

Bylaws of the Michigan
State Emergency Medical Services
Coordination Committee

Article I Preamble

The Michigan State Emergency Medical Services Coordination Committee (SEMSCC), created in the Michigan Department of Health and Human Services (Department), and established pursuant to part 209 of Act 368 PA 1978, as amended MCL 333.20915.

Article II Definitions

The term “code” as used in these Bylaws shall mean the Michigan Public Health Code.

The term “Department” as used in these Bylaws means the Michigan Department of Health and Human Services, or its successor.

The term “Director” as used in these Bylaws means the Director of the Michigan Department of Health and Human Services, or his or her successor.

Other terms used in these Bylaws have the meaning ascribed to them in Parts 201 and 209 of the Code.

Article III Duties

- A. The SEMSCC may perform such duties as are within its authority in accordance with the Section 20196 of the Code MCL 333.20916.

Article IV Membership of the SEMSCC

- A. Composition

Members of the SEMSCC shall be appointed by the Director from nominations made by the constituents identified in Section 20915 of the Code.

- B Terms of Office of Members

The voting members of the SEMSCC shall serve three-year terms. A member who is unable to complete a term shall be replaced for the balance of the unexpired term. Voting members of the SEMSCC shall be appointed for staggered terms.

C Replacement or removal of SEMSCC Members

1. In the event of death or resignation of a SEMSCC member, the Director shall appoint, as a replacement, an individual nominated or recommended by the same constituency consistent with the Code. The replacement will serve for the balance of the unexpired term of the replaced member.
2. The Chairperson of the SEMSCC shall request a letter of resignation when a change of status of the SEMSCC member occurs. Change of status includes: change of constituency, change of state residence, etc.
3. If a constituency decides that its member does not represent either its interest or the public's interest, it should do the following:
 - a. Ask the member to submit his/her resignation to the Chairperson and to the Director.
 - b. If the member refuses to submit his/her resignation, the constituency organization shall notify the Department that the member no longer represents their constituency and request that the alternate be recognized until a permanent member is appointed by the Director.

D. Alternates

Alternates for SEMSCC members are permitted as outlined:

1. Each organization represented on the SEMSCC may identify as many alternates as the organization has positions on the SEMSCC. The names of those alternates will be submitted to the Department.
2. Alternates to the SEMSCC will be named annually by the sponsoring organization at the January or first official meeting of the year, whichever comes first.
3. The Chairperson of the SEMSCC must be notified at the beginning of a meeting if an alternate will be representing a member of the SEMSCC for that meeting.

E. Financial reimbursement of Members

Travel and other expenses incurred by the SEMSCC members, or pre-approved expenses incurred by a subcommittee member in the performance of official functions of the SEMSCC or subcommittees, shall be paid pursuant to the standardized travel regulations of the Department.

- F. The Department shall provide staff support to the SEMSCC and its subcommittees.

Article V

SEMSCC Meetings

A. Compliance with the Open Meetings Act

1. The SEMSCC and its subcommittees shall adhere to provisions of the Michigan Open Meetings Act, 1976 PA 267, as amended, MCL 15.261 to 15.275, et seq. which requires that all meetings shall be conducted in public.
2. Notice of meetings stating the date, time, and place shall be made to individual members of the committee at least 10 working days prior to the meeting. A schedule of each year's meetings shall be posted on the Division of Emergency Medical Services and Trauma webpage and made public as soon as it is completed.
3. Members of the public may address the SEMSCC during the public comment section of the agenda. Public comment is limited to three minutes per commenter.

B. Number of Meetings to be Held

The SEMSCC shall meet in accordance with Section 20916(a) of the public health code.

C. January, or the 1st official meeting of the calendar year, is the Annual Meeting

Article VI

Quorum, Voting Procedures

A. Quorum for the SEMSCC and its subcommittees

1. A quorum for the SEMSCC shall consist of thirteen (13) voting members (or recognized alternates) consistent with Section 20915(7) of the code. A quorum of all subcommittees **and ad hoc committees** shall consist of a majority of the official members.
2. A quorum is required before voting shall occur.

B. Voting Procedures for the SEMSCC and its subcommittees

1. A majority vote of those members (or recognized alternates) present and voting is needed for official action.

- a. Participation by Virtual Presence: Members of the SEMSCC or members of any subcommittee may participate in a meeting by means of virtual presence when allowed by the Open Meetings Act (i.e. via electronic device, including speaker phone, web- based conferencing, or other interactive means) provided that a quorum exists and all individuals attending the meeting can hear, and can be heardby, the member(s) participating virtually. Members participating in meetings through confirmed virtual presence may vote on matters being considered. After meeting the requirements of the Open Meetings Act, virtual attendees will vote the same as everyone else attending, either through voice vote or roll call when necessary.
- b. The public may contact members, whether attending virtually or not, via the Department’s email, which is to be posted on the agenda and the annual schedule.

Article VII

Procedure for Electing Officers

A. Method of Selecting Chairperson and Vice Chairperson

The SEMSCC annually shall elect a chairperson and vice chairperson from its voting members for a one-year term with eligibility for reelection annually. An individual must have served at least one year on the SEMSCC to be eligible for nomination as Chairperson or Vice Chairperson. The offices of chairperson and vice chairperson shall not represent the same constituency.

Selection of Chair and Vice Chair, beginning with the first annual meeting, shall occur during the month designated by the SEMSCC. Selection of officers shall be determined by a majority of the SEMSCC members present and voting.

B. Responsibilities of Chairperson and Vice Chairperson

The chairperson or, in his/her absence, the vice chairperson shall preside over the SEMSCC at all meetings and shall perform all functions as deemed appropriate to the office. In the event that neither the chairperson nor the vice chairperson is able to preside over a meeting or portion thereof, a majority of those present and voting shall select a temporary presiding officer.

C. Executive Secretary

The Director of the Division of EMS and Trauma, or designee, shall serve as Executive Secretary of the SEMSCC for the purposes of assuring that adequate arrangements have been made for the conduct of official SEMSCC business and for the maintenance of complete and accurate records.

D. Filling a Vacancy in the Office of Chairperson or Vice Chairperson

1. If the office of chairperson becomes vacant for any reason, the vice chairperson must vacate the vice chairperson position and serve as the chairperson for the remaining period of the chairperson's term.
2. If the office of vice chairperson becomes vacant as a result of the vice chairperson becoming the chairperson under #1 above, or for any other reason, the Bylaws/Nominating committee will provide a slate for the election of a new vice chairperson. A person elected to the office of vice chairperson under this provision must meet all of the requirements for the office contained in these Bylaws.
3. If both the office of chairperson and the office of vice chairperson become vacant simultaneously, the Bylaws/Nominating committee will prepare a slate for the office of both the chairperson and vice chairperson. A person elected under this provision must meet all of the requirements contained in these Bylaws for the office that they are elected to and shall serve until the next annual meeting of the SEMSCC.

Article VIII

Subcommittees of the SEMSCC

A. Subcommittees of the SEMSCC

1. Establishment of Subcommittees

All subcommittees shall have at least one designated SEMSCC member representative and be made up of a majority of subject matter experts with priority given to SEMSCC constituent groups. Subcommittee members will be appointed for 3-year terms. Subcommittees will annually select a Chair from among the SEMSCC approved membership (except as provided for in Article VIII, A, 1, (g)). If at any time, for any reason, an SEMSCC subcommittee member's designation ends before the term's expiration, the Chair may appoint a new SEMSCC subcommittee member representative to complete the remainder of said term. Subcommittees shall include, but not be limited to:

a. Bylaws/Nominating Subcommittee

- (1) This subcommittee shall consist of five (5) members elected by the SEMSCC with not more than one (1) member elected from any constituency group. Membership is limited to members of the SEMSCC.

- (2) The subcommittee shall be responsible for reviewing the SEMSCC bylaws as needed and for submitting a slate of nominations to the SEMSCC for the election of officers and subcommittee membership.

b. Quality Assurance Task Force (QATF)

(1) This task force shall consist of nine (9) members appointed by the SEMSCC with the advice and consent of the Department every three years. The majority of the members shall be individuals who are not currently serving on the SEMSCC as required by Section 20916(1). The State Medical Director shall be a member of the committee. At least one member shall be a member of the SEMSCC. The task force must have, at a minimum, the following expertise:

- (a) Two Physicians Certified in Emergency Medicine
- (b) Pharmacist
- (c) Two Paramedics
- (d) Emergency Medical Services Director

- (2) Review and make recommendations to the department concerning the approval of Medical Control Authority applications, protocols, and revisions.
- (3) Review and make recommendations to the Department concerning field studies.
- (4) Conduct other quality assurance activities as requested by the director. The QATF will conduct Professional Standards Review Organization activities, as requested.
 - (a) All members will sign an annual confidentially non-disclosure agreement.
- (5) Report its decisions, findings, and recommendations to the SEMSCC and the Department.
- (6) Vacancies on the task force will be filled on an interim basis by the appointment by the Chairperson with advice and consent of the Department.

c. Education Subcommittee

- (1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS education in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.
- (2) This subcommittee will review and make recommendations to the SEMSCC and the Division of EMS and Trauma regarding activities related to EMS education and testing issues in the state.

d. Medical Control Subcommittee

- (1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in medical control in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.
- (2) This subcommittee will review and make recommendations to the SEMSCC and Division of EMS and Trauma regarding activities related to medical control issues in the state.

e. Ambulance Operations Subcommittee

- (1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS operations in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.
- (2) This subcommittee will review and make recommendations to the SEMSCC and the Division of EMS and Trauma regarding activities related to EMS ambulance operations in the state.

f. Compliance and Ethics Subcommittee

- (1) This subcommittee shall consist of seven (7) members elected by the SEMSCC every three years, with not more than one (1) member elected from any constituency group. Membership is limited to members of the SEMSCC. This committee serves as a Professional Standards Review Committee for compliance matters.
 - (a) All members will sign a confidentiality non-disclosure agreement when convened.

g. Air Medical Subcommittee

- (1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS operations in the state. A majority of the membership will be affiliated with either an air ambulance operation or an aircraft transport operation. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.
- (2) This subcommittee will review and make recommendations to the SEMSCC and the Division of EMS and Trauma regarding activities related to air medical operations in the state.

h. EMS Safety Subcommittee

- (1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS operations in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.
- (2) This subcommittee will review and make recommendations to the SEMSCC and the Division of EMS and Trauma regarding activities related to EMS safety in the state.

- i. Statewide Trauma Advisory Committee (STAC)
 - (1) The subcommittee shall consist of ten (10) members appointed every three years by the Director of the Department. The subcommittee shall annually select a member to serve as chairperson. A member who is unable to complete a term shall be replaced for the balance of the unexpired term. The subcommittee must have the following expertise:
 - (a) Two trauma surgeons who are trauma center directors.
 - (b) One trauma nurse coordinator
 - (c) One trauma registrar
 - (d) One emergency physician
 - (e) Two administrative hospital representatives, 1 of whom represents a hospital designated as a level I or level II trauma center by the American College of Surgeons committee on trauma and 1 of whom represents a hospital a hospital that is not designated as a level I or level II trauma center by the American College of Surgeons committee on trauma.
 - (f) One life support agency manager who is a member of the SEMSCC.
 - (g) Two medical control authority directors, 1 of whom represents a rural county and 1 of whom represents a non-rural county.
 - (2) This subcommittee will review and make recommendation to the SEMSCC and the Emergency Medical Services and Trauma Systems program regarding activities related to trauma in the state.
 - (3) Shall establish ad hoc committees as necessary to accomplish those tasks identified in the most recent State Trauma Plan, or as designated by the SEMSCC or the Department.
 - a. Each ad hoc committee shall have as its chair a member of the STAC
 - b. Ad hoc committees shall operate in a manner consistent with STAC
 - c. Ad hoc committee members shall be appointed annually by the STAC
 - (4) Report its decisions, findings, and recommendations to the SEMSCC and the Department

Six members constitute a quorum for the transaction of business.

- i. STAC Designation Subcommittee
 - (1). This committee is a subcommittee of STAC and shall be comprised of:
 - (a) A clinical expert in trauma from each of the eight Regional Trauma Networks. The Designation Subcommittee shall consist of: a minimum of, two board certified surgeons; two board certified ED physicians, two trauma program managers from Level I or Level II trauma hospitals. Each Regional Trauma Network will submit the names of candidates to the Department for consideration. Appointments will be made by the Department following review and recommendations by the STAC and SEMSCC. Members will serve a term of three years. The Designation subcommittee membership may be amended at the discretion of the Department and / or the SEMSCC.
 - (b) A chairperson shall be annually appointed by the STAC. The Chairperson will be responsible for chairing the meeting and reporting the proceedings to the STAC/EMSCC. In addition, the Chairperson will be responsible for providing any tie breaking vote.
 - (2). The Designation Subcommittee will advise and assist the Department in designating the appropriate trauma level for each verified acute care facility.
 - (a) The Department, with the advice and recommendations of the EMSCC and STAC, is required to designate trauma facilities with respect to the American College of Surgeons Verification Standards and Administrative rules. The Designation Subcommittee will be responsible for reviewing Trauma Designation

applications for compliance with rules and standards. The Designation Subcommittee will make recommendations to the STAC, EMSCC and Department for designation approval. In addition, the Designation Subcommittee will review the site visit reports of the state verification teams for Level III and Level IV hospitals in order to recommend Department final verification and designation.

j. Pediatric Emergency Medicine Subcommittee

- (1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS operations in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.
- (2) This subcommittee will review and make recommendations to the SEMSCC and the Division of EMS and Trauma regarding activities related to EMS ambulance operations in the state.

j. Data Subcommittee

- (1). This subcommittee shall consist of thirteen (13) individuals having experience in the use of EMS data. Membership is not limited to members of the SEMSCC. Membership to the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.
- (2). This subcommittee will review and make recommendations to the SEMSCC and the Division of EMS and Trauma regarding activities related to data collection and analysis in the state.

m. Rural EMS Subcommittee

- (1) This subcommittee shall consist of eighteen (18) individuals representing a broad spectrum of rural EMS providers from around the state. Membership is not limited to members of the SEMSCC. One of the above-mentioned individuals must be a licensed medical first responder and priority will be given to SEMSCC members from these areas. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.
- (2) The rural EMS providers, as described in section shall come from the following description and map provided.
 - i. Two members from the Western Upper Peninsula. (Gogebic, Ontonagon, Iron, Baraga, Houghton, and Keweenaw counties).
 - ii. Two members from Central Upper Peninsula (Marquette, Dickinson, Menominee, Alger, and Delta counties).
 - iii. Two members from Eastern Upper Peninsula (Schoolcraft, Luce, Mackinac, and Chippewa counties).
 - iv. Two members from Northern Michigan (Emmett, Cheboygan, Presque Isle, Charlevoix, Leelanau, Antrim, Otsego, Montmorency, Alpena, Benzie, Grand Traverse, Kalkaska, Crawford, Oscoda, and Alcona counties).
 - v. Two members from Mid-Michigan (Manistee, Wexford, Missaukee, Roscommon, Ogemaw, Iosco, Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newago, Mecosta, and Isabella counties).
 - vi. One member from the thumb area (Huron, Tuscola, and Sanilac counties).
 - vii. One member from Southern Michigan, rural counties (St. Joseph, Branch, Hillsdale, and Lenawee counties).
 - viii. One currently active member from a rural Medical Control authority physician Medical Director.

- ix. One member from Michigan Center for Rural Health.
- x. One member must be the EMSCC Chairman.
- xi. One member from the Air Medical.
- xii. Two members may come from representation from anywhere in the state.

(3) This subcommittee will review and make recommendations to the SEMSCC and the Division of EMS and Trauma regarding activities and issues related to rural EMS in the state.

n. Legislative Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS legislation in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division of EMS and Trauma regarding activities related to EMS legislations in the state.

2. Selection of Members to Subcommittees

Subcommittee membership is described in the Bylaws above. Additional nominations will be accepted from the floor.

3. Responsibility of Subcommittees

Each subcommittee established by the SEMSCC shall perform the functions assigned to it by the SEMSCC.

4. Subcommittee Meetings

Subcommittees shall meet as deemed appropriate to perform assigned functions. A record of all subcommittee meetings shall be maintained and submitted to the SEMSCC. Each subcommittee will elect their chairperson and make this election known to the chairperson of the SEMSCC. Meetings of subcommittees are subject to the open meetings act, 1976 PA 267, MCL 15.262 to 15.261 to 15.275.

5. Attendance by Subcommittee Members

The chairperson of a SEMSCC subcommittee shall request the Bylaws subcommittee to review a member's standing in a committee i.e. conflicts, attendance, licensing or other issues affecting a member's good standing. The Bylaws subcommittee will make a recommendation to the SEMSCC regarding the standing of the member. This may include removal of an individual from a subcommittee.

B. Ad Hoc Committees of the SEMSCC

1. Establishment of Ad Hoc Committees

Ad Hoc committees, as appropriate, may be established by the SEMSCC and may include individuals who are not members of the SEMSCC. Members shall be appointed by the chairperson of the SEMSCC. The Ad Hoc committees' terms will be limited by the time required to accomplish the special tasks for which the committee was established.

Article IX

Appeals of Local Medical Control Decisions

The SEMSCC shall adopt a procedure for hearing appeals of medical control decisions consistent with Section 20916 (f) of the Code. A variance to a medical control decision may be granted by the Department only if the Department determines that the variance is appropriate to protect the public health, safety, and welfare. This procedure will provide a forum for both written and oral presentations by all parties to the appeal. Based on both written and oral presentations, and SEMSCC deliberations, the SEMSCC will make recommendations to the Department for the resolution of the appeal.

Article X

Parliamentary Procedure

Any questions concerning procedures arising at a meeting of the SEMSCC or subcommittee shall be resolved by the presiding officer in accordance with these Bylaws. In the case of a question not clearly resolved by these Bylaws, the question shall be resolved by reference to the latest edition of Robert's Rules of Order Revised, and the meeting shall proceed in accordance with the decision based on said rules.

The chairperson shall appoint a person to serve as parliamentarian at meetings of the SEMSCC. The duties of the parliamentarian shall be to advise the presiding officer with respect to any matters pertaining to parliamentary procedure.

Article XI

Standards of Conduct, Conflict of Interest

- A. SEMSCC members and subcommittee members are subject to the Code of Ethics for Public Officers and Employees MCL 15.341-15.348.
- B. Conflict of Interest Definition

A conflict of interest for SEMSCC members (or recognized alternates) serving on the Committee or standing subcommittees shall exist under the following conditions:

- 1. The individual member (or recognized alternates) or a member of his/her immediate family has a direct personal or monetary interest in the matter under consideration; or
- 2. The individual member (or recognized alternative) has a fiduciary interest in or is an employee agent or attorney of an agency, organization, or institution which has a fiduciary impact by the issue being discussed.

- C. Procedure

If a SEMSCC member (or recognized alternates) or a subcommittee member has a conflict of interest regarding a matter under consideration, the member shall announce the conflict and may not deliberate or vote on the matter being considered. Deliberation includes all discussion of the pertinent subject matter, even before a motion is made. Conflict of interest of the member (or recognized alternate) shall not affect the quorum

Article XII

Correspondence, Books, and Records

The Division of EMS and Trauma shall keep correct and complete copies of the correspondence, books, and records and shall also keep minutes of the meetings of the SEMSCC and all its subcommittees. All materials shall be kept public and may be inspected at any reasonable time at the Division of EMS and Trauma program offices.

Article XIII

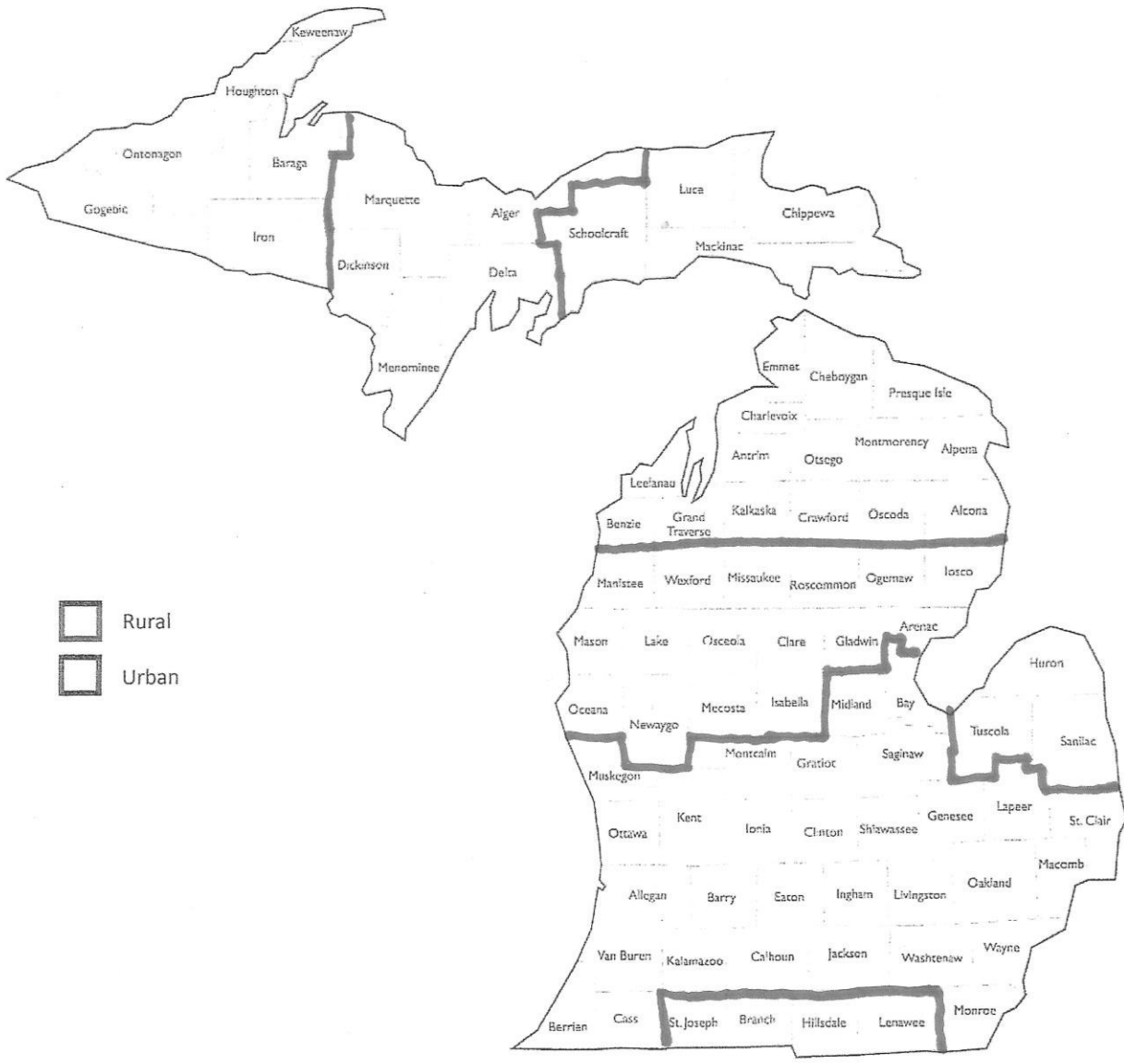
Amendments of Bylaws

Proposed amendments to these Bylaws will be referred to the Bylaw/Nominating Subcommittee by the SEMSCC. The subcommittee will meet in a timely fashion to review the proposed amendments and draft them in appropriate language. Proposed amendments will be deemed to be approved if passed by a majority of the voting members of the SEMSCC after the SEMSCC members have been given, in writing, at least 30 days to consider proposed amendments and the committee report.

These Bylaws supersede and replace the approved Bylaws dated November 20, 2020.

Michigan Rural Urban Counties

(When Micro is Considered Rural)



- Rural
- Urban