ENGLISH

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING
Friday, September 22, 2023
9:30 a.m.
Northern Center at Northern Michigan University
Grand Ballroom IV – Kaye Avenue
1401 Presque Isle Avenue
Marquette, MI 49855
Click here to join the meeting
1 248-509-0316 Phone Conference ID: 264 488 157#

AGENDA

Call to Order:
Roll Call:
Approval of Agenda:
Approval of Minutes:
Announcements:
UP EMS Conference
NASEMSO Great Lakes Regional Meeting – October 24-25, 2023
SEMSIC Professional Development Conference – October 5-7, 2023
Reminders of upcoming educational opportunities:

Guest Speaker: None.

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
    - Protocols have been released and read only files are posted here.
  - July Appeal Hearing: Patriot Ambulance vs Lapeer County MCA
  - September Appeal Hearing: James Tack, Paramedic vs Oakland 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
    - EMS 313- Continuing Education for Clinical Field Practice Policy
- Bylaws – B. Trevithick
    - Draft Bylaws
- Data – E. Baker
    - NEMSIS V. 3.5
- Legislative – B. Trevithick
    - HIB 4613 Temporary License
    - HIB 4614 Temporary License
    - HIB 4922 Surprise Billing
- Rural – G. Wadaga
- Pediatric Emergency Medicine – S. Mishra
- Air Medical – K. Wilkinson
- EMS Safety – K. Miller
- Critical Care Ad Hoc – E. Bergquist – No update.
- Communications – No update.

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

- Marketing video – "Best of EMS"
- Surveys
    - Test Link – Current Licensees
    - Test Link – Lapsed Licensees

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

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

NEXT MEETING: *November 17, 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: 264 488 157#

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
July 28, 2023
10:00 a.m.
VIRTUAL ONLY
Click here to join the meeting
+1 248-509-0316 Conference ID: 371 207 900#

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

Absent: Deb Wagner.

Hearing Representatives:
Carol Fossee and Kelli Cavner, Lapeer County MCA. Scott Fraim and Jeff Yorke, Patriot Ambulance Service.

MCA Representatives: Luke Bowen, Macomb County MCA; Karyn Belanger, St. Clair County MCA.

Guests: Kevin Wilkinson, Medstar; John Theut, Oakland County MCA; Chad Lawton, WMRMCC; Carol Robinet, Superior; Angela Madden, MAAS; Michael Bentley, Kalamazoo County MCA; Kevin Henderson, Washtenaw Livingston MCA; Jeremy Baldrica, Kent County EMS; Dr. Kevin Argentieri, UM; Ryan Richardville.

Bureau Staff: Babb, Kuhl, Piette, Baker, Obiden, Burke, Bergquist, Kerr.

Call to Order: The meeting was called to order at 10:01 a.m. by Dr. Edwards.

Hearing:

Dr. Edwards explained the process and read the opening statement.

I. PATRIOT AMUBLANCE SERVICE Presentation
   a. Attorney Scott Fraim presented for Patriot Ambulance. The first basis for appeal is Lapeer County MCA failed to follow required protocol when denying their license application, and the second basis is the substance of the denial. Patriot has been licensed in Lapeer County despite their base being in contiguous Genesee County. The denial was the physical base is too far from Lapeer County. Patriot has contracts in Lapeer County, and this has daily service. Jeff Yorke provided testimony.

II. LAPEER COUNTY Medical Control Authority Presentation

a. Attorney Carol Fossee presented for Lapeer County MCA. Ms. Fossee stated all their information is in the document submitted and they will use their time to rebut what was said by Mr. Fraim. She advised that the application in question did not require to go to the MCA committee and explained why. She spoke of Lapeer County 911's requirements and said the Lapeer County 911 authority requires that an ambulance company have a fixed place where they can know the location of an ambulance. She advised that In discussions of the denial of Patriot's license in Lapeer County, it was asked if Patriot would ever be the closest ambulance and 911 said no and it is that simple. She said 911 also advised they wouldn't call Patriot due to both not being the closest and not having the need. She discussed confusion about the physical location and that there is no longer one in Lapeer County. Ms. Fossee said Patriot is not following the Lapeer County MCA protocols.

III. QATF Questions

a. Dr. Fales asked for more information on the base location. Mr. Fraim addressed. The only physical base is around 30 miles from the county line. Mr. Yorke advised they post throughout both counties on a routine daily basis. Dr. Fales asked if they had a set posting location and Mr. Yorke said no. Dr. Fales asked to confirm they are principally serving nursing homes for emergency and non-emergency calls. Mr. Yorke advised yes, but said tier 1 calls are handled differently and explained.
b. Dr. Paul asked about the grandfathering that was part of the paperwork. Marlette Ambulance Service was discussed.
c. Dr. Domeier asked about "draft" being on the protocol. Ms. Fossee stated that it was a proposal.
d. Betsy McDavid asked about Patriot's EMD center and Mr. Fraim answered.
e. Dr. Domeier asked to confirm that Patriot does not have a geographic service area. Mr. Fraim said it is the entire county. Ms. Fossee discussed the 911 center.
f. Dr. Edwards asked about the advisory committee and Ms. Fossee advised of the makeup, including that Patriot was previously on the committee. Dr. Edwards asked if they review all the renewals and Ms. Fossee advised no.
g. Dr. Paul asked about the four grandfathered agencies in the draft protocol and asked if there is another protocol addressing them. Ms. Fossee advised there isn't.
h. Dr. Domeier asked if the draft protocol presented with the grandfather language was ever an active protocol. Ms. Fossee advised it was a proposal.
i. Betsy McDavid asked about nursing home calls and 911. Dr. Fraim responded.
j. Dr. Domeier asked to confirm that Patriot does not have an emergency response area in Lapeer County and Mr. Fraim confirmed that they do not.
k. Dr. Edwards asked if there was a separate group that makes up the advisory committee for the MCA. Ms. Fossee said yes, but some members of the board are on it. He also asked about review of applications and Ms. Fossee addressed.
l. Dr. Paul asked about the other agencies on the draft grandfathering proposal and Ms. Fossee addressed.

Dr. Edwards read the closing statement and the group went into closed session.
Motion to go into closed session (Weber, Wise) at 10:58.

Motion to close the closed session at 12:06 (Domeier, Paul). Approved.

Agenda and Minutes: **Motion to approve the agenda and minutes with change from 06/23/2023 (Paul, Domeier). Approved.**

MCA Protocols/Bylaws:

1. **MACOMB COUNTY MCA**
   a. 2-16 Field Antibiotics for Open Fractures – **Motion to approve (Paul, Weber). Approved.**
      - Luke Bowen went over the protocol request for the group. They are asking for paramedics to be able to make a choice. This is only for open fracture. They believe this should go to the state protocol. Dr. Domeier supports this and discussed. The group discussed.
2. **ST. CLAIR COUNTY MCA**
   a. 3-2 Stroke or Suspected Stroke – **Motion to approve (Weber, Martin). Approved. Paul abstained.**
   b. 8-15a Enhanced Paramedic Inter-Facility Patient Transfers and Critical Care Interfacility Patient Transports – **Motion to approve with changes (Weber, Martin). Approved. Paul abstained.**
      - Karyn Belanger went over the protocol requests for the group.
        - 3-2: This mimics Oakland minus the comprehensive stroke center. It is written to follow the destination protocol. The goal is to use the FAST ED score and contact Medical Control for guidance. Doug Burke advised Oakland County is not doing diversion for this. The use of diagnosis was discussed.
        - 8-15a: **Action item: Fix spelling errors (pg. 2 crystalloids glycoprotein. Page 4 management). Change simultaneous meds to two on page 1 under B. Medications. Change west to south under drug box on page 2.**

State Protocols/Bylaws:

1. **Other matters – K. Kuhl**
   a. Decontamination Misters for Ambulances
   b. General Q & A
   c. 8-15 Interfacility Transfers – Krisy discussed. She added a check box to the protocol and the group discussed. – **Motion to approve (Paul, Weber). Approved.**
   d. 9-2 Medication Sub – Krisy and the group discussed. - **Motion to approve (Wise, Paul). Approved.**

e. 9-3 Medication Shortage. Agreed to leave this one alone.- **Motion to approve (Paul, Domeier). Approved.**
f. Verapamil 9-45 NEW. - **Motion to approve (Paul, Domeier). Approved.**
g. Tachycardia 5-3- **Motion to approve (Paul, Domeier). Approved.**

2. Motion to cancel the August meeting (Martin, Paul). Approved.

Adjournment: Motion to adjourn at 1:45 p.m. (Paul, Weber). Approved.

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

QUALITY ASSURANCE TASK FORCE
Minutes
September 15, 2023
10:00 a.m.
VIRTUAL ONLY
Click here to join the meeting
+1 248-509-0316 Conference ID: 769 911 98#

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

Absent: Dr. Noel.

Hearing Representatives:
Bonnie Kincaid, Dr. Cooper, Orlando Blanco, James Tack.

MCA Representatives:
Rob Warnemuende, Saginaw-Tuscola MCA, Bob Miljan, Wayne County MCA-HEMS.

Guests:
Carol Robinet, Superior; Angela Madden, MAAS; Michael Bentley, Kalamazoo County MCA; Kevin Henderson, Washtenaw Livingston MCA; Dr. Van Alsten.

Bureau Staff: Babb, Kuhl, Piette, Baker, Flory, Kerr, Minaudo.

Call to Order: The meeting was called to order at 10:09 a.m. by Dr. Edwards.

EMSCC Appeal Hearing:
James Tack, Paramedic v. Oakland County MCA
File number: 2301443
Dr. Edwards read the opening statement.

I. James Tack Presentation
   a. Attorney Orlando Blanco presented for James Tack. The purpose is for the EMSCC to consider whether or not OCMCA's decision was in accordance with their protocols. He presented a portion of the statute. They contend there are four different failures of OCMCA in following their protocols. These carry the weight of law and involve due process. Mr. Blanco went over the violations. A copy of the complaint should have been provided to Mr. Tack and it wasn't. Mr. Blanco stated most of the providers don't know what is in this protocol. The second violation is the licensee is supposed to be provided all copies of the investigation materials at the meeting. He wasn't told he was entitled to these. The third violation involves representation

during the appeal. They are supposed to tell him what the charge is. This case had three claims. The MCA added a fourth charge after the meeting, and he wasn't given an opportunity to defend that. He went over the disciplinary action appeal protocol. He spoke about the use of PSRO to keep the process confidential by Oakland and other MCAs but that is not what the protocol says. He referenced the statute that says the MCA Board has to hear the appeal. The failure to allow Lt. Tack representation is a violation of the protocol. He projected an email Lt. Tack received and explained the complaint resolution is not the controlling protocol and this is giving bad advice. It also shows that they directed him to the website for the protocol rather than providing it. He went over the four charges in the ODA, which are allegedly signing PCR for other providers, failure to obtain vital signs, falsifying vital signs, and providing inaccurate information in a QA investigation. He stated there is no requirement that two people sign the PCR. Failed to obtain vital signs and falsifying vital signs were also inconclusive. He asks this body to rescind this suspension. The statute is clear that a decision must be made.

II. OAKLAND COUNTY Medical Control Authority Presentation

a. Bonnie Kincaid and Dr. Cooper presented for Oakland County MCA. Dr. Cooper stated it is still fraud if a provider signs a PCR for his partner. He said at no time did the MCA admit to not following their protocols. He addressed the violations. Protocols are available on the app. This protocol was gone over at an "on the road" event. Mr. Tack is on a roster on a protocol training on this done at Southfield. Dr. Cooper advised they did provide a copy of the complaint. These materials were on projected on the screen and he was asked if he is aware of why he is here today and he advised that he was. Dr. Cooper believes they satisfied the requirement. Dr. Cooper addressed the false information and advised that this was advised during the meeting. It couldn't have been addressed before the meeting because it came to light during the meeting and was gone over with him. Dr. Cooper went over the appeal hearing process. No one from the original hearing was in the room.

III. QATF Questions

a. Dr. Wise asked if the Disciplinary Action Appeal protocol presented by Mr. Blanco is their protocol. Dr. Cooper advised yes.
b. Dr. Edwards asked if this issue was originally generated by the agency, Dr. Cooper advised yes.
c. Dr. Domeier asked if the agency information is included in the MCA portion and Dr. Cooper advised that they don't look at the agency information.

Dr. Edwards read the closing statement and the group went into closed session.
Motion to go into closed session (Paul, Martin) at 10:43.

Motion to close the closed session at 12:06 (Domeier, Paul). Approved.
Motion to return to open session at 12:01 p.m. (Paul, Domeier). Approved.

Agenda and Minutes:
Motion to approve the agenda and minutes 07/28/2023 (Domeier, Paul). Approved.

MCA Protocols/Bylaws:

1. **SAGINAW TUSCOLA MCA**
   a. 8-2 Patient Prioritization and Use of Lights and Sirens
      - Rob Warnemuende went over the protocol request for the group. This is currently in place as an emergency protocol, and they intend to make it a permanent protocol. Dr. Edwards asked about education and Rob answered. Dr. Fales spoke about physician offices and pre-instruction built into the CAD and potential issues this could cause. Rob said they will look into this further. Dr. Fales asked about the reasoning behind doing this as an emergency protocol. Rob addressed. Dr. Fales spoke about this not being the best process. Krisy spoke about this as well and said this needs to be reviewed, and said it doesn't have an avenue for denial. The group discussed the process. Dr. Wise asked what level of local approval has it gone through. Rob stated it has gone through PSRO, and the advisory council meets in the beginning of October. He just has to post it for 60 days. Rob said there's been no opposition.
      - **Motion to approve without the word Emergency (Fales, Paul). Approved.**
2. **WAYNE COUNTY MCA - HEMS**
   a. 8-15s Heated High Flow Nasal Cannula – **Motion to approve (Paul, Weber). Approved. Wise, Domeier, Wagner, Martin abstained.**
   b. 8-31 Alternative EMS Response Team – **Motion to approve (Paul, Weber). Approved. Wise, Domeier, Wagner, Martin abstained.**
   c. 8-31s Special Event Medication Drug Box – **Motion to approve (Paul, Weber). Approved. Wise, Domeier, Wagner, Martin abstained.**
      - Bob Miljan went over the protocols for the group. Bob stated he didn't submit them correctly. These are based on approved protocols at W/L, DEMCA, and Oakland.

State Protocols/Bylaws:

1. **Other matters – K. Kuhl**
   a. Protocol status/update
      - Krisy went over the status of what has come in so far.
   b. General Q & A with Krisy Kuhl – none today.
   c. Next week, Krisy will be in the UP doing MCA trainings.
   d. CIP: Six programs have closed so far this year

Adjournment: Motion to adjourn at 12:55 p.m. (Weber, Paul). Approved.

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 "Division" as used in these Bylaws means the Division of EMS and Systems of Care under 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. If an alternate needs replacement for the remainder of the year, outside of this time frame, any change must be submitted to the department at least thirty days prior to the next scheduled SEMSCC meeting.

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 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's 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 beheard by 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, 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 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 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 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 the Division 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 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 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 regarding activities related to EMS safety in the state.

i. Communications Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS communications in the state and will include the State 911 Director. 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 regarding activities related to EMS communications in the state.

j. 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 recommendations to the SEMSCC and the Division 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) The Designation Subcommittee shall consist of: a minimum of, two board certified trauma 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 application review. Members will serve a

term of three years. The Designation subcommittee membership may be amended at the discretion of the Department.

(b) A chairperson shall be annually appointed by the committee. 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.

k. Pediatric Emergency Medicine Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS for Children in the state, to include members prescribed by the Federal EMSC grant and the Division, as well as at-large members. There are to be additional ex-officio members prescribed by the Federal EMS Grant and the Division. 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. The assigned roles are:

(a) Federal
- Nurse with emergency pediatric experience
- Physician with pediatric training
- Emergency Physician
- Emergency medical technician (EMT) or paramedic who is currently a practicing, ground-level prehospital provider
- Family representative

(b) Federal Ex-Officio
- EMS state agency representative
- EMSC project director
- EMSC grant manager

(c) State
- TITLE V Maternal Child Health Block Grant Representative

- Michigan Center for Rural Health Representative
- Injury Prevention Representative
- School Nurse Representative

(d) State Ex-Officio

- EMS Education Coordinator
- State Systems of Care Representative
- Emergency Preparedness Representative

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to the EMS for Children program 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 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 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 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. Alternates

Subcommittees subject to the Open Meetings Act are permitted to use alternates as follows:

a. Each subcommittee member may appoint an alternate that meets the same criteria for that position as outlined in the bylaws. The name of that alternate will be submitted to the Department subject matter expert assigned to the subcommittee and the chair of that subcommittee.

b. Alternates to the subcommittee will be named annually at the first official meeting of the year or at least thirty days prior to the next scheduled subcommittee meeting.

c. The chair of the subcommittee must be notified at the beginning of a meeting if an alternate will be representing a member for that meeting.

~~5.~~6. Standing of 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 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 program offices.

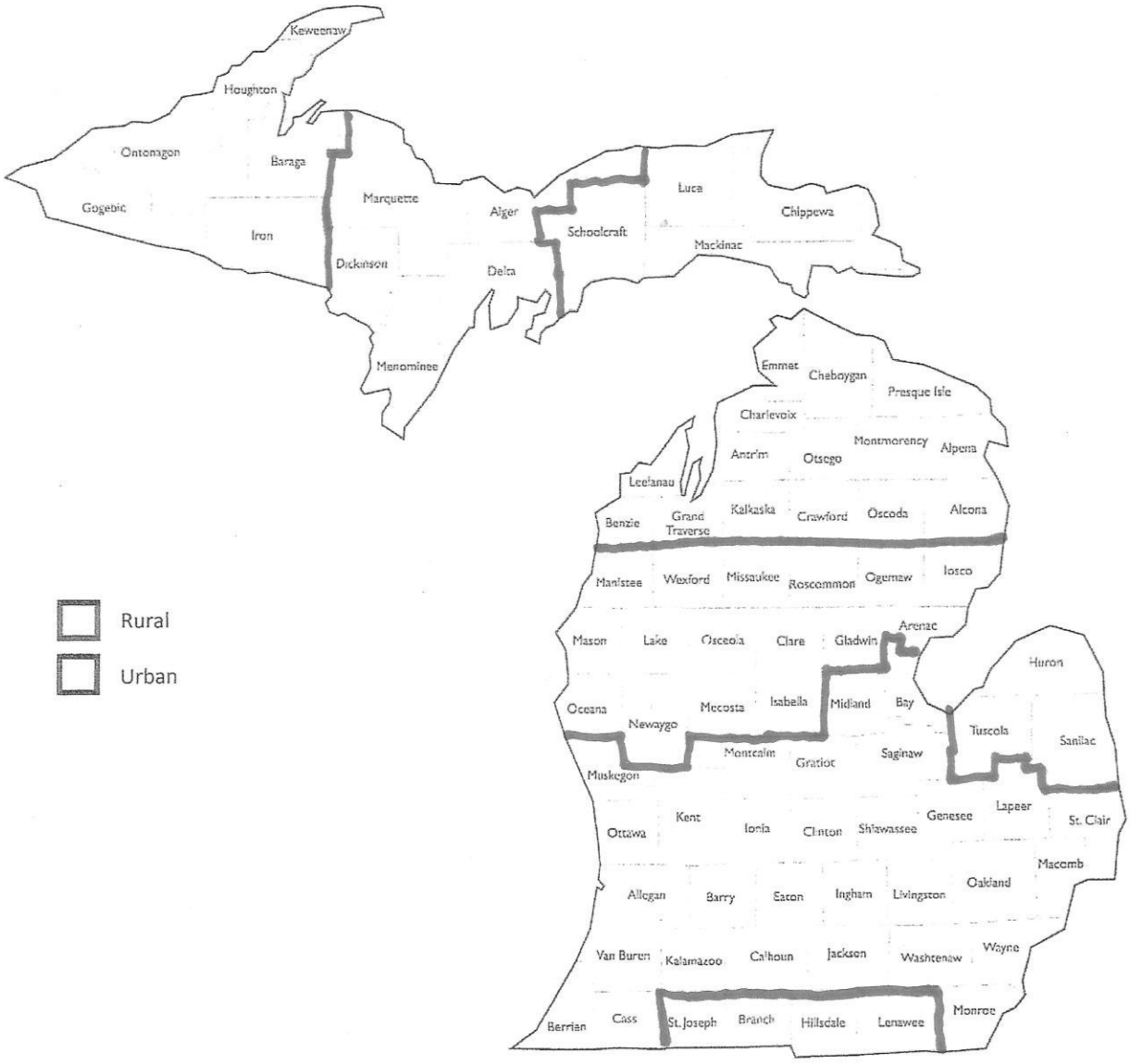
Article XIII Amendments of Bylaws

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.

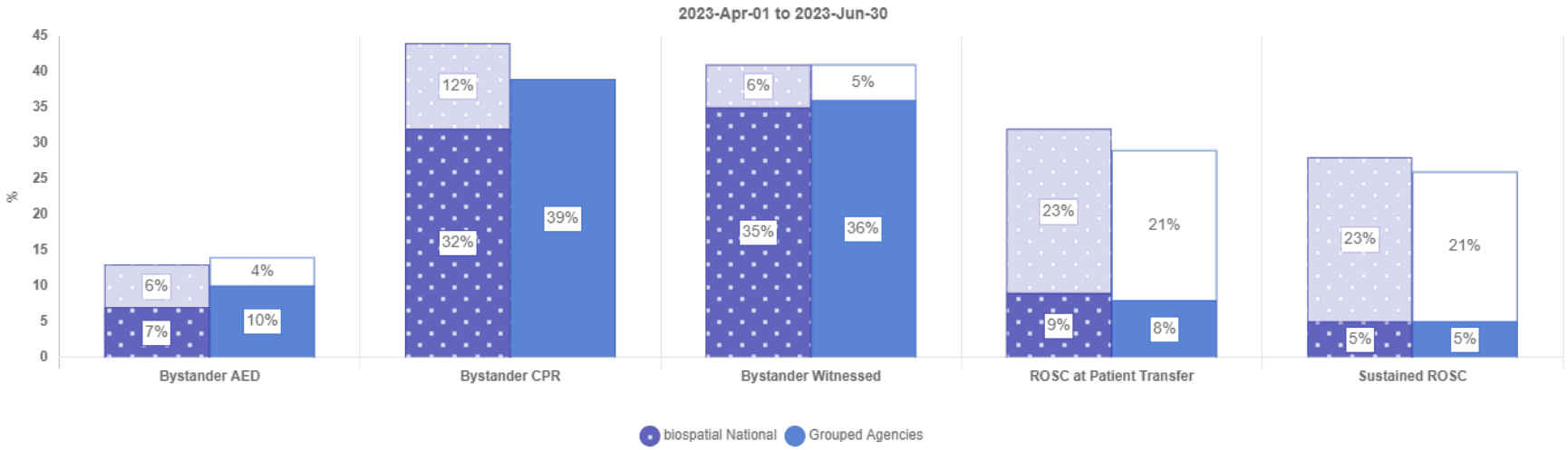
These Bylaws supersede and replace the approved Bylaws dated January 20, 2023.

Michigan Rural Urban Counties

(When Micro is Considered Rural)



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.

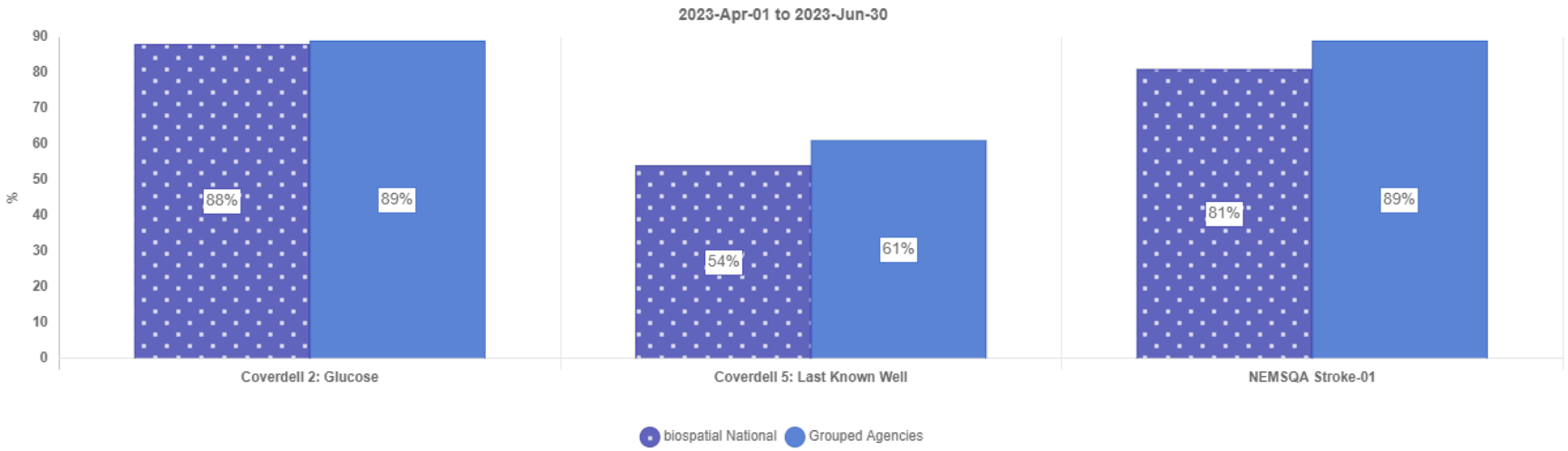
Bystander CPR: Percentage of cardiac arrest events occurring prior to EMS arrival for which cardiopulmonary resuscitation (CPR) was performed by a bystander. Note this metric can only be computed for NEMSIS v3 data.

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

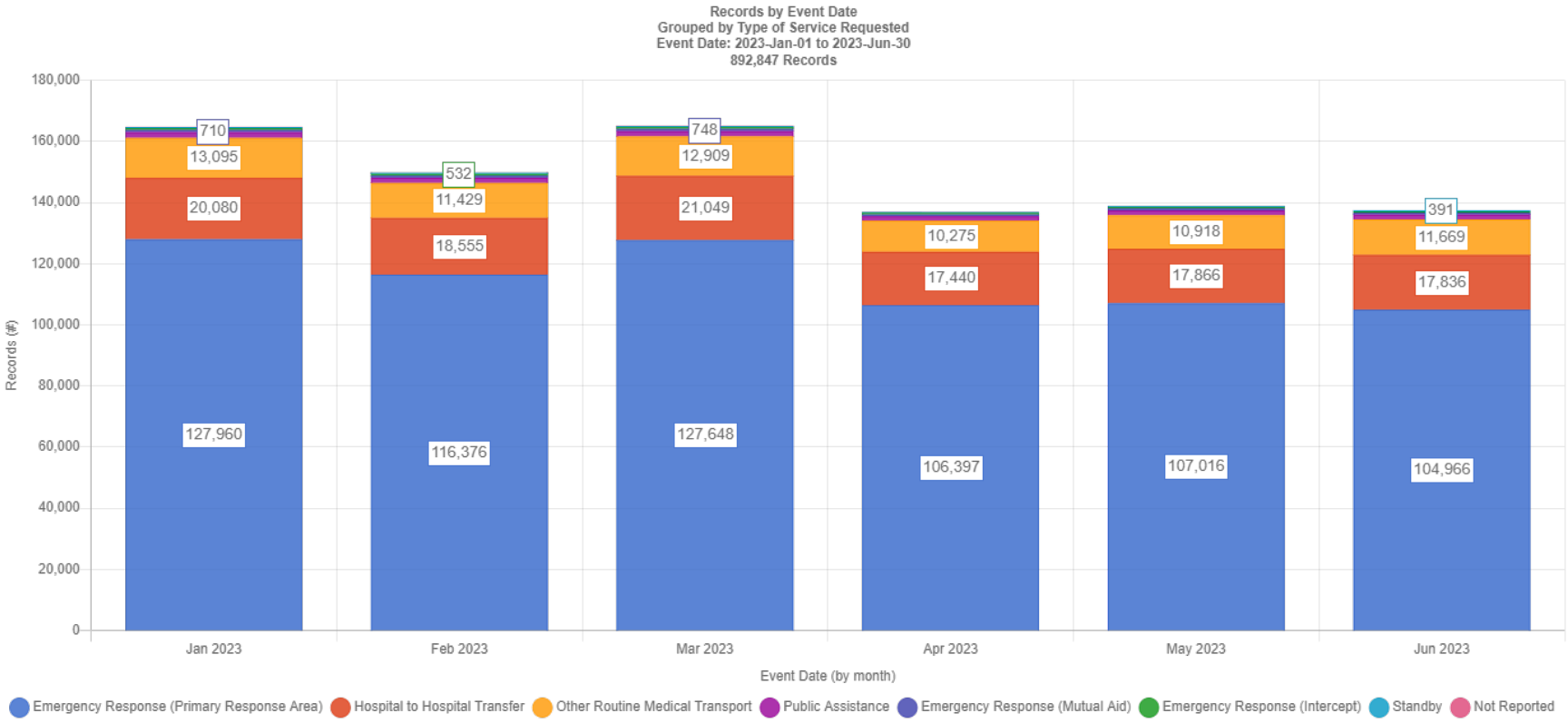


NEMSQA Stroke-01: Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.

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.

Michigan will continue to collect the elements collected in NEMSIS V3.4, with the exception of elements that l element will be adopted. NEW elements are listed on the second tab of this workbook. Michigan intends to cc regarding the inclusion of the elements in records (required or optional). We are also adding a new custom ele scale documented.

The third tab of this workbook contains the NEMSIS change summary for all elements. The fourth tab is limite included for convenience in review of the changes.

The complete Michigan V3.5 dataset can be found here.

			CURRENT (NEMSIS 3.4) Da
N	**S**	**Element Number**	**Element Name**
	S	dCustomConfiguration.01	Custom Data Element Title
	S	dCustomConfiguration.02	Custom Definition
	S	dCustomConfiguration.03	Custom Data Type
	S	dCustomConfiguration.04	Custom Data Element Recurrence
	S	dCustomConfiguration.05	Custom Data Element Usage
	S	dCustomConfiguration.06	Custom Data Element Potential Values
	S	dCustomConfiguration.07	Custom Data Element Potential NOT Values
	S	dCustomConfiguration.08	Custom Data Element Potential Pertinent
	S	dCustomConfiguration.09	Custom Data Element Grouping ID
N	S	dAgency.01	EMS Agency Unique State ID
N	S	dAgency.02	EMS Agency Number
N	S	dAgency.04	EMS Agency State
N	S	dAgency.05	EMS Agency Service Area States
N	S	dAgency.06	EMS Agency Service Area County(ies)
N	S	dAgency.07	EMS Agency Census Tracts
N	S	dAgency.08	EMS Agency Service Area ZIP Codes
N	S	dAgency.09	Primary Type of Service
N	S	dAgency.11	Level of Service
N	S	dAgency.12	Organization Status
N	S	dAgency.13	Organizational Type
N	S	dAgency.14	EMS Agency Organizational Tax Status
N	S	dAgency.15	Statistical Calendar Year
N	S	dAgency.16	Total Primary Service Area Size
N	S	dAgency.17	Total Service Area Population
N	S	dAgency.18	911 EMS Call Center Volume per Year

N	S	dAgency.19	EMS Dispatch Volume per Year
N	S	dAgency.20	EMS Patient Transport Volume per Year
N	S	dAgency.21	EMS Patient Contact Volume per Year
	S	dAgency.23	EMS Agency Time Zone
	S	dAgency.24	EMS Agency Daylight Savings Time Use
N	S	dAgency.25	National Provider Identifier
N	S	dAgency.26	Fire Department ID Number
	S	dContact.01	Agency Contact Type
	S	dContact.02	Agency Contact Last Name
	S	dContact.03	Agency Contact First Name
	S	dContact.04	Agency Contact Middle Name/Initial
	S	dContact.05	Agency Contact Address
	S	dContact.06	Agency Contact City
	S	dContact.07	Agency Contact State
	S	dContact.08	Agency Contact ZIP Code
	S	dContact.09	Agency Contact Country
	S	dContact.10	Agency Contact Phone Number
	S	dContact.11	Agency Contact Email Address
	S	dContact.12	EMS Agency Contact Web Address
N	S	dConfiguration.01	State Associated with the
N	S	dConfiguration.02	State Certification/Licensure Levels
N	S	dConfiguration.03	Procedures Permitted by the State
N	S	dConfiguration.04	Medications Permitted by the State
N	S	dConfiguration.05	Protocols Permitted by the State
N	S	dConfiguration.06	EMS Certification Levels Permitted to
N	S	dConfiguration.07	EMS Agency Procedures
N	S	dConfiguration.08	EMS Certification Levels Permitted to
N	S	dConfiguration.09	EMS Agency Medications
N	S	dConfiguration.10	EMS Agency Protocols
N	S	dConfiguration.11	EMS Agency Specialty Service Capability
N	S	dConfiguration.13	Emergency Medical Dispatch (EMD)
N	S	dConfiguration.15	Patient Monitoring Capability(ies)
N	S	dConfiguration.16	Crew Call Sign
	S	dConfiguration.17	Dispatch Center (CAD) Name or ID

	S	dPersonnel.01	EMS Personnel's Last Name
	S	dPersonnel.02	EMS Personnel's First Name
	S	dPersonnel.03	EMS Personnel's Middle Name/Initial
	S	dPersonnel.22	EMS Personnel's State of Licensure
	S	dPersonnel.23	EMS Personnel's State's Licensure ID
	S	dPersonnel.24	EMS Personnel's State EMS Certification
	S	dCustomResults.01	Custom Data Element Result
	S	dCustomResults.02	Custom Element ID Referenced
	S	dCustomResults.03	CorrelationID of DemographicReport
	S	eCustomConfiguration.01	Custom Data Element Title
	S	eCustomConfiguration.02	Custom Definition
	S	eCustomConfiguration.03	Custom Data Type
	S	eCustomConfiguration.04	Custom Data Element Recurrence
	S	eCustomConfiguration.05	Custom Data Element Usage
	S	eCustomConfiguration.06	Custom Data Element Potential Values
	S	eCustomConfiguration.07	Custom Data Element Potential NOT Values
	S	eCustomConfiguration.08	Custom Data Element Potential Pertinent
	S	eCustomConfiguration.09	Custom Data Element Grouping ID
N	S	eRecord.01	Patient Care Report Number
N	S	eRecord.02	Software Creator
N	S	eRecord.03	Software Name
N	S	eRecord.04	Software Version
N	S	eResponse.01	EMS Agency Number
	S	eResponse.02	EMS Agency Name
N	S	eResponse.03	Incident Number
N	S	eResponse.04	EMS Response Number
N	S	eResponse.05	Type of Service Requested
N	S	eResponse.07	Primary Role of the Unit
N	S	eResponse.08	Type of Dispatch Delay
N	S	eResponse.09	Type of Response Delay
N	S	eResponse.10	Type of Scene Delay
N	S	eResponse.11	Type of Transport Delay
N	S	eResponse.12	Type of Turn-Around Delay
N	S	eResponse.13	EMS Vehicle (Unit) Number

N	S	eResponse.14	EMS Unit Call Sign
N	S	eResponse.15	Level of Care of This Unit
N	S	eResponse.23	Response Mode to Scene
N	S	eResponse.24	Additional Response Mode Descriptors
N	S	eDispatch.01	Complaint Reported by Dispatch
N	S	eDispatch.02	EMD Performed
	S	eDispatch.05	Dispatch Priority (Patient Acuity)
	S	eCrew.01	Crew Member ID
	S	eCrew.02	Crew Member Level
	S	eCrew.03	Crew Member Response Role
N	S	eTimes.01	PSAP Call Date/Time
	S	eTimes.02	Dispatch Notified Date/Time
N	S	eTimes.03	Unit Notified by Dispatch Date/Time
N	S	eTimes.05	Unit En Route Date/Time
N	S	eTimes.06	Unit Arrived on Scene Date/Time
N	S	eTimes.07	Arrived at Patient Date/Time
N	S	eTimes.09	Unit Left Scene Date/Time
N	S	eTimes.11	Patient Arrived at Destination Date/Time
N	S	eTimes.12	Destination Patient Transfer of Care
N	S	eTimes.13	Unit Back in Service Date/Time
	S	ePatient.02	Last Name
	S	ePatient.03	First Name
	S	ePatient.05	Patient's Home Address
	S	ePatient.06	Patient's Home City
N	S	ePatient.07	Patient's Home County
N	S	ePatient.08	Patient's Home State
N	S	ePatient.09	Patient's Home ZIP Code
N	S	ePatient.13	Gender
N	S	ePatient.14	Race
N	S	ePatient.15	Age
N	S	ePatient.16	Age Units
	S	ePatient.17	Date of Birth
N	S	ePayment.01	Primary Method of Payment
	S	ePayment.33	Patient's Employer

N	S	ePayment.50	CMS Service Level
N	S	eScene.01	First EMS Unit on Scene
	S	eScene.02	Other EMS or Public Safety Agencies at
	S	eScene.03	Other EMS or Public Safety Agency ID
N	S	eScene.06	Number of Patients at Scene
N	S	eScene.07	Mass Casualty Incident
N	S	eScene.08	Triage Classification for MCI Patient
N	S	eScene.09	Incident Location Type
	S	eScene.15	Incident Street Address
	S	eScene.17	Incident City
N	S	eScene.18	Incident State
N	S	eScene.19	Incident ZIP Code
N	S	eScene.21	Incident County
N	S	eSituation.01	Date/Time of Symptom Onset
N	S	eSituation.02	Possible Injury
	S	eSituation.03	Complaint Type
	S	eSituation.04	Complaint
	S	eSituation.05	Duration of Complaint
	S	eSituation.06	Time Units of Duration of Complaint
N	S	eSituation.07	Chief Complaint Anatomic Location
N	S	eSituation.08	Chief Complaint Organ System
N	S	eSituation.09	Primary Symptom
N	S	eSituation.10	Other Associated Symptoms
N	S	eSituation.11	Provider's Primary Impression
N	S	eSituation.12	Provider's Secondary Impressions
N	S	eSituation.13	Initial Patient Acuity
	S	eSituation.14	Work-Related Illness/Injury
	S	eSituation.18	Date/Time Last Known Well
N	S	eInjury.01	Cause of Injury
	S	eInjury.02	Mechanism of Injury
N	S	eInjury.03	Trauma Center Criteria
N	S	eInjury.04	Vehicular, Pedestrian, or Other Injury Risk
	S	eInjury.05	Main Area of the Vehicle Impacted by the
	S	eInjury.06	Location of Patient in Vehicle

	S	eInjury.07	Use of Occupant Safety Equipment
	S	eInjury.08	Airbag Deployment
	S	eInjury.09	Height of Fall (feet)
	S	eInjury.10	OSHA Personal Protective Equipment Used
N	S	eArrest.01	Cardiac Arrest
N	S	eArrest.02	Cardiac Arrest Etiology
N	S	eArrest.03	Resuscitation Attempted By EMS
N	S	eArrest.04	Arrest Witnessed By
N	S	eArrest.05	CPR Care Provided Prior to EMS Arrival
	S	eArrest.06	Who Provided CPR Prior to EMS Arrival
N	S	eArrest.07	AED Use Prior to EMS Arrival
	S	eArrest.08	Who Used AED Prior to EMS Arrival
N	S	eArrest.09	Type of CPR Provided
N	S	eArrest.11	First Monitored Arrest Rhythm of the
N	S	eArrest.12	Any Return of Spontaneous Circulation
N	S	eArrest.14	Date/Time of Cardiac Arrest
	S	eArrest.15	Date/Time Resuscitation Discontinued
N	S	eArrest.16	Reason CPR/Resuscitation Discontinued
N	S	eArrest.17	Cardiac Rhythm on Arrival at Destination
N	S	eArrest.18	End of EMS Cardiac Arrest Event
	S	eArrest.19	Date/Time of Initial CPR
N	S	eHistory.01	Barriers to Patient Care
	S	eHistory.06	Medication Allergies
	S	eHistory.07	Environmental/Food Allergies
	S	eHistory.08	Medical/Surgical History
	S	eHistory.12	Current Medications
	S	eHistory.16	Presence of Emergency Information Form
N	S	eHistory.17	Alcohol/Drug Use Indicators
	S	eHistory.18	Pregnancy
	S	eNarrative.01	Patient Care Report Narrative
N	S	eVitals.01	Date/Time Vital Signs Taken
N	S	eVitals.02	Obtained Prior to this Unit's EMS Care
N	S	eVitals.03	Cardiac Rhythm / Electrocardiography
N	S	eVitals.04	ECG Type

N	S	eVitals.05	Method of ECG Interpretation
N	S	eVitals.06	SBP (Systolic Blood Pressure)
	S	eVitals.07	DBP (Diastolic Blood Pressure)
N	S	eVitals.08	Method of Blood Pressure Measurement
N	S	eVitals.10	Heart Rate
	S	eVitals.11	Method of Heart Rate Measurement
N	S	eVitals.12	Pulse Oximetry
	S	eVitals.13	Pulse Rhythm
N	S	eVitals.14	Respiratory Rate
	S	eVitals.15	Respiratory Effort
N	S	eVitals.16	End Tidal Carbon Dioxide (ETCO2)
N	S	eVitals.18	Blood Glucose Level
N	S	eVitals.19	Glasgow Coma Score-Eye
N	S	eVitals.20	Glasgow Coma Score-Verbal
N	S	eVitals.21	Glasgow Coma Score-Motor
N	S	eVitals.22	Glasgow Coma Score-Qualifier
	S	eVitals.23	Total Glasgow Coma Score
	S	eVitals.24	Temperature
	S	eVitals.25	Temperature Method
N	S	eVitals.26	Level of Responsiveness (AVPU)
N	S	eVitals.27	Pain Scale Score
N	S	eVitals.29	Stroke Scale Score
N	S	eVitals.30	Stroke Scale Type
N	S	eVitals.31	Reperfusion Checklist
	S	eVitals.32	APGAR
	S	eVitals.33	Revised Trauma Score
	S	eExam.01	Estimated Body Weight in Kilograms
	S	eExam.02	Length Based Tape Measure
	S	eExam.03	Date/Time of Assessment
	S	eExam.04	Skin Assessment
	S	eExam.05	Head Assessment
	S	eExam.06	Face Assessment
	S	eExam.07	Neck Assessment
	S	eExam.08	Chest/Lungs Assessment

	S	eExam.09	Heart Assessment
	S	eExam.10	Abdominal Assessment Finding Location
	S	eExam.11	Abdomen Assessment
	S	eExam.12	Pelvis/Genitourinary Assessment
	S	eExam.13	Back and Spine Assessment Finding
	S	eExam.14	Back and Spine Assessment
	S	eExam.15	Extremity Assessment Finding Location
	S	eExam.16	Extremities Assessment
	S	eExam.17	Eye Assessment Finding Location
	S	eExam.18	Eye Assessment
	S	eExam.19	Mental Status Assessment
	S	eExam.20	Neurological Assessment
	S	eExam.21	Stroke/CVA Symptoms Resolved
N	S	eProtocols.01	Protocols Used
N	S	eProtocols.02	Protocol Age Category
N	S	eMedications.01	Date/Time Medication Administered
N	S	eMedications.02	Medication Administered Prior to this Unit's
N	S	eMedications.03	Medication Given
	S	eMedications.04	Medication Administered Route
N	S	eMedications.05	Medication Dosage
N	S	eMedications.06	Medication Dosage Units
N	S	eMedications.07	Response to Medication
N	S	eMedications.08	Medication Complication
	S	eMedications.09	Medication Crew (Healthcare Professionals)
N	S	eMedications.10	Role/Type of Person Administering
	S	eMedications.11	Medication Authorization
	S	eMedications.12	Medication Authorizing Physician
N	S	eProcedures.01	Date/Time Procedure Performed
N	S	eProcedures.02	Procedure Performed Prior to this Unit's
N	S	eProcedures.03	Procedure
	S	eProcedures.04	Size of Procedure Equipment
N	S	eProcedures.05	Number of Procedure Attempts
N	S	eProcedures.06	Procedure Successful
N	S	eProcedures.07	Procedure Complication

N	S	eProcedures.08	Response to Procedure
	S	eProcedures.09	Procedure Crew Members ID
N	S	eProcedures.10	Role/Type of Person Performing the
	S	eProcedures.11	Procedure Authorization
	S	eProcedures.12	Procedure Authorizing Physician
	S	eProcedures.13	Vascular Access Location
	S	eAirway.01	Indications for Invasive Airway
	S	eAirway.02	Date/Time Airway Device Placement
	S	eAirway.03	Airway Device Being Confirmed
	S	eAirway.04	Airway Device Placement Confirmed
	S	eAirway.05	Tube Depth
	S	eAirway.06	Type of Individual Confirming Airway
	S	eAirway.07	Crew Member ID
	S	eAirway.08	Airway Complications Encountered
	S	eAirway.09	Suspected Reasons for Failed Airway
	S	eDisposition.01	Destination/Transferred To, Name
	S	eDisposition.02	Destination/Transferred To, Code
	S	eDisposition.03	Destination Street Address
	S	eDisposition.04	Destination City
N	S	eDisposition.05	Destination State
N	S	eDisposition.06	Destination County
N	S	eDisposition.07	Destination ZIP Code
N	S	eDisposition.12	Incident/Patient Disposition
N	S	eDisposition.16	EMS Transport Method
N	S	eDisposition.17	Transport Mode from Scene
N	S	eDisposition.18	Additional Transport Mode Descriptors
N	S	eDisposition.19	Final Patient Acuity
N	S	eDisposition.20	Reason for Choosing Destination
N	S	eDisposition.21	Type of Destination
N	S	eDisposition.22	Hospital In-Patient Destination
N	S	eDisposition.23	Hospital Capability
N	S	eDisposition.24	Destination Team Pre-Arrival Alert or
N	S	eDisposition.25	Date/Time of Destination Prearrival Alert or
N	S	eOutcome.01	Emergency Department Disposition

N	S	eOutcome.02	Hospital Disposition
	S	eOutcome.03	External Report ID/Number Type
	S	eOutcome.04	External Report ID/Number
	S	eCustomResults.01	Custom Data Element Result
	S	eCustomResults.02	Custom Element ID Referenced
	S	eCustomResults.03	CorrelationID of PatientCareReport
	S	eOther.03	Personal Protective Equipment Used
	S	eOther.04	EMS Professional (Crew Member) ID
N	S	eOther.05	Suspected EMS Work Related Exposure,
	S	eOther.06	The Type of Work-Related Injury, Death or
	S	eOther.08	Crew Member Completing this Report
	S	eOther.09	External Electronic Document Type
	S	eOther.11	File Attachment Image

have been removed. If a replacement element has been added to the dataset, that
llect most of the new elements, following the national guidance and requirements
ement to allow documentation of a stroke score when applicable, based on the stroke

d to the changes that impact the documenting provider's experience in the field, and is

taset

Changes	Provider Impact
Minimum length changed	N/A
Now Mandatory in national standard	N/A
now recommended in national standard	N/A
now recommended in national standard	N/A
now recommended in national standard	N/A
now recommended in national standard	N/A

now recommended in national standard	N/A
now recommended in national standard	N/A
now recommended in national standard	N/A
Moved to state dataset	N/A
Moved to state dataset	N/A
Moved to state dataset	N/A
Moved to state dataset	N/A
Added SNOMED-CT for blood products	N/A

Removed

Removed

Removed

Split into several elements

New Values

New Values

New Values

Remove Nillable

New Values

NEW E		
Required	Optional	Not Adopted

Notes		SectionName
Useful for agency tracking	Optional	eTimes
		ePatient
		ePayment
		ePayment
Useful for agency billing	Optional	eSituation
Useful for agency billing	Required	eSituation
		eArrest
Replaces old CARES element	Required	eArrest
Replaces old CARES element	Required	eArrest
Replaces old CARES element	Required	eArrest
Useful for History	Optional	eHistory
		eExam
		eExam
	Implement optional, same as	eExam
Replaces eExam.08	current eExam.08	eExam
	Required	eDisposition
	Required	eDisposition
	Required	eDisposition
Replaces old disposition	Required	eDisposition
Useful for tracking nontransports	Required	eDisposition
Replaces eResponse.15	Required	eDisposition
Outcome related, no provider impac		eOutcome
Outcome related, no provider impac		eOutcome
Outcome related, no provider impac		eOutcome
		eOther
		eScene
NEW Custom Element		NEW CUSTOM ELEMI

ELEMENTS

ElementNumber	ElementName	New to V3.5
eTimes.17	Unit Arrived at Staging Area Date/Time	V3.5.0
ePatient.22	Alternate Home Residence	V3.5.0
ePayment.59	Insurance Company Phone Number	V3.5.0
ePayment.60	Date of Birth of the Insured	V3.5.0
eSituation.19	Justification for Transfer or Encounter	V3.5.0
eSituation.20	Reason for Interfacility Transfer/Medical Transport	V3.5.0
eArrest.10	Therapeutic Hypothermia by EMS	V3.5.0
eArrest.20	Who First Initiated CPR	V3.5.0
eArrest.21	Who First Applied the AED	V3.5.0
eArrest.22	Who First Defibrillated the Patient	V3.5.0
eHistory.20	Current Medication Frequency	V3.5.0
eExam.22	Lung Assessment Finding Location	V3.5.0
eExam.23	Lung Assessment	V3.5.0
eExam.24	Chest Assessment Finding Location	V3.5.0
eExam.25	Chest Assessment	V3.5.0
eDisposition.27	Unit Disposition	V3.5.0
eDisposition.28	Patient Evaluation/Care	V3.5.0
eDisposition.29	Crew Disposition	V3.5.0
eDisposition.30	Transport Disposition	V3.5.0
eDisposition.31	Reason for Refusal/Release	V3.5.0
eDisposition.32	Level of Care Provided per Protocol	V3.5.0
eOutcome.18	Date/Time of Emergency Department Admission	V3.5.0
eOutcome.19	Date/Time Emergency Department Procedure Performed	V3.5.0
eOutcome.20	Date/Time Hospital Procedure Performed	V3.5.0
eOther.22	File Attachment Name	V3.5.0
eScene.24	First Other EMS or Public Safety Agency at Scene to Provide Patient Care	V3.5.0
ENT	Stroke Score	

National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NVList	PNList
		Optional	0	1			
		Recommer	0	1	Nillable	NV.NotRec	
		Optional	0	M			
		Optional	0	1			
	State	Recommer	0	1	Nillable	NV.NotRec	
National	State	Required	1	1	Nillable	NV.NotRec	
		Optional	0	1			
National	State	Required	1	1	Nillable	NV.NotRec	
National	State	Required	1	1	Nillable	NV.NotRec	
National	State	Required	1	1	Nillable	NV.NotRec	
		Optional	0	1			
		Optional	0	1			
		Optional	0	M			PN.ExamFindingNotPresent;
		Optional	0	1			
		Optional	0	M			PN.ExamFindingNotPresent;
National	State	Mandatory	1	1			
National	State	Required	1	1	Nillable	NV.NotRec	
National	State	Required	1	1	Nillable	NV.NotRec	
National	State	Required	1	1	Nillable	NV.NotRec	
		Optional	0	M			
National	State	Required	1	1	Nillable	NV.NotRec	
National	State	Required	1	1	Nillable	NV.NotRec	
National	State	Required	1	1	Nillable	NV.NotRec	
National	State	Required	1	1	Nillable	NV.NotRec	
		Optional	0	1			
		Optional	0	1	Nillable	NV.NotRecorded; NV.NotApplicable;	
Custom	Custom	Required when selected stroke scale produces a score					

ElementNumber	ElementName	anged/Removed/T	National	State
dAgency.11	Level of Service	Changed	National	State
dAgency.15	Statistical Calendar Year	Changed		State
dAgency.16	Total Primary Service Area Size	Changed		State
dAgency.17	Total Service Area Population	Changed		State
dAgency.18	911 EMS Call Center Volume per Year	Changed		State
dAgency.19	EMS Dispatch Volume per Year	Changed		State
dAgency.20	EMS Patient Transport Volume per Year	Changed		State
dAgency.21	EMS Patient Contact Volume per Year	Changed		State
dConfiguration.01	State Associated with this Configuration	Changed	National	State
dConfiguration.02	State Certification/Licensure Levels	Removed	National	State
dConfiguration.03	Procedures Permitted by the State	Removed	National	State
dConfiguration.04	Medications Permitted by the State	Removed	National	State
dConfiguration.05	Protocols Permitted by the State	Removed	National	State
dConfiguration.09	EMS Agency Medications	Changed	National	State
dConfiguration.11	EMS Agency Specialty Service Capability	Changed		State
dConfiguration.15	Patient Monitoring Capability(ies)	Changed		State
dCustomConfiguration.02	Patient Monitoring Capability(ies)	Changed		
eAirway.04	Method	Changed		State
eAirway.05	Tube Depth	Changed		
eArrest.01	Cardiac Arrest	Changed	National	State
eArrest.02	Cardiac Arrest Etiology	Changed	National	State
eArrest.03	Resuscitation Attempted by EMS	Changed	National	State
eArrest.04	Arrest Witnessed By	Changed	National	State
eArrest.05	CPR Care Provided Prior to EMS Arrival	Removed	National	State
eArrest.06	Who Provided CPR Prior to EMS Arrival	Removed		State
eArrest.07	AED Use Prior to EMS Arrival	Changed	National	State
eArrest.08	Who Used AED Prior to EMS Arrival	Removed		State
eArrest.09	Type of CPR Provided	Changed	National	State
eArrest.11	Patient	Changed	National	State
eArrest.12	Any Return of Spontaneous Circulation	Changed	National	State
eArrest.13	Discharge	Changed		
eArrest.14	Date/Time of Cardiac Arrest	Changed	National	State
eArrest.18	End of EMS Cardiac Arrest Event	Changed	National	State
eCrew.02	Crew Member Level	Changed		State
eCustomConfiguration.02	Custom Definition	Changed		
eDispatch.01	Dispatch Reason	Changed	National	State
eDisposition.12	Incident/Patient Disposition	Removed	National	State
eDisposition.19	Final Patient Acuity	Changed	National	State
eDisposition.21	Type of Destination	Changed	National	State
eDisposition.23	Hospital Capability	Changed	National	State
eDisposition.24	Activation	Changed	National	State
eExam.08	Chest/Lungs Assessment	Removed		

eExam.15	Extremity Assessment Finding Location	Changed		
eExam.18	Eye Assessment	Changed		
eExam.19	Mental Status Assessment	Changed		
eExam.20	Neurological Assessment	Changed		
eHistory.01	Barriers to Patient Care	Changed	National	State
eHistory.17	Alcohol/Drug Use Indicators	Changed	National	State
eInjury.03	Trauma Triage Criteria (Steps 1 and 2)	Changed	National	State
eInjury.04	Trauma Triage Criteria (Steps 3 and 4)	Changed	National	State
eInjury.07	Use of Occupant Safety Equipment	Changed		State
eMedications.03	Medication Administered	Changed	National	State
eMedications.04	Medication Administered Route	Changed	National	State
eMedications.06	Medication Dosage Units	Changed	National	State
eMedications.10	Role/Type of Person Administering	Changed	National	State
eOther.05	Injury, or Death	Changed		State
eOutcome.09	Emergency Department Procedures	Changed	National	State
eOutcome.10	Emergency Department Diagnosis	Changed	National	State
eOutcome.11	Date/Time of Hospital Admission	Changed	National	State
eOutcome.12	Hospital Procedures	Changed	National	State
eOutcome.13	Hospital Diagnosis	Changed	National	State
eOutcome.14	Total ICU Length of Stay	Removed		
eOutcome.15	Total Ventilator Days	Removed		
eOutcome.16	Date/Time of Hospital Discharge	Changed	National	State
eOutcome.17	Outcome at Hospital Discharge	Removed		
eOutcome.18	Date/Time Emergency Department	Added	National	State
eOutcome.19	Date/Time Emergency Department	Added	National	State
eOutcome.20	Date/Time Hospital Procedure Performed	Added	National	State
ePatient.05	Patient's Home Address	Changed		State
ePatient.06	Patient's Home City	Changed		State
ePatient.13	Gender	Changed	National	State
eProcedures.03	Procedure	Changed	National	State
eProcedure.10	Procedure	Changed	National	State
eProcedures.13	Vascular Access Location	Changed		State
eProtocols.02	Protocol Age Category	Changed		State
eResponse.05	Type of Service Requested	Changed	National	State
eResponse.07	Unit Transport and Equipment Capability	Changed	National	State
eResponse.08	Type of Dispatch Delay	Changed	National	State
eResponse.15	Level of Care of This Unit	Removed	National	State
eSituation.01	Date/Time of Symptom Onset	Changed	National	State
eSituation.10	Other Associated Symptoms	Changed	National	State
eSituation.13	Initial Patinet Acuity	Changed	National	State
eSituation.18	Date/Time Last Known Well	Changed	National	State
eVitals.03	Cardiac Rhythm / Electrocardiography	Changed	National	State
eVitals.04	ECG Type	Changed	National	State
eVitals.07	DBP (Diastolic Blood Pressure)	Technical		State
eVitals.08	Method of Blood Pressure	Changed		State

eVitals.16	End Tidal Carbon Dioxide (ETCO2)	Changed	National	State
eVitals.18	Blood Glucose Level	Changed	National	State
eVitals.30	Stroke Scale Type	Changed	National	State

NEMSIS CHANGE SUMMARY	
Usage	**Revision Summary**
Mandatory	Remove reference to 2009 standard
Recommended	Too much time to document, does not need to be req
Recommended	Too much time to document, does not need to be req
Recommended	Too much time to document, does not need to be req
Recommended	Too much time to document, does not need to be req
Recommended	Too much time to document, does not need to be req
Recommended	Too much time to document, does not need to be req
Recommended	Too much time to document, does not need to be req
Mandatory	Element Name and Definition change
Mandatory	Retired from DEM dataset and moved to StateDataset
Required	Retired from DEM dataset and moved to StateDataset
Required	Retired from DEM dataset and moved to StateDataset
Required	Retired from DEM dataset and moved to StateDataset
Mandatory	Added option for the use of SNOMED-CT codes for blo
Recommended	Too much time to document, does not need to be req
Recommended	Too much time to document, does not need to be req
Mandatory	Minimum length increased to 2.
Recommended	Added value for "Chest Rise"
Optional	Changed to allow values as small as 4.
Required	Element and Code descriptions modified to align with
Required	Element and Code descriptions modified to align with
Required	Description modified to align with CARES
Required	Element and code descriptions modified to align with
Required	Element removed to align with CARES
Optional	Element removed to align with CARES
Required	Definition Change
Optional	Element removed to align with CARES
Required	Added and modified values
Required	Change to data element comment
Required	Change to element definition
Optional	Change to element definition
Required	Change to element definition
Required	Change to element definition
Recommended	Remove reference to 2009 standard
Mandatory	Minimum length increased to 2.
Mandatory	Dispatch. Values added: Intercept
Recommended	Split into 5 elements: eDisposition.27, eDisposition.28
Required	Values added
Required	Values added
Required	Add different kinds of stroke centers, element change
Required	Value added
Optional	Separate Chest/Lungs location & assessment to eExan

Optional	Values added
Optional	Values added
Optional	Values added and removed
Optional	Values added and removed
Required	Values added
Required	Changes to values and PN
Required	Name change
Required	Name change
Recommended	Value added
Required	Added ability to use SNOMED-CT codes for blood
Required	Promote element to National, add values
Required	Values added and removed
Required	Remove reference to 2009 standard
Recommended	No longer National element
Required	Now a National and State element; now Required; no
Required	Now a National and State element; now Required; no
Required	Now a National and State element; now Required; no
Required	Now a National and State element; now Required; no
Required	Now a National and State element; now Required; no
Optional	More conducive to exchange with hospitals and HIE
Optional	More conducive to exchange with hospitals and HIE
Required	Now a National and State element; now Required; no
Optional	More conducive to exchange with hospitals and HIE
Required	More conducive to exchange with hospitals and HIE
Required	More conducive to exchange with hospitals and HIE
Required	More conducive to exchange with hospitals and HIE
Optional	Now nillable, allows for PN
Optional	Now nillable, allows for PN
Required	Values added
Required	Add new PN - "Order Criteria Not Met"
Required	Remove reference to 2009 standard
Recommended	Values added
Recommended	No longer National element
Mandatory	Values added and relabeled
Mandatory	Element renamed, description rewritten, values adde
Required	Values added
Mandatory	Replaced with eDisposition.32
Required	Values added for PN
Required	Value added for PN
Required	Value added
Required	Value added for PN, promoted to National element
Required	Values added to more accurately reflect the STEMI op
Required	Values added
Recommended	Constraint pattern change to account for values 1-9
Recommended	No longer National element

Required	Changed definition, added ETCO2 Type options, allow
Required	Changed element to allow values of 'High' and 'Low' a
Required	Values added

Revision Impact
Some impact on provider experience
No change to provider experience
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Some impact on provider experience

Improves provider experience
Improves provider experience
Some impact on provider experience

ElementNumber	ElementName	Added/Changed/Removed/Technical Fix	National	State
dConfiguration.09	EMS Agency Medications	Changed	National	State
eAirway.04	Method	Changed		State
eAirway.05	Tube Depth	Changed		
eArrest.04	Arrest Witnessed By	Changed	National	State
eArrest.09	Type of CPR Provided	Changed	National	State
eDispatch.01	Dispatch Reason	Changed	National	State
eDisposition.12	Incident/Patient Disposition	Removed	National	State
eDisposition.19	Final Patient Acuity	Changed	National	State
eDisposition.21	Type of Destination	Changed	National	State
eDisposition.23	Hospital Capability	Changed	National	State
eDisposition.24	Activation	Changed	National	State
eExam.08	Chest/Lungs Assessment	Removed		
eExam.15	Extremity Assessment Finding Location	Changed		
eExam.18	Eye Assessment	Changed		
eExam.19	Mental Status Assessment	Changed		
eExam.20	Neurological Assessment	Changed		
eHistory.01	Barriers to Patient Care	Changed	National	State
eHistory.17	Alcohol/Drug Use Indicators	Changed	National	State
eInjury.07	Use of Occupant Safety Equipment	Changed		State
eMedications.04	Medication Administered Route	Changed	National	State
eMedications.06	Medication Dosage Units	Changed	National	State
eProcedures.03	Procedure	Changed	National	State
eProcedures.13	Vascular Access Location	Changed		State
eResponse.05	Type of Service Requested	Changed	National	State
eResponse.07	Unit Transport and Equipment Capability	Changed	National	State
eResponse.08	Type of Dispatch Delay	Changed	National	State
eSituation.01	Date/Time of Symptom Onset	Changed	National	State
eSituation.10	Other Associated Symptoms	Changed	National	State
eSituation.13	Initial Patinet Acuity	Changed	National	State
eSituation.18	Date/Time Last Known Well	Changed	National	State
eVitals.03	Cardiac Rhythm / Electrocardiography	Changed	National	State
eVitals.04	ECG Type	Changed	National	State
eVitals.07	DBP (Diastolic Blood Pressure)	Technical fix		State
eVitals.16	End Tidal Carbon Dioxide (ETCO2)	Changed	National	State
eVitals.18	Blood Glucose Level	Changed	National	State
eVitals.30	Stroke Scale Type	Changed	National	State

Usage	Revision Summary
Mandatory	Added option for the use of SNOMED-CT codes for blood products
Recommended	Added value for "Chest Rise"
Optional	Changed to allow values as small as 4.
Required	Element and code descriptions modified to align with CARES
Required	Added and modified values
Mandatory	Altered Mental Status
Recommended	Split into 5 elements: eDisposition.27, eDisposition.28, eDisposition.29, eDisposition.30, eD
Required	Values added
Required	Values added
Required	Add different kinds of stroke centers, element changed to 1:M
Required	Value added
Optional	Separate Chest/Lungs location & assessment to eExam.22, eExam.23, eExam.24, eExam.25
Optional	Values added
Optional	Values added
Optional	Values added and removed
Optional	Values added and removed
Required	Values added
Required	Changes to values and PN
Recommended	Value added
Required	Promote element to National, add values
Required	Values added and removed
Required	Add new PN - "Order Criteria Not Met"
Recommended	Values added
Mandatory	Values added and relabeled
Mandatory	Element renamed, description rewritten, values added and removed
Required	Values added
Required	Values added for PN
Required	Value added for PN
Required	Value added
Required	Value added for PN, promoted to National element
Required	Values added to more accurately reflect the STEMI options
Required	Values added
Recommended	Constraint pattern change to account for values 1-9
Required	Changed definition, added ETCO2 Type options, allowed values up to 750
Required	Changed element to allow values of 'High' and 'Low' as well as numbers 0 to 2000
Required	Values added

Revision Impact
Improves provider experience
Improves provider experience
Improves provider experience
Improves provider experience
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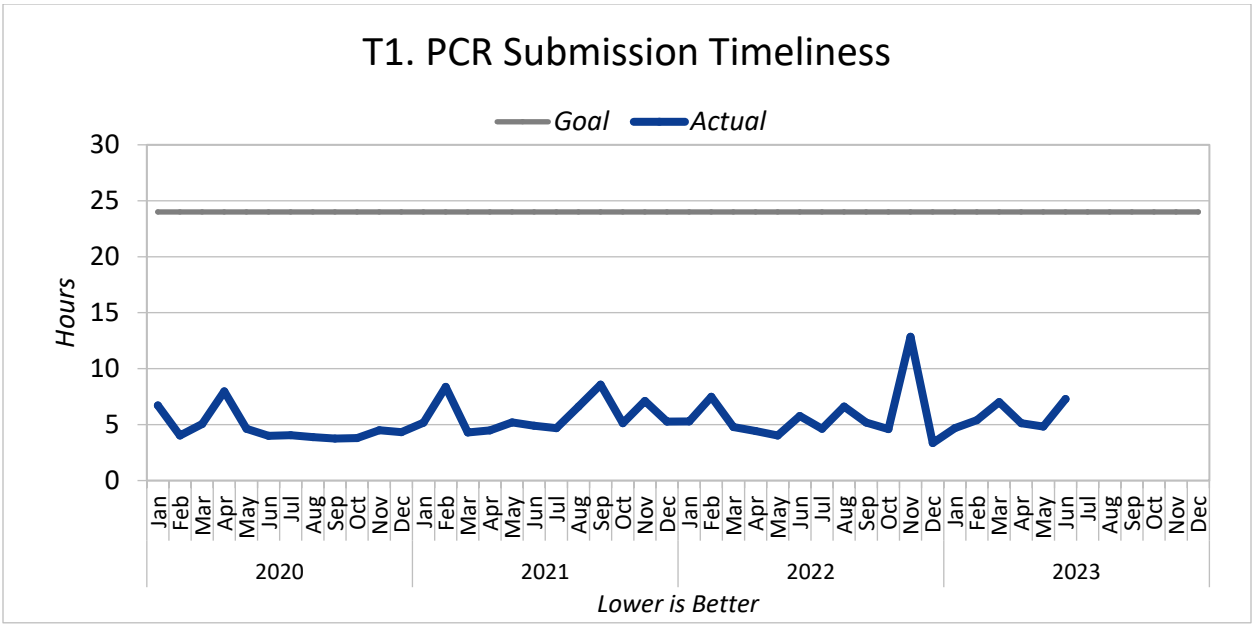
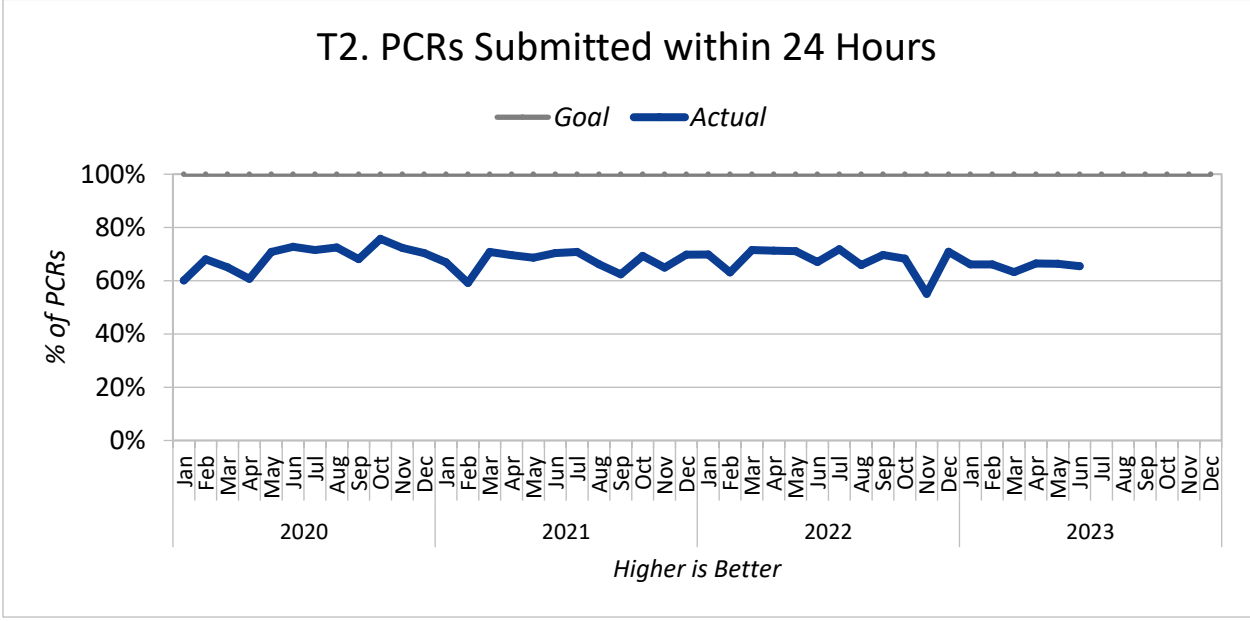
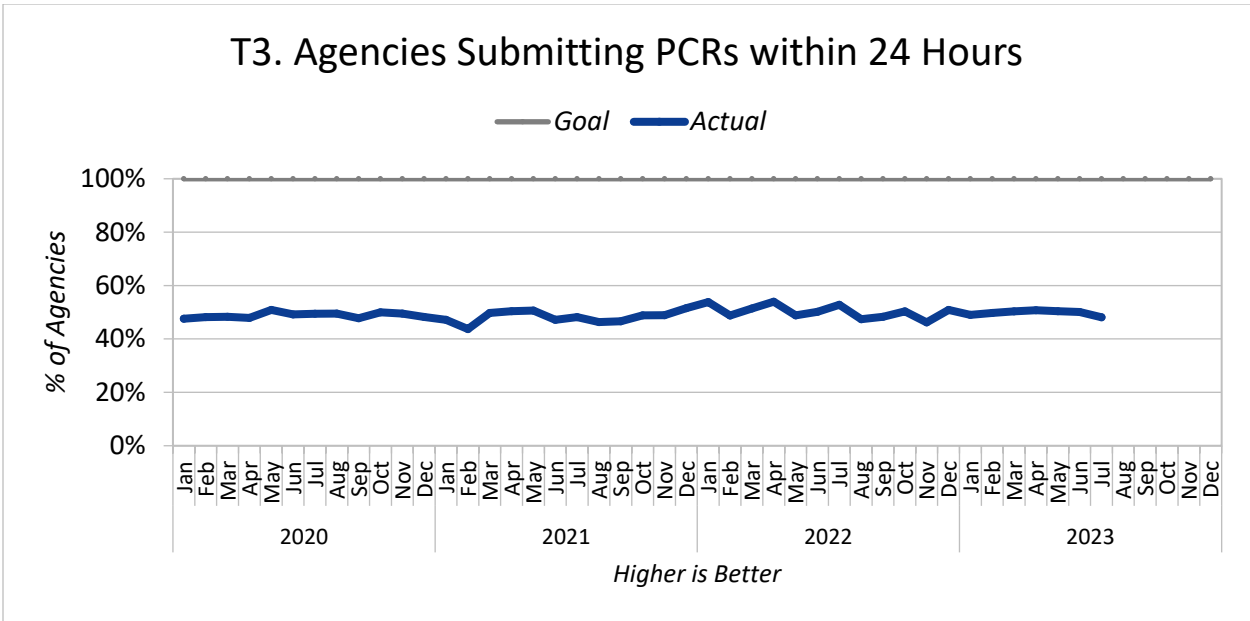
Improves provider experience
Some impact on provider experience



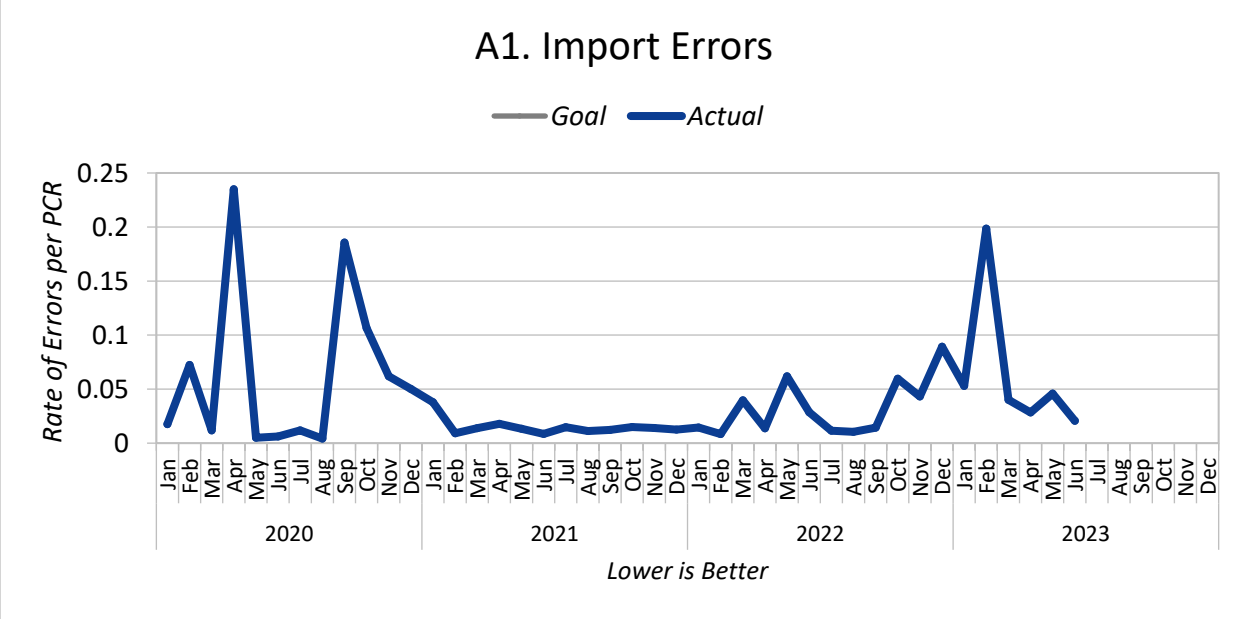
The median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call).



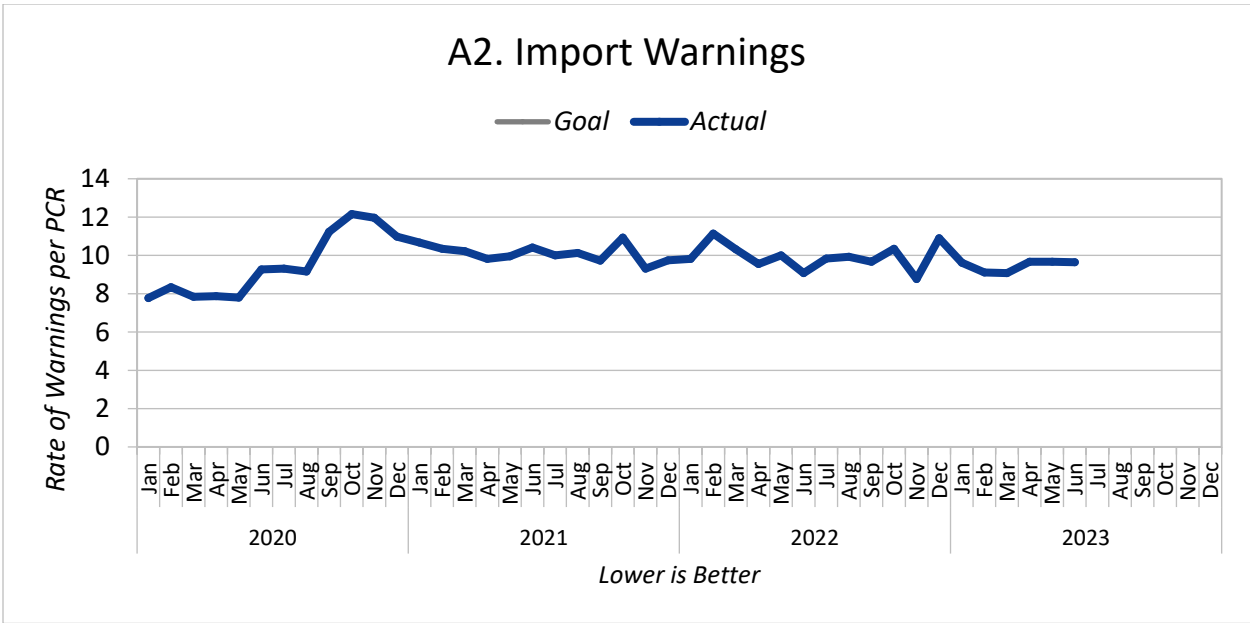
The percentage of NEMSIS version 3 patient care reports received by the state data system within 24 hours from the time the EMS unit was back in service after the call.



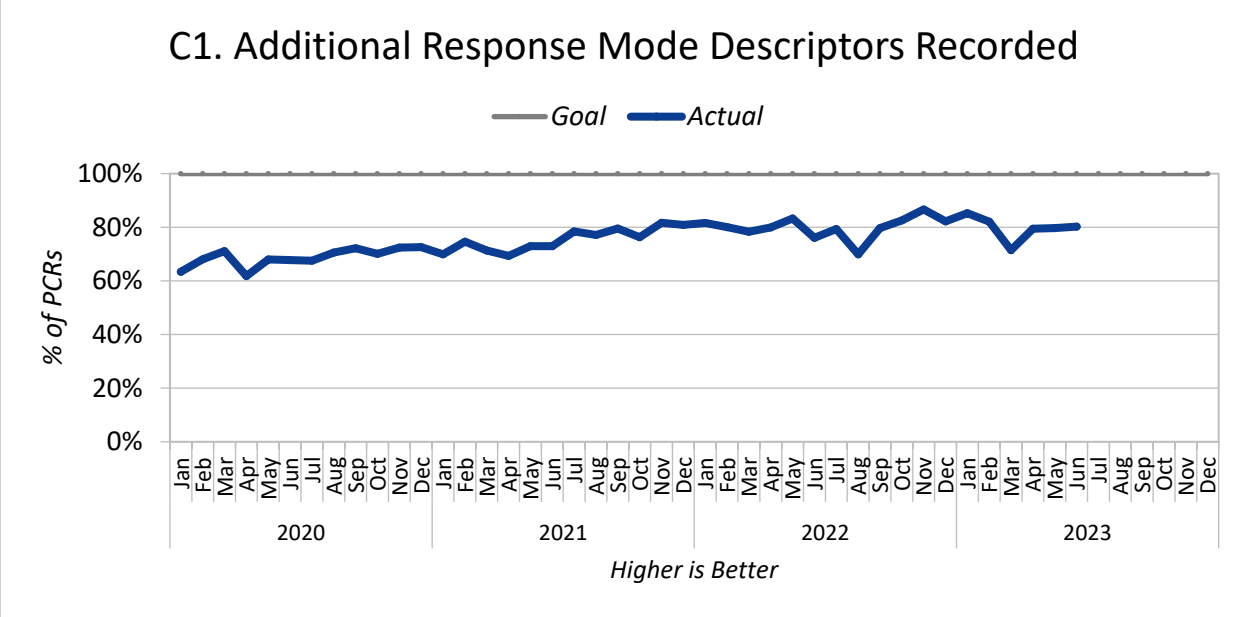
The percentage of agencies where the median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call) is less than 24.



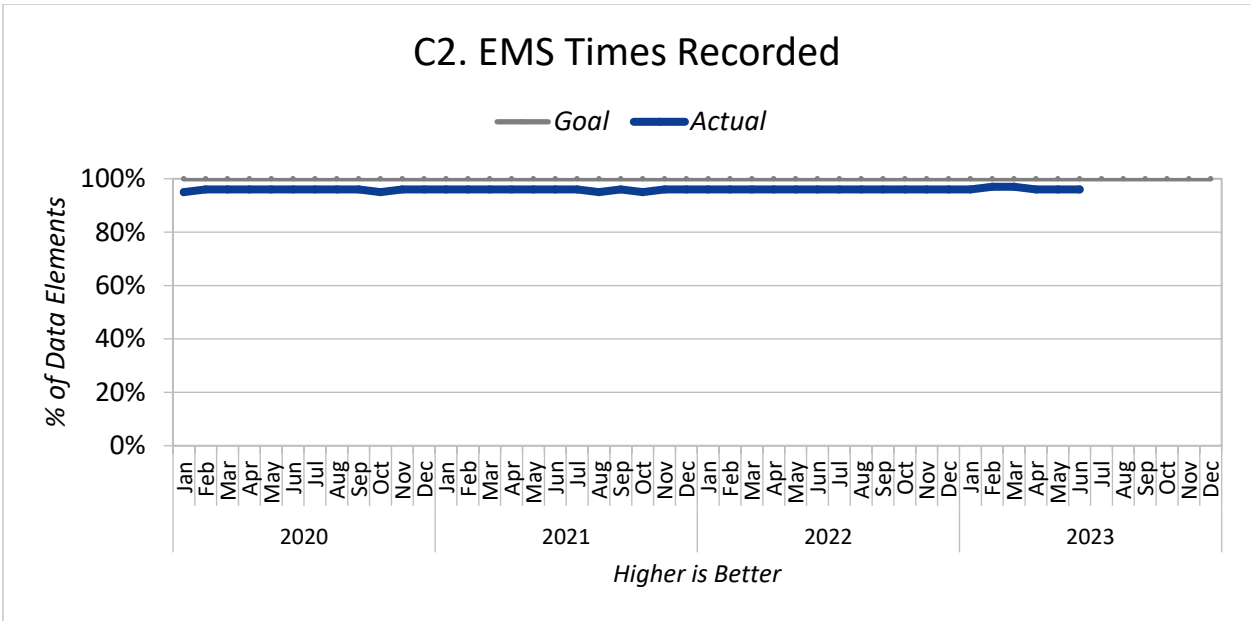
The rate of errors in NEMSIS 3 data submitted to the state EMS data system from other systems.



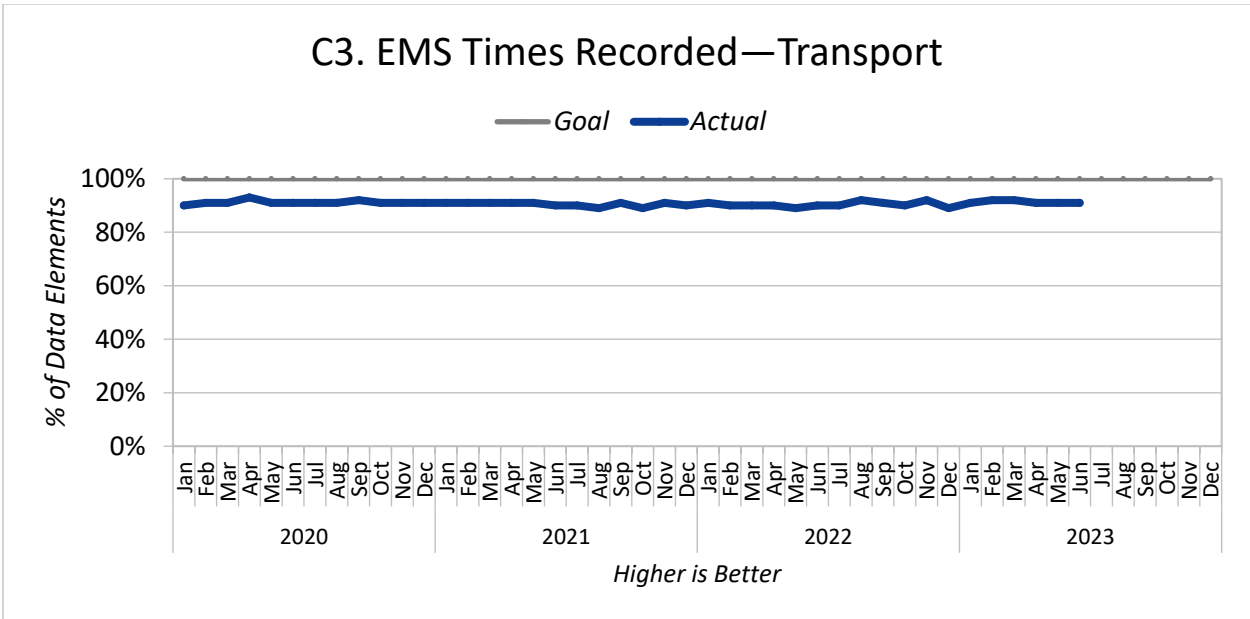
The rate of warnings in NEMSIS 3 data submitted to the state EMS data system from other systems.



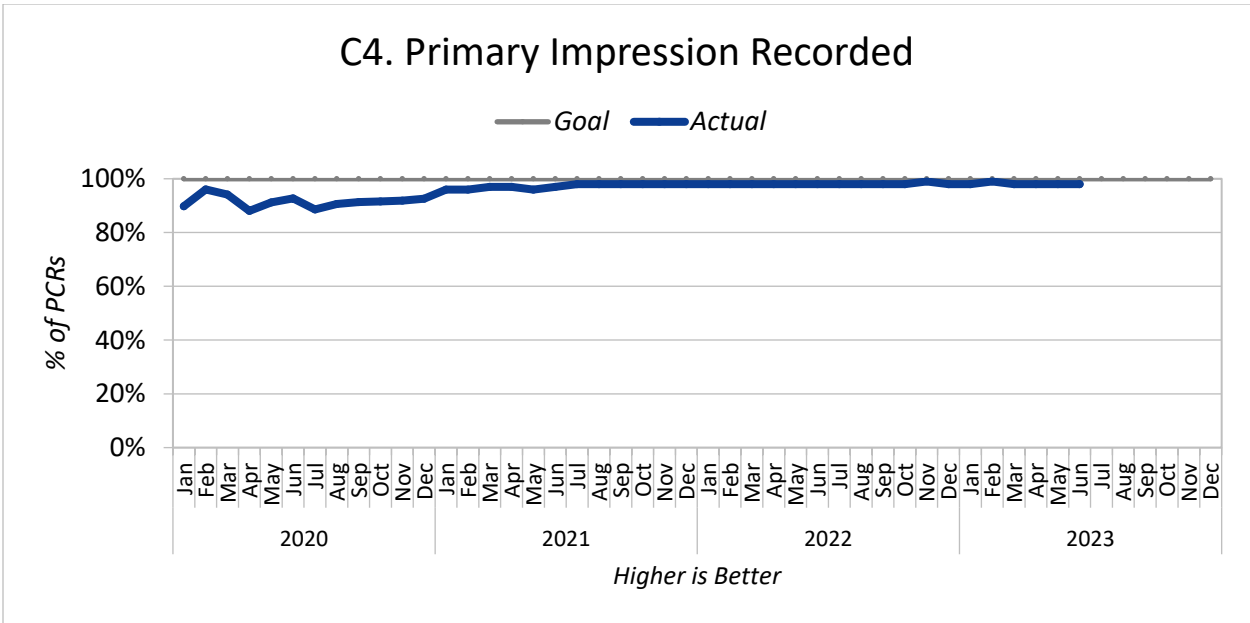
Where there is an incident scene, the percentage of patient care reports where Additional Response Mode Descriptors is recorded with a non-blank value.



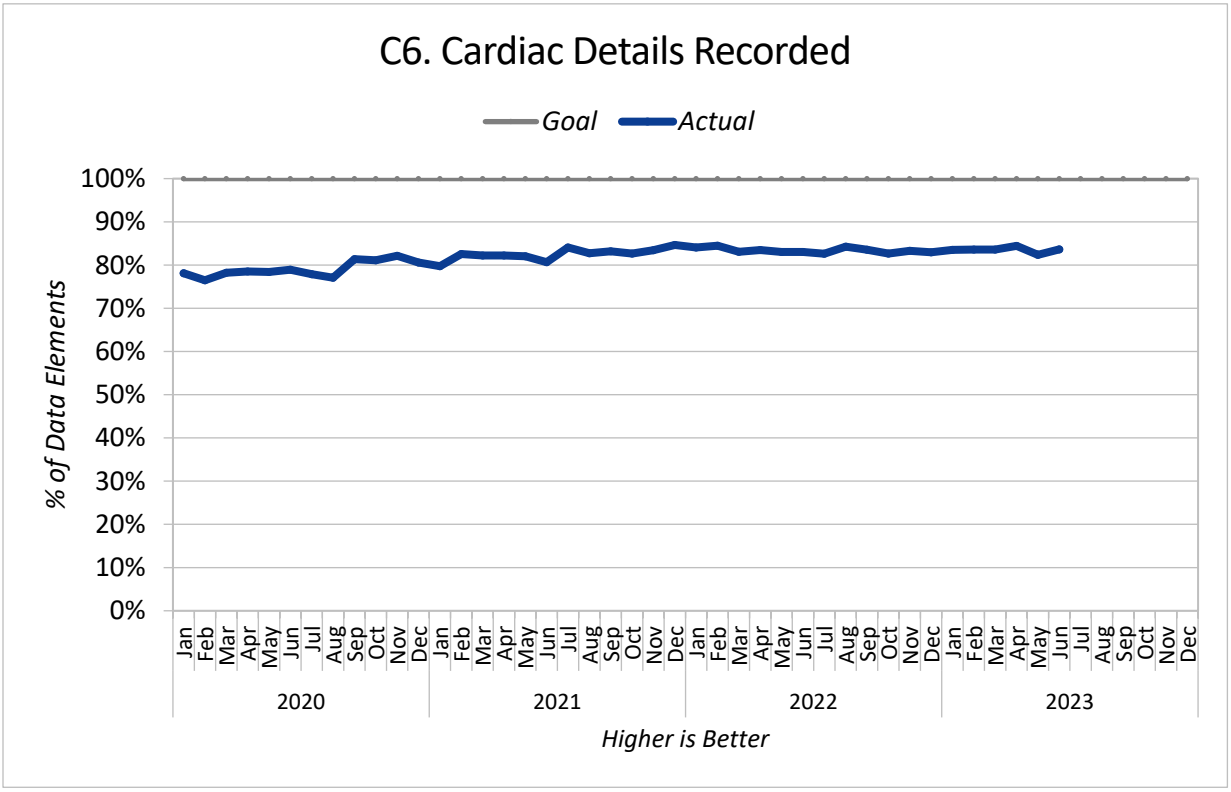
Where a patient is encountered, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



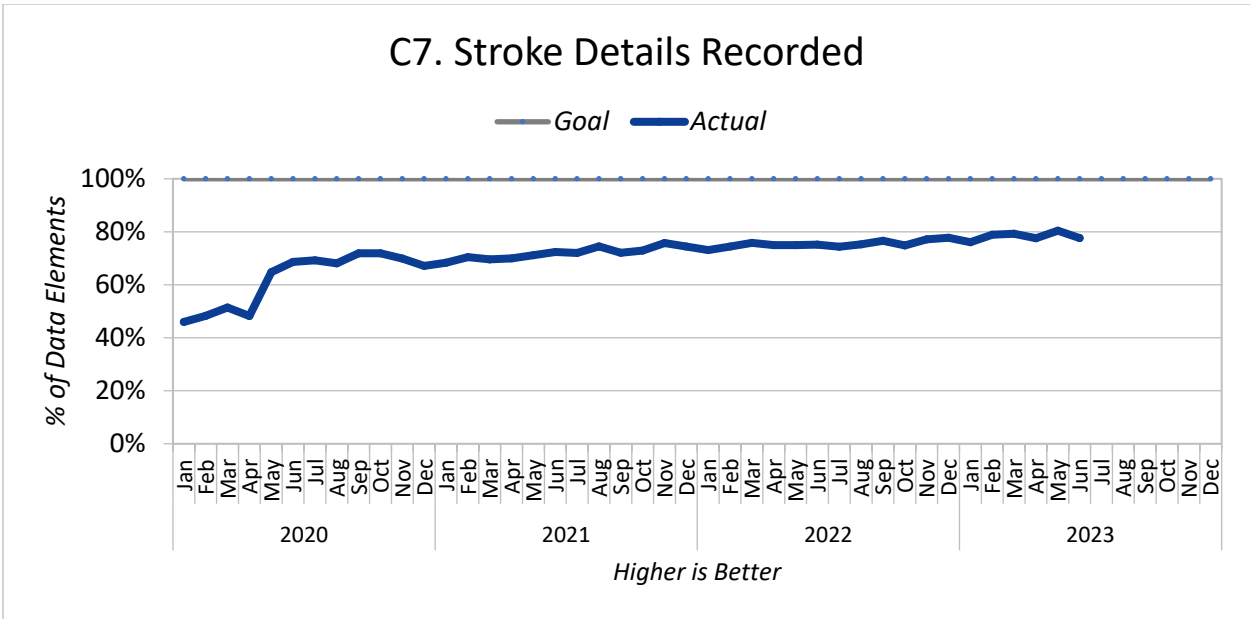
Where a patient is transported by EMS, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



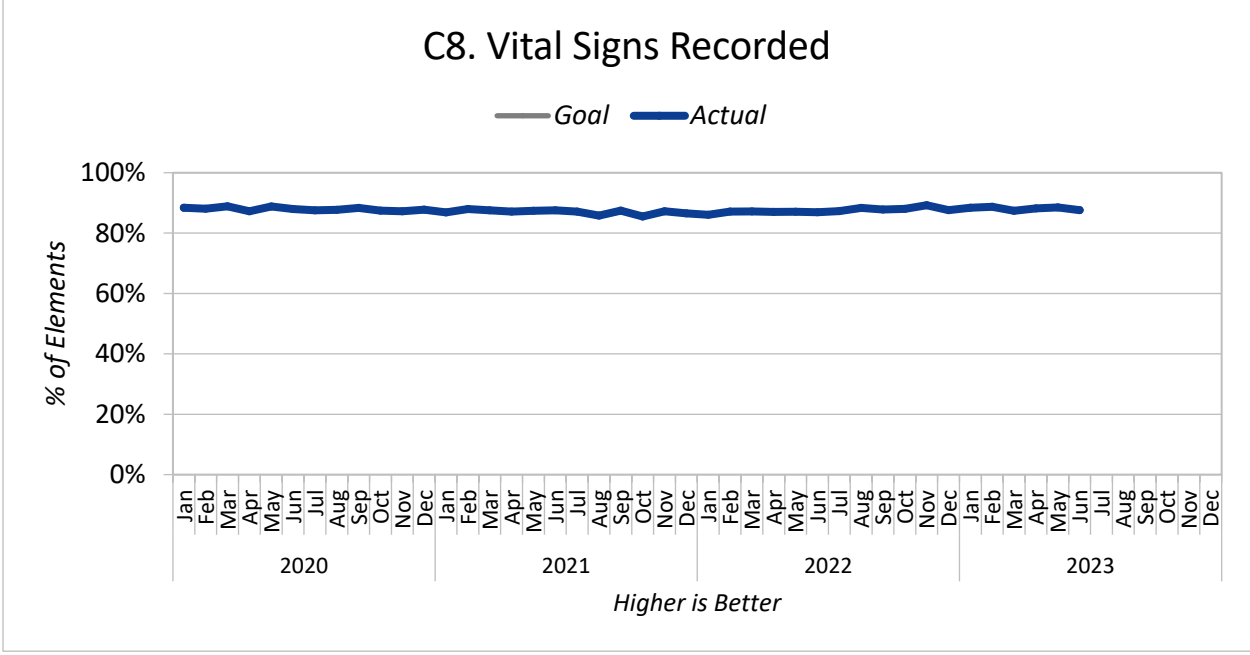
Where a patient is treated, the percentage of NEMSIS 3 patient care reports with a Primary Impression recorded



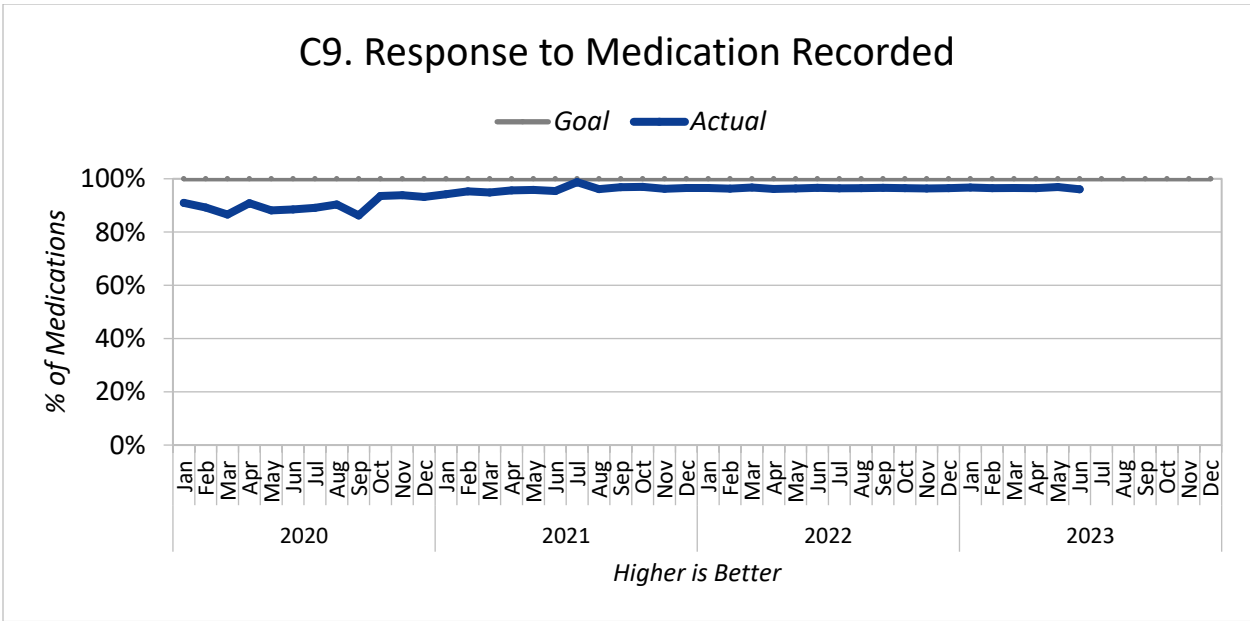
Where there is a cardiac arrest, the average percentage of selected cardiac-related elements with a non-blank value per NEMSIS 3 patient care report.



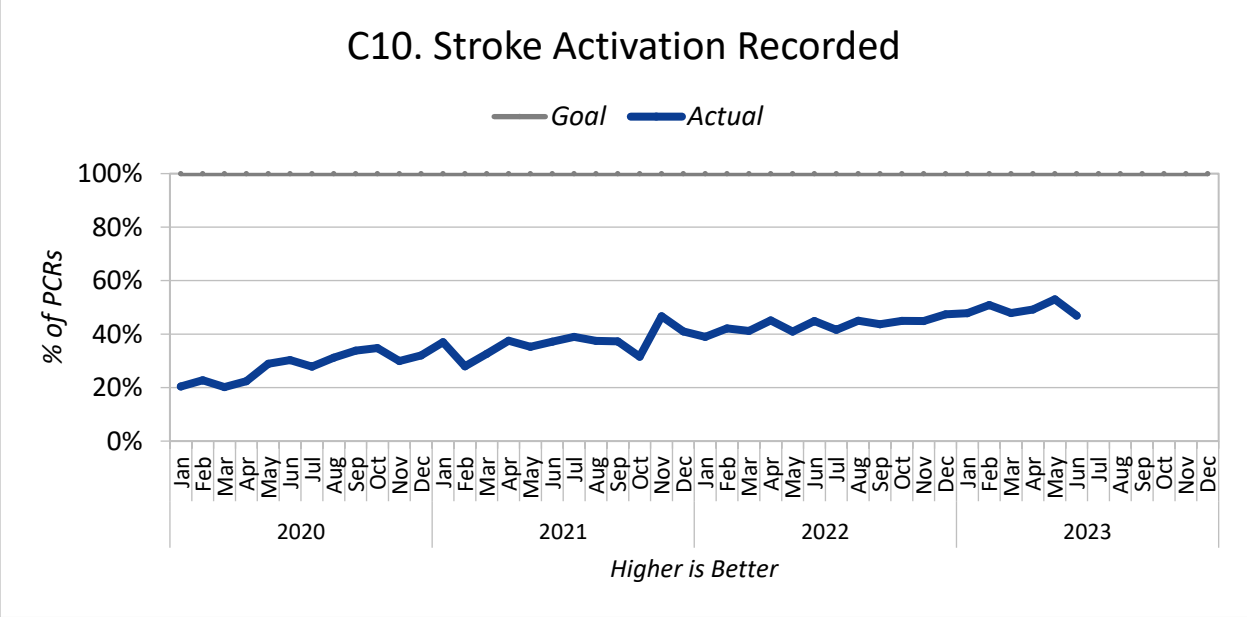
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene), the average percentage of selected stroke-related elements with a non-blank value per NEMSIS 3 patient care report.



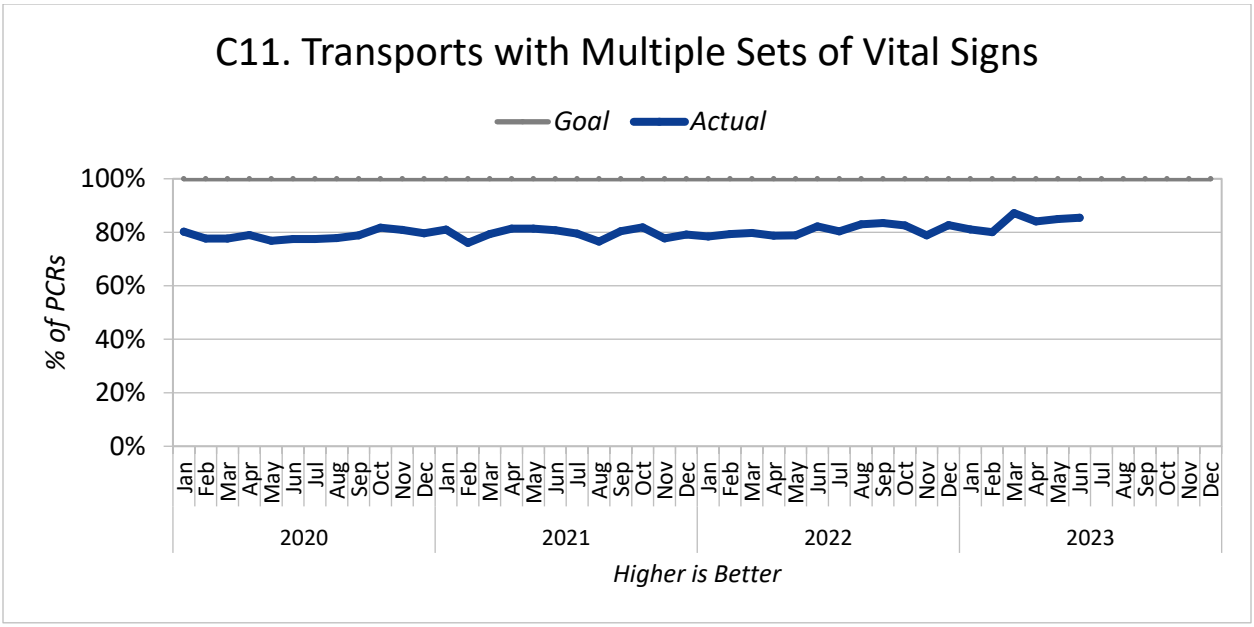
Where a patient is treated, the average percentage of selected vital sign elements with a non-blank value per NEMSIS 3 patient care report.



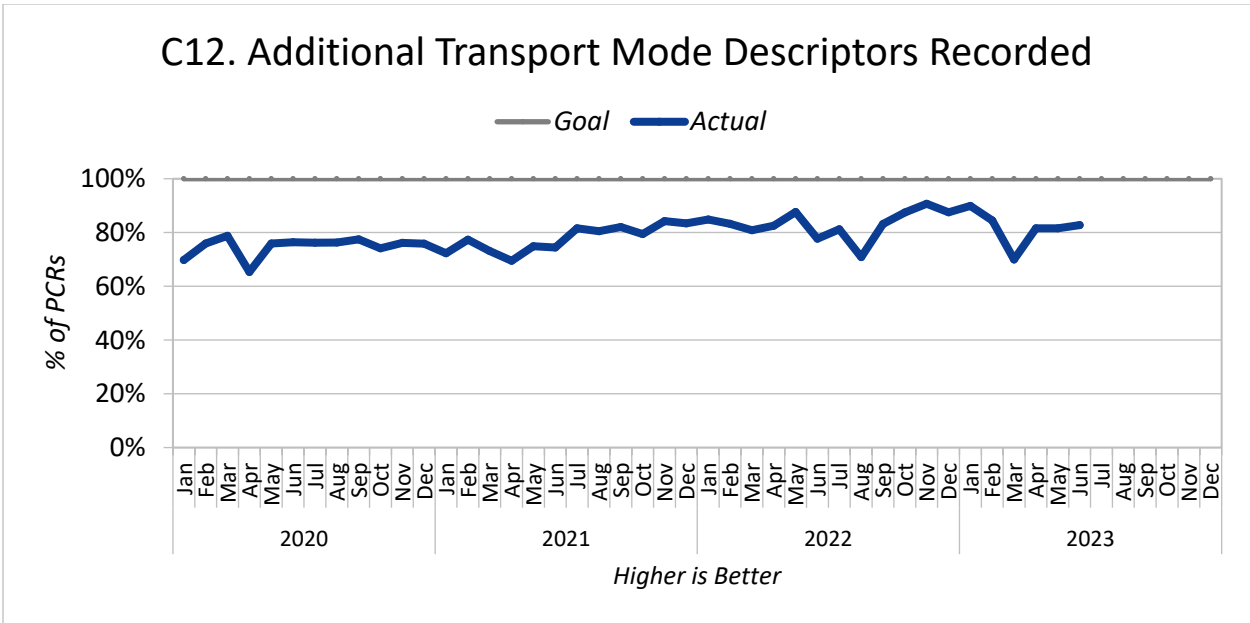
The percentage of medication administrations with Response to Medication recorded



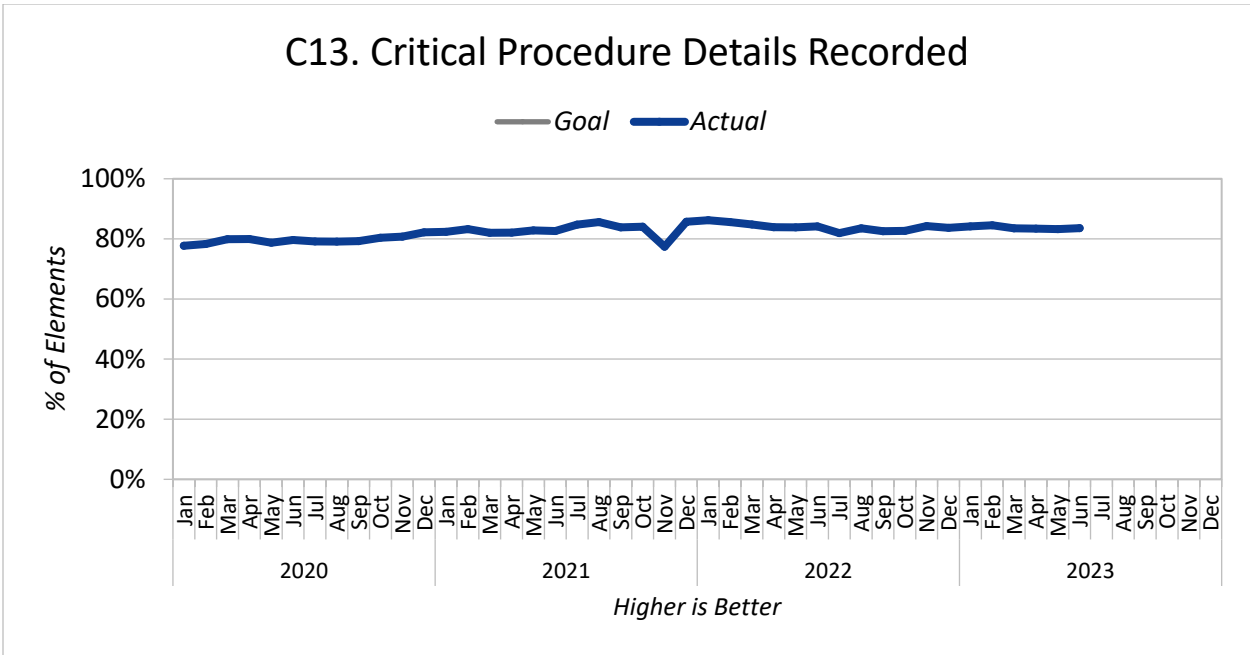
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene) and a patient is treated and transported, the percentage of NEMSIS 3 patient care reports with a destination team stroke pre-arrival alert or activation recorded.



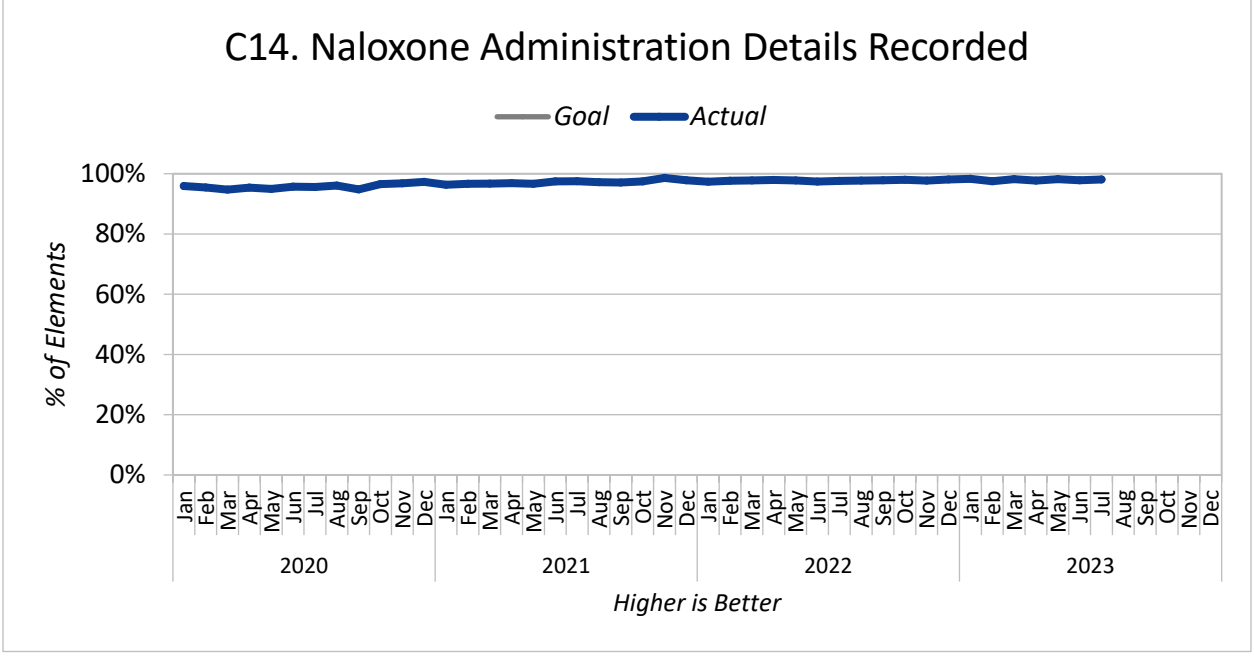
Where a patient is treated and transported, the percentage NEMSIS 3 patient care reports where more than one set of vital signs is recorded.



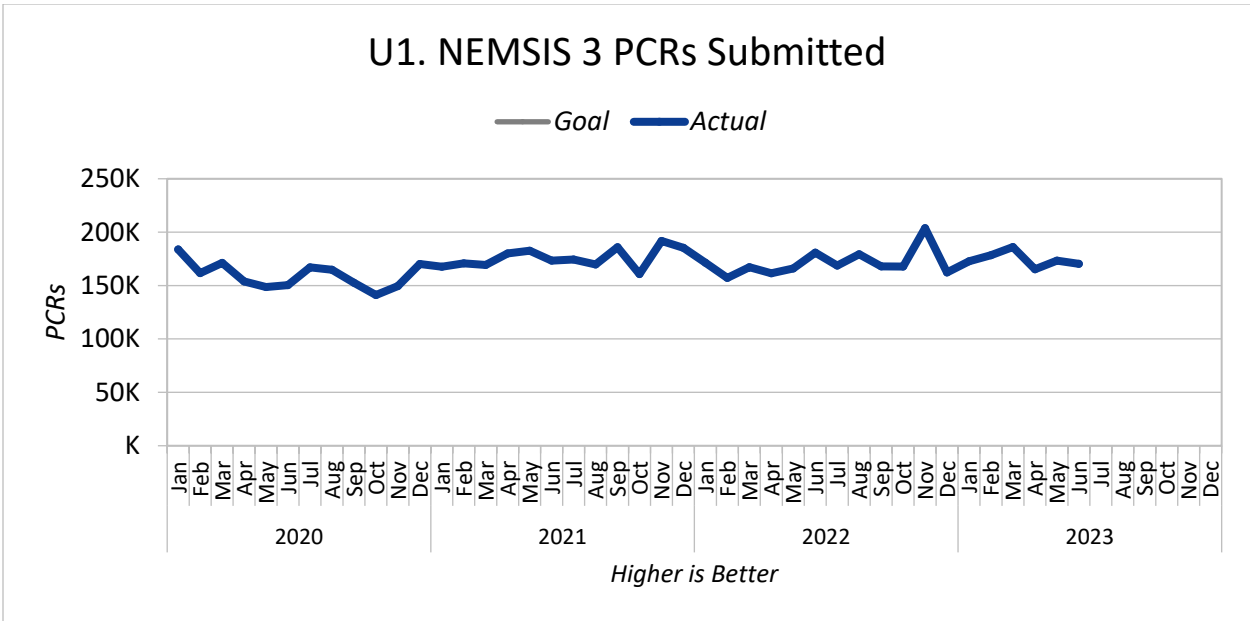
Where a patient is treated and transported, the percentage of patient care reports where Additional Transport Mode Descriptors is recorded with a non-blank value.



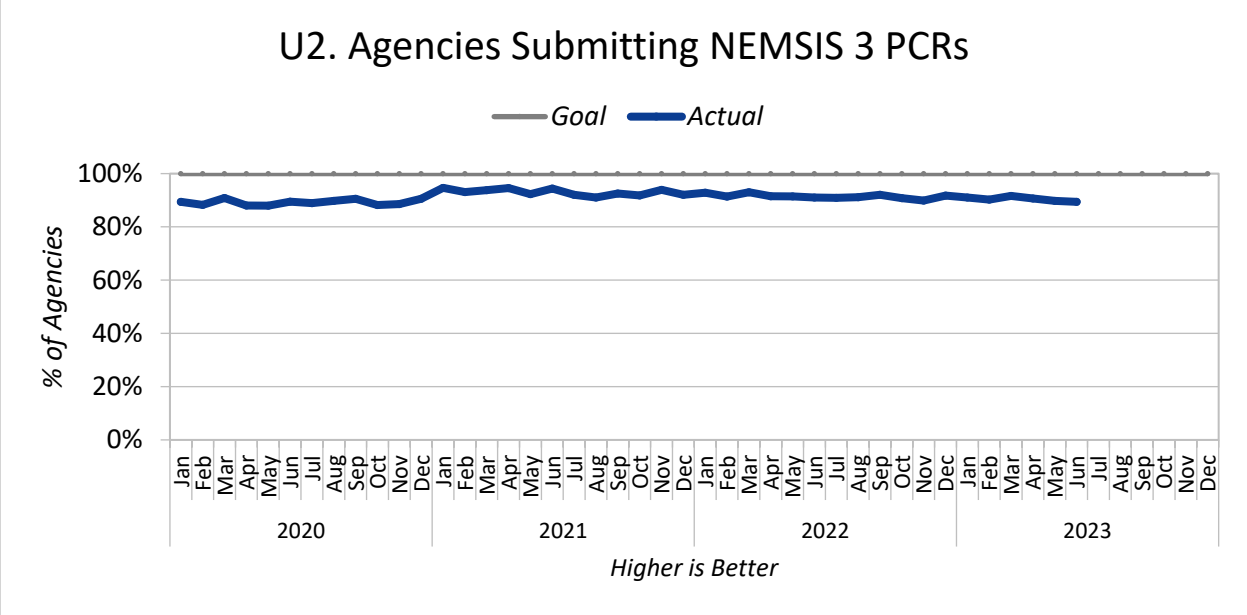
Where a critical procedure is performed, the average percentage of selected procedure-related elements with a non-blank value per procedure performed.



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.

Bureau of EMS, Trauma & Preparedness Division of EMS & Trauma Policies & Procedures		EMS-313
Subject: Continuing Education for Clinical Field Practice		
Supersedes #: EMS-313	**Previous Date:** 6/09/2022	**Pages:** 3
Approved by:		**Date:** 3/20/2023

PURPOSE:

Licensed EMS personnel who are actively working for a licensed EMS agency have increased opportunity to provide assessments and interventions for patients in the EMS system. In order to provide consistent credit for clinical practice, the Division of EMS and Trauma will conduct routine analysis of data and award continuing education credit as outlined in this policy.

POLICY:

Each month, at the beginning of the month, the license numbers of expiring licensees at the end of the third month will be generated in a spreadsheet. Additionally, a report will be generated from the Michigan EMS Information System (MIEMSIS) outlining all licensees performing the credit earning procedure on or after the start date of the current licensing period (approximately 33 months of data). Procedures performed will be pulled from the flow chart or procedure section of the patient care report, using appropriate coding from the NEMSIS dataset. Procedures documented in the narrative section of the patient care report will not be counted. These spreadsheets are compared and generate a list of expiring licensees that will receive credit according to the following table.

Division staff will create courses and upload licensee credit information before the licensee receives their 60-day renewal notification. A ~~chit sheet~~ certificate will be emailed to the licensee's email address that is in the license management system.

Example:

Licensees expiring September 30th, 2022 will be generated in a report in the beginning of July. Data for these licensees will be pulled from MIEMSIS for the period of October 1st, 2019 through June 1st of 2022, making 33 months of data examined. The awarded

credits will be uploaded to licensure by August 1st, 2022, prior to the licensee's renewal notice being emailed on August 2nd, 2022, 60 days from their renewal date.

The number of credits awarded by this mechanism is capped at 2 per category per licensure period.

Credit Category	Procedures Reported	Conversion
Airway (BLS)	Airway opened BVM CPAP Endotracheal Intubation LMA Mouth to mask/mouth Nasal airway Oral airway Suctioning Supraglottic insertion (dual and single)	One Credit for every Ten procedures performed successfully
Preparatory (paramedic and advanced EMT)	IV Insertion	One Credit for every Ten procedures performed successfully
Trauma	Chest/Thoracic: Needle Decompression Musculoskeletal: C-Spine Stabilization, Manual Musculoskeletal: Cervical Collar Applied Musculoskeletal: Immobilization Using Extrication Splint Musculoskeletal: Immobilization using Long Board Musculoskeletal: Immobilization using Short Extrication Splint Musculoskeletal: Reduction of Dislocated Joint Musculoskeletal: Spinal Immobilization, Cervical Musculoskeletal: Spinal Immobilization, Full Musculoskeletal: Splinting, General	One Credit for every Ten procedures performed successfully

	Musculoskeletal: Splinting, Pelvic Binder/Sling Musculoskeletal: Splinting, Traction Wound Care: Bandage Wound Care: Burn Care Wound Care: Escharotomy Wound Care: General Wound Care Wound Care: Hemostatic Agent Wound Care: Occlusive Dressing Wound Care: Pressure Dressing Wound Care: Skin Wound Closure Wound Care: Suture Removal Wound Care: Tourniquet Wound Care: Wound	
Medical	Cardiac: 12 Lead ECG Obtained Cardiac: 15 Lead ECG Obtained Cardiac: 18 Lead ECG Obtained Cardiac: 3/4 Lead ECG Monitoring Cardiac: CPR Discontinued due to ROSC Cardiac: Cardioversion Cardiac: Chest Compressions (Manual) Cardiac: Chest Compressions (Mechanical Device) Cardiac: Defibrillation, AED Cardiac: Defibrillation, Manual Cardiac: Electrocardiographic Monitoring	One Credit for every Ten procedures performed successfully

	Cardiac: Pacing, Cardiac (External or Internal) Cardiac: Vagal Maneuver	
Patient Assessment	Assessment: History and Physical Examination, Limited Assessment: Observation Assessment: Orthostatic Vital Signs Assessment: Physical Assessment Assessment: Vital Signs	One Credit for every Ten procedures performed successfully

EMS Related Legislation

Bill	Year	Status	Subject Matter	Date of Last Action	EMS CC Position	Level
HB 4613 & 4614	2023	House Committee on Regulatory Affairs	Temporary EMS License	05/24/2023		State
HB 4922	2023	House Committee on Insurance and Financial Services	Surprise Billings	07/20/2023		State
SB 69 & 71	2023	Signed by the Governor - PA 60 & 62 of 2023	Vaginal & Anal Penetration	07/18/2023	Support	State
HB 4358	2023	House Labor	Disclosure of a Weapon to EMS	04/11/2023	Support	State
SB 249	2023	Senate Health Policy	State Paramedic Exam	04/11/2023	Support	State
SB 28	2023	Senate Health Policy	Restraints	01/18/2023	Pending	State

HOUSE BILL NO. 4613

May 23, 2023, Introduced by Reps. Prestin, Fitzgerald, Roth, Paquette, Mueller, Markkanen, Cavitt, Hoadley, Bezotte, Harris, Martus, Conlin, Hoskins, Tyrone Carter, Liberati, Coleman, Alexander, Beson, Jaime Greene, BeGole, Schmaltz, Rheingans, DeBoyer, Haadsma, Glanville and Witwer and referred to the Committee on Regulatory Reform.

A bill to amend 1978 PA 368, entitled

"Public health code,"

by amending section 20952 (MCL 333.20952), as added by 1990 PA 179.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 20952. (1) The department may grant a nonrenewable temporary license to an individual who has made proper application with the required fee for licensure as a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic and who has successfully completed all of

the requirements for licensure except for the department prescribed examinations. A temporary license is valid for ~~120 days~~ **1 year** from the date of an accepted application.

(2) An individual holding a temporary license ~~as an emergency medical technician~~ **under this section** 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.~~**as provided under section 20952a.**

Enacting section 1. This amendatory act does not take effect unless Senate Bill No.____ or House Bill No. 4614 (request no. 00077'23 *) of the 102nd Legislature is enacted into law.

HOUSE BILL NO. 4614

May 23, 2023, Introduced by Reps. Fitzgerald, Prestin, Farhat, Dievendorf, Liberati, Skaggs, Roth, Bezotte, Harris, Martus, Hoskins, Tyrone Carter, Coleman, Alexander, Hill, Beson, Jaime Greene, BeGole, Schmaltz, Grant, Rheingans, DeBoyer, Haadsma, Glanville and Witwer and referred to the Committee on Regulatory Reform.

A bill to amend 1978 PA 368, entitled

"Public health code,"

(MCL 333.1101 to 333.25211) by adding section 20952a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 20952a. (1) 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.

(2) 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.

(3) 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.

Enacting section 1. This amendatory act does not take effect unless Senate Bill No.____ or House Bill No. 4613 (request no. 03022'23) of the 102nd Legislature is enacted into law.

HOUSE BILL NO. 4922

July 19, 2023, Introduced by Rep. Brenda Carter and referred to the Committee on Insurance and Financial Services.

A bill to amend 1978 PA 368, entitled

"Public health code,"

by amending sections 24502, 24503, 24504, 24507, 24509, 24510, 24511, and 24513 (MCL 333.24502, 333.24503, 333.24504, 333.24507, 333.24509, 333.24510, 333.24511, and 333.24513), sections 24502, 24503, 24504, 24507, 24510, 24511, and 24513 as added by 2020 PA 234 and section 24509 as added by 2020 PA 235.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 24502. (1) "Carrier" means any of the following:

(a) A person that issues a health benefit plan in this state, including an insurer, health maintenance organization, or any other person providing a plan of health benefits, coverage, or insurance subject to state insurance regulation.

(b) An entity that contracts with this state or a local unit of government to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services provided under a self-funded plan established or maintained by the state or local unit of government for its employees.

(2) "Department" means the department of insurance and financial services.

(3) "Director" means the director of the department or his or her designee.

(4) "Emergency medical services operation" means any of the following:

(a) A medical first response service as that term is defined in section 20906.

(b) A nontransport prehospital life support operation as that term is defined in section 20908.

(c) An ambulance operation as that term is defined in section 20902 if the ambulance operation is transporting any of the following by an ambulance that is a motor vehicle:

(*i*) A nonemergency patient.

(*ii*) An emergency patient.

(5) ~~(4)~~ "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 more

of the following:

(a) Placing the health of the individual or, in the case of a pregnant woman, the health of the woman or the unborn child, or both, in serious jeopardy.

(b) Serious impairment of bodily function.

(c) Serious dysfunction of a body organ or part.

(6) ~~(5)~~ "Health benefit plan" means an individual or group expense-incurred hospital, medical, or surgical policy or certificate, an individual or group health maintenance organization contract, or a self-funded plan established or maintained by this state or a local unit of government for its employees. Health benefit plan does not include accident-only, credit, dental, or disability income insurance; long-term care insurance; coverage issued as a supplement to liability insurance; coverage only for a specified disease or illness; worker's compensation or similar insurance; or automobile medical-payment insurance.

(7) ~~(6)~~ "Health care service" means a diagnostic procedure, medical or surgical procedure, examination, or other treatment **or service, or a service delivered through an emergency medical services operation.**

(8) ~~(7)~~ "Health facility" means any of the following:

(a) A hospital.

(b) A freestanding surgical outpatient facility as that term is defined in section 20104.

(c) A skilled nursing facility as that term is defined in section 20109.

(d) A physician's office or other outpatient setting, that is not otherwise described in this subsection.

(e) A laboratory.

(f) A radiology or imaging center.

(9) ~~(8)~~ "Health maintenance organization" means that term as defined in section 3501 of the insurance code of 1956, 1956 PA 218, MCL 500.3501.

(10) ~~(9)~~ "Hospital" means that term as defined in section 20106.

(11) ~~(10)~~ "Insurer" means that term as defined in section 106 of the insurance code of 1956, 1956 PA 218, MCL 500.106.

Sec. 24503. (1) "Local unit of government" means that term as defined in section 1 of 2006 PA 495, MCL 550.1951.

(2) "Nonemergency patient" means an individual whose physical or mental condition is such that the individual may reasonably be suspected of not being in imminent danger of loss of life or of significant health impairment.

(3) "Nonparticipating emergency medical services operation" means an emergency medical services operation that is not a participating emergency medical services operation.

(4) ~~(3)~~ "Nonparticipating health facility" means a health facility that is not a participating health facility.

(5) ~~(4)~~ "Nonparticipating provider" means a provider who is not a participating provider.

Sec. 24504. **(1) "Participating emergency medical services operation" means an emergency medical services operation that, under contract with a carrier, or with the carrier's contractor or subcontractor, agrees to provide health care services to individuals who are covered by health benefit plans issued or administered by the carrier and to accept payment by the carrier, contractor, or subcontractor for the services covered by the health benefit plans as payment in full, other than coinsurance,**

copayments, or deductibles.

(2) ~~(1)~~ "Participating health facility" means a health facility that, under contract with a carrier, or with the carrier's contractor or subcontractor, agrees to provide health care services to individuals who are covered by health benefit plans issued or administered by the carrier and to accept payment by the carrier, contractor, or subcontractor for the services covered by the health benefit plans as payment in full, other than coinsurance, copayments, or deductibles.

(3) ~~(2)~~ "Participating provider" means a provider who, under contract with a carrier, or with the carrier's contractor or subcontractor, agrees to provide health care services to individuals who are covered by health benefit plans issued or administered by the carrier and to accept payment by the carrier, contractor, or subcontractor for the services covered by the health benefit plans as payment in full, other than coinsurance, copayments, or deductibles.

(4) ~~(3)~~ "Patient's representative" means any of the following:

(a) A person to whom a nonemergency patient has given express written consent to represent the patient.

(b) A person authorized by law to provide consent for a nonemergency patient.

(c) A provider who is treating a nonemergency patient, but only if the patient is unable to provide consent.

(5) ~~(4)~~ "Provider" means ~~an~~ **any of the following:**

(a) An individual who is licensed, registered, or otherwise authorized to engage in a health profession under article 15, but does not include a dentist licensed under part 166.

(b) A medical first responder, emergency medical technician,

emergency medical technician specialist, or paramedic licensed under article 17.

Sec. 24507. (1) Subsection (2) applies to a nonparticipating provider who **or a nonparticipating emergency medical services operation that** is providing a health care service if any of the following apply:

(a) The health care service is provided to an emergency patient, is covered by the emergency patient's health benefit plan, and is provided to the emergency patient by the nonparticipating provider at a participating health facility or nonparticipating health facility.

(b) The health care service is provided to a nonemergency patient, is covered by the nonemergency patient's health benefit plan, and is provided to the nonemergency patient by an emergency medical services operation as defined in section 24502(4)(c) that is a nonparticipating emergency medical services operation.

(c) ~~(b)~~ All of the following apply:

(*i*) The health care service is provided to a nonemergency patient.

(*ii*) The health care service is covered by the nonemergency patient's health benefit plan.

(*iii*) The health care service is provided to the nonemergency patient by the nonparticipating provider at a participating health facility.

(*iv*) Either of the following:

(A) The nonemergency patient does not have the ability or opportunity to choose a participating provider.

(B) The nonemergency patient has not been provided the disclosure required under section 24509.

(d) ~~(c)~~ The health care service is provided by the nonparticipating provider at a hospital that is a participating health facility to an emergency patient who was admitted to the hospital within 72 hours after receiving a health care service in the hospital's emergency room.

(2) Except as otherwise provided in section 24511 or 24513 and subject to subsection (4), if any of the circumstances described in subsection (1) apply, the nonparticipating provider **or the nonparticipating emergency medical services operation** shall submit a claim to the patient's carrier within 60 days after the date of the health care service and shall accept from the patient's carrier, as payment in full, the greater of the following:

(a) Subject to section 24510, the median amount negotiated by the patient's carrier for the region and provider specialty, excluding any in-network coinsurance, copayments, or deductibles. The patient's carrier shall determine the region and provider specialty for purposes of this subdivision.

(b) One hundred and fifty percent of the Medicare fee for service fee schedule for the health care service provided, excluding any in-network coinsurance, copayments, or deductibles.

(3) If the circumstance described in subsection ~~(1)(c)~~ **(1)(d)** applies, this section applies to any health care service provided by a nonparticipating provider to the emergency patient during his or her hospital stay.

(4) A patient's carrier shall pay the amount described in subsection (2) to the nonparticipating provider **or nonparticipating emergency medical services operation** within 60 days after receiving the claim from the nonparticipating provider **or nonparticipating emergency medical services operation** under subsection (2). The

nonparticipating provider **or nonparticipating emergency medical services operation** shall not collect or attempt to collect from the patient any amount other than the applicable in-network coinsurance, copayment, or deductible.

Sec. 24509. (1) Subject to subsection (2), a nonparticipating provider who is providing a health care service to a nonemergency patient shall provide the disclosure described in subsection (3) to the nonemergency patient at the earliest of the following:

(a) If the health care service was scheduled and is being provided in a health facility described in section ~~24502(7)(a),~~ **24502(8)(a)**, (b), (c), (e), or (f), at least 14 days before providing the health care service or, if the health care service will be provided within 14 days after scheduling the health care service, within 14 days.

(b) If the health care service is being provided in a health facility described in section ~~24502(7)(d),~~ **24502(8)(d)**, at the time of the nonparticipating provider's first contact with the nonemergency patient regarding the health care service.

(c) During 1 of the following:

(*i*) A presurgical consultation for the health care service.

(*ii*) A scheduling or intake call for the health care service.

(*iii*) A preoperative review for the health care service.

(*iv*) Any other contact occurring before a health care service that is similar to a contact described in subparagraph (*i*), (*ii*), or (*iii*).

(2) A nonparticipating provider shall not provide the disclosure described in subsection (3) to a nonemergency patient at the time of the nonemergency patient's admittance to a health facility described in section ~~24502(7)(a),~~ **24502(8)(a)**, (b), (c),

(e), or (f), or at the time of preparing the nonemergency patient for a surgery or another medical procedure.

(3) The disclosure required under subsection (1) must be in not less than 12-point type and in substantially the following form:

"Your health benefit plan may or may not provide coverage for all of the health care services you are scheduled to receive or the providers providing those services. You may be responsible for the costs of the services that are not covered by your health benefit plan.

The nonparticipating provider must provide a good-faith estimate of the cost of the health care services to be provided. A good-faith estimate does not take into account unforeseen circumstances, which may affect the cost of the health care services provided.

You also have a right to request that the health care services be performed by a provider that participates with your health benefit plan, and may contact your carrier to arrange for those services to be provided at a lower cost and to receive information on in-network providers who can perform the health care services that you need.

I have received, read, and understand this disclosure.

_____ _____

(Patient or patient's representative's signature) (Date)

_____

(Type or print name of patient or patient's representative)".

(4) A nonparticipating provider shall do all of the following:

(a) Complete the disclosure described in subsection (3) and, after completing the disclosure, obtain on the disclosure the

signature of the nonemergency patient, or that patient's representative, acknowledging that the nonemergency patient, or that patient's representative, has received, has read, and understands the disclosure.

(b) Retain a copy of the disclosure required under this section for not less than 7 years.

(c) Provide the nonemergency patient or that patient's representative with a good-faith estimate of the cost of the health care services to be provided to the nonemergency patient.

(5) Except as otherwise provided in section 24513 and subject to subsection (6), a nonparticipating provider who fails to provide the disclosure as required under this section shall submit a claim to the nonemergency patient's carrier within 60 days after the date of the health care service and shall accept from the nonemergency patient's carrier, as payment in full, the greater of the following:

(a) Subject to section 24510, the median amount negotiated by the nonemergency patient's carrier for the region and provider specialty, excluding any in-network coinsurance, copayments, or deductibles. The nonemergency patient's carrier shall determine the region and provider specialty for purposes of this subdivision.

(b) One hundred and fifty percent of the Medicare fee for service fee schedule for the health care service provided, excluding any in-network coinsurance, copayments, or deductibles.

(6) A nonemergency patient's carrier shall pay the amount described in subsection (5) to the nonparticipating provider within 60 days after receiving the claim from the nonparticipating provider under subsection (5). The nonparticipating provider shall not collect or attempt to collect from the nonemergency patient any

amount other than the applicable in-network coinsurance, copayment, or deductible.

(7) This section does not apply to a nonparticipating emergency medical services operation.

Sec. 24510. (1) Beginning July 1, 2021, if a nonparticipating provider **or nonparticipating emergency medical services operation** believes that the amount described in section 24507(2)(a) or 24509(5)(a)**, as applicable,** was incorrectly calculated, the nonparticipating provider **or nonparticipating emergency medical services operation** may make a request to the department for a review of the calculation. The request must be made on a form and in a manner required by the department.

(2) The department may request data on the median amount negotiated by the patient's carrier with participating providers or any documents, materials, or other information that the department believes is necessary to assist the department in reviewing the calculation described in subsection (1) and may consult an external database that contains the negotiated rates under the patient's health benefit plan for the applicable health care service. For purposes of conducting a review under this section, any data, documents, materials, or other information requested by the department must only be submitted to the department.

(3) If, after conducting its review under this section, the department determines that the amount described in section 24507(2)(a) or 24509(5)(a)**, as applicable,** was incorrectly calculated, the department shall determine the correct amount. A nonparticipating provider **or nonparticipating emergency medical services operation** shall not file a subsequent request for a review under subsection (1) if the request involves the same rate

calculation for a health care service for which the nonparticipating provider **or nonparticipating emergency medical services operation** has previously received a determination from the department under this section.

(4) All of the following apply to any data, documents, materials, or other information described in subsection (2) that are in the possession or control of the department and that are obtained by, created by, or disclosed to the director or a department employee for purposes of this section:

(a) The data, documents, materials, or other information is considered proprietary and to contain trade secrets.

(b) The data, documents, materials, or other information are confidential and privileged and are not subject to disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(c) The data, documents, materials, or other information are not subject to subpoena and are not subject to discovery or admissible in evidence in any private civil action.

(5) The director or a department employee who receives data, documents, materials, or other information under this section shall not testify in any private civil action concerning the data, documents, materials, or information.

Sec. 24511. (1) A nonparticipating provider who **or nonparticipating emergency medical services operation that** provides a health care service involving a complicating factor to an emergency patient described in section 24507(1)(a) or ~~(c)~~ **(d)** may file a claim with a carrier for a reimbursement amount that is greater than the amount described in section 24507(2). The claim must be accompanied by both of the following:

(a) Clinical documentation demonstrating the complicating

factor.

(b) The emergency patient's medical record for the health care service, with the portions of the record supporting the complicating factor highlighted.

(2) A carrier shall do 1 of the following within 30 days after receiving the claim described in subsection (1):

(a) If the carrier determines that the documentation submitted with the claim demonstrates a complicating factor, make 1 additional payment that is 25% of the amount provided under section 24507(2)(a).

(b) If the carrier determines that the documentation submitted with the claim does not demonstrate a complicating factor, issue a letter to the nonparticipating provider denying the claim.

(3) If a carrier denies a claim under subsection (2), beginning July 1, 2021, the nonparticipating provider **or nonparticipating emergency medical services operation** may file a written request for binding arbitration with the department on a form and in a manner required by the department. The department shall accept the request for binding arbitration if the department receives all of the following from the nonparticipating provider **or nonparticipating emergency medical services operation**:

(a) The documentation that the nonparticipating provider **or nonparticipating emergency medical services operation** submitted to the carrier under subsection (1).

(b) The contact information for the emergency patient's health benefit plan.

(c) The denial letter described in subsection (2).

(4) If the request for binding arbitration under subsection (3) is accepted by the department, the department shall notify the

carrier. Within 30 days after receiving the department's notification under this subsection, the carrier shall submit written documentation to the department either confirming the carrier's denial or providing an alternative payment offer to be considered in the arbitration process.

(5) The department shall create and maintain a list of arbitrators approved by the department who are trained by the American Arbitration Association or American Health Lawyers Association for purposes of providing binding arbitration under this section. The parties to the arbitration shall agree on an arbitrator from the department's list. The arbitration must include a review of written submissions by both parties, including alternative payment offers, and the arbitrator shall provide a written decision within 45 days after receiving the documentation submitted by the parties. In making a determination, the arbitrator shall consider documentation supporting the use of a procedure code or modifier for care provided beyond the usual health care service and any of the following:

(a) Increased intensity, time, or technical difficulty of the health care service.

(b) The severity of the patient's condition.

(c) The physical or mental effort required in providing the health care service.

(6) The nonparticipating provider **or nonparticipating emergency medical services operation** and the carrier shall each pay 1/2 of the total costs of the arbitration proceeding. A nonparticipating provider **or nonparticipating emergency medical services operation** participating in arbitration under this section shall not collect or attempt to collect from the patient any amount

other than the applicable in-network coinsurance, copayment, or deductible.

(7) This section does not limit any other review process provided under this article.

(8) As used in this section, "complicating factor" means a factor that is not normally incident to a health care service, including, but not limited to, the following:

(a) Increased intensity, time, or technical difficulty of the health care service.

(b) The severity of the patient's condition.

(c) The physical or mental effort required in providing the health care service.

Sec. 24513. This article does not prohibit a **carrier and a** nonparticipating provider ~~and a carrier~~ **or nonparticipating emergency medical services operation** from agreeing, through private negotiations or an internal dispute resolution process, to a payment amount that is greater than the amounts described in section 24507(2) or 24509(5). A nonparticipating provider **or nonparticipating emergency medical services operation** entering into an agreement authorized under this section shall not collect or attempt to collect from the patient any amount other than the applicable in-network coinsurance, copayment, or deductible.

EMS Survey Current Licensee - Test

Start of Block: Intro

Introduction This survey is intended to be completed by people who are currently licensed as an EMS Clinician in Michigan (at any level: Medical First Responder, Emergency Medical Technician, Specialist, or Paramedic).

The intent of the survey is to gain better understanding of the status of licensees, their role (if any) in the EMS system, and their likelihood of remaining in (or joining) the EMS workforce. The hope is that there may be actionable information to help improve the status of the workforce.

We have done our best to ask questions clearly, but in cases where you are confused, please just answer based on your best understanding. In cases where your “primary” EMS agency is mentioned, we mean the agency where you spend/spent most of your time working.

This survey is anonymous. While there will be questions related to geography and demographics, no individual responses will be released. Any category with less than five responses will be excluded from analyses. The survey is estimated take less than 10 minutes.

Thank you for your willingness to participate and better the EMS system.

Page Break

Q29 Do you currently hold an EMS license in the state of Michigan?

- ○ No (1)
- ○ Yes (2)

Skip To: End of Survey If Do you currently hold an EMS license in the state of Michigan? = No

Q1 Do you currently work or volunteer for a licensed EMS agency in Michigan.

- ○ Yes (1)
- ○ No (2)

Page Break

Q5 What type of agency do you primarily work for?

- ○ Municipal-non fire (1)
- ○ Private (2)
- ○ Tribal (3)
- ○ Fire-based (4)
- ○ Hospital (5)

Page Break

Q4 What is the license level of the agency you primarily work for?

- ○ Advanced (1)
- ○ Limited (2)
- ○ Basic (3)
- ○ Medical First Response (4)

Page Break

Q6 What is the primary role of the agency you primarily work for?

- ○ Transporting (ground) (1)
- ○ Transporting (air) (2)
- ○ Non-Transporting (3)
- ○ Medical First Response (4)

Page Break

Q7 How are you compensated for your time in EMS?

- ○ I volunteer or I receive only a small financial stipend (1)
- ○ This is my career and how I financially support myself/family (2)
- ○ This is my career, and I also volunteer outside of my normal hours (3)

Page Break

Q8 Which of the following items most keep you working in EMS? (please pick your top three)

- [ ] Pay (1)
- [ ] Benefits (2)
- [ ] Scope of the work (3)
- [ ] Relationship with coworkers (4)
- [ ] Quality of agency leadership (5)
- [ ] Time commitment (6)
- [ ] Excitement and adventure (7)
- [ ] Fulfillment (8)
- [ ] Other (please specify below) (9)

_____

Page Break

Q9 Which of the following items most make you want to leave EMS? (please pick your top three)

- ☐ Pay, or lack of pay (1)
- ☐ Benefits, or lack of quality benefits (2)
- ☐ Scope of work (3)
- ☐ Relationship with coworkers (4)
- ☐ Quality of agency leadership (5)
- ☐ Time commitment (6)
- ☐ Educational requirements (7)
- ☐ Safety (8)
- ☐ Other (please specify below) (9)

_____

Display This Question:

If Which of the following items most make you want to leave EMS? (please pick your top three) = Safety

Q28 What safety concerns did you have?

- [ ] Coworkers (1)
- [ ] Agency (2)
- [ ] Patients (3)
- [ ] Bystanders (4)
- [ ] Vehicle (5)
- [ ] Communicable diseases (6)
- [ ] Other (7) _____

Page Break

Q10
Which preparedness region of the State do you work primarily in?

- ○ Region 1 (1)
- ○ Region 2N (2)
- ○ Region 2S (3)
- ○ Region 3 (4)
- ○ Region 5 (5)
- ○ Region 6 (6)
- ○ Region 7 (7)
- ○ Region 8 (8)

Page Break

Q11 Which of the following best describes the length of the shifts you typically work at your primary EMS job?

- ○ Paid per call (1)
- ○ less than 5 hours (2)
- ○ 8 hours (3)
- ○ 10 hours (4)
- ○ 12 hours (5)
- ○ 24 hours (6)
- ○ Other (please specify below) (7)

_____

Page Break

Q12 How many hours per week do you usually work at your primary EMS job?

- ○ Less than 10 hours (1)
- ○ 10-15 hours (2)
- ○ 16-24 hours (3)
- ○ 25-35 hours (4)
- ○ 36-48 hours (5)
- ○ 49-72 hours (6)
- ○ Over 72 hours (7)

Page Break

Q13 How many different agencies/organizations do you currently perform EMS work for?

- ○ 1 (1)
- ○ 2 or more (2)

Page Break

Q30 Do you currently have employment outside of your EMS-related work?

- ○ Yes (1)
- ○ No (2)

Page Break

Q14 How satisfied are you with your primary EMS job?

- ○ Extremely satisfied (1)
- ○ Somewhat satisfied (2)
- ○ Neither satisfied nor dissatisfied (3)
- ○ Somewhat dissatisfied (4)
- ○ Extremely dissatisfied (5)

Page Break

Q15 How satisfied are you with the EMS profession overall?

- ○ Extremely dissatisfied (1)
- ○ Somewhat dissatisfied (2)
- ○ Neither satisfied nor dissatisfied (3)
- ○ Somewhat satisfied (4)
- ○ Extremely satisfied (5)

Page Break

Q16 How likely is it that you'll leave your current primary EMS job within the next 12 months?

- ○ Extremely unlikely (1)
- ○ Somewhat unlikely (2)
- ○ Neither likely nor unlikely (3)
- ○ Somewhat likely (4)
- ○ Extremely likely (5)

Page Break

Q17 How likely is it that you'll leave EMS within the next 12 months?

- ○ Extremely unlikely (1)
- ○ Somewhat unlikely (2)
- ○ Neither likely nor unlikely (3)
- ○ Somewhat likely (4)
- ○ Extremely likely (5)

Page Break

Q18 How safe do you feel at your primary EMS job?

- ○ Extremely safe (1)
- ○ Very safe (2)
- ○ Moderately safe (3)
- ○ Unsafe (4)
- ○ Very unsafe (5)
- ○ Extremely unsafe (6)

Page Break

Q19 How likely are you to recommend EMS to other people for a profession?

- ○ Extremely unlikely (1)
- ○ Somewhat unlikely (2)
- ○ Neither likely nor unlikely (3)
- ○ Somewhat likely (4)
- ○ Extremely likely (5)

Page Break

Q27 What is your age?

- ○ 18-25 years (1)
- ○ 26-35 years (2)
- ○ 36-45 years (3)
- ○ 46-55 years (4)
- ○ Over 55 years (5)

Page Break

Q Which of the following best describes you? You may choose more than one.

- [ ] American Indian or Alaska Native (1)
- [ ] Asian (2)
- [ ] Black or African American (3)
- [ ] Native Hawaiin or Other Pacific Islander (4)
- [ ] White (5)
- [ ] Rather not say (6)
- [ ] Other (7) _____

Page Break

Q24 What is your sex?

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary / third gender (3)
- ○ Prefer not to say (4)

Page Break

Q25 What is the highest level of education you have completed?

- ○ Didn't complete high school (1)
- ○ High school/GED (2)
- ○ Some college (3)
- ○ Associate's degree (4)
- ○ Bachelor's degree (5)
- ○ Master's degree (6)
- ○ Doctoral degree (7)

Page Break

Q26 Which of the following best describes your marital status?

- ○ Married (1)
- ○ Widowed (2)
- ○ Divorced (3)
- ○ Separated (4)
- ○ Never married (5)

Page Break

Q31 About how much money did you earn before taxes from EMS-related jobs in the past 12 months?

- ○ Less than $10,000 (1)
- ○ $10,000 - $19,000 (2)
- ○ $20,000 - $29,000 (3)
- ○ $30,000 - $39,000 (4)
- ○ $40,000 - $49,000 (5)
- ○ $50,000 - $59,000 (6)
- ○ $60,000 - $69,000 (7)
- ○ $70,000 - $79,000 (8)
- ○ $80,000 - $89,000 (9)
- ○ $90,000 - $99,000 (10)
- ○ $100,000 - $149,000 (11)
- ○ More than $150,000 (12)

Page Break

Q20 Is there any additional information you would like to share about your experience working in EMS?

_____

_____

_____

_____

_____

Page Break

Q21 Would you be interested in providing your contact information? If so, please enter your name and email address below.

_____

End of Block: Intro

EMS Survey Lapsed Licensee - Test

Start of Block: Introduction

Q1 This survey is intended to be completed by people who have been licensed as an EMS Clinician in Michigan (at any level: Medical First Responder, Emergency Medical Technician, Specialist, or Paramedic) in the last five years.

The intent of the survey is to gain better understanding of the status of those people who have let their licenses lapse, where they might be working now, and their overall experience in EMS. The hope is that there may be actionable information to help improve the status of the workforce.

We have done our best to ask questions clearly, but in cases where you are confused, please just answer based on your best understanding. In cases where your “primary” EMS agency is mentioned, we mean the agency where you spend/spent most of your time working.

This survey is anonymous. While there will be questions related to geography and demographics, no individual responses will be released. Any category with less than five responses will be excluded from analyses. The survey is estimated take less than 10 minutes.

Thank you for your willingness to participate and better the EMS system.

End of Block: Introduction

Start of Block: Block 1

Q30 Did you work for a licensed EMS agency in the last 5 years?

- ○ Yes (1)
- ○ No (2)

Skip To: End of Survey If Did you work for a licensed EMS agency in the last 5 years? = No

Q2 Do you currently work or volunteer for a licensed EMS agency in Michigan?

- ○ Yes (1)
- ○ No (2)

Skip To: End of Survey If Do you currently work or volunteer for a licensed EMS agency in Michigan? = Yes

Page Break

Q3 What type of license did you have at the time it expired?

- ○ EMT (1)
- ○ Paramedic (2)
- ○ Medical First Responder (3)
- ○ Specialist/AEMT (4)

Page Break

Q4 How long did you have a license?

- ○ Less than 1 year (1)
- ○ 1-2 years (2)
- ○ 3-5 years (3)
- ○ Over 5 years (4)

Page Break

Q5 How long has it been lapsed?

- ○ Less than 1 year (1)
- ○ 1-2 years (2)
- ○ 3-5 years (3)
- ○ Over 5 years (4)

Skip To: End of Survey If How long has it been lapsed? = Over 5 years

Page Break

Q6 What type of agency did you primarily work for?

- ○ Governmental-non fire (1)
- ○ Private (2)
- ○ Tribal (3)
- ○ Fire-based (4)
- ○ Hospital (5)

Page Break

Q7 What is the license level of the agency you primarily worked for?

- ○ Advanced (1)
- ○ Limited (2)
- ○ Basic (3)
- ○ Medical First Response (4)

Page Break

Q8 What is the primary role of the agency you primarily worked for?

- ○ Transporting (ground) (1)
- ○ Transporting (air) (2)
- ○ Non-transporting (3)
- ○ Medical First Response (4)

Page Break

Q9 How were you compensated for your time in EMS?

- ○ I volunteered or I received only a small financial stipend (1)
- ○ I worked part time and received pay for my services (2)
- ○ This was my career and how I financially supported myself/family (3)
- ○ This was my career, and I also volunteered outside of my normal work hours (4)

Page Break

Q10 What preparedness region of the State did you primarily work in while you had a license?

- ○ Region 1 (1)
- ○ Region 2N (2)
- ○ Region 2S (3)
- ○ Region 3 (4)
- ○ Region 5 (5)
- ○ Region 6 (6)
- ○ Region 7 (7)
- ○ Region 8 (8)

Page Break

End of Block: Block 1

Start of Block: Block 4

Q11 Would you be willing to relicense?

- Yes (1)
- Maybe (2)
- No (3)

Display This Question:

If Would you be willing to relicense? = Yes

Or Would you be willing to relicense? = Maybe

Q28 Would you be willing to return to the EMS workforce if you relicensed?

- Yes (1)
- Maybe (2)
- No (3)

Display This Question:

If Would you be willing to return to the EMS workforce if you relicensed? = Yes

Or Would you be willing to return to the EMS workforce if you relicensed? = Maybe

Q20 If you would be willing to return to the EMS workforce, how soon would you be willing to do so?

- Within the next 3-6 months (1)
- Within the next 7-12 months (2)
- Within the next 13-24 months (3)

Display This Question:

If Would you be willing to return to the EMS workforce if you relicensed? = Yes

And Would you be willing to return to the EMS workforce if you relicensed? = Maybe

Q21 What resources would help you relicense?

- ○ Assistance with cost (1)
- ○ Assistance with educational requirements (2)
- ○ Assistance with applying for employment (3)
- ○ Other (4) _____

End of Block: Block 4

Start of Block: Block 2

Q14 Which of the following influenced your decision to not renew your Michigan EMS certification? (please pick the top three most important reasons)

- [ ] Pay, or lack of pay (1)
- [ ] Benefits, or lack of quality benefits (2)
- [ ] Lack of opportunity for advancement (3)
- [ ] The job wasn't what I thought it would be (4)
- [ ] Monotony (5)
- [ ] Increasing scope of work (6)
- [ ] Accountability (7)
- [ ] Relationship with coworkers (8)
- [ ] Quality of agency leadership, or lack of quality (9)
- [ ] Time commitment (10)
- [ ] Educational requirements (11)
- [ ] Moved out of Michigan (12)
- [ ] Safety (13)
- [ ] Other (14) _____

Display This Question:

If Which of the following influenced your decision to not renew your Michigan EMS certification? (pl... = Safety

Q18 What safety concerns did you have? (please select all that apply)

- [ ] Coworkers (1)
- [ ] Agency (2)
- [ ] Patients (3)
- [ ] Bystanders (4)
- [ ] Vehicle (5)
- [ ] Communicable diseases (6)
- [ ] Other (7) _____

Page Break

Q15 Are you currently working in the health care sector?

- ○ No (1)
- ○ Yes (2)

Display This Question:

If Are you currently working in the health care sector? = Yes

Q19 What answer most accurately describes your current role in the health care sector?

- ○ Nursing (1)
- ○ Advanced practice provider (2)
- ○ NP/PA (3)
- ○ Physician (4)
- ○ Respiratory therapist (5)
- ○ Administration (6)
- ○ ED technician (7)
- ○ Other (8) _____

Page Break

Page Break

End of Block: Block 2

Start of Block: Demographics

Q27 What is your age?

- 18-25 years (1)
- 26-35 years (2)
- 36-45 years (3)
- 46-55 years (4)
- Over 55 years (5)

Page Break

Q23 Which of the following best describes you? You may choose more than one.

- [ ] American Indian or Alaska Native (1)
- [ ] Asian (2)
- [ ] Black or African American (3)
- [ ] Native Hawaiin or Other Pacific Islander (4)
- [ ] White (5)
- [ ] Rather not say (6)
- [ ] Other (7) _____

Page Break

Q24 What is your sex?

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary / third gender (3)
- ○ Prefer not to say (4)

Page Break

Q25 What is the highest level of education you have completed?

- ○ Didn't complete high school (1)
- ○ High school/GED (2)
- ○ Some college (3)
- ○ Associate's degree (4)
- ○ Bachelor's degree (5)
- ○ Master's degree (6)
- ○ Doctoral degree (7)

Page Break

Q26 Which of the following best describes your marital status?

- ○ Married (1)
- ○ Widowed (2)
- ○ Divorced (3)
- ○ Separated (4)
- ○ Never married (5)

Page Break

Q31 About how much money did you earn before taxes from EMS-related jobs annually?

- Less than $10,000 (1)
- $10,000 - $19,999 (2)
- $20,000 - $29,999 (3)
- $30,000 - $39,999 (4)
- $40,000 - $49,999 (5)
- $50,000 - $59,999 (6)
- $60,000 - $69,999 (7)
- $70,000 - $79,999 (8)
- $80,000 - $89,999 (9)
- $90,000 - $99,999 (10)
- $100,000 - $149,999 (11)
- More than $150,000 (12)

Page Break

Q16 Is there any additional information you would like to share about why you have not renewed your license to work in EMS?

_____

_____

_____

_____

_____

Page Break

Q17 Would you be interested in providing your contact information for a follow-up conversation? If so, please enter your name and email address below.

_____

End of Block: Demographics