



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

**MICHIGAN EMS COORDINATION COMMITTEE MEETING
MINUTES**

Friday, September 18, 2020

9:30 a.m.

VIRTUAL ONLY

Teleconference: 877-873-8017, Access code: 9922449

Adobe Connect: <https://breeze.mdch.train.org/qatf/>

Call to Order: The meeting was called to order at 9:31 a.m. by Dr. Edwards.

Attendance: A. Abbas (via phone); C. Baker (via phone); D. Condino (via phone); R. Cronkright (via phone); K. Cummings (via phone); Dr. K.D. Edwards (via phone); Dr. M. Fill (via phone); G. Flynn (via phone); B. Forbush (via phone); W. Hart (via phone); F. Jalloul (via phone); B. Kincaid (via phone); L. Martin (via phone); K. Miller (via phone); S. Myers (via phone); M. Nye (via phone); D. Pratt (via phone); A. Sledge (via phone); E. Smith (via phone); R. Dunne for R. Smith (via phone); T. Sorensen (via phone); A. Sundberg (via phone); B. Trevithick (via phone); G. Wadaga (via phone); K. Wilkinson (via phone); Dr. S. Wise (via phone); (via phone); J. Wyatt (via phone); Representative J. Yaroch (via phone).

Absent: Dr. C. Brent; J. Harvey; Senator McBroom; R. Ortiz.

BETP Representatives: K. Wahl (via phone); S. Kerr (via phone); Dr. W. Fales (via phone); E. Bergquist (via phone); N. Babb (via phone); E. Worden (via phone); K. Kuhl (via phone); S. Minaudo (via phone); A. Stephens (via phone); T. Godde (via phone); M. Godde (via phone); J. Wagner (via phone); S. Mishra (via phone); T. Frascone (via phone); D. Flory (via phone); C. Moore (via phone); L. Bailey (via phone); L. Nelson (via phone).

Guests: Dr. McGraw, Oakland County MCA (via phone); Dr. Paul, St. Clair County MCA (via phone); Damon Gorelick, DEMCA (via phone); Bob Miljan, Wayne County MCA (HEMS); Dr. Domeier, Washtenaw/Livingston MCA (via phone); Derrick Bunge, Brighton Area Fire Authority (via phone); Chris Haney, Star EMS (via phone); Erik Lyons, Lansing Community College (via phone); Angela Madden, MAAS (via phone); Carol Robinet, Superior Ambulance (via phone); Jon Hockman, DMS (via phone); Marv Helmker, LCC (via phone); Andrew Savage, Emergent Health Partners (via phone); Al DiBrito, Lakeland Health (via phone); Dr. Domeier, Washtenaw Livingston MCA (via phone); Dr. Jackson, Sparrow Health System (via phone); John Truba, Sparrow Health System (via phone); Dave Gealer, Universal Macomb (via phone); Belinda Chandler, MCEP (via phone); Marina Wyrzykowski, MDHHS (via phone); Owen Milks, Auburn Hills Fire Department (via phone).

Approval of Agenda: Motion to approve the agenda (Kincaid, Martin). Motion carried.

Approval of Minutes: Motion to approve the minutes from 7/17/2020 (Cummings, Condino). Motion carried.

Communications:

- None.

Announcements:

Reminders of upcoming educational opportunities:

- Alyson Sundberg briefly discussed the UP-EMS Conference will be held October 1-4, 2020. Information can be found in the Wednesday Update, as well as [here](#).
- Greg Flynn suggested the EMSCC may need to discuss what education will look like going forward with the lack of interaction and what kind of support we, as a state, will be providing for the professional development of providers.

Old Business & Committee Reports:

COVID-19 – DET Staff

- Kathy Wahl gave an update.
 - The CHECC is still activated for COVID-19 and is now activated for EEE, as well. This is consuming for her and some EMS staff. She went over some of the things that are being done for the CHECC.
 - The office has been tasked with enforcing Emergency Orders and are acting on complaints, as we are expected to enforce. Kathy said we are working with agencies and working with them if there are questions. She is trying to be more supportive than punitive, and she said we are really trying to work with people, and we are willing to help. She asked that if we reach out, to please respond promptly.
 - The office is still working remotely. Inspections are being done remotely, unless there is a reason they need to be done on site.
 - Kathy said EMS is strong in the pandemic and encouraged agencies to work with their staff on getting immunized for influenza.
- Emily Bergquist advised everyone of a change to the PPE protocol number [14-05](#). This is posted on the website and has gone out to the MCAs. The idea behind the protocol is to streamline the respiratory precautions, and Emily briefly went over the protocol.
 - Ken Cummings asked if the emergency protocol is required to be adopted by the MCAs. He also expressed concern that it significantly increases the use of full respirator masks by providers. There is concern the small N95 masks are impossible to get. He also said MIOSHA has been doing visits and the fit testing of masks has been brought up.

- Emily addressed the fit testing first. She said this is MIOSHA rules and discussed the current recommendation is yes, you do have to fit test people but stick with the qualitative method so the mask can be still use.
- She said the required respirator times have not changed, but the language was changed to “recommended” for other situations, not “required”. Ken asked Emily to address the requirements for driver. Emily said it is the same unless there is a separate air handling system. She also spoke about number of uses for masks. Ken also expressed concern over the “recommend” language. Emily addressed and provided clarification.
- Kathy said we can check with the CHECC to work with emergency management to get small N95, if necessary. Ken said he would recommend the state do that, as they have not been able to get them in some time.
- Dr. Fales spoke about the ambulance compartments and level of risk.
 - Monty Nye asked about masks and required distances. Emily said that is part of the Executive Order.
 - Dr. Dunne commented that his agencies have been able to intermittently obtain small N95 masks. He said discussions have been had with MIOSHA about filters.
- Emily advised that the subcommittee pages on the EMS Website will be going live soon. She said that committee chairs should contact their designated staff person to ensure their information is on the site.

EMS Systems/Strategic Planning Update – K. Wahl/EMS Staff

- Kathy said she has been mostly consumed with COVID-19, but is also working with the staff on things.
 - The Administrative Rules that were approved at the last meeting have been submitted into the formal process for rule making. She thanked everyone for their work on this project.
 - We received notice of the formal award for EMS for Children funding.
- Krisy Kuhl reported on Community Integrated Paramedicine. Things are starting to move again.
 - The first community college class has launched at Lansing Community College. There is also a class in Munson and a class is wrapping up at Huron Valley Ambulance.
 - Around a dozen programs are scheduled to start in the next six to twelve months.
 - Krisy reported we have lost two programs, but one is coming back online soon.

- The protocol suite is being worked on. About a third of the protocols have been approved by QATF and more are scheduled to be reviewed. They will be posted on the website when they are complete.
- Sabrina Kerr gave an update.
 - She echoed Kathy's sentiments on the administrative rules and thanked everyone.
 - An Executive Order summary document was prepared and posted to the EMS website [here](#). She spoke about EO 2020-161 and reported there have been a few instances where agencies have had to be notified about an allegation of a violation. She encourages everyone to ensure they have a COVID-19 response plan in place, a point person for the plan, their staff is trained, and to follow the guidelines on PPE. Questions about the Executive Orders should be directed to an EMS staff member directly or to MDHHS-MichiganEMS@michigan.gov.
- Johnny Wagner spoke about data.
 - An updated graph on system performance measures will be attached to these minutes. These have been tracked since 2018.
 - For MI-EMSIS, the license management system has been sending monthly reminders to agencies that may have missed a month of submission. He reminded everyone to submit monthly.
 - The EMS section has created a plan to improve the quality of data. Johnny briefly discussed. They are working on cleaning up the procedure list. A draft of this list was presented to the Data Subcommittee at the August Meeting.
 - He spoke about the weekly PPE inventory being requested for EMResource. He said dashboards have been created and they are keeping an eye on PPE type and available days, the response rate. This reporting is important because it will help us be proactive with planning for a second wave.
- Terrie Godde gave an update on education.
 - Education programs are continuing to learn more about technology, and many programs are reporting increased enrollment for Fall.
 - Clinical issues with EMT in the Emergency Departments are ongoing and will be addressed later in the agenda.
 - Terrie is conducting the Instructor Coordinator exam virtually rather than live proctoring.
 - Monthly webinars are continuing. These have been successful, and she is getting good feedback, as well as suggestions for future topics.

- The annual reports are due by all programs by September 30, 2020. Terrie and Kathy spoke about the importance of these reports, as well as how they will be used.
- Derek Flory spoke about agency licensing. He said he it is the end of the quarter and he has been busy, so if you've had trouble getting ahold of him, please be patient, he will get back to you.
 - Emily reminded MCA Medical Directors to check their emails for correspondence from Imagetrend, as this is how they are notified an agency application is ready for review. He said it is worth looking around for supplies.

Emergency Preparedness Update – Dr. Edwards

- Dr. Edwards said the preparedness programs are working with MDHHS and the SEOC on assembling a state cache and are developing a Version 2 for requests. This is in the early draft stage. There has been a lot of notification on the importance of looking outside the normal PPE and all possible options need to be thought about.
- Dr. Edwards spoke about a statewide MHA supply chain group. Additional supplies are coming onboard, such as Ford Motor Company, and Dr. Edwards discussed. He encourages everyone to communicate with the suppliers. He said gloves are in short supply right now.
 - Bruce Trevithick asked if there is a list of sources somewhere that is updated frequently. Dr. Edwards said the coalitions get updates from the SEOC, but he doesn't know if there is an active list. He will push the suggestion to the SEOC.
 - Bruce also asked about supplies. He said his region is not currently distributing PPE. Dr. Edwards said the state is actively working on the statewide cache.
- The second virtual hands on training for the Burn Surge was completed this week with the University of Michigan. Almost 100 people participated between the two sessions held.
 - A hands-on component had been planned for November, but that has been delayed.
 - There are preapproved CEs for EMS in [Blue Book](#) for Advanced Burn Life Support (ABLS) training on page 7. They have discussed a virtual online component for Instructor Coordinators.
- Information submission into EMResource is important.
- Dr. Edwards spoke about vaccination capability, capacity, and planning. He suggested working with your MCA as the plans get built up.
- The numbers for influenza have been impacted by the precautionary measures for COVID-19. The Southern Hemisphere shows a decline.

Trauma Systems Report – E. Worden

- Eileen Worden reported the vacant trauma registrar position on STAC was filled. Kelly Burns has been appointed and will attend the October meeting.
- STAC meets on October 6, 2020. They will be working on the new application for Regional Trauma Network. This will be on the November EMSCC agenda for a vote. Once approved, a letter from the Director recognizing the region for three years will be sent.
- Trauma activations are going up, they are seeing a lot of injuries. She discussed potential reasons, including domestic violence and excessive driving speeds.
- There a lot of initiatives going on right now, including:
 - A Back to Basics webinar for registry training for Imagetrend users was held this week. This was well attended and well received.
 - A work group will be convened to develop a required State Injury Prevention plan and will start in the Fall.
 - Trauma has met or exceeded the timelines outlined to meet the State Trauma Strategic Plan priority objectives.
 - Trauma is piloting a project with EMS regarding documentation of triage and destination protocol elements. This is part of the Regional Professional Standards Review Organization inventory.
- Trauma data submission was this week and is going well.
- A Michigan facility participated in one of the first in the country virtual verification visits by the American College of Surgeons in August. This is a new frontier and it went well. They have been forthcoming on how it went and there is a potential for this possibility going forward for state designation visits.
- Bob Loiselle has accepted a new position, so the Region 3 position is vacant and will be filled. Aaron Brown will be assisting.
- Eileen spoke about the pandemic. She said the pandemic doesn't have an off date. The work we are doing is important and has value in how we move forward.

EMS Medical Director Report – Dr. Fales

- Dr. Fales spoke about ketamine, when used for emergent chemical sedation of behavioral health crisis patients. There was a recent event with ketamine in Colorado that resulted in the death of a patient. As a result of the incident, there has been outrage among mental health advocates regarding the use of ketamine with these patients. He went over things that have been done at all levels in response. There was a meeting held with DET staff and MDHHS Behavioral Health. The preliminary review showed ketamine seemed to be being used appropriately. He said MCA and agencies should be prepared when there is a national issue. He asked everyone to take a look at their agencies and practices. He thinks it reasonable that high dose administration be

considered a sentinel event that requires review. The goal is to make sure everything is done right for the patient.

Committee Reports:

- Quality Assurance – Dr. Edwards
 - The next meeting is October 23, 2020. There is no meeting in September.
 - They have had one special meeting for review of the proposed Community Integrated Paramedicine protocol suite.
 - The documentation protocols (Patient Care Record 7-15 and Electronic Documentation and the EMS Information System 8-29) developed have been sent out to the MCAs for review. There are state minimum protocols and will be expected to be adopted by the MCAs after the first of the year. Emily asked everyone to take some time to look them over.
 - Bruce asked if there is a way to get a sense of the changes. Emily briefly went over the changes.
- Ambulance Operations – M. Nye
 - They have not met.
- Medical Control Authority – B. Trevithick
 - They met on 8/12/2020. They discussed the administrative rules. They discussed data and integrating trauma with biospatial. They also discussed the concept of an Air MCA and Community Integrated Paramedicine.
- Compliance and Licensing – K. Cummings
 - They have not met.
- Education – K. Wilkinson
 - The IC exam have started to be done online and they have gone very well.
 - Terrie discussed the following items that require a vote:
 - Change to the required ED clinical hours for EMT.
 - EMT students are not being allowed to do clinicals in the Emergency Departments. The education subcommittee is recommending making these hours recommended and not required.
 - **Motion to approve the change the minimum 8-hour requirement to a recommendation (Sorensen, Forbush).
Approved. No one opposed.**
 - The elimination of spinal immobilization skills from the NREMT MFR and EMT final psychomotor exam. It would remain in the curriculum. NREMT has removed this requirement. References to NREMT below:
 - <https://www.nremt.org/rwd/public/document/emt>

Wadaga, Wilkinson, Wise. No, Flynn, Forbush, Hart, Martin, Nye, Pratt, Sundberg, Wyatt.

- Discussion:
 - Rep. Yaroch spoke about next steps required for this bill. It is not finalized.
 - Monty Nye said MPFFU will be opposing based on their previous concerns. Rep. Yaroch asked for the concerns to be reiterated. Monty addressed. The cost is indeterminate and funding source is a concern. Rep. Yaroch said the legislature is the appropriators and briefly went over processes.
 - Ken Cummings addressed whether it was the role of the EMSCC to worry about appropriations and thanked Rep. Yaroch for his work.
- HB 6030, HB 6031, HB 6032, SIB 1022, SIB 1024
 - The committee does not have a recommendation on these bills. No action taken. It is recommended that everyone read these bills. Angela Madden is available to answer questions.
- HB 6107
 - This bill would require employers to provide N-95 masks and gloves. The committee felt this is okay.
 - **Motion to support HB 6107 as written (Flynn, Trevithick). Motion carries. Roll call vote.**
 - **ROLL CALL VOTE: YES, Condino, Cummings, Kincaid, Miller, Myers, Sorensen, Sundberg, Trevithick, Wadaga, Wilkinson, Wise. No, Fill, Flynn, Forbush, Hart, Martin, Nye, Pratt, Wyatt.**
 - Bill Forbush asked if it is a good idea to have the employers require this if the supply chain is not full. He doesn't want to be in violation of state law if they can't get the PPE.
- HB 6176
 - This is language being added to the Quality Assurance Assessment Program (QAAP). The addition would be that the state would be expected to provide a reimbursement that overpaid. The general feeling was that this was a good idea.
 - **Motion so support HB 6176 as written (Flynn, Forbush). Approved.**
 - Lisa Martin asked how they would know if they overpaid. Emily said her understanding is we provide the number of calls and they

bill based on that. If they agency disputes the number of runs calculated, that would cause a discrepancy.

- Naloxone (No bill number):
 - Bruce discussed. There were concerns. The draft of this bill is attached to these minutes.
 - **Motion to oppose the draft naloxone bill (Kincaid, Forbush). Approved.**
 - Discussion: Representative Yaroch asked who is driving the train. Kathy said she suspects it is coming from the opioid group at MDHHS. Dr. Dunne suggested having stakeholders work with them. Kathy said she will relay.
- Rural – G. Wadaga
 - They have not met. They plan to meet again on September 22, 2020 to get started again.
- Pediatric Emergency Medicine – S. Mishra
 - Dr. Mishra gave some updates on projects.
 - The Pediatric Tabletop Surge exercise “Avoiding the Darkest Winter” was held last week. Some details from the exercise include:
 - 531 active participants during the exercise
 - 18 states + Ontario, CA
 - Coordinated through ASPR – Centers of Excellence – Collaborative
 - Breakout sessions included:
 - State Agencies and Departments of Health
 - Health Care Coalitions
 - Children’s Hospitals
 - Local Hospitals, EMS and Community Organizations
 - Please direct any questions, suggestions, etc. to Dr. Mishra at mishras@michigan.gov.
 - Live during the exercise – exercised a request to update bed status
 - Many hospitals across the state updated immediately, utilizing the newly activated Pediatric Bed Availability View Dashboard on EMResource, discussed more below.
 - The EMResource Pediatric Bed Availability View is live and available to view and update. Any review, suggestions, or impressions are welcome. Please send to Dr. Mishra at the email above. Marketing materials, both video and flyer, are available for sharing with any relevant locations, individuals. Dr. Mishra is the contact for this.
 - Pediatric champion (PECC) work is still under way. We have heard from all of the HealthCare Coalitions (HCC) and Dr. Mishra thanked them for updating their Pediatric Champion contact lists and sharing with BETP. Champions have been identified at almost every hospital. Engagement and communication with the Champions will begin this winter to make sure they are the best point of contact

and if other should be added. This is in preparation for the next PedsReady national survey, that is expected to be done in May of 2021.

- Dr. Mishra continues to receive updates regularly on EMS Champions. She has engaged with many different groups and people in the EMS office to gain different perspective, especially rural health. We will be recognizing, engaging and supporting these champions. The Annual EMS Agency Pediatric Readiness Survey is scheduled for January 2021 and Dr. Mishra plans to reach out by December.
- We continue to support Prevention, awareness, and education in many forms, such as advocacy on social media outreach. Things that are being worked on include vehicular heatstroke awareness (MiPrepares tweets all spring – fall), child passenger safety (Sept 20-26, 2020) and child abuse/neglect awareness reporting refresher.
 - Education opportunities are being done virtually to accommodate the inability to reach.
 - The Infant Safe Sleep program is being boosted to increase outreach to EMS agencies, increasing DOSE training, increased pack n play distribution to families in need, connecting with new services (Local Health Departments and local services for connection to local/community specific support). This has been well-received across the state.
- **COVID-19 related topics:**
 - We continue to support the monitoring of data, developing guidance, and prevalence reports for MIS-C. There is a tip sheet that is being developed to update providers and is scheduled to be released soon.
 - We are working with MDHHS behavioral health to monitor the impacts of COVID-19 on children, parents, and families.
 - www.michigan.gov/StayWell
- The following websites have been updated and will continue to be updated:
 - www.michigan.gov/EMSC
 - www.michigan.gov/PedsChampions
- EMS Safety Ad Hoc – E. Bergquist
 - The committee met this month and they met with the MDHHS Behavioral Health Stay Well Crisis Counseling team. MDHHS received funding for crisis counseling and first responders are a target population for counseling outreach. Emily said EMS, Fire, healthcare providers and police fall into this category. There is an outreach specialist for EMS. The listening session was to help find ways to reach out to EMS. The people involved are Ryan Chadderton (ryan.chadderton@live.com), who is an EMS person, Erica Bills (BillsE@michigan.gov) and Jody Lewis (lewisi@michigan.gov), and they will continue to meet with the Safety Ad Hoc. If you have thoughts about how to

reach out to EMS personnel, feel free to reach out to them at the emails listed, or reach out to Emily at bergquiste@michigan.gov.

- Critical Care Ad Hoc – E. Bergquist
 - They did have a meeting this month. They started to discuss the establishment of a system. These will include protocols, and they started to focus on communication and the initiation of interfacility transfers so the correct resources can be sent to patients. They are amassing resources and tools from various places to review so we can ensure the hospitals have the tools to get the right resources for their patients.
- Community Integrated Paramedicine Workgroup – K. Kuhl
 - They have not met. The protocols will be going before the QATF and Krisy spoke about the expected timelines. These are open meetings. The schedule will be updated, and the agendas will be on the website. You can also reach out to Nicole to be added to the calendar appointments.
 - Once they protocol suite is completed, everything will be reviewed for alignment and the CIP meetings will start back up next year.

New Business:

- MEDCOM PLAN – Proposed Updates
 - Matt Godde went over the proposed changes.
 - **Motion to support the changes (Forbush, Cummings). Approved.**

Membership Round Table Report:

- Bill Hart misses us, as we usually meet in the Upper Peninsula.
- Monty Nye asked about the names for the Stay Well outreach and Emily provided.
- Tony Sorensen thanked Terrie Godde for her efforts working with the education programs through this pandemic and it is appreciated.
- Joni Harvey provided a report and Emily read them to the group.
 - The state of Michigan 911 Training certification requirements are now tied to the Governor's State of Emergency; the training certifications for all 911 telecommunicators will be due to be updated by 60 days after the expiration of the State of Emergency.
 - Joni is looking for any cultural diversity and inclusion training for 911 telecommunicators and/or public safety in general. As the group has heard in the past, we are trying to get telecommunicators recognized federally as public safety partners (where currently we are considered administrative office/secretarial staff), and she believes that if reform is happening in other forms of the public safety industry to better serve our responders and citizens, then it should start with the call to 911 and we should be looking at our training

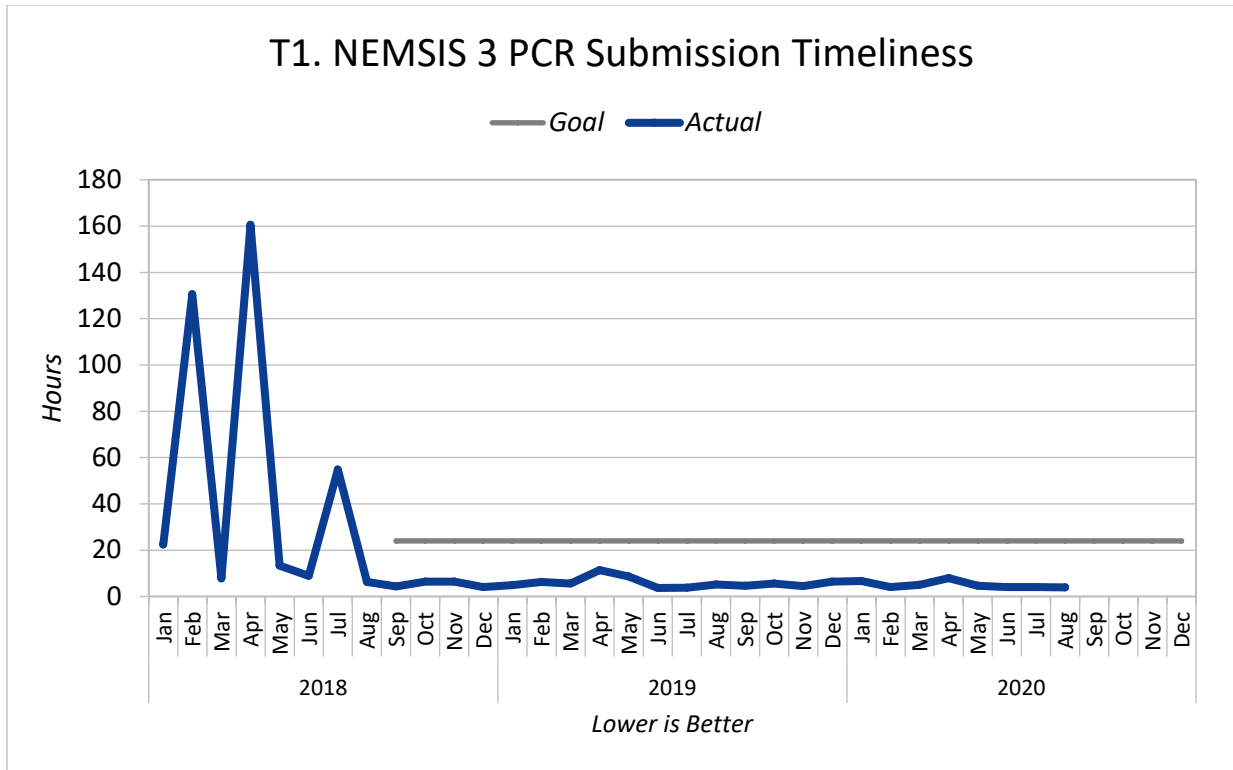
standards as well. If we expect to be recognized federally and/or at a state level, then we need to look at how we can better improve our training to include cultural diversity as well. She is looking for a 2-part training: something that is not situationally specific, but 1. an overall umbrella of education on inclusion of anyone who has a differing cultures, education, life experiences, and backgrounds, and how we can best serve him or her, and 2. something that could help us work better together inside the public safety field with co-workers and other public safety partners who have differing cultures, education, life experiences, and backgrounds. Currently there is no training created especially for 911 telecommunicators that she is aware of, but she is researching it. If there is any training that the group could share that they are doing or additions to their training they are exploring or implementing that would be very helpful. There has been no change in the training standards for Michigan, this is strictly the research phase that she is looking into. Email any suggestions to Emily at bergquiste@michigan.gov.

- Joni is not sure how many people in the group follow all of the legislative action, but the 911 Enabling Act (P.A. 32 of 1986) is due to sunset on December 31, 2021. They will be working on getting together language to present to the legislators hopefully by the end of the first quarter in 2021. They wanted to have it presented by the end of this year, however we were unable to with all of the pandemic work that was going on.
- Dr. Edwards said he suspects the next meeting will be virtual again.

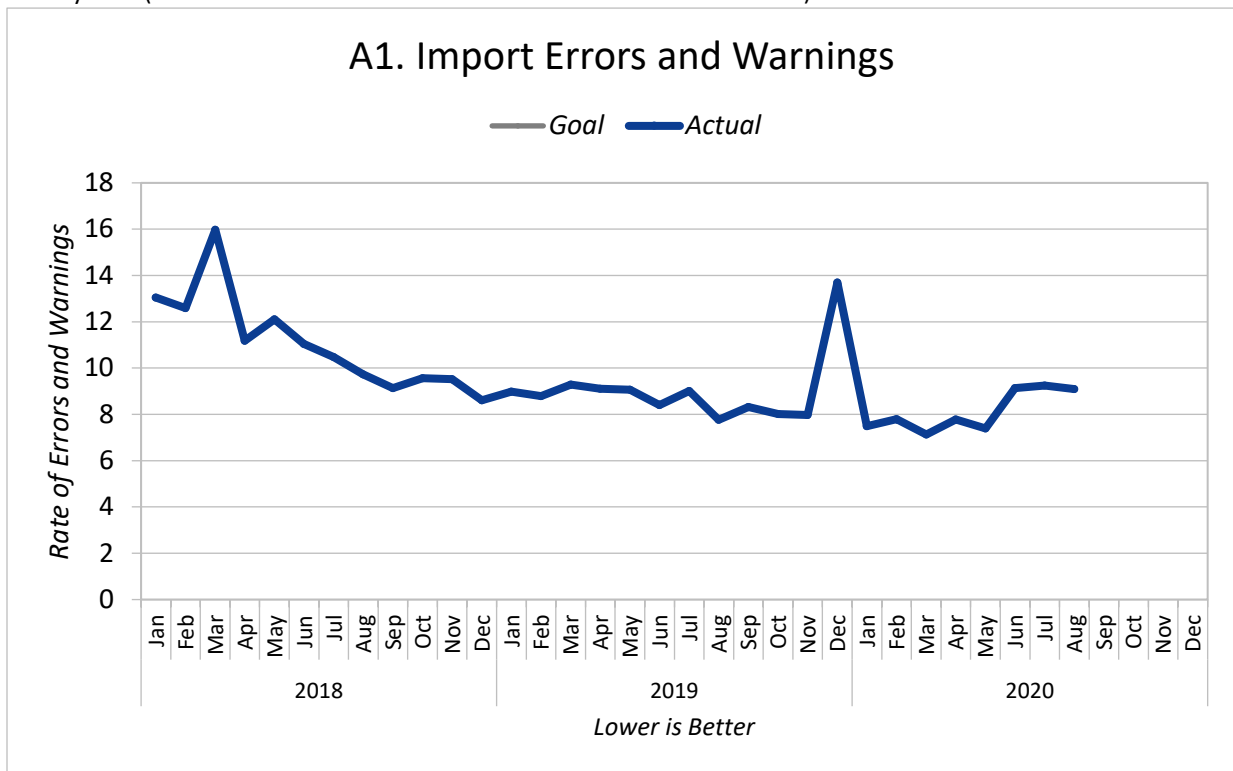
Public Comment:

- None.

Adjournment: The meeting was adjourned at 11:58 (Trevithick, Flynn). Approved.

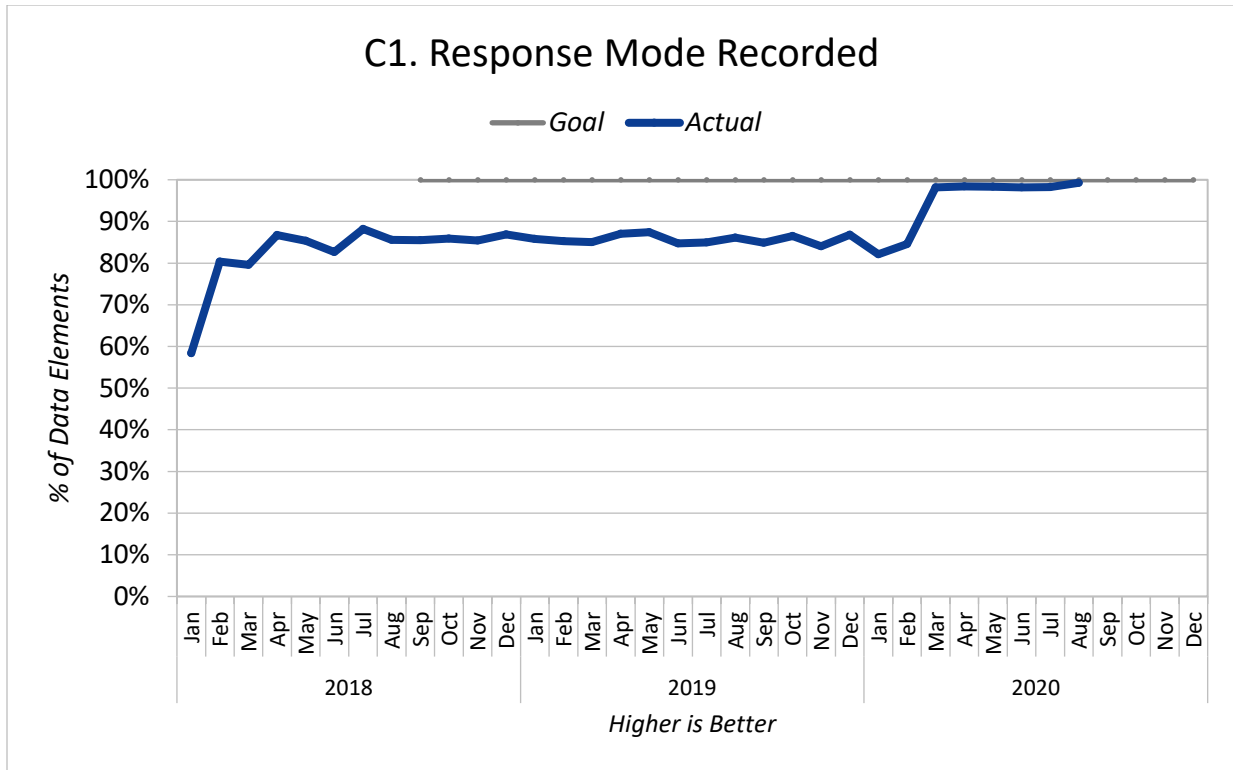


The median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call).

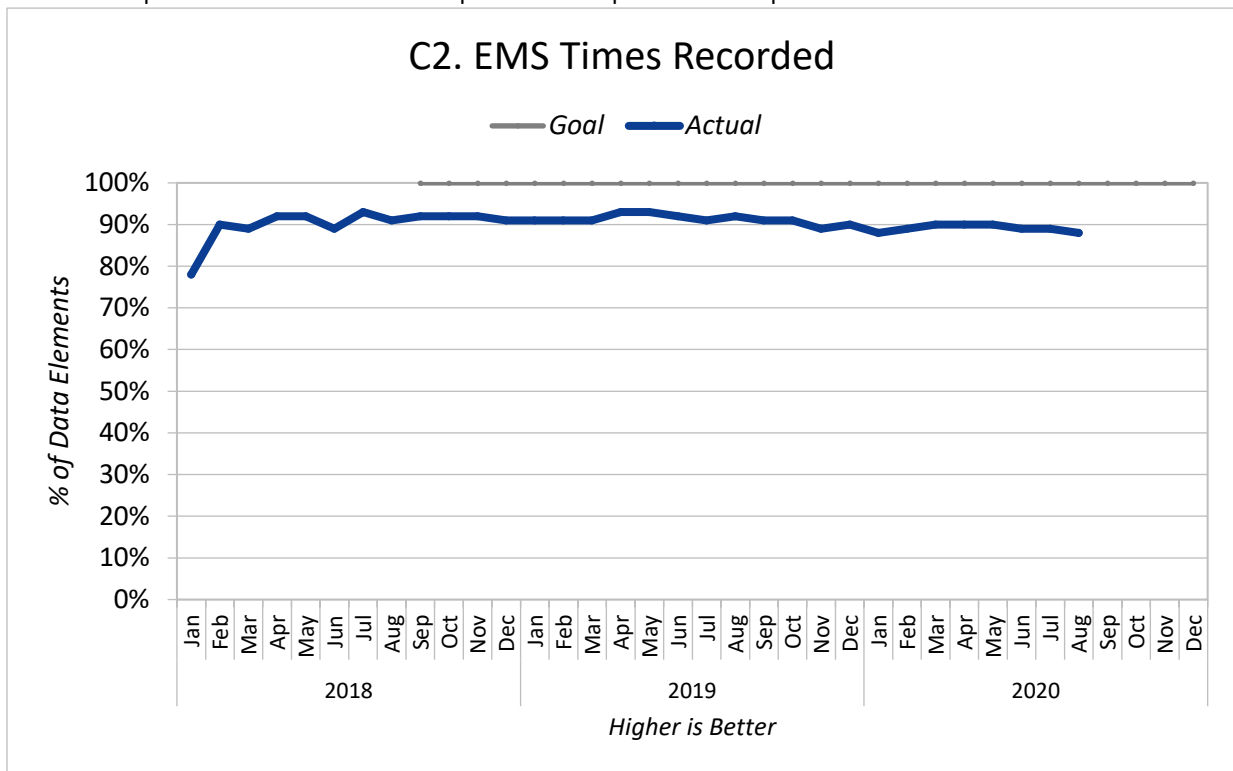


The rate of errors and warnings in NEMSIS 3 data submitted to the state EMS data system from other systems.

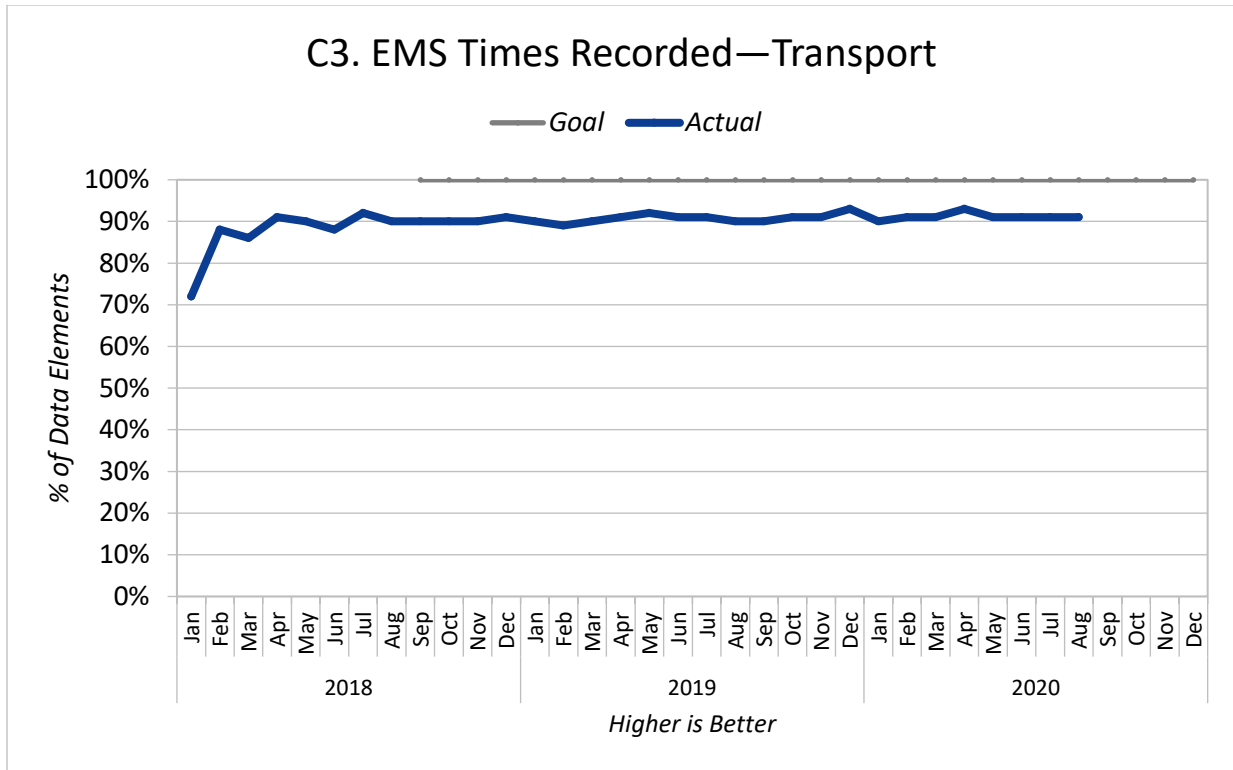
Michigan EMS Data System Performance Measures



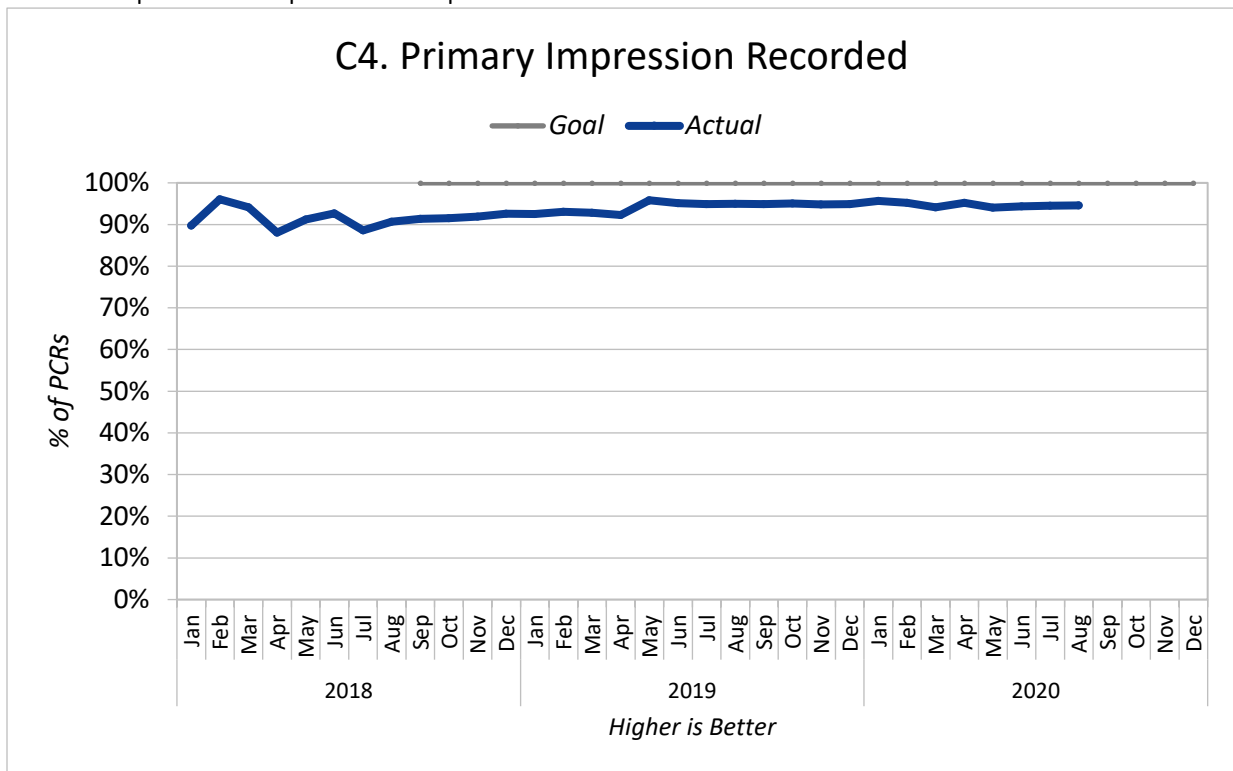
Where there is an incident scene, the average percentage of Response Mode to Scene and Additional Response Mode Descriptors with a non-blank value per NEMSIS 3 patient care report.



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

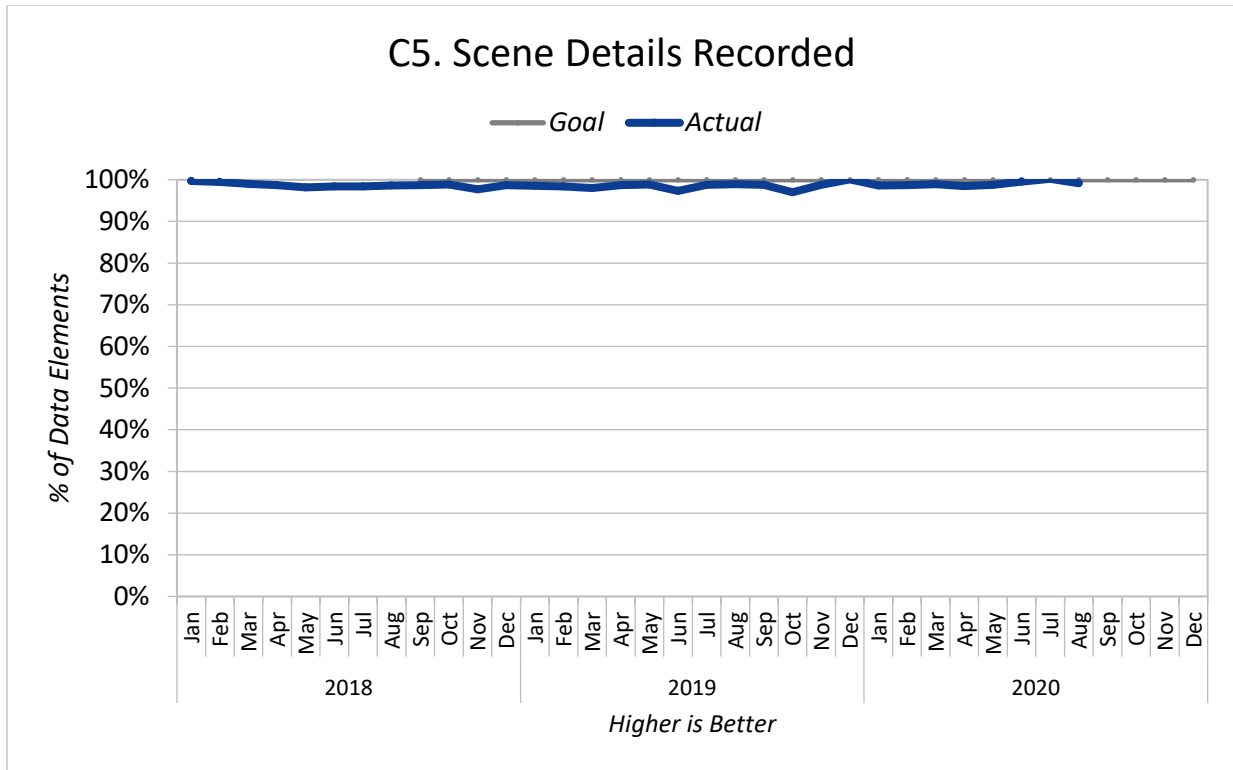


Where a patient is transported by EMS, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.

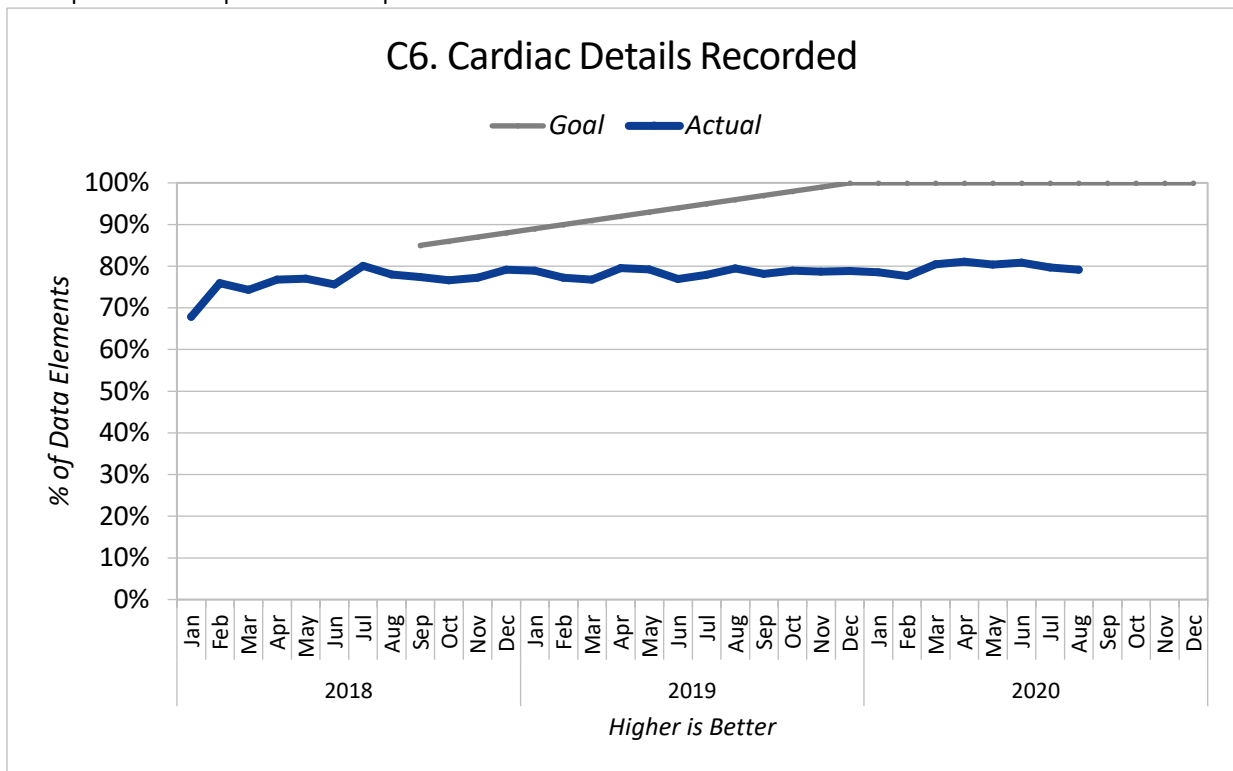


Where a patient is treated, the percentage of NEMSIS 3 patient care reports with a Primary Impression recorded.

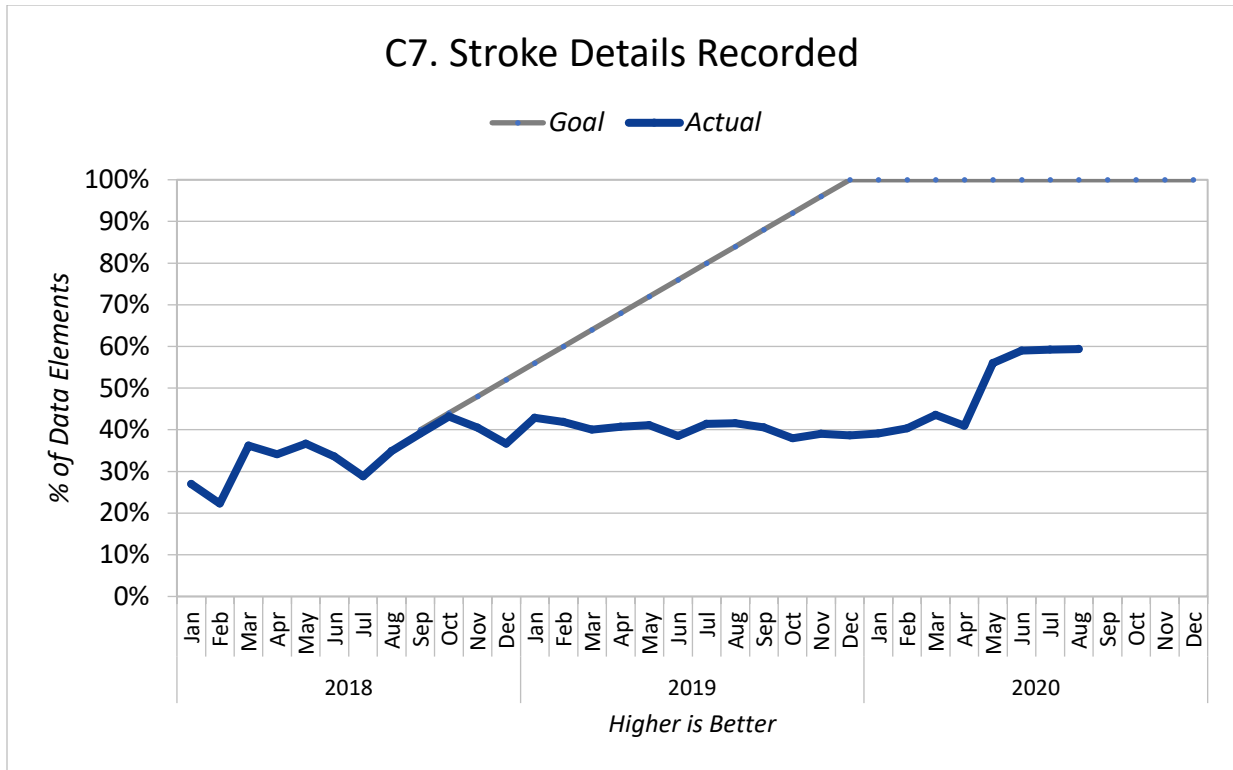
Michigan EMS Data System Performance Measures



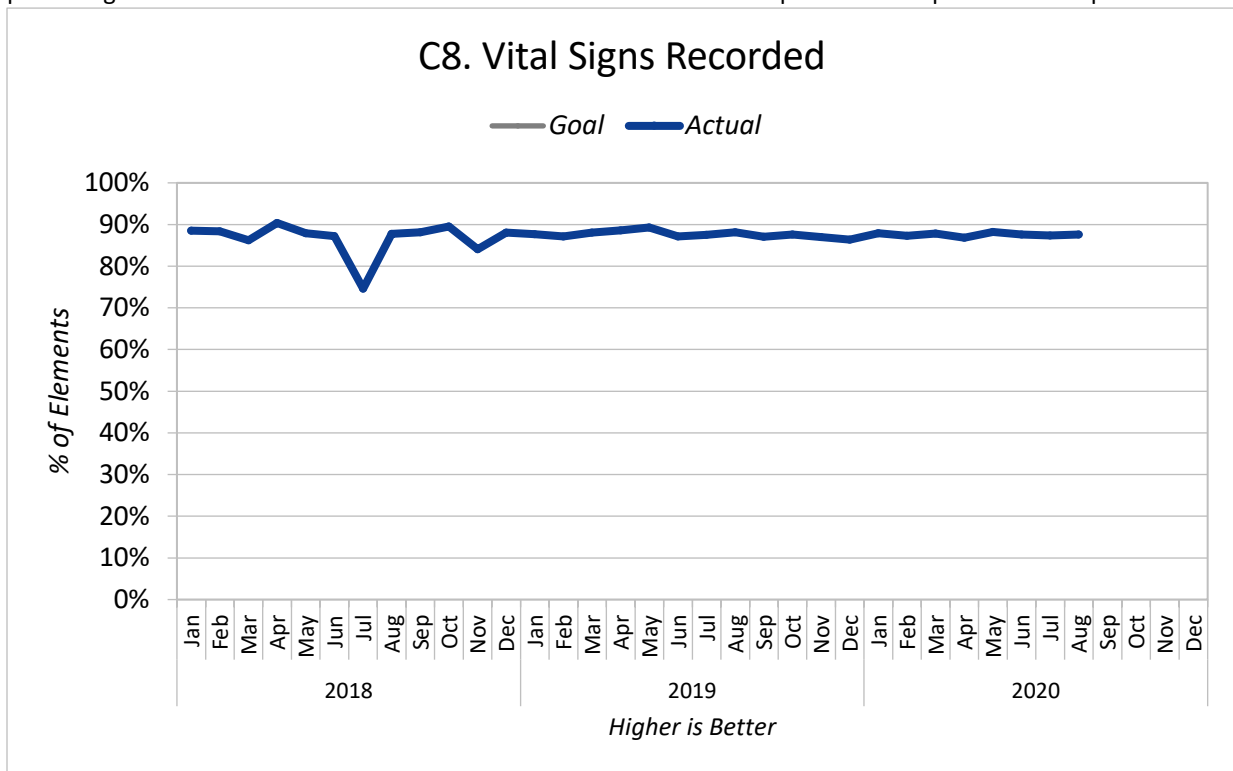
Where there is an incident scene, the average percentage of selected scene-related elements with a non-blank value per NEMSIS 3 patient care report.



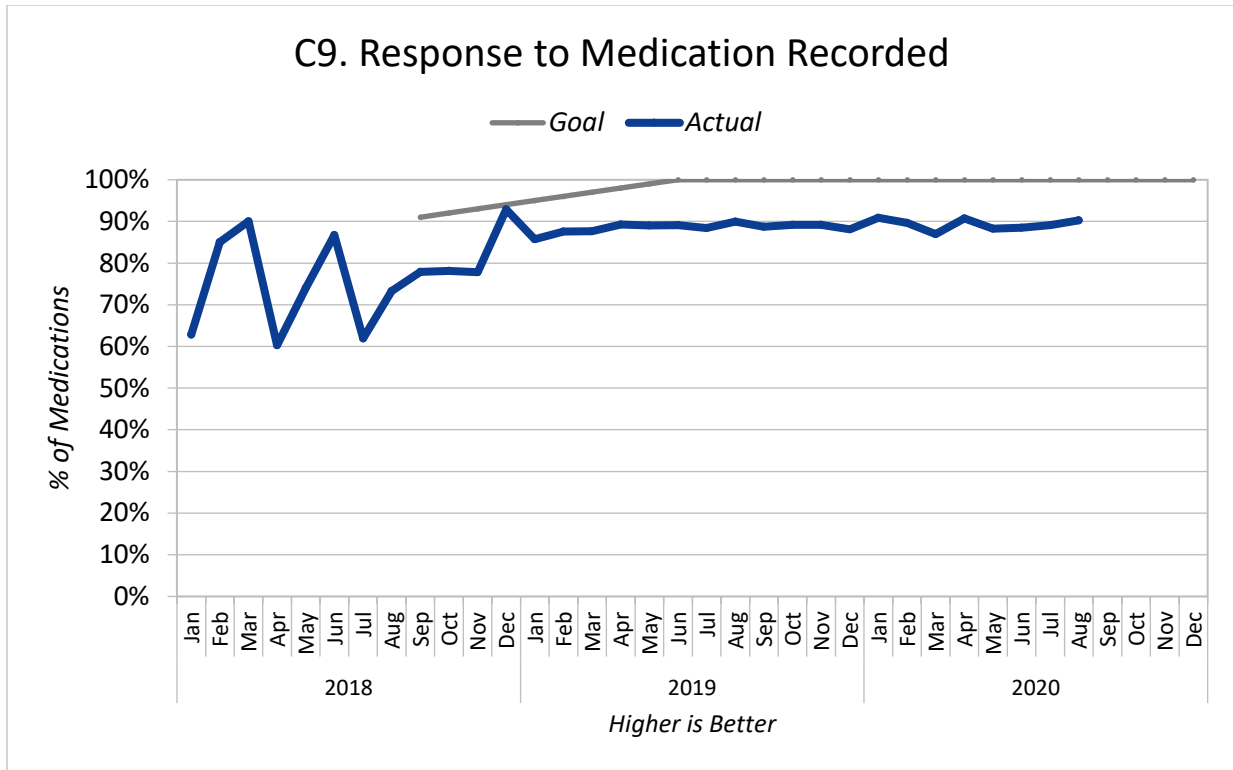
Where there is a cardiac arrest, the average percentage of selected cardiac-related elements with a non-blank value per NEMSIS 3 patient care report.



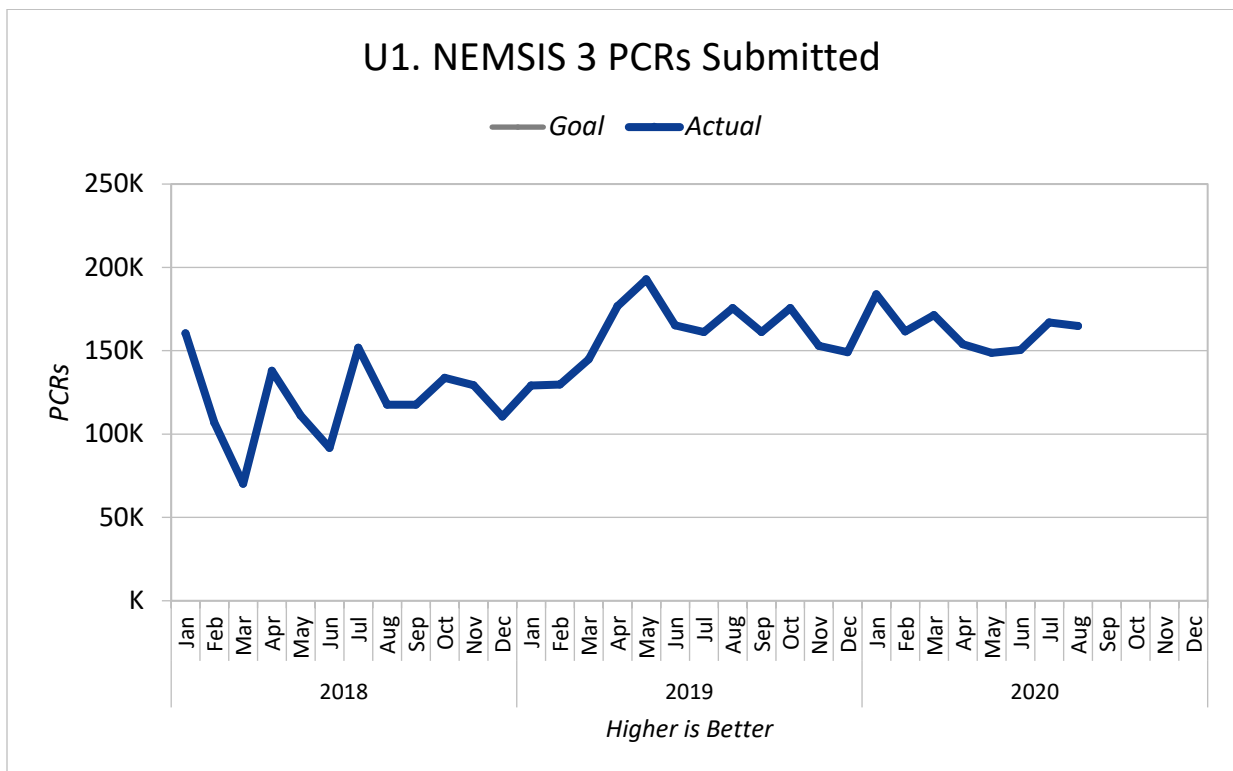
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene), the average percentage of selected stroke-related elements with a non-blank value per NEMSIS 3 patient care report.



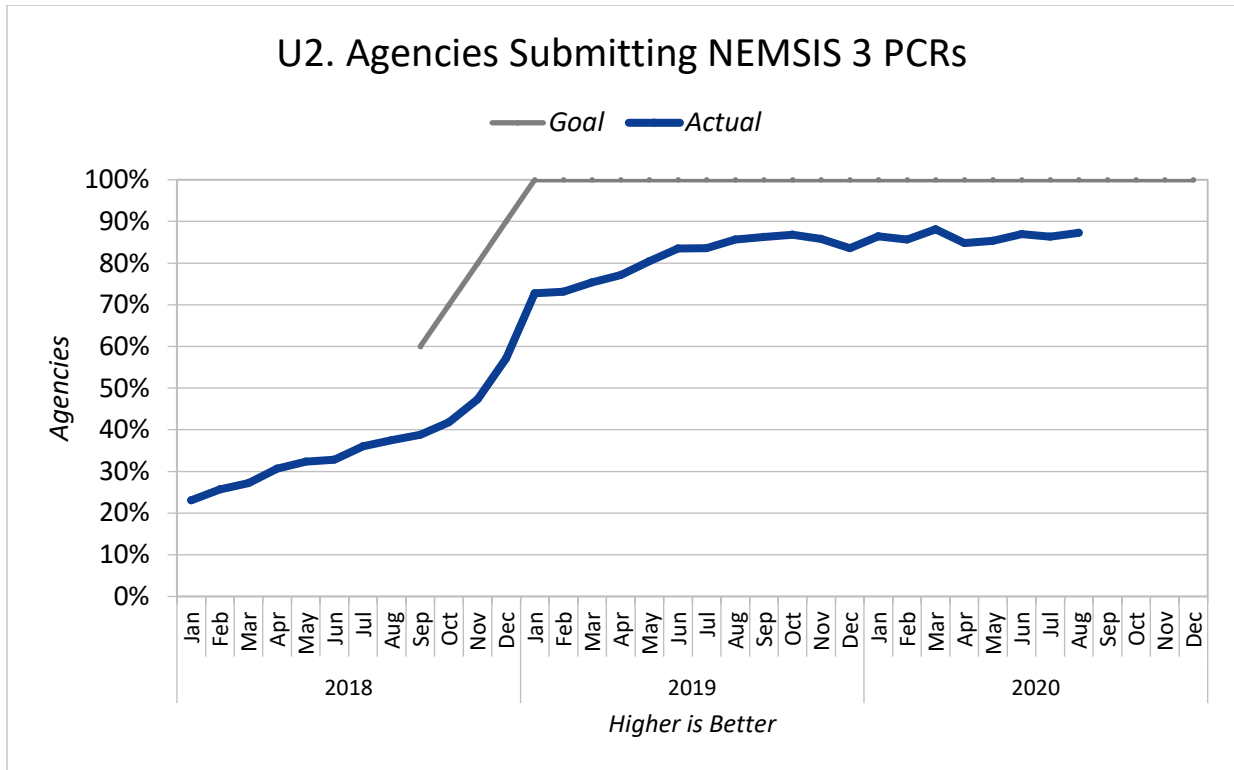
Where a patient is treated, the average percentage of selected vital sign elements with a non-blank value per NEMSIS 3 patient care report.



The percentage of medication administrations with Response to Medication recorded.



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



The percentage of agencies submitting NEMSIS version 3 data.

STATE OF MICHIGAN
100TH LEGISLATURE
REGULAR SESSION OF 2020

Introduced by TBD

ENROLLED BILL No. TBD

AN ACT to amend 1978 PA 368, entitled “An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the imposition of a regulatory fee; to provide for the levy of taxes against certain health facilities or agencies; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for the implementation of federal law; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to provide for an appropriation and supplements; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates,” by amending sections 20919(1)(k) (MCL 333.20919), section 20919(1)(k) as amended by 2019 PA 37.

The People of the State of Michigan enact:

Sec. 20919. (1) A medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. The medical control authority shall develop and adopt the protocols required under this section in accordance with procedures established by the department and shall include all of the following:

[...]

(k) Protocols to ensure that each life support vehicle that is dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support is equipped with opioid antagonists and that each emergency medical services personnel is properly trained to administer opioid antagonists. ~~However, a medical control authority, at its discretion, may rescind or continue the protocol adopted under this subdivision.~~

This act is ordered to take immediate effect.