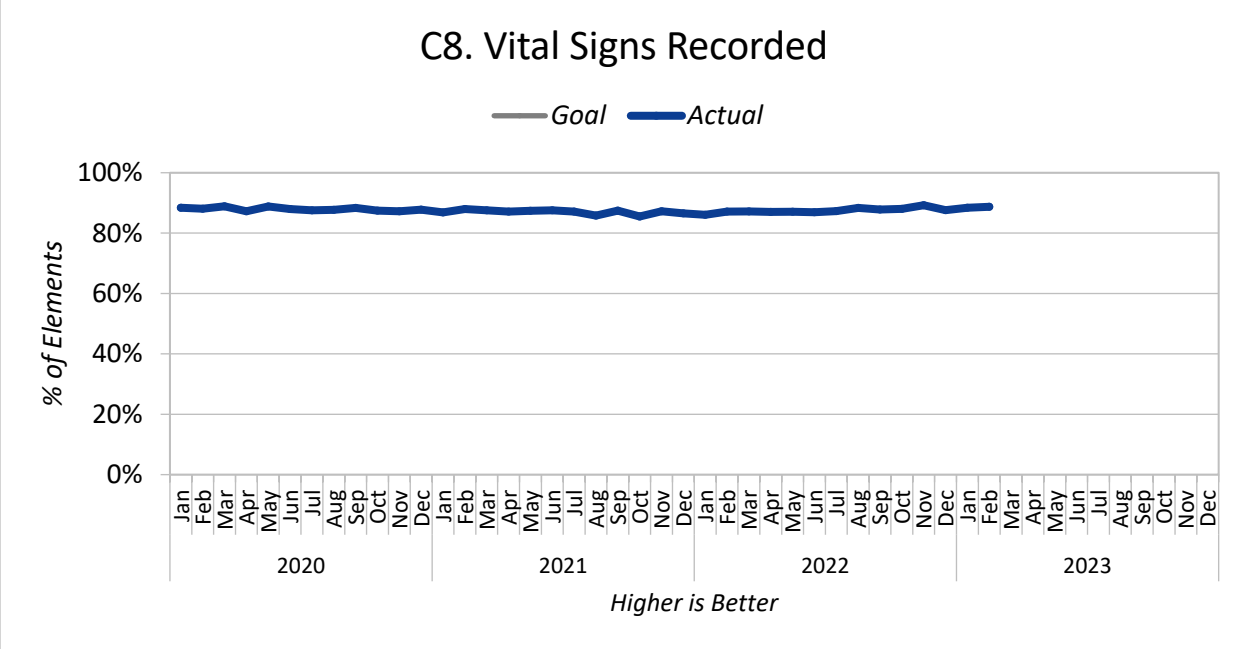
Where a patient is treated, the percentage of NEMSIS 3 patient care reports with a Primary Impression recorded



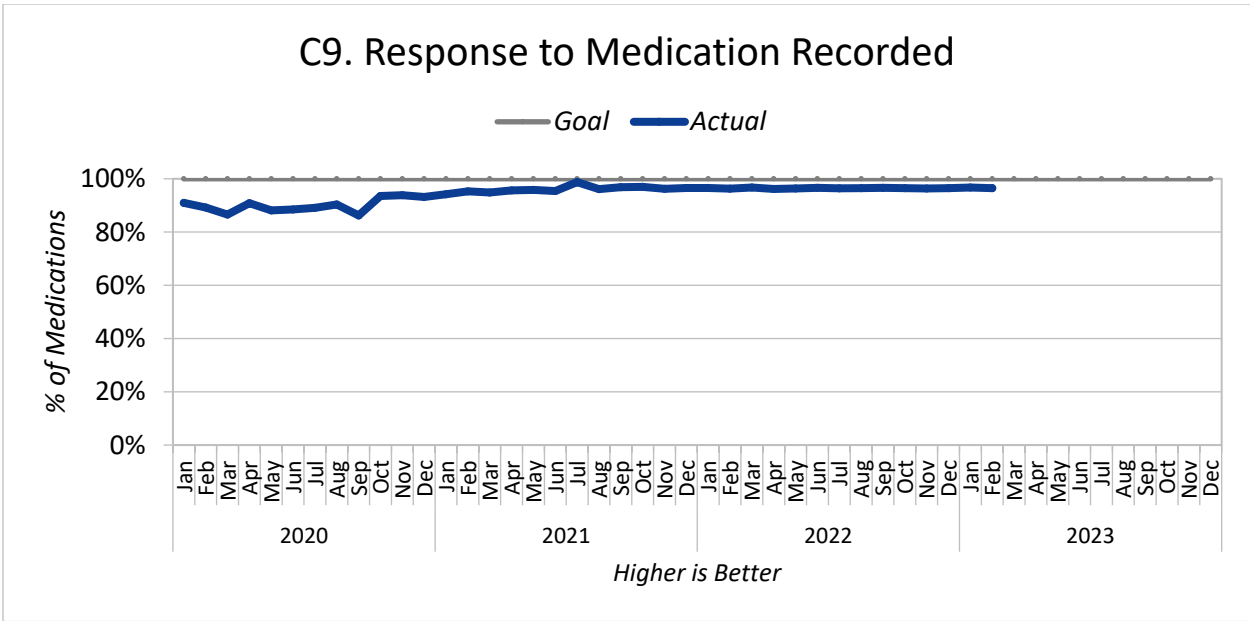
Where there is a cardiac arrest, the average percentage of selected cardiac-related elements with a non-blank value per NEMSIS 3 patient care report.



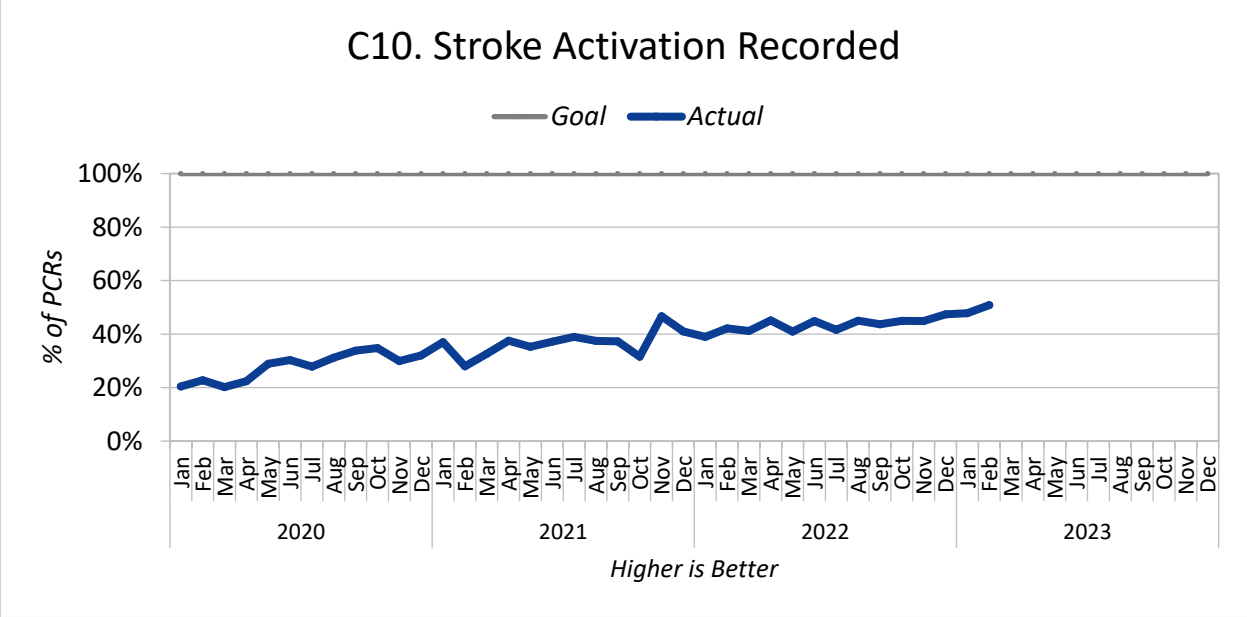
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene), the average percentage of selected stroke-related elements with a non-blank value per NEMSIS 3 patient care report.



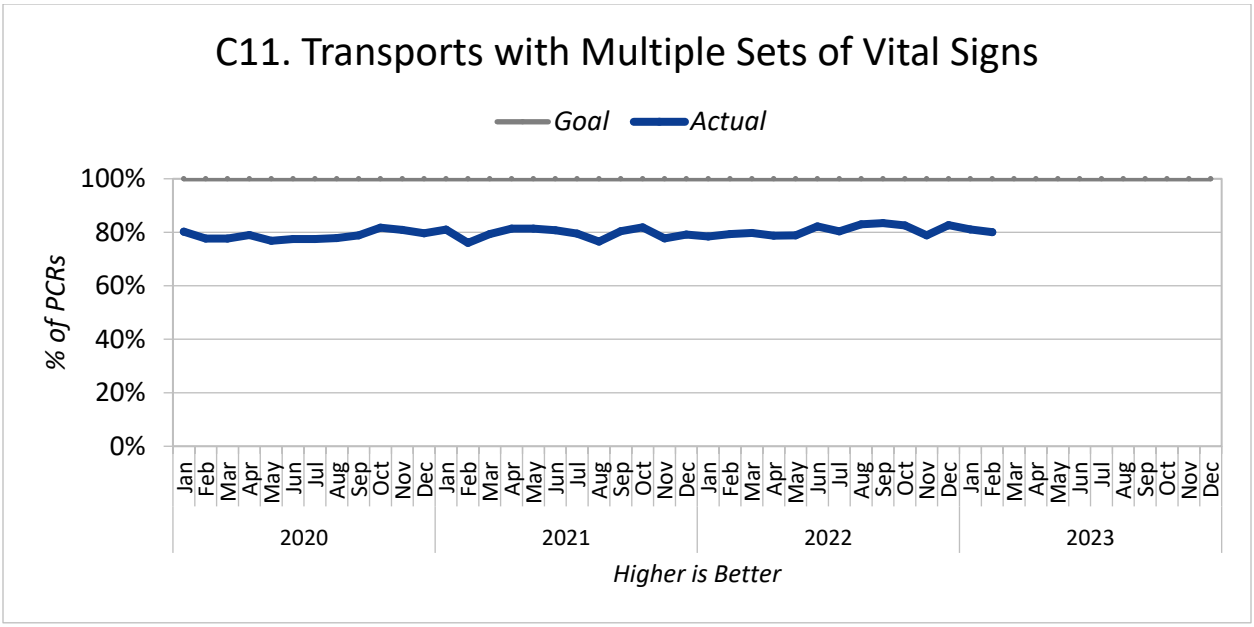
Where a patient is treated, the average percentage of selected vital sign elements with a non-blank value per NEMSIS 3 patient care report.



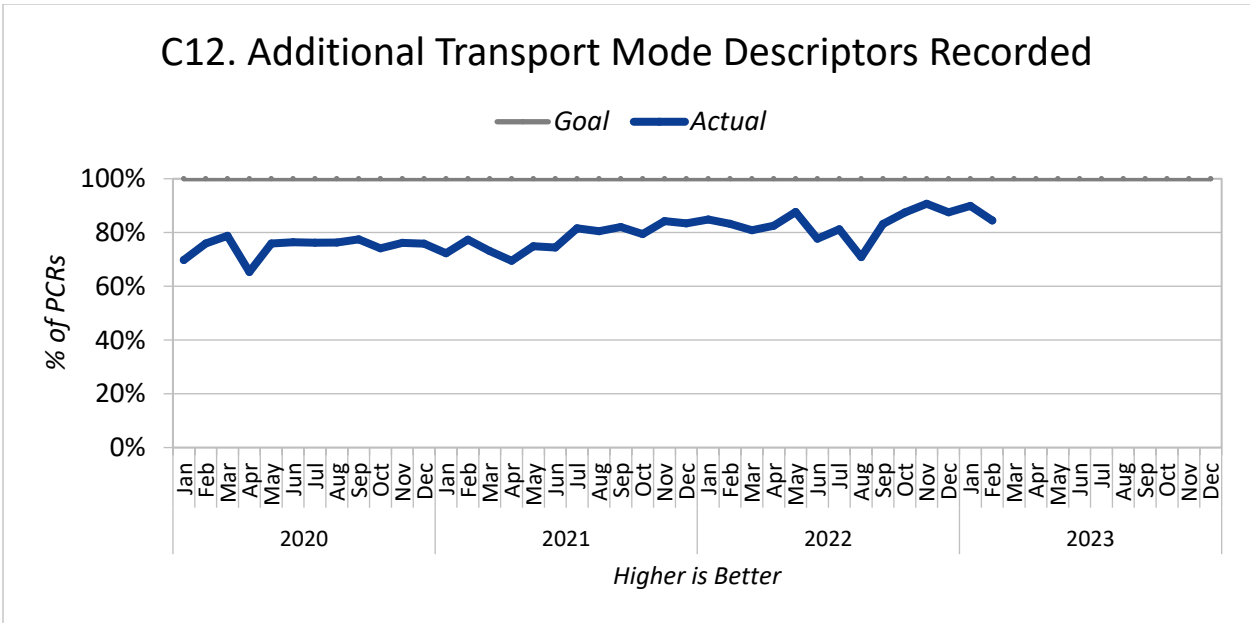
The percentage of medication administrations with Response to Medication recorded



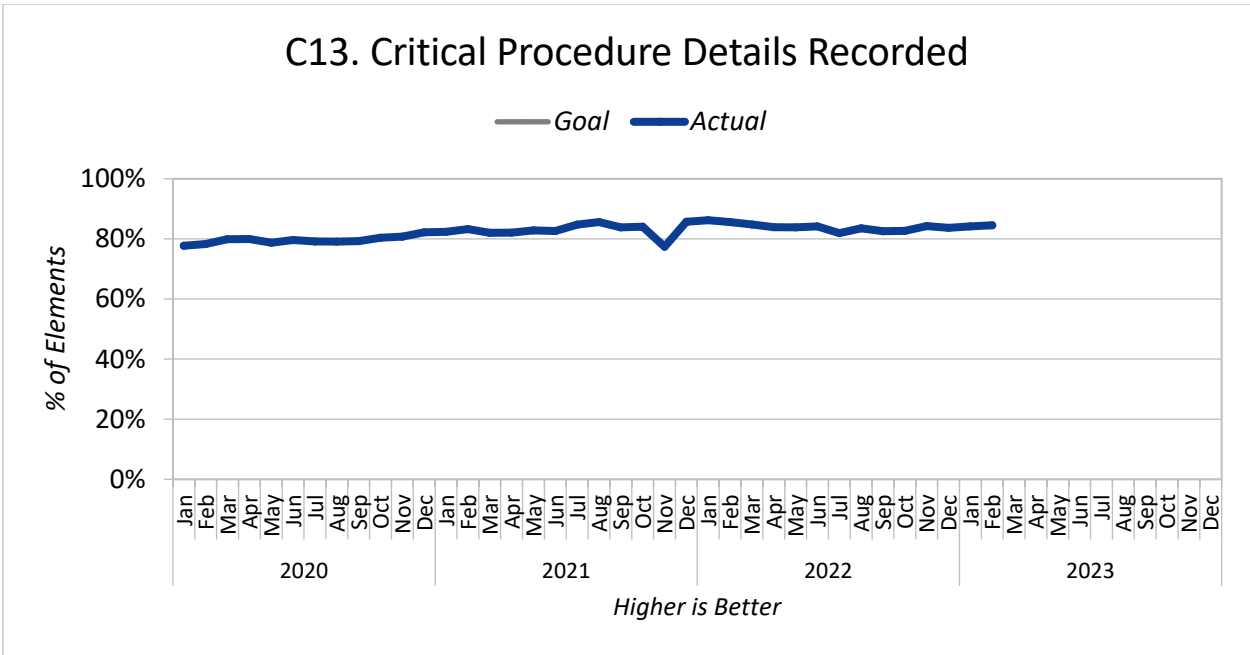
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene) and a patient is treated and transported, the percentage of NEMSIS 3 patient care reports with a destination team stroke pre-arrival alert or activation recorded.



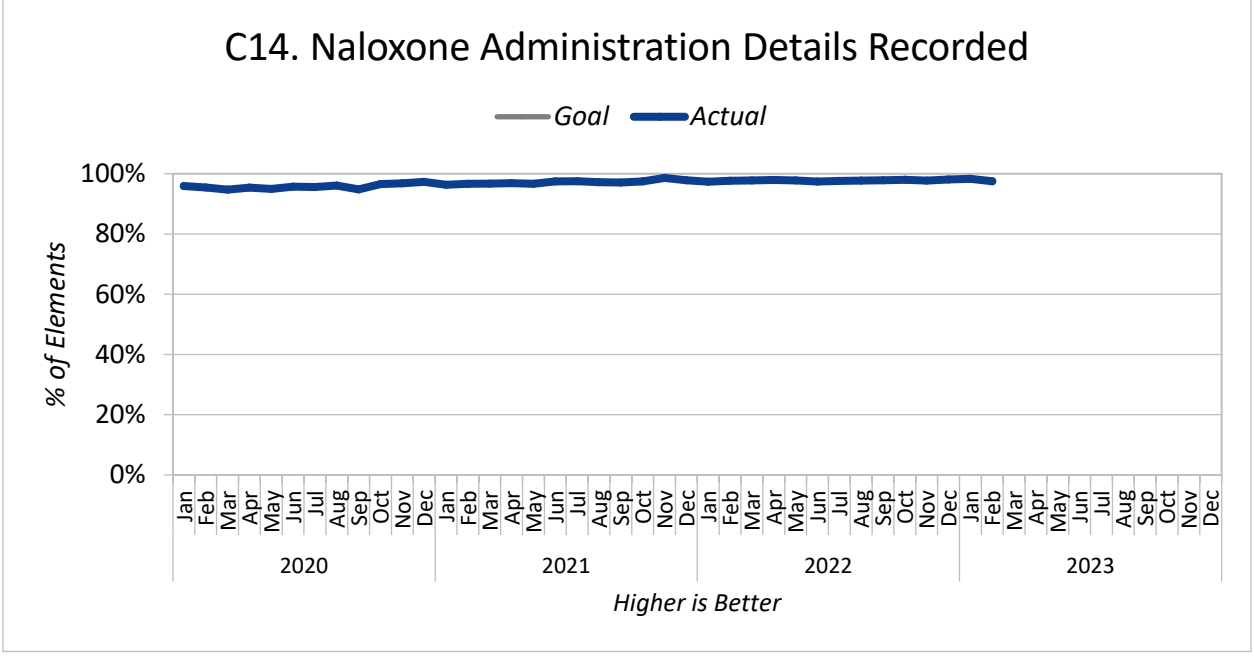
Where a patient is treated and transported, the percentage NEMSIS 3 patient care reports where more than one set of vital signs is recorded.



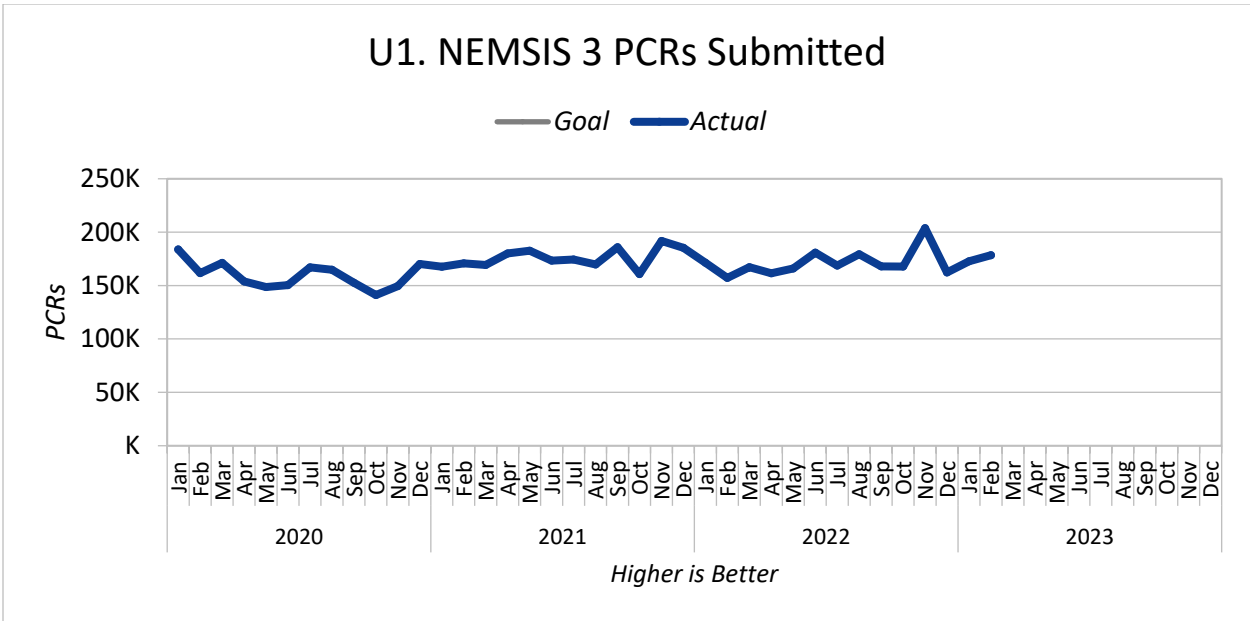
Where a patient is treated and transported, the percentage of patient care reports where Additional Transport Mode Descriptors is recorded with a non-blank value.



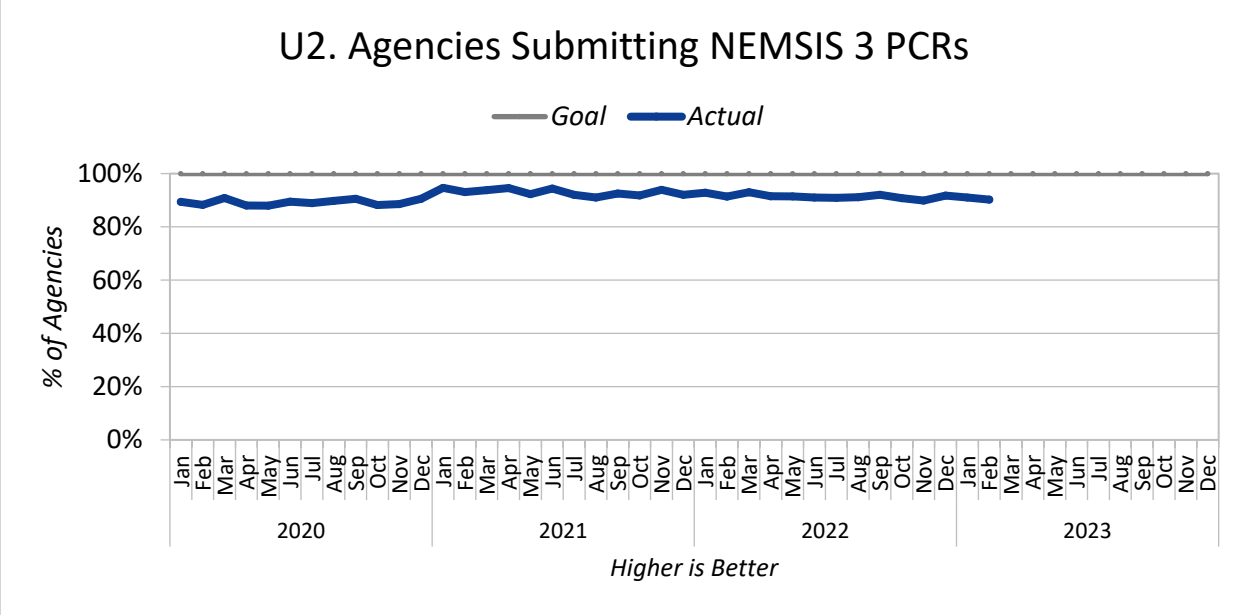
Where a critical procedure is performed, the average percentage of selected procedure-related elements with a non-blank value per procedure performed.



Where naloxone is administered, the average percentage of selected medication-related elements with a non-blank value per naloxone administration.



The number of NEMSIS version 3 patient care reports received by the state data system.



The percentage of agencies submitting NEMSIS version 3 data.

Questions – <u>Current Licensees (Go through to make sure the questions follow a logical order)</u>

Main objectives: Knowing if they are going to stay and if they recommend the job to others

Insert introduction that covers goal of the assessment (include statutory charge).

1. Do you currently work or volunteer for a licensed EMS agency in Michigan?
    a. Yes (go to question set 1)
    b. No (go to question 2)
2. What is your current employment status?-Come back to those licensed here but live somewhere else
    a. Working in another healthcare setting
    b. Working for an Emergency Medical Services agency in a state other than Michigan (TBD)
    c. Working in some other profession
    d. Retired or otherwise not working
    e. None of the above

    Question set 1
3. What type of agency do you primarily work for?
    a. Governmental – non fire
    b. Private
    c. Tribal
    d. Fire-based
    e. Hospital
4. What is the license level of the agency you primarily work for?
    a. Advanced
    b. Limited
    c. Basic
    d. Medical First Response
5. What is the primary role of the agency you primarily work for?
    a. Transporting (ground)
    b. Transporting (air)
    c. Non-transporting
6. How are you compensated for your time in EMS?
    a. I volunteer or I receive only a small financial stipend
    b. I work part time and receive pay for my services
    c. This is my career and how I financially support myself/family
    d. This is my career, and I also volunteer outside of my normal work hours
7. Which of the following items most keep you working in EMS? (pick top three)
    a. Pay
    b. Benefits
    c. Scope of the work
    d. Meaningful work
    e. Impact of work
    f. Variety of work
    g. Autonomy
    h. Flexibility of schedule

Commented [BE(1]: Come back to those licensed here but live somewhere else.

i. Relationship with coworkers
j. Serving the community
k. Innovations and dynamics
l. Intellectual challenges
m. Quality of agency leadership
n. Time commitment
o. Excitement and adventure
p. Other, _____

8. Which of the following these items do you like least about this profession? (pick top three)
    a. Pay, or lack of pay
    b. Benefits, or lack of quality benefits
    c. Lack of opportunity for advancement
    d. The job wasn't what I thought it would be
    e. Monotony
    f. Increasing scope of work
    g. Responsibility of the work
    h. Accountability
    i. Relationship with coworkers
    j. Quality of agency leadership, or lack of quality
    k. Time commitment
    l. Educational requirements
    m. Safety (coworkers, agency, patients/bystanders, vehicle, communicable diseases), **if this option is selected a drop-down menu will pop up**
    n. Other,_____

9. Which preparedness region of the State do you work in (should we include a map of the state with the preparedness regions or should we focus more on rural vs urban agencies?)
    a. Region 1
    b. Region 2N
    c. Region 2S
    d. Region 3
    e. Region 5
    f. Region 6
    g. Region 7
    h. Region 8

10. How many different agencies/organizations do you currently perform EMS work for?
    a. 1
    b. 2 or more **(if this option is selected than ask question about how hours are split)**

11. Which of the following best describes the length of the shifts you typically work at your primary EMS job?
    a. 8 hours

b. 10 hours
c. 12 hours
d. 24 hours
e. Other

12. How many hours per week do you usually work at your primary EMS job?
    a. Less than 20
    b. 20-30
    c. 31-40
    d. 41-50
    e. 51-60
    f. 61-70
    g. 71-80
    h. Greater than 80

13. How satisfied are you with your primary EMS job?
    a. Extremely satisfied
    b. Very satisfied
    c. Satisfied
    d. Dissatisfied
    e. Very dissatisfied
    f. Extremely dissatisfied

14. How satisfied are you with the EMS profession overall?
    a. Extremely satisfied
    b. Very satisfied
    c. Satisfied
    d. Dissatisfied
    e. Very dissatisfied
    f. Extremely dissatisfied

15. How likely is it that you'll leave your current primary EMS job within the next 12 months?
    a. Definitely will not leave
    b. Probably will not leave
    c. Not sure
    d. Probably will leave
    e. Definitely will leave

16. How likely is it that you'll leave EMS within the next 12 months?
    a. Definitely will not leave
    b. Probably will not leave
    c. Not sure
    d. Probably will leave
    e. Definitely will leave

17. How safe do you feel at your primary EMS job?
    a. Extremely safe
    b. Very safe
    c. Moderately safe
    d. Unsafe
    e. Very unsafe
    f. Extremely unsafe

18. How likely are they to recommend EMS to other people for a profession?
    a. Extremely likely
    b. Very likely
    c. Moderately likely
    d. Slightly likely
    e. Not at all likely
19. Is there any additional information you would like to share about your experience working in EMS?

20. Would you be willing to share more information about your experience in EMS? If so, please add your contact information here.

General questions for both surveys (age, gender, race/ethnicity, most recent level of license)

Lapsed Licensees (most questions based off Minnesota Emergency Medical Services Regulatory Board EMS Provider Retention Survey):

1. What type of level/type of license did you have at the time it expired?
    a. EMT
    b. Paramedic
    c. Medical First Responder
    d. Specialist/AEMT
2. At what age did you allow your EMS certification to expire?
    a. 18-24
    b. 25-34
    c. 35-44
    d. 45-54
    e. 55-64
    f. 65+
3. How long did you have a license?
    a. Less than 1 year
    b. 1-2 years
    c. 3-5 years
    d. Over 5 years
4. How long has it been lapsed?
    a. Less than 1 year
    b. 1-2 years
    c. 3-5 years
    d. Over 5 years
5. What type of agency did you primarily work for?
    a. Governmental-non fire
    b. Private
    c. Tribal
    d. Fire-based
    e. Hospital
6. What is the license level of the agency you primarily worked for?
    a. Advanced
    b. Limited
    c. Basic
    d. Medical First Response
7. What is the primary role of the agency you primarily worked for?
    a. Transporting (ground)
    b. Transporting (air)
    c. Non-transporting
    d. Medical First Response
8. How were you compensated for your time in EMS?
    a. I volunteered or I received only a small financial stipend
    b. I worked part time and received pay for my services

    c. This was my career and how I financially supported myself/family
    d. This was my career, and I also volunteered outside of my normal work hours
9. Which preparedness region of the State did you work in while you had a license? (should we include a map of the state with the preparedness regions or should we focus more on rural vs urban agencies?)
    a. Region 1
    b. Region 2N
    c. Region 2S
    d. Region 3
    e. Region 5
    f. Region 6
    g. Region 7
    h. Region 8
10. Would you be willing to relicense? (only show if they are eligible)
    a. Yes (if yes than a couple different questions about pathways)
    b. No
11. Do you work currently work at an agency in a different capacity?
    a. Yes (line for what type of work they perform)
    b. No
12. Which of the following influenced your decision to not renew your Michigan EMS certification? (please pick the three top most important reasons)
    a. Pay, or lack of pay
    b. Benefits, or lack of quality benefits
    c. Lack of opportunity for advancement
    d. The job wasn't what I thought it would be
    e. Monotony
    f. Increasing scope of the work
    g. Responsibility of the work
    h. Accountability
    i. Relationship with coworkers
    j. Quality of agency leadership, or lack of quality
    k. Time commitment
    l. Educational requirements
    m. Moved out of Michigan
    n. Safety (coworkers, agency, patients/bystanders, vehicle, communicable diseases)-**If this option is selected a drop-down menu will pop up**
    o. Other, _____
13. Are you currently working in a different role in the health care sector?
    a. Yes (have a list here if respondent chooses yes: nursing, advanced practice provider NP/, PA, physician, respiratory therapist, administration, ED technician, other)
    b. No
14. Is there any additional information you would like to share about why you have not renewed your license to work in EMS?

15. Would you be interested in providing your contact information for a follow-up conversation? (offer an incentive to people that agree to an interview?)