ENGLISH

STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING
Friday, March 15, 2024
9:30 a.m.
Lansing Community College West
Buick, Chevrolet, and Oldsmobile Rooms (M120-M122)
5708 Cornerstone Drive
Lansing, MI 48917
Click here to join the meeting
1 248-509-0316 Phone Conference ID: 979 626 572#

AGENDA

Call to Order:
Roll Call:
Approval of Agenda:
Approval of Minutes:
Announcements:
Reminders of upcoming educational opportunities:

- EMS Expo – May 2-4 in Grand Rapids
- Great Lakes Homeland Security – May 7-9 in Grand Rapids
- SW IC Summit 2.0 – April 12 in Kalamazoo

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
  - EMSCC Appeal Hearing – Chad Klutman, Paramedic IC vs. Barry County MCA
- Ambulance Operations – M. Nye
- Medical Control Authority – D. Condino
  - Medical Director Qualifications Discussion
- Patient Movement Ad Hoc – D. Condino
- Ethics and Compliance – K. Cummings
- Education – K. Wilkinson
  - Specialist/AEMT Student Portfolio and Scenario-based Psychomotor Exam Handbook

- Bylaws – B. Trevithick
- Data – D. Gorelick
    - NEMSIS 3.5 Transition discussion (vote not needed)
- Legislative – B. Trevithick
    - HIB 5407 Baby Drop Box
    - Plan B EMS Draft
    - SIB 0734 Protocols
    - HIB 5527 Cardiac Response Plan for Schools
    - HIB 5528 Cardiac Response – School Athletic Personnel
    - HIB 5226 Photocopy DL Refusal
- Rural – G. Wadaga
- Pediatric Emergency Medicine – S. Mishra
- Air Medical – K. Wilkinson
- EMS Safety – K. Miller
- Critical Care Ad Hoc – E. Bergquist
- Communications – B. Forbush

Recruitment and Retention Work Group – K. Cummings

Community Integrated Paramedicine (CIP) – E. Bergquist

New Business:
Upcoming closure of Aspirus Ontonagon Hospital

Public Comment:
Membership Round Table Report:
Adjournment:

NEXT MEETING: *May 17, 2024, in Escanaba (location details TBD).*

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: **979 626 572#**
To reach out to a specific member with questions or concerns prior to the meeting, please email EMS@michigan.gov and your question will be relayed.

- Meetings will be recorded per the Open Meetings Act (PA 267 of 1976).

SW MICHIGAN IC SUMMIT *2.0*

FREE One Day Event

Featuring Local EMS ICs

WHEN

April 12, 2024
8am to 5pm

WHERE

Wmed
Oakland Drive Campus
1000 Oakland Drive
Kalamazoo, Michigan
Media Room-Lower Level

Registration NOW OPEN

TO REGISTER USE THE ABOVE QR CODE

9.5 CE Credits

EVENT AGENDA

NOW IT'S UP TO YOU, THE IC'S ROLE IN THE STATE PROTOCOL ROLLOUT

TEACHING NEW TEACHERS

TAKING CARE OF OURSELVES

CONDUCTING EMS RESEARCH

DELIVERING CARE IN A CRIME SCENE

PREPARING PARAMEDICS TO TAKE THE NREMT EXAM

TEST DEVELOPMENT AND ITEM ANALYSIS

INCIDENT DEBRIEFING AND EVALUATION TECHNIQUES

WELCOMING BACK THE NEW KID

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

QUALITY ASSURANCE TASK FORCE
Minutes
February 23, 2024
10:00 a.m.
VIRTUAL ONLY
Click here to join the meeting
+1 248-509-0316 Conference ID: 791 320 390#

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

Absent:
Deb Wagner

Hearing Representatives:
Ashley Quackenbush, self; Orlando Blanco, self; Chad Klutman, self; Dr. Mervau and Dana Yarger, Barry County MCA; Rachel Kim, self.

MCA Representatives:
Bruce Trevithick, Genesee County MCA; Kevin Henderson, Washtenaw Livingston MCA; Bob Miljan, Wayne County MCA-HEMS; Dr. Smith, Washtenaw Livingston MCA.

Guests:
Mel Oakley, CMGNA; Carol Robinet, Superior; Rob Warnemuende, Saginaw-Tuscola MCA; Michael Bentley, Kalamazoo County MCA; Dr. Van Alsten, Calhoun County MCA; John Theut, Oakland County MCA; Kevin Wilkinson, Medstar; Bill Priese, Tri County MCA, Lance Corey, Kent County EMS.

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

Call to Order: The meeting was called to order at 10:20 a.m. by Dr. Edwards.

EMSCC Appeal Hearing:
Chad Klutman, Paramedic IC v. Barry County MCA
File number: 2305232
Dr. Edwards read the opening statement.

I. Chad Klutman Presentation
   a. Attorney Orlando Blanco advised they are challenging this based on due process issues. He presented the reasons for this. To this day, Mr. Klutman has not received all of the necessary materials. Mr. Blanco started representation after the initial fact.

Mr. Blanco advised Mr. Klutman is now on a consent order with the department. He advised through many conversations with Ms. Quackenbush and the department, we seem to be at a crossroads and discussed. The way the protocol is written says this is a cause for immediate revocation. The MCA would like to reinstate but are stuck in the protocol. The state does not have an issue with his privileges being reinstated. He would be remiss if he didn't mention that he spends a fair amount of time talking about the individual and went over Mr. Klutman's accomplishments and work qualifications. Mr. Klutman lives in the area and would like to continue his career there.

II. BARRY COUNTY Medical Control Authority Presentation
   a. Attorney Ashley Quackenbush presented on behalf of the MCA. She corrected the issue of the MCA wanting to reinstate and advised they haven't decided that. They have followed the protocol, and their hands are tied. They don't have a position outside of the protocol. Once the MCA became aware of the violation of 8-26, they held a PSRO meeting and once it was confirmed Mr. Klutman had these charged and the MCA was not informed. An ODA was issued in response to violations of 8-26 and 8-28. They held an appeal hearing and they discussed how they could get around how the protocol states revocation is required, so it was upheld. If there is a way the MCA can revisit as long as they comply with protocol and state law.

III. QATF Questions
   a. Dr. Edwards asked Mr. Klutman if he was correct in assuming that if it happened again, he would notify the MCA, and Mr. Klutman advised yes. Mr. Blanco discussed the providers and the due process protocols, and they aren't as familiar with those. Dr. Mervau discussed 8-26 and the MCA wasn't notified until after the guilty verdict was in.
   b. Dr. Edwards asked if the MCA, during the proceedings, had felt they missed deadlines. Did they follow the Ts or were there gaps. Ms. Quackenbush addressed and how they understood the protocol did not require three-day requirement because it calls for revocation. The specific language calls for revocation.
   c. Dr. Edwards asked about the revocation and Ms. Quackenbush advised the MCA felt they had no other choice.
   d. Dr. Paul asked if Mr. Klutman had requested his privileges be reinstated. Mr. Blanco advised he has requested that numerous times.

Dr. Edwards read the closing statement and the group went into closed session.
Motion to go into closed session (Paul, Weber) at 10:49. Approved.

Motion to close the closed session at 12:33 (Fales, Weber). Approved.

Motion to return to open session at 12:42 p.m. (Paul, Weber). Approved.

<u>Agenda and Minutes</u>:
Motion to approve the agenda and minutes 01/26/2024 (Paul, Martin). Approved.

MCA Protocols/Bylaws:

1. **GENESEE COUNTY MCA**
   a. 8-2 Patient Prioritization – **Motion to approve with change (Paul, Martin). Approved.**
   b. 8-3 Transportation – **Motion to approve with changes (Paul, Martin). Approved.**
      - Bruce Trevithick went over the changes for the group.
        - 8-2: Emily Baker asked for clarification on intent. Bruce addressed. Deviation of protocols was discussed. Legal concerns were discussed. Is there a way to build in wiggle room. Bruce suggested adding language for agency internal policies. **Action item: add language at the end of "H".**
        - 8-3: **Action item: fix where it still says 5 minutes and change to 10. Add "hospital" somewhere in the beginning for consistent reference.**
2. **WASHTENAW/LIVINGSTON MCA**
   a. 4-7 Pediatric Seizures – **Motion to approve (Wise, Paul). Approved. Domeier, Noel abstained.**
      - Dr. Noel went over the change to the Pedi Dose schedule. Krisy asked for clarification on age.
3. **WAYNE COUNTY MCA (HEMS)**
   a. 7-13 (S) Pain Management Supplement – **Motion to approve with change (Paul, Weber). Approved. Martin, Wise, Domeier abstained.**
   b. 8-29 General Operations – **Motion to approve with change (Paul, Weber). Approved. Martin, Wise, Domeier abstained.**
   c. 8-29 (S3) Transfer of Care – **Motion to approve (Paul, Weber). Approved. Martin, Wise, Domeier abstained.**
      - Lisa Martin went over the changes.
        - 7-13: **Action item: Change Wong Scale numbering to 7 to match**. Dr. Edwards asked some questions. **Action Item: Change 2b to "Significant Painful Injuries".**
        - 8-29: **Action item: Change title to "Transfer of Care (Hand Off)".**
        - 8-29 (S3) Krisy asked about interfacility transfer.

State Protocols/Bylaws:

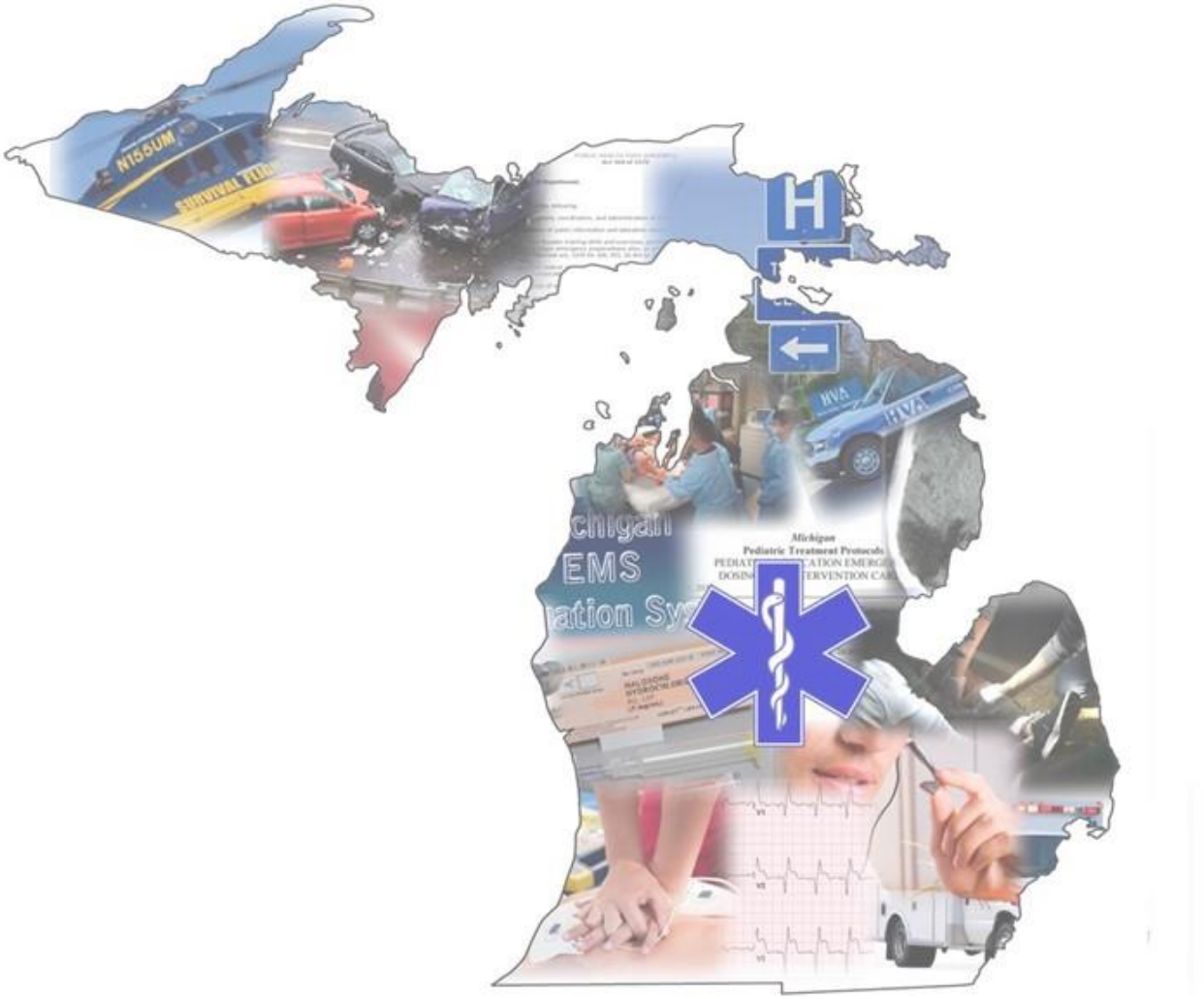
1. **Other matters – K. Kuhl**
   a. Protocol status/update
   b. General Q & A with Krisy Kuhl
      - Krisy Kuhl has nothing for us today.
   c. Dr. Edwards asked a compliance question and Krisy answered. This will be covered in her trainings.
   d. Lisa asked about pleural decompression.
   e. Moodle was discussed.

Adjournment: Motion to adjourn at 1:29 p.m. (Paul, Weber). Approved.

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

Specialist/AEMT Student Portfolio and Scenario-based Psychomotor Exam Handbook

With Student Minimum Competencies



Contents

Executive Summary

Effective July 1, 2024, the ALS Psychomotor Exam hosted by the NREMT will no longer be included as part of the certification process for the National Registry of EMT's.

Michigan legislation, 333.20950 2 (ii) states, in part: An emergency medical technician, emergency medical technician specialist, or paramedic must pass the written examination proctored by the department or the department's designee and a practical examination proctored by the department or the department's designee.

Each Program Director is considered the department's designee after completing the training for this level of program.

The NREMT ALS Redesign includes critical thinking scenario assessments within the cognitive exam that aligns more closely with the needs of the EMS community and emerging and best practices in the certification industry.

The completed portfolio will consist of formative and summative phases of psychomotor skills lab and clinical experiences. The student's summative skills must show competency to be eligible for their final scenario-based psychomotor exam. There are requirements of both live and simulation accepted patient encounters in the portfolio.

This document explains the roles and responsibilities of the Program Director, Program Sponsor Representative, Instructional staff, Exam Evaluators, and the Physician Director. It further explains the skills and critical thinking scenarios required for portfolio and summative scenario-based psychomotor exams for Specialist/AEMT level education programs. The intended outcome of this portfolio and scenario-based exam is to have these students ready to care for a patient utilizing their critical-thinking skills when they leave the classroom and gain their NREMT certification and Michigan licensure.

Program Requirements

Laboratory Skills

Students must meet these skills in the classroom prior to graduation of the Specialist/AEMT course.

Skill	Minimum # Successful skills (success may be in lab or clinical experience)
Venous blood sampling	**4**
Establish IV access	**20**
Administer Fluid Bolus	**5**
Administer IM injection	**2**
Administer IN medication	**2**
Establish IO access	**2**
Perform endotracheal suctioning	**2**
End-tidal CO_2 monitoring and interpretation of waveform capnography	**10**
Supraglottic Airway Insertion	**5**

Student Minimum Competencies

The minimum competencies listed below must be met during the Specialist/AEMT course in lab and during clinical hours. The chart below identifies the specific patient presentation and acknowledges which competency may be met during simulation with immediate feedback from the instructor.

Student Minimum Competency	Minimum # Exposure in combination from Hospital, Field, and Lab
Total patient exposures	**50**
Pediatric patients (birth to 14 years of age)	**5**
Adult patients	**15-30**
Geriatric	**15-30**
Sum of three age group	**100% (50 exposures)**

Pathologies of experience:

Live exposure is preferred however, it is recognized that all students may not be afforded the opportunity to care for a patient with each of these pathologies. Simulation may be utilized if the student was unable to obtain experience in the specific pathology as listed in the chart below. Simulation includes scenario-based practice with immediate feedback from the instructor.

SMC by Pathology	Live vs. Simulation (expectation)	# Exposure in combination from Hospital, Field, and Lab
Trauma	**Live exposure**	**5-8**
Psychiatric/Behavioral	**Live exposure**	**5-8**
Uncomplicated and complicated obstetric delivery	**Simulation permissible**	**3**
Distressed neonate	**Simulation permissible**	**3**
Cardiac pathologies or complaints	**Live exposure**	**5-8**
Cardiac arrest	**Simulation permissible**	**5-8**
Medical conditions	**Live exposure**	**5-8**
Respiratory pathologies or complaints	**Live exposure**	**5-8**

Program Director and Program Sponsor Representative Responsibilities

Training the instructional staff on the portfolio progress must be completed prior to the course start. The first day of class must include educating the students on the portfolio process.

The Program Director and Program Sponsor Representative must ensure that each student has a completed portfolio that is signed by all required parties prior to course completion roster submission to MDHHS-BEPESoC.

The final Specialist/AEMT psychomotor examination contains confidential information. All scenarios must be kept confidential, in a secure location, and only given to the exam evaluator just prior to exam start time. It is the responsibility of the Program Director and/or Program Sponsor Representative to set up the final scenario-based psychomotor exam in a manner that offers each student privacy while

testing, an evaluator who was not their lead instructor, and confidential examination results. Exam evaluators must receive training. This training will consist of materials/webinars/live training sessions provided by NREMT or MDHHS-BEPESoC. The program director or program sponsor representative will act as the exam representative and follow all NREMT and MDHHS-BEPESoC requirements.

The Program Director must email MDHHS-BLSExam@michigan.gov one week prior to the final exam to receive the confidential scenarios to be utilized for the exam. Please include the date of the exam and the course approval number when requesting the materials. The Program Director is required to sign a confidentiality agreement with the Department. A candidate who does not pass on their first attempt or retest may schedule a time with the program director to have their third and final attempt at least 5 days after their initial attempts. The Program Director will need to request the retest materials by emailing the request along with the date and scenario(s) needed.

Instructional Faculty Responsibilities

EMT level skills must be verified at the beginning of the course. The Specialist/AEMT level skills must be completed throughout the course during the lab session to verify minimum competency.

Skill sheets must be completed in lab sessions. These skill sheets will show the progress of the student from beginning to competence level.

Each skill must be documented on the task analysis sheet and these sheets must be completed in their entirety. The instructor must work with students to improve deficiencies and document all remediation efforts.

Lab sessions should be set up in scenario format to better prepare the student for clinical assignments and field work. By the end of the program, the skill sheets must show acceptable performance for entry level practice in the EMS field.

Any concerns should be discussed with the Program Director.

Physician Director Responsibilities

The Physician Director is responsible to ensure that the care Specialist/AEMT students provide in clinical settings meets program requirements, and that the graduating student is competent at the entry level for Specialist/AEMT.

It is recommended that the program Physician Director attend psychomotor labs and testing to validate student competency.

Exam Evaluator Responsibilities

Qualifications of the exam evaluator

- Must be licensed to practice at level of exam or higher and have experience in pre-hospital EMS care
- Must go through an exam evaluator training and any required updates
- Must not have any biases or conflicts of interest, and must be fluent in the entry level knowledge of those they are evaluating
- Must be fair, consistent, objective, respectful, reliable, and impartial
- Must maintain confidentiality of examination materials and candidate performance

Responsibilities of the exam evaluator

- Objectively observes and records each candidate's performance
- Provides consistent and specific instructions to the candidate and simulated patient
- Avoids teaching throughout the exam
- Records, totals, and documents all performances as required on the evaluation form issued by the exam representative
- Thoroughly reads the essay for the assigned scenario before the examination begins
- Ensures all equipment, props, and moulage prior to and during the examination
- Assures professional conduct throughout the examination
- Maintains security of the examination materials and ensures the return of all materials to the exam representative
- Does not copy, photograph, or record the examination materials

Verification of skills competency

Each student portfolio must show competency for each required skill at the end of the class. Once the classroom requirements are complete, a final scenario-based psychomotor exam must be held. Please see Appendix D for examination requirements.

The skill sheets required for competency include, at a minimum:

- All BLS skills as listed in BLS Portfolio
- Intravenous administration and therapy
- Intraosseous administration and therapy
- Medication Administration, IV, IO, SQ, IM
- Capnography ($ETCO_2$) waveform interpretation
- Tracheobronchial suctioning

Skill Sheets for the Specialist/AEMT student

Intravenous Administration and Therapy

Candidate name: Evaluator name:

Date: Evaluator signature:

Actual Time Started: **Possible Points** **Points Awarded**

Takes appropriate PPE precautions	1	
Selects, checks, and assembles correct equipment	1	
Checks solution for clarity and expiration date	1	
Inverts bag, spikes tubing into IV solution bag	1	
Turns bag upright, squeezes drip chamber and fills half full	1	
Turns flow on to bleed line of all air while maintaining sterility, shuts flow off	1	
Prepares IV start kit	1	
Identifies appropriate site for cannulation	1	
Applies venous tourniquet appropriately	1	
Cleanses site, starting from the center and moving outward in a circular motion	1	
Stabilizes the vein and warns patient of the needle stick	1	
Inserts stylette with bevel up at appropriate angle (35-45°) while maintaining sterility	1	
Feels "pop" as stylette enters vein and observes dark, red blood in flash chamber	1	
Lowers stylette and completes venous insertion	1	
Removes stylette while occluding vein, and immediately disposes needle into sharps container	1	
Attaches IV tubing	1	
Releases tourniquet	1	
Opens flow to assess patency, then adjusts flow rate	1	
Secures IV line appropriately and securely	1	
Able to effectively calculate fluid bolus	1	
Reassesses IV line	1	

Actual Time Ended: **Possible: 21** **Total:**

Critical Criteria: **Comments:**

☐ **Failure to take appropriate PPE**

☐ **Failure to dispose of sharps immediately**

☐ **Performs inappropriate technique**

☐ **Exhibits unacceptable behavior**

Intraosseous Administration and Therapy

Candidate name: Evaluator name:

Date: Evaluator signature:

Actual Time Started:	**Possible Points**	**Points Awarded**
Takes appropriate PPE precautions	1	
Selects, checks, and assembles correct equipment	1	
Checks solution for clarity and expiration date	1	
Inverts bag, spikes tubing into IV solution bag	1	
Turns bag upright, squeezes drip chamber and fills half full	1	
Turns flow on to bleed line of all air while maintaining sterility, shuts flow off	1	
Prepares IV start kit	1	
Identifies appropriate anatomical site for IO puncture	1	
Cleanses site, starting from the center and moving outward in a circular motion	1	
Prepares IO needle and insertion device while maintaining sterility	1	
Stabilizes the site in a safe manner (if using the tibia, does not hold the leg in palm of hand and perform IO puncture directly above hand)	1	
Inserts needle at proper angle and directions (away from joint, epipheseal plate, etc.)	1	
Recognizes that needle has entered intermedullary canal (feels "pop" or notices less resistance)	1	
Removes stylette and immediately disposes in proper sharps container	1	
Attaches administration set to IO needle	1	
Slowly injects solution while observing for signs of infiltration or aspirates to verify proper needle placement	1	
Adjusts flow rate as appropriate	1	
Secures needle and supports with bulky dressing	1	
Able to effectively calculate fluid bolus	1	
Assesses patient for therapeutic response or signs of untoward reactions	1	

Actual Time Ended: **Possible:** **20** **Total:**

Critical Criteria:

- ☐ **Failure to take appropriate PPE**
- ☐ **Fails to secure extremity**
- ☐ **Failure to dispose of sharps immediately**
- ☐ **Exhibits unacceptable behavior**
- ☐ **Performs inappropriate technique**

Comments:

Medication Administration-IV/IO/SQ/IM

Candidate name: Evaluator name:

Date: Evaluator signature:

Actual Time Started:	**Possible Points**	**Points Awarded**
Takes appropriate PPE precautions	1	
Asks patient for known allergies	1	
Identifies the medication needed and route is identified	1	
Ensures the 5 “rights”	1	
Completes a cross check of medication with partner	1	
Checks medication for clarity and expiration date	1	
Draws appropriate amount of medication into syringe and dispels air while maintaining sterility	1	
Reconfirms medication and cross check	1	
Identifies and cleanses appropriate injection site	1	
Assures IV/IO line is working appropriately, or chooses appropriate IM/SQ site	1	
Administers correct dose at proper push rate	1	
Removes needle and disposes into proper container	1	
Reassesses patient after medication administration for proper effect	1	
Accurately documents the medication, amount given, and patient reaction	1	

Actual Time Ended: **Possible:** **14** **Total:**

Critical Criteria:

- ☐ **Failure to take appropriate PPE**
- ☐ **Failure to dispose of sharps immediately**
- ☐ **Administers incorrect medication or dosage**
- ☐ **Performs inappropriate technique**

Comments:

End-tidal CO_2 Capnography-Interpretation

Candidate name: Evaluator name:

Date: Evaluator signature:

Actual Time Started:	**Possible Points**	**Points Awarded**
Takes appropriate PPE precautions	1	
Explains procedure to patient	1	
Activate $ETCO_2$ unit and allows warm up (as needed)	1	
Attach disposable $ETCO_2$ sensor to cable	1	
Mainstream sensor applied to a bag-mask device or applied via nasal route	1	
Connects tubing to port on capnography unit	1	
Applies device to patient's oxygen delivery system	1	
Monitors $ETCO_2$ on display screen	1	
Accurately identifies CO_2 readings	1	
Adjusts oxygen concentration and/or ventilatory rate as applicable	1	
Monitors patient status and reassesses following any changes to oxygen concentration or ventilatory rate	1	
Accurately documents CO_2 interpretations	1	
Actual Time Ended:	**Possible: 20**	**Total:**

Critical Criteria:

- ☐ **Failure to take appropriate PPE**
- ☐ **Failure to connect $ETCO_2$ device**
- ☐ **Identifies incorrect interpretations**
- ☐ **Fails to accurately document findings**
- ☐ **Exhibits unacceptable behavior**

Comments:

Tracheobronchial Suctioning of an Intubated Patient

Candidate name: Evaluator name:

Date: Evaluator signature:

Actual Time Started:	**Possible Points**	**Points Awarded**
Takes appropriate PPE precautions	1	
Selects flexible suction catheter	1	
Marks maximum insertion length with thumb and forefinger	1	
Inserts catheter into the tube using sterile technique, leaving catheter port open	1	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1	
Reassesses patient airway	1	
Actual Time Ended:	**Possible: 7**	**Total:**

Critical Criteria:

- ☐ **Failure to take appropriate PPE**
- ☐ **Failure to utilize flexible suction catheter**
- ☐ **Suctions patient for extended length of time**
- ☐ **Fails to reassess patient airway**
- ☐ **Exhibits unacceptable behavior**

Comments:

Specialist/AEMT Portfolio

Student Name:

Date of course completion:

Lead Instructor Signature:

Program Director Signature:

Date Reviewed by Program Director:

This student has shown entry-level competency skill performance in all required skills, as noted on the task analysis sheets in this document.

☐ **Yes** ☐ **No**

This student completed number of hours in the clinical setting and meets the required student minimum competencies.

Appendix B: Skill Lab, Scenario Lab

The skills lab should be set up for students to work in groups to learn the skill, practice the skill, and attain competence of the skills that are being taught.

The progress of every skill for each student must be maintained by the education program, and competency of this skill must be documented in the portfolio.

Skill	Date of Competency	Signature of Evaluator	Live or Simulated
Intravenous Administration			
Intraosseous Administration			
Fluid Bolus			
Medication Administration			
Capnography ($ETCO_2$) waveform interpretation			
Tracheobronchial Suctioning			

Affective/Professional Behavior Evaluation

Student Name:[1]

Date of evaluation:

1. INTEGRITY	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include, but are not limited to: Consistent honesty, being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.	
2. EMPATHY	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.	
3. SELF-MOTIVATION	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.	
4. APPEARANCE AND PERSONAL HYGIENE	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include but are not limited to: Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.	
5. SELF-CONFIDENCE	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include but are not limited to: Demonstrating the ability to trust personal judgement; demonstrating an awareness of strengths and limitations; exercises good personal judgement.	
6. COMMUNICATIONS	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.	
7. TIME MANAGEMENT	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include but are not limited to: Consistent punctuality; completing tasks and assignments on time.	
8. TEAMWORK AND DIPLOMACY	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.	
9. RESPECT	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.	
10. PATIENT ADVOCACY	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.	
11. CAREFUL DELIVERY OF SERVICE	☐ **Competent** ☐ **Not yet competent**
Examples of professional behavior include but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.	

[1] Source: NHTSA, National Guidelines for Educating EMS Instructors, 2002.

Clinical Evaluation Form-SAMPLE

Student Name: Date: Hours completed:

Clinical Location (Name of Agency or Hospital):

Patient Encounters	Chief Complaint	Skills performed by student	Assessment/Treatment/Disposition

Preceptor Evaluation (To be completed by Lead AEMT, Paramedic, RN, or MD/DO)

Required expectations	Score 1: Needs improvement 2: Acceptable 3: Exceeds expectations	Notes
Arrived on time and dressed appropriately		
Discussed objectives for the clinical assignment		
Behaves in a professional manner		
Motivated to study and learn		
Involved in patient assessment and treatment		
Appears confident with skills		
Sought feedback from clinical preceptor		

Other comments from Preceptor:

Psychomotor Competency-AEMT Level Psychomotor Examination

MDHHS-BEPESoC Integrated Out-of-Hospital Scenario

Candidate: Evaluator:

Date: Evaluator Signature:

Scenario #: **Actual Start Time:**

Leadership and Scene Management	Possible Points	Points Awarded
Thoroughly assessed and took deliberate actions to control the scene, encouraged feedback from Team Members	**3**	
Assessed the scene, identified potential hazards, advocated for safety at all times	**2**	
Incompletely assessed or managed the scene	**1**	
Did not assess or manage the scene	**0**	
Patient Assessment		
Completed an organized assessment and integrated findings to expand further assessment while maintaining situational awareness	**3**	
Completed primary assessment, secondary assessment, and reassessment given patient condition	**2**	
Performed an incomplete or disorganized assessment	**1**	
Did not complete a primary assessment or reassessment of the patient	**0**	
Patient Management		
Managed all aspects of the patient's condition, anticipated further needs, identified changes, and rapidly intervened after confirming critical interventions with partner	**3**	
Appropriately managed the patient's presenting condition with appropriate timeliness, prioritization/sequence, adapted treatment plan as information became available	**2**	
Performed an incomplete or disorganized management	**1**	
Did not manage life-threatening conditions	**0**	
Interpersonal Relations		
Encouraged feedback, took responsibility for the team, established rapport, and interacted in an organized, therapeutic manner	**3**	
Interacted and responded appropriately with patient, crew, and bystanders using closed loop communication and appreciative inquiry	**2**	
Used inappropriate communication techniques	**1**	
Demonstrated intolerance for patient, bystanders, and crew	**0**	

Actual Time Patient Transported:

Integration (Field Impression and Transport Decision)		
Provided appropriate management and identified appropriate field impression, offered a brief summary of prioritized differential diagnoses, and identified the appropriate transport destination	**3**	
Provided appropriate management and identified appropriate field impression, patient acuity, and transport destination to team	**2**	
Provided correct management but did not identify appropriate field impression, patient acuity or transport destination	**1**	
Did not provide correct management, appropriate field impression, patient acuity, or transport destination	**0**	

Actual Time Ended: **Total:** **15**

CRITICAL CRITERIA

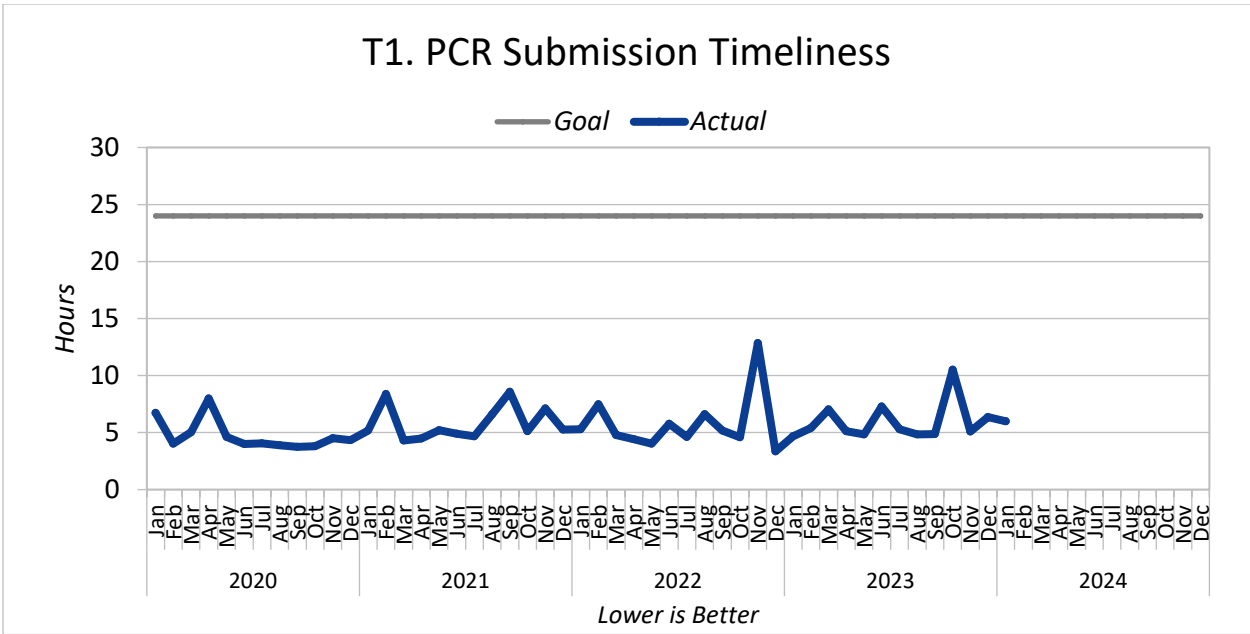
☐ Fails to address any of the scenario's "Mandatory Actions"

☐ Uses or orders a harmful intervention

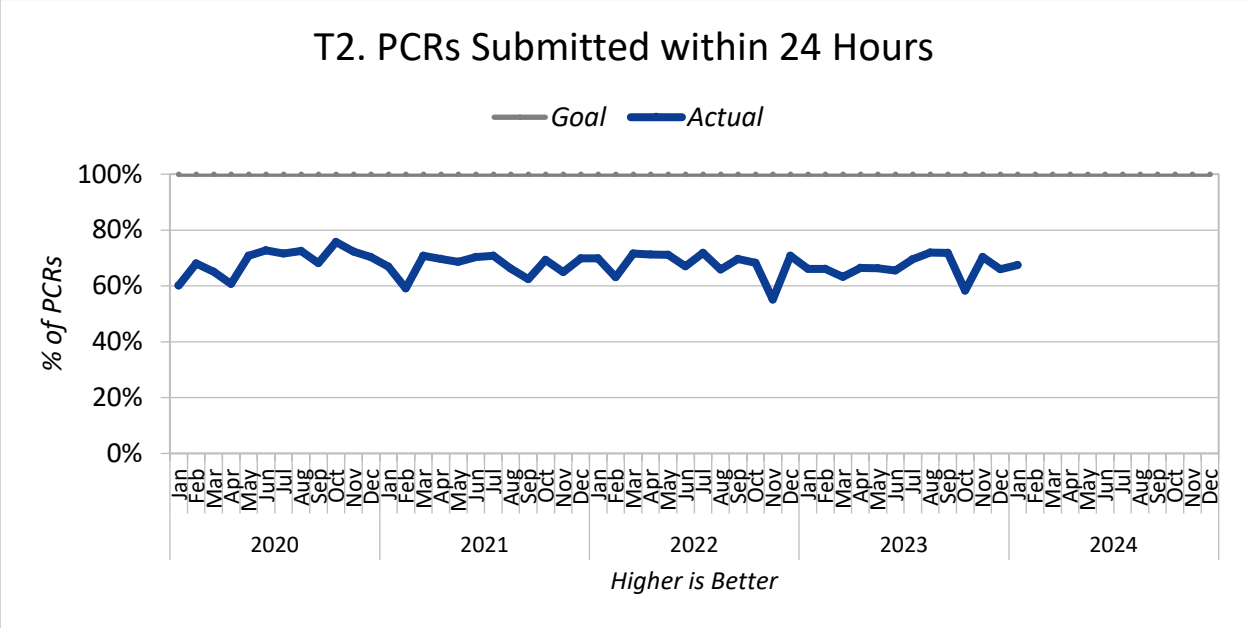
☐ Exhibits unprofessional behavior

This document represents the 2020 National Registry of Emergency Medical Technicians Advanced Level IOOH. Some items have been altered to represent the Specialist/AEMT level for Michigan AEMT programs.

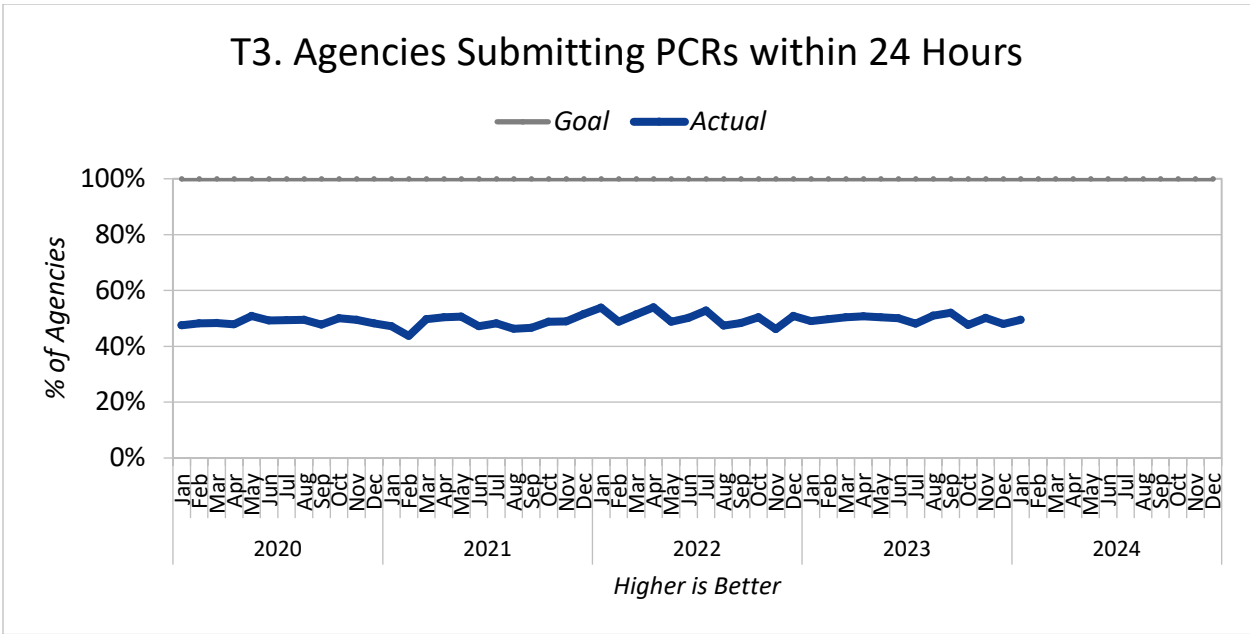
You must factually document your rationale for checking any of the above critical criteria in the comments section or reverse side of this form.



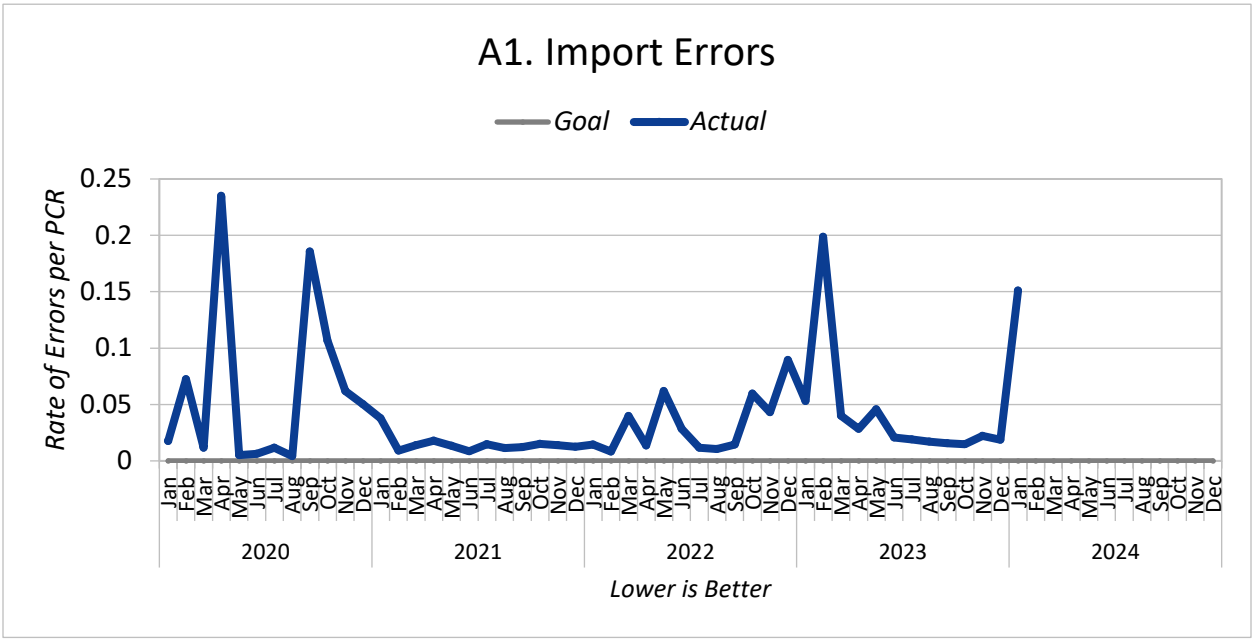
The median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call).



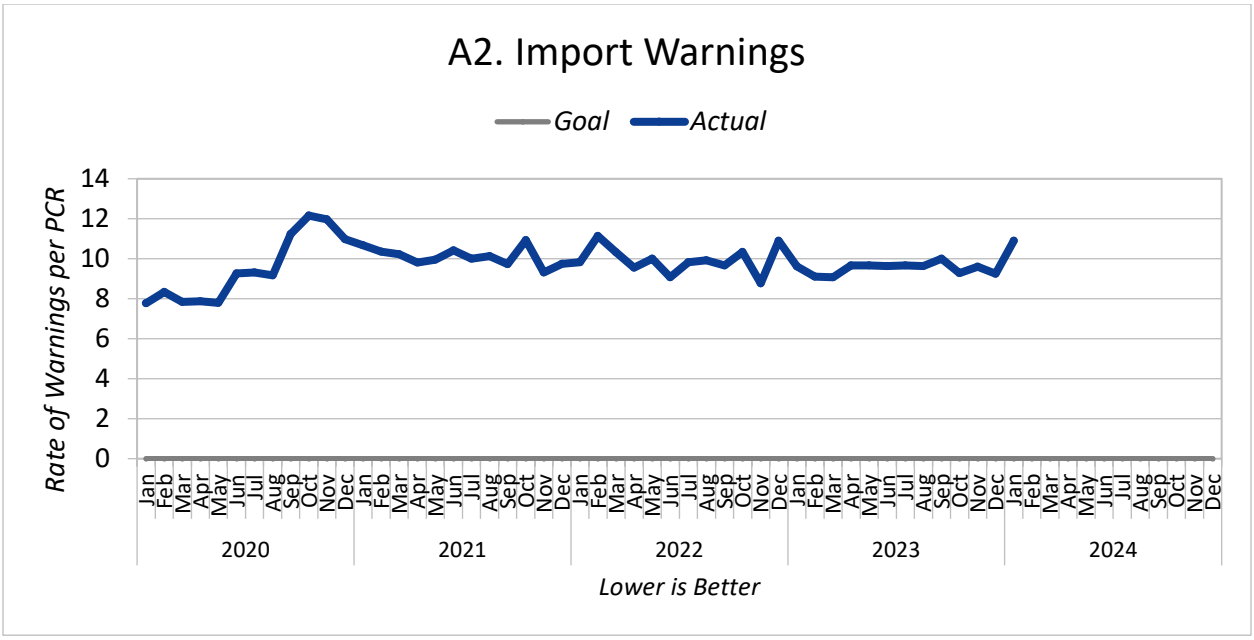
The percentage of NEMSIS version 3 patient care reports received by the state data system within 24 hours from the time the EMS unit was back in service after the call.



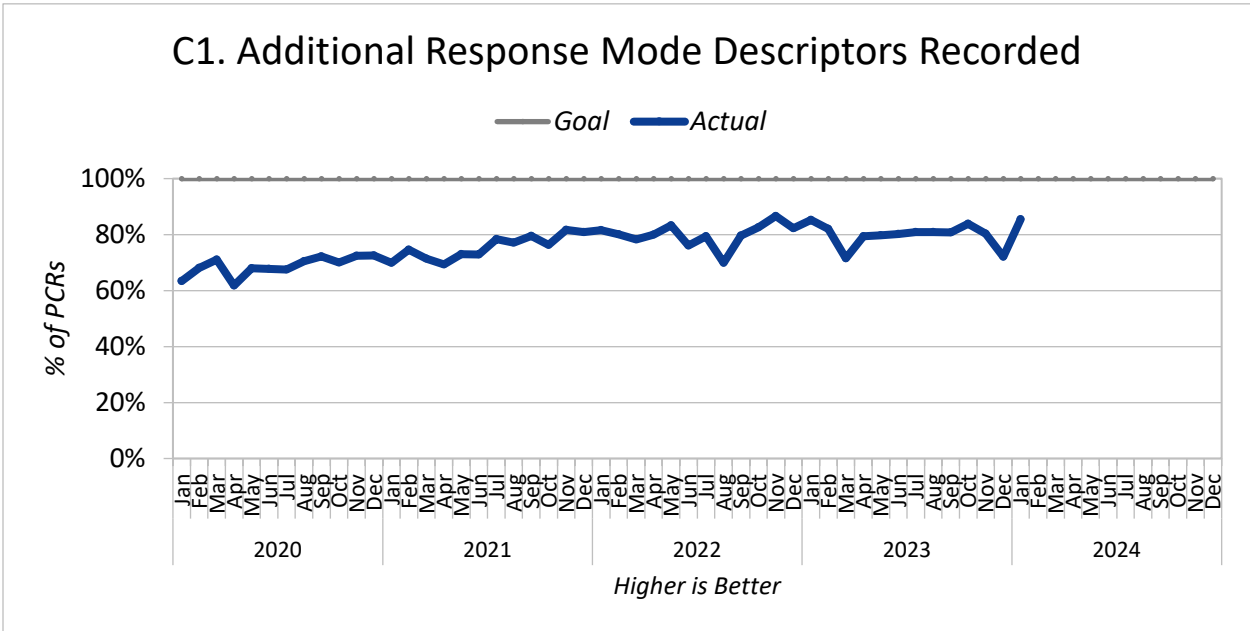
The percentage of agencies where the median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call) is less than 24.



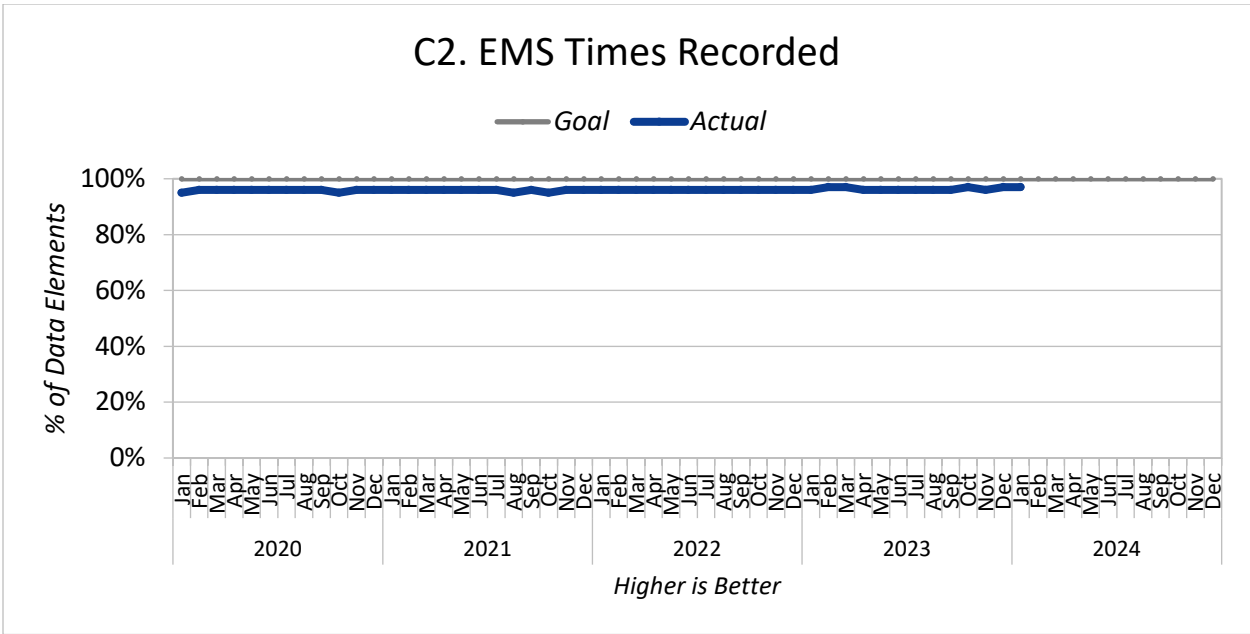
The rate of errors in NEMSIS 3 data submitted to the state EMS data system from other systems.



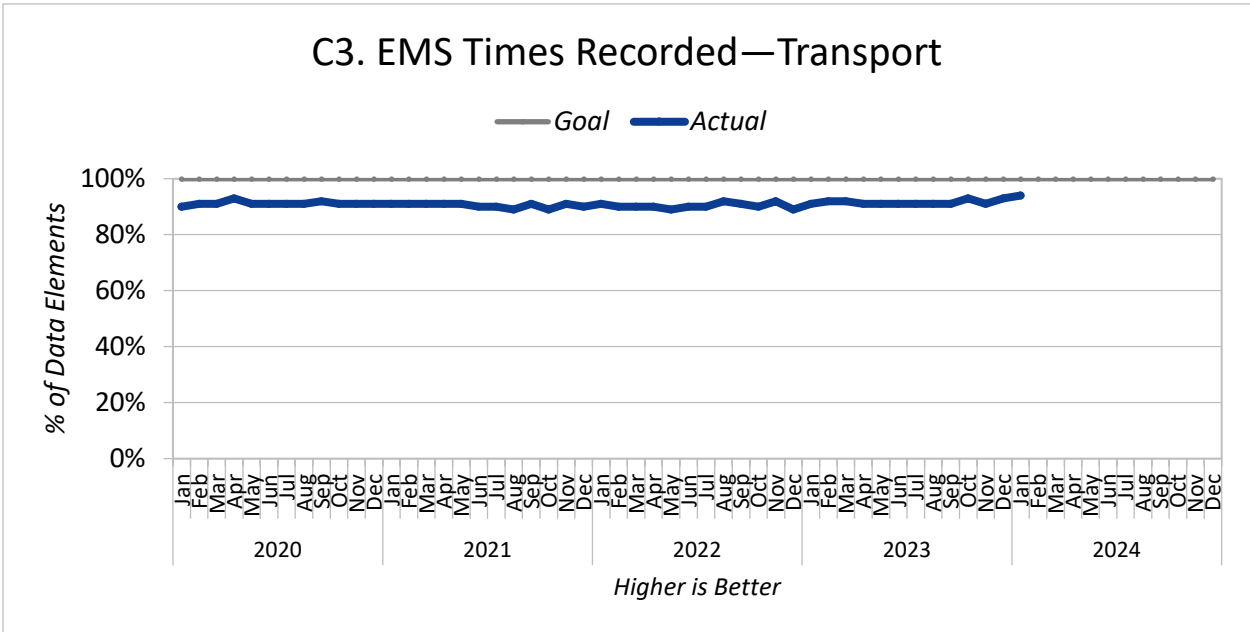
The rate of warnings in NEMSIS 3 data submitted to the state EMS data system from other systems.



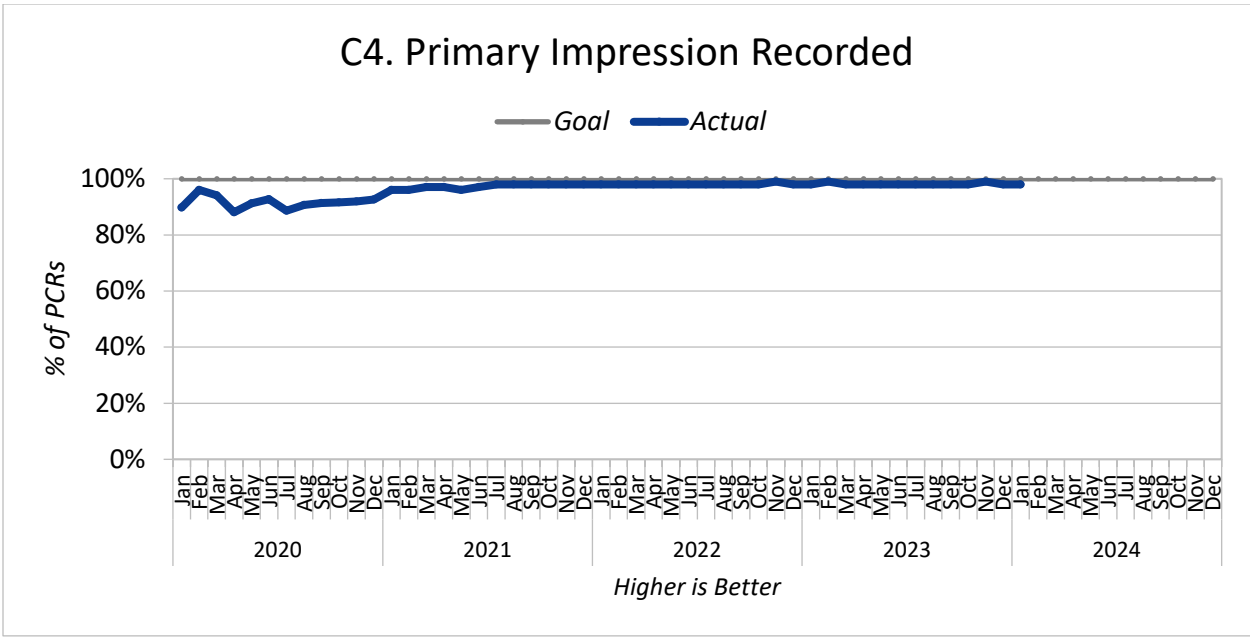
Where there is an incident scene, the percentage of patient care reports where Additional Response Mode Descriptors is recorded with a non-blank value.



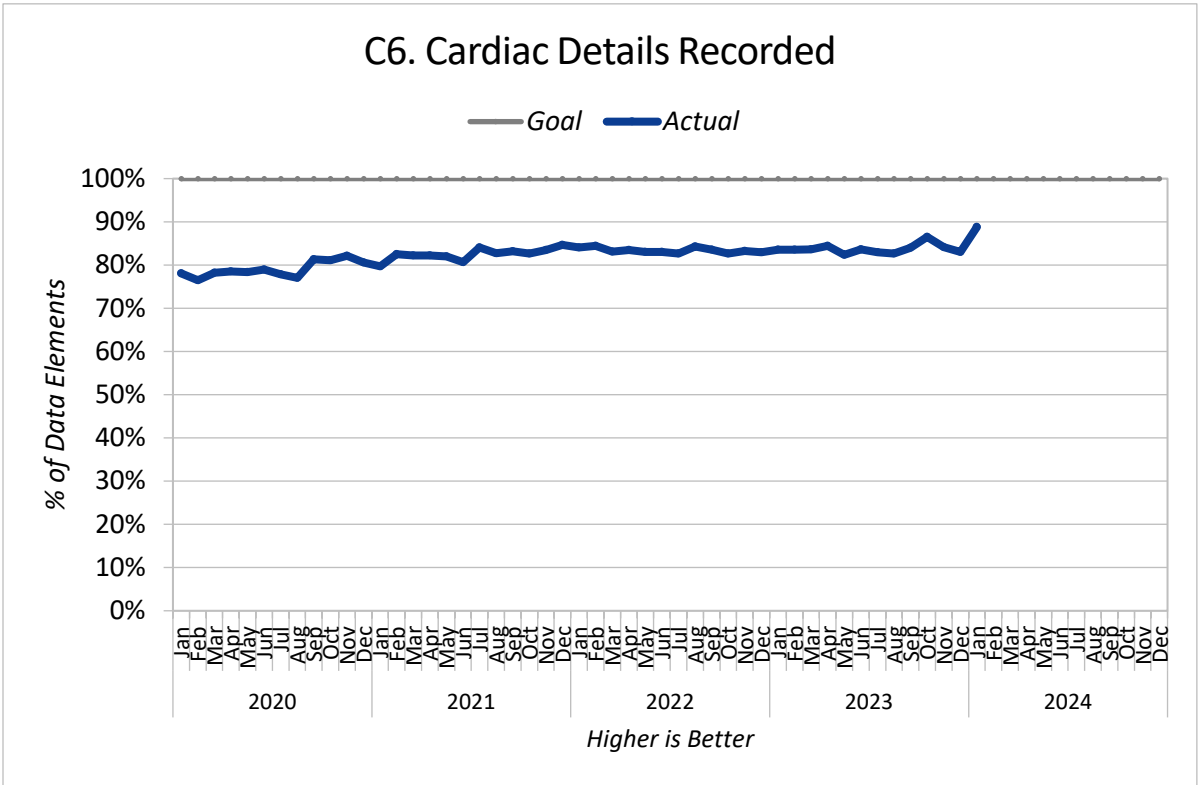
Where a patient is encountered, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



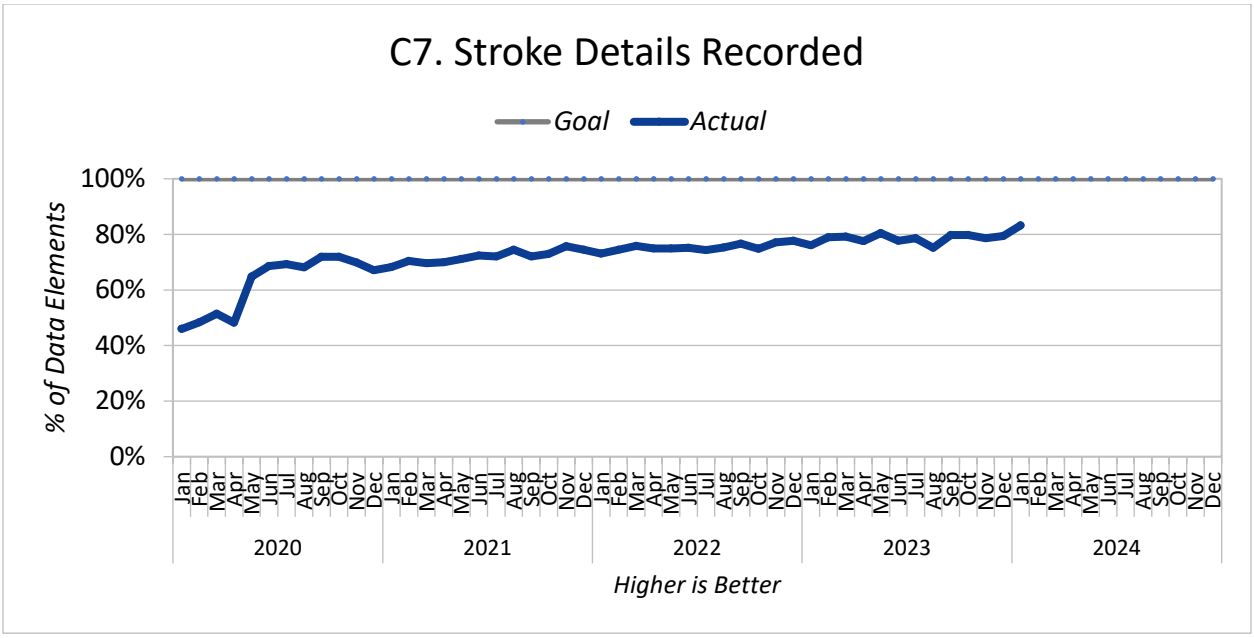
Where a patient is transported by EMS, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



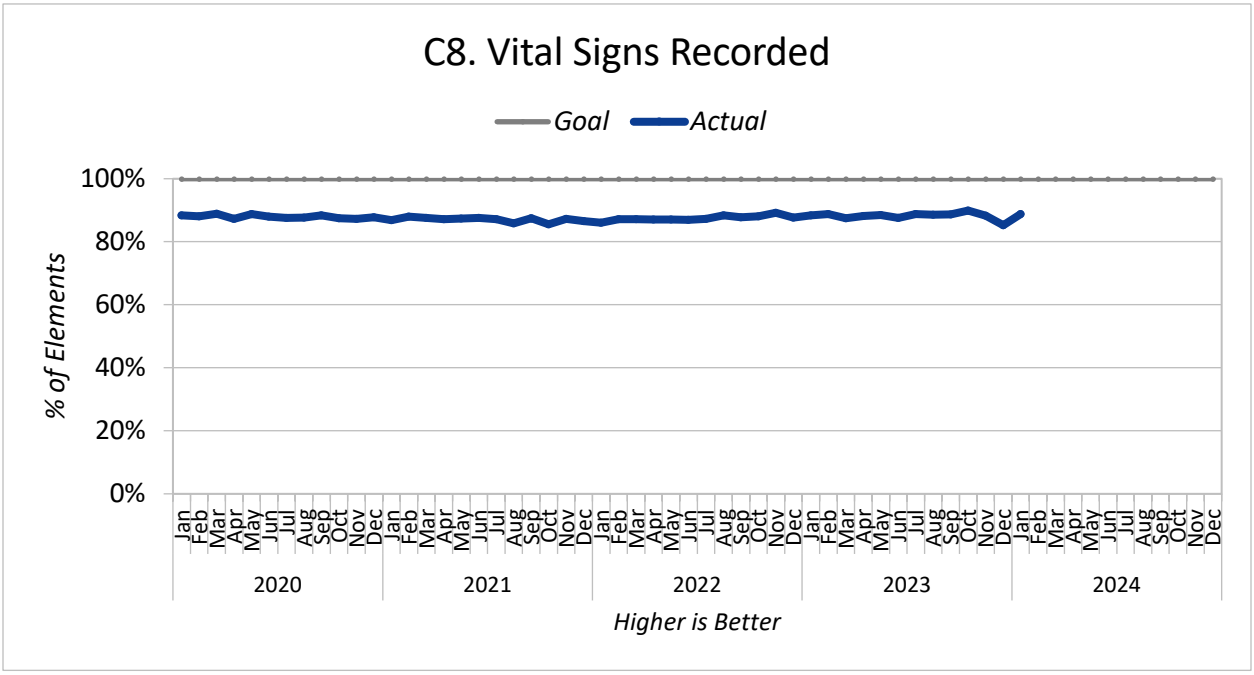
Where a patient is treated, the percentage of NEMSIS 3 patient care reports with a Primary Impression recorded



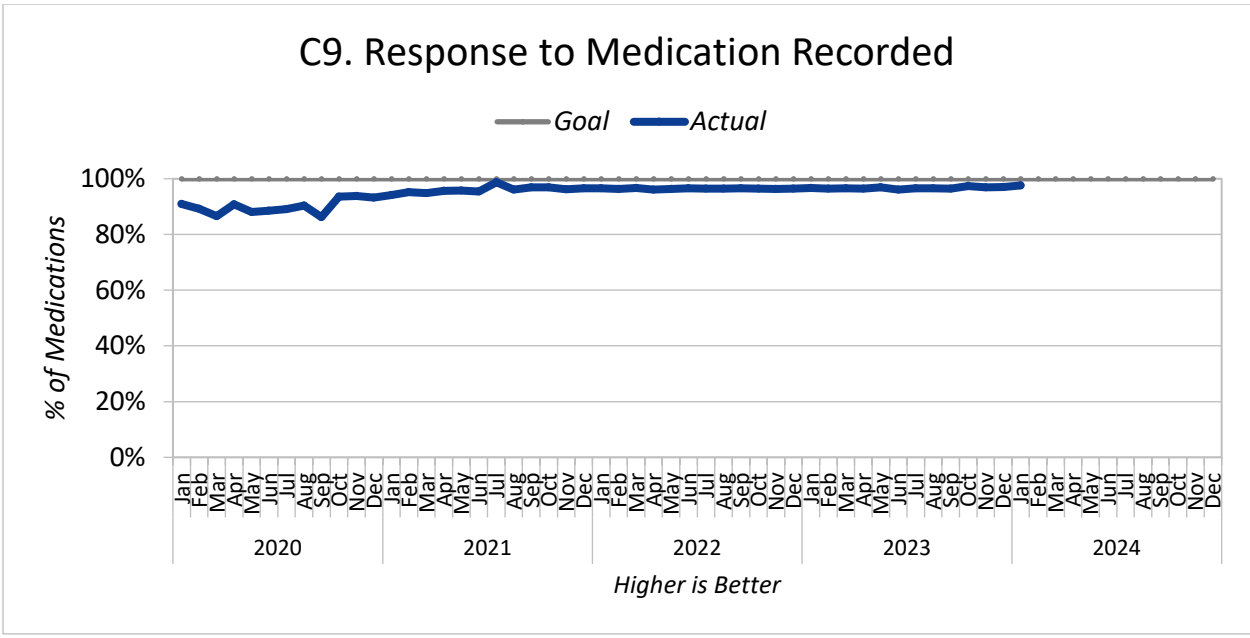
Where there is a cardiac arrest, the average percentage of selected cardiac-related elements with a non-blank value per NEMSIS 3 patient care report.



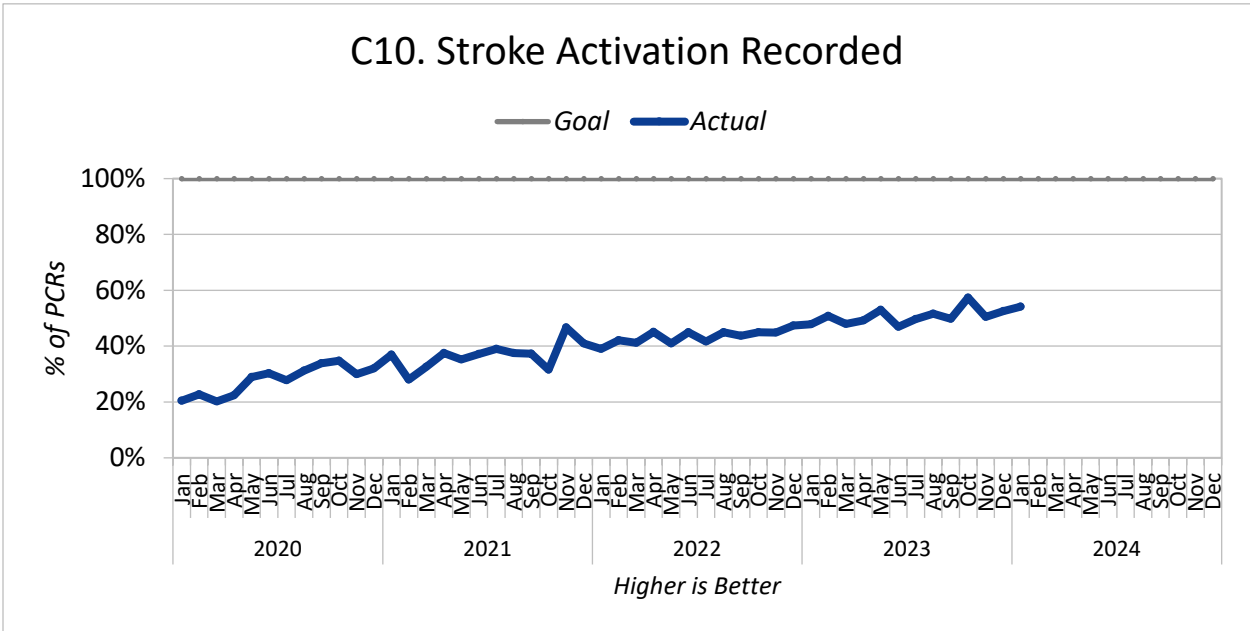
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene), the average percentage of selected stroke-related elements with a non-blank value per NEMSIS 3 patient care report.



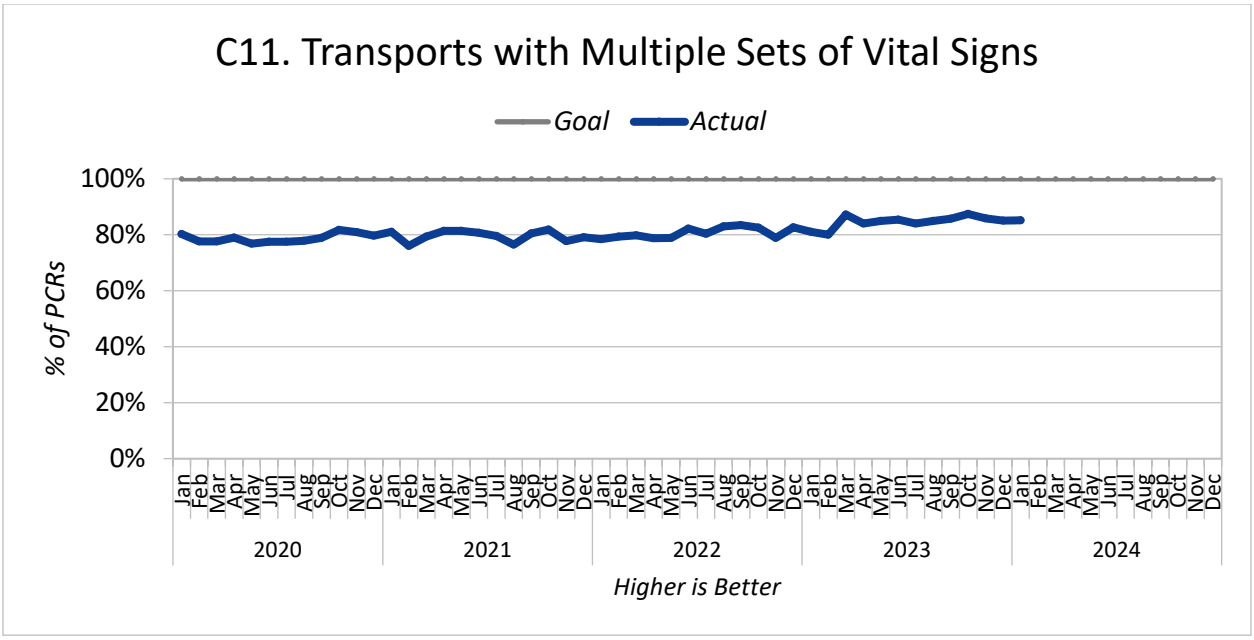
Where a patient is treated, the average percentage of selected vital sign elements with a non-blank value per NEMSIS 3 patient care report.



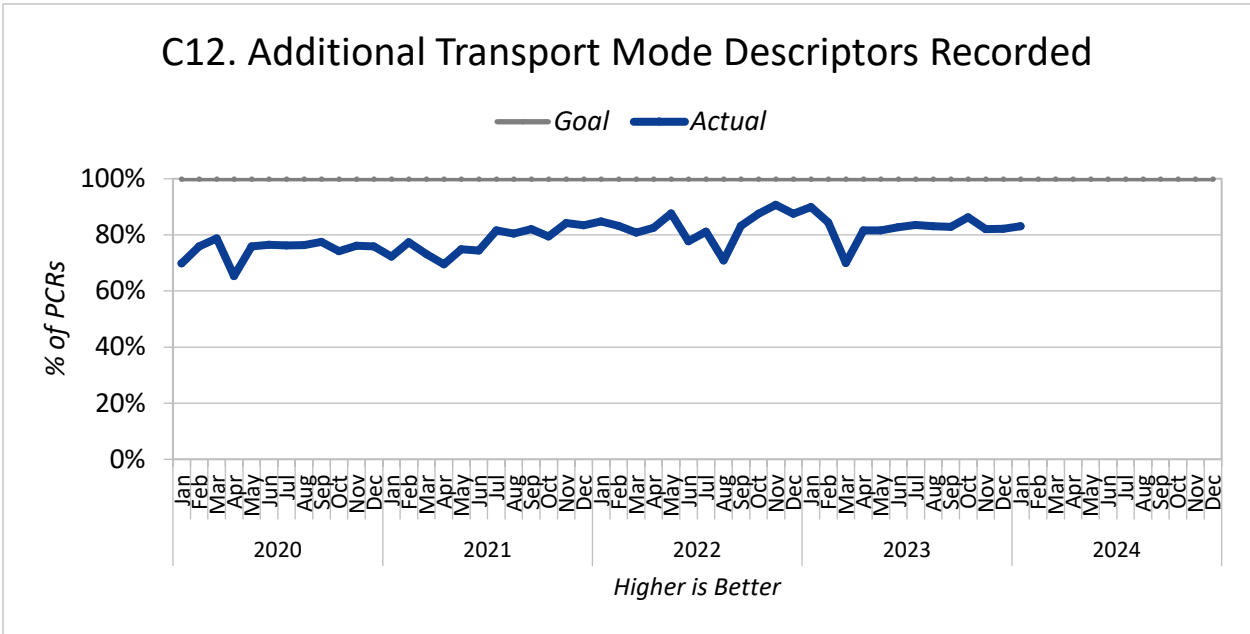
The percentage of medication administrations with Response to Medication recorded



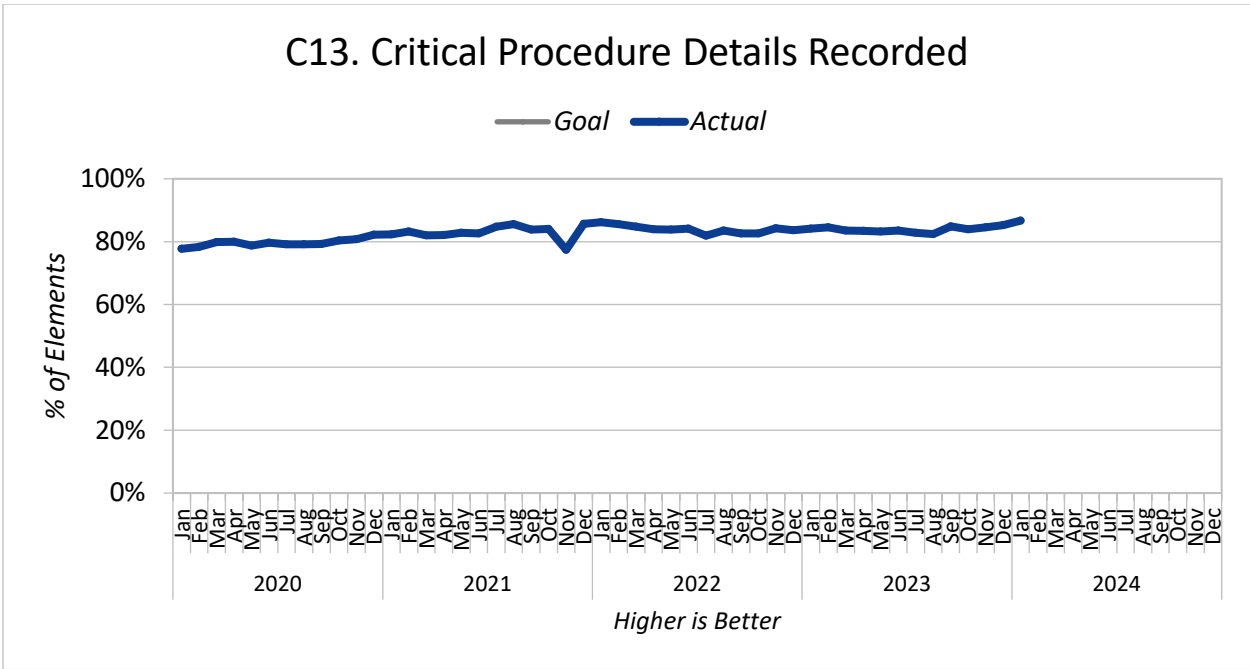
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene) and a patient is treated and transported, the percentage of NEMSIS 3 patient care reports with a destination team stroke pre-arrival alert or activation recorded.



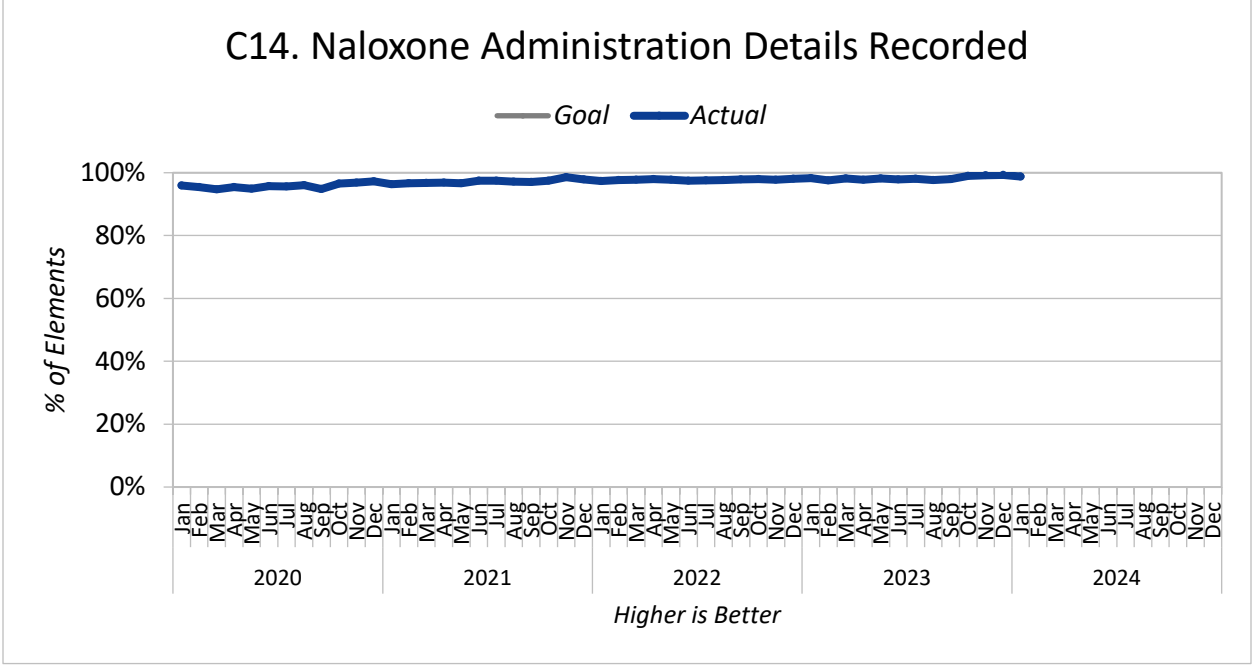
Where a patient is treated and transported, the percentage NEMSIS 3 patient care reports where more than one set of vital signs is recorded.



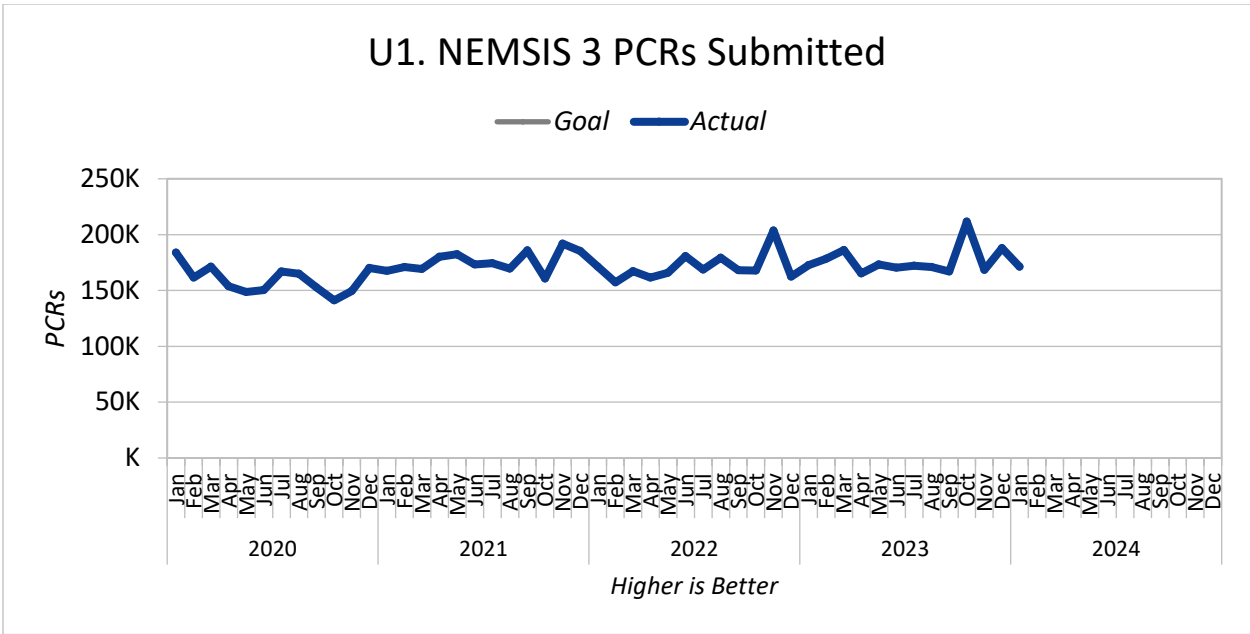
Where a patient is treated and transported, the percentage of patient care reports where Additional Transport Mode Descriptors is recorded with a non-blank value.



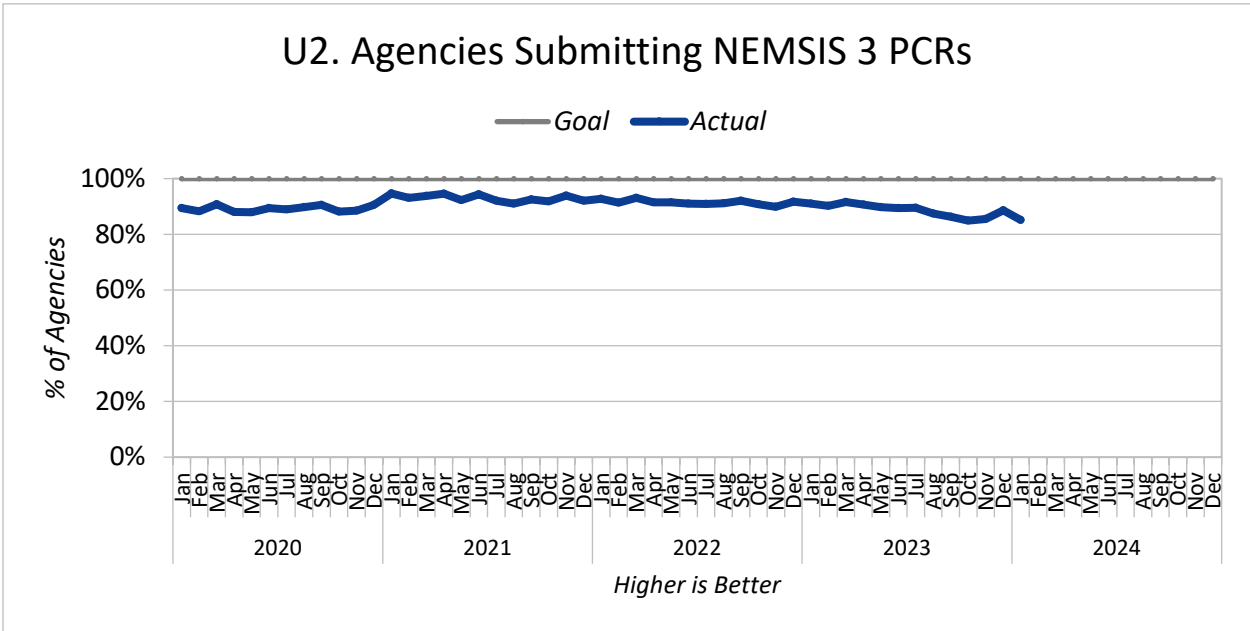
Where a critical procedure is performed, the average percentage of selected procedure-related elements with a non-blank value per procedure performed.



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.

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

EMSCC LEGISLATIVE SUBCOMMITTEE
AGENDA

March 11, 2024
10 a.m. – 12 p.m.
VIRTUAL ONLY
Microsoft Teams
Click here to join the meeting
248-509-0316 Access Code: 564 056 523#

Committee Members: Bruce Trevithick – chair, Dr. Brent, Lance Corey, Ken Cummings, Greg Flynn, Paul Hood, Lauren LaPine, Angela Madden, Bob Miljan, Monty Nye, Jonathan Pyka, Alyson Sundberg, Jeff White.

A G E N D A

I. Call to Order

II. Minutes – January 8, 2024 Tab 1

III. Current Legislation Review

A.	HB 5407 – Baby Drop Box	Tab 2
B.	EMS Carry and Administer Emergency Contraception - Draft	Tab 3
C.	SB 734 – Remove EMS Act Language on Health & Safety Protocols	Tab 4
D.	HB 5527, 5528– Cardiac Response Plan for Schools	Tab 5a-b
E.	HB 5526 – Refusal to Photocopy Drivers License	Tab 6
F.		

III. Other Business

A.	Legislative Tracking Sheet	Tab 7

IV. Adjourn

HOUSE BILL NO. 5407

January 23, 2024, Introduced by Reps. Bruck, Maddock, Alexander, Bierlein, Jaime Greene, Johnsen, Kunse, Phil Green, Fox and Wozniak and referred to the Committee on Families, Children and Seniors.

A bill to amend 1939 PA 288, entitled

"Probate code of 1939,"

by amending sections 1, 2, 3, 5, and 17 of chapter XII (MCL 712.1, 712.2, 712.3, 712.5, and 712.17), sections 1 and 3 as amended by 2006 PA 488, sections 2 and 5 as added by 2000 PA 232, and section 17 as amended by 2010 PA 348, and by adding sections 3a and 3b to chapter XII.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 1. (1) This chapter ~~shall be known and~~ may be cited as the "safe delivery of newborns law".

(2) As used in this chapter:

(a) "Baby drop box" means a protective container in which a parent may anonymously place and surrender the parent's newborn as provided under section 3b.

(b) ~~(a)~~ "Child placing agency" means that term as defined in section 1 of 1973 PA 116, MCL 722.111.

(c) ~~(b)~~ "Court" means the family division of circuit court.

(d) ~~(c)~~ "Department" means the department of **health and** human services.

(e) ~~(d)~~ "DNA identification profile" and "DNA identification profiling" mean those terms as defined in section 1 of the paternity act, 1956 PA 205, MCL 722.711.

(f) ~~(e)~~ "Domestic violence" means that term as defined in section 1 of 1978 PA 389, MCL 400.1501.

(g) ~~(f)~~ "Emergency service provider" means a uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when that individual is inside the premises and on duty. Emergency service provider also includes a paramedic or an emergency medical technician when either of those individuals is responding to a 9-1-1 emergency call.

(h) ~~(g)~~ "Fire department" means an organized fire department as that term is defined in section 1 of the fire prevention code, 1941 PA 207, MCL 29.1.

(i) ~~(h)~~ "Gross negligence" means conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results.

(j) ~~(i)~~ "Hospital" means a hospital that is licensed under ~~article 17~~ **part 215** of the public health code, 1978 PA 368, MCL ~~333.20101 to 333.22260.~~**333.21501 to 333.21571.**

(k) ~~(j)~~ "Lawyer-guardian ad litem" means an attorney appointed under section 2 of this chapter. A lawyer-guardian ad litem represents the newborn, and has the powers and duties, as set forth in section 17d of chapter XIIA.

(*l*) ~~(k)~~ "Newborn" means a child who a physician reasonably believes to be not more than 72 hours old.

(m) ~~(*l*)~~ "Police station" means that term as defined in section 43 of the Michigan vehicle code, 1949 PA 300, MCL 257.43.

(n) ~~(m)~~ "Preplacement assessment" means an assessment of a prospective adoptive parent as described in section 23f of chapter X.

(o) ~~(n)~~ "Surrender" means to leave a newborn with an emergency service provider without expressing an intent to return for the newborn.

Sec. 2. (1) The court has jurisdiction over a newborn who is surrendered to an emergency service provider as provided in section 3 of this chapter **and a newborn who is surrendered to a baby drop box under section 3b of this chapter**. The court may appoint a lawyer-guardian ad litem to represent a newborn in proceedings under this chapter.

(2) Except as provided in section 5 of this chapter, the reporting requirement of section 3 of the child protection law, 1975 PA 238, MCL 722.623, does not apply regarding a child surrendered to an emergency service provider as provided in section 3 of this chapter **or to a newborn who is surrendered to a baby drop box under section 3b of this chapter**.

(3) Unless this chapter specifically provides otherwise, a provision in another chapter of this act does not apply to a proceeding under this chapter. Unless this chapter specifically

provides otherwise, the child custody act of 1970, 1970 PA 91, MCL 722.21 to ~~722.30,~~ **722.31,** does not apply to a proceeding under this chapter.

(4) A hospital and a child placing agency, and their agents and employees, are immune in a civil action for damages for an act or omission in accepting or transferring a newborn under this chapter, except for an act or omission constituting gross negligence or willful or wanton misconduct. To the extent not protected by the immunity conferred by 1964 PA 170, MCL 691.1401 to ~~691.1415,~~ **691.1419,** an employee or contractor of a fire department or police station has the same immunity that this subsection provides to a hospital's or child placing agency's agent or employee.

Sec. 3. (1) If a parent surrenders a child who may be a newborn to an emergency service provider, the emergency service provider shall comply with the requirements of this section under the assumption that the child is a newborn. The emergency service provider shall, without a court order, immediately accept the newborn, taking the newborn into temporary protective custody. ~~The~~ **Except for a newborn surrendered to a baby drop box under section 3b, the** emergency service provider shall make a reasonable effort to do all of the following:

(a) Take action necessary to protect the physical health and safety of the newborn.

(b) Inform the parent that by surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.

(c) Inform the parent that the parent has 28 days to petition the court to regain custody of the newborn.

(d) Provide the parent with written material approved by or produced by the department that includes, but is not limited to, all of the following statements:

(*i*) By surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.

(*ii*) The parent has 28 days after surrendering the newborn to petition the court to regain custody of the newborn.

(*iii*) After the 28-day period to petition for custody elapses, there will be a hearing to determine and terminate parental rights.

(*iv*) There will be public notice of this hearing, and the notice will not contain the parent's name.

(*v*) The parent will not receive personal notice of this hearing.

(*vi*) Information the parent provides to an emergency service provider will not be made public.

(*vii*) A parent can contact the safe delivery line established under section 20 of this chapter for more information.

(2) After providing a parent with the information described in subsection (1), an emergency service provider, **except for a fire department that receives a newborn under section 3b**, shall make a reasonable attempt to do all of the following:

(a) Encourage the parent to provide any relevant family or medical information.

(b) Provide the parent with the pamphlet produced under section 20 of this chapter and inform the parent that ~~he or she~~ **the parent** can receive counseling or medical attention.

(c) Inform the parent that information that ~~he or she~~ **the parent** provides will not be made public.

(d) Ask the parent to identify himself or herself.

(e) Inform the parent that in order to place the newborn for adoption the state is required to make a reasonable attempt to identify the other parent, and then ask the parent to identify the other parent.

(f) Inform the parent that the child placing agency that takes temporary protective custody of the newborn can provide confidential services to the parent.

(g) Inform the parent that the parent may sign a release for the newborn that may be used at the parental rights termination hearing under this chapter.

(3) A newborn whose birth is described in the born alive infant protection act, 2002 PA 687, MCL 333.1071 to 333.1073, and who is in a hospital setting or transferred to a hospital under section 3(1) of the born alive infant protection act, 2002 PA 687, MCL 333.1073, is a newborn surrendered as provided in this chapter. An emergency service provider who has received a newborn under the born alive infant protection act, 2002 PA 687, MCL 333.1071 to 333.1073, shall do all of the following:

(a) Comply with the requirements of subsections (1) and (2) to obtain information from or supply information to the surrendering parent by requesting the information from or supplying the information to the attending physician who delivered the newborn.

(b) Make no attempt to directly contact the parent or parents of the newborn.

(c) Provide humane comfort care if the newborn is determined to have no chance of survival due to gestational immaturity in light of available neonatal medical treatment or other condition incompatible with life.

Sec. 3a. A municipality may install a baby drop box, at its

own expense, at a fire department that is located within the municipality.

Sec. 3b. (1) A parent may voluntarily and anonymously surrender the parent's newborn to a baby drop box provided by a fire department.

(2) A fire department that receives a newborn under this section shall make a reasonable effort to take action necessary to protect the physical health and safety of the newborn.

Sec. 5. (1) An emergency service provider that is not a hospital and that takes a newborn into temporary protective custody under section 3 of this chapter **or a fire department that receives a newborn under section 3b** shall transfer the newborn to a hospital. The hospital shall accept a newborn who an emergency service provider transfers to the hospital in compliance with this chapter, taking the newborn into temporary protective custody.

(2) A hospital that takes a newborn into temporary protective custody under this chapter shall have the newborn examined by a physician. If a physician who examines the newborn either determines that there is reason to suspect the newborn has experienced child abuse or child neglect, other than being surrendered to an emergency service provider under section 3 of this chapter, or comes to a reasonable belief that the child is not a newborn, the physician shall immediately report to the department as required by section 3 of the child protection law, 1975 PA 238, MCL 722.623.

(3) If a physician is not required to report to the department as provided in subsection (2), the hospital shall notify a child placing agency that the hospital has taken a newborn into temporary protective custody under this chapter.

Sec. 17. (1) A parent who surrenders a newborn under section 3 **or 3b** of this chapter and who does not file a custody action under section 10 of this chapter is presumed to have knowingly released ~~his or her~~ **the parent's** parental rights to the newborn.

(2) If the surrendering parent has not filed a petition for custody of the newborn within 28 days of the surrender, the child placing agency with authority to place the newborn shall immediately file a petition with the court to determine whether the release shall be accepted and whether the court shall enter an order terminating the rights of the surrendering parent.

(3) If the nonsurrendering parent has not filed a petition for custody of the newborn within 28 days of notice of surrender of a newborn under section 10 of this chapter, the child placing agency with authority to place the newborn shall immediately file a petition with the court to determine whether the court shall enter an order terminating the rights of the nonsurrendering parent.

(4) The court shall schedule a hearing on the petition from the child placing agency within 14 days of receipt of that petition. At the hearing, the child placing agency shall present evidence that demonstrates that the surrendering parent released the newborn and that demonstrates the efforts made by the child placing agency to identify, locate, and provide notice to the nonsurrendering parent.

(5) If the court finds by a preponderance of the evidence that the surrendering parent has knowingly released ~~his or her~~ **the parent's** rights to the child and that reasonable efforts were made to locate the nonsurrendering parent and a custody action has not been filed, the court shall enter an order terminating parental rights of the surrendering parent and the nonsurrendering parent

under this chapter.

DRAFT 1

A bill to amend 1978 PA 368, entitled

"Public health code,"

by amending section 20919 (MCL 333.20919), as amended by 2019 PA 37.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

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

following:

(a) The acts, tasks, or functions that may be performed by each type of emergency medical services personnel licensed under this part.

(b) Medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.

(c) Protocols for complying with the Michigan do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067.

(d) Protocols defining the process, actions, and sanctions a medical control authority may use in holding a life support agency or emergency medical services personnel accountable.

(e) Protocols to ensure that if the medical control authority determines that an immediate threat to the public health, safety, or welfare exists, appropriate action to remove medical control can immediately be taken until the medical control authority has had the opportunity to review the matter at a medical control authority hearing. The protocols must require that the hearing is held within 3 business days after the medical control authority's determination.

(f) Protocols to ensure that if medical control has been removed from a participant in an emergency medical services system, the participant does not provide prehospital care until medical control is reinstated and that the medical control authority that removed the medical control notifies the department of the removal within 1 business day.

(g) Protocols to ensure that a quality improvement program is in place within a medical control authority and provides data protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

(h) Protocols to ensure that an appropriate appeals process is in place.

(i) Protocols to ensure that each life support agency that provides basic life support, limited advanced life support, or advanced life support is equipped with epinephrine or epinephrine auto-injectors and that each emergency medical services personnel authorized to provide those services is properly trained to recognize an anaphylactic reaction, to administer the epinephrine, and to dispose of the epinephrine auto-injector or vial.

(j) Protocols to ensure that each life support vehicle that is dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support is equipped with an automated external defibrillator and that each emergency medical services personnel is properly trained to utilize the automated external defibrillator.

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

(*l*) Protocols for complying with part 56B.

(m) Protocols to ensure that each life support vehicle that is dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support is equipped with emergency contraception and that each emergency medical services personnel is properly trained to offer and provide

the emergency contraception to an individual who could become pregnant and alleges to have been the victim of criminal sexual conduct under sections 520a to 520*l* of the Michigan penal code, 1931 PA 328, MCL 750.520a to 750.520*l*.

(2) A medical control authority shall not establish a protocol under this section that conflicts with the Michigan do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067, or part 56B.

(3) The department shall establish procedures for the development and adoption of written protocols under this section. The procedures must include at least all of the following requirements:

(a) At least 60 days before the adoption of a protocol, the medical control authority shall circulate a written draft of the proposed protocol to all significantly affected persons within the emergency medical services system served by the medical control authority and submit the written draft to the department for approval.

(b) The department shall review a proposed protocol for consistency with other protocols concerning similar subject matter that have already been established in this state and shall consider any written comments received from interested persons in its review.

(c) Within 60 days after receiving a written draft of a proposed protocol from a medical control authority, the department shall provide a written recommendation to the medical control authority with any comments or suggested changes on the proposed protocol. If the department does not respond within 60 days after receiving the written draft, the proposed protocol is considered to

be approved by the department.

(d) After department approval of a proposed protocol, the medical control authority may formally adopt and implement the protocol.

(e) A medical control authority may establish an emergency protocol necessary to preserve the health or safety of individuals within its region in response to a present medical emergency or disaster without following the procedures established by the department under this subsection for an ordinary protocol. An emergency protocol established under this subdivision is effective only for a limited period and does not take permanent effect unless it is approved according to the procedures established by the department under this subsection.

(4) A medical control authority shall provide an opportunity for an affected participant in an emergency medical services system to appeal a decision of the medical control authority. Following appeal, the medical control authority may affirm, suspend, or revoke its original decision. After appeals to the medical control authority have been exhausted, the affected participant in an emergency medical services system may appeal the medical control authority's decision to the state emergency medical services coordination committee created in section 20915. The state emergency medical services coordination committee shall issue an opinion on whether the actions or decisions of the medical control authority are in accordance with the department-approved protocols of the medical control authority and state law. If the state emergency medical services coordination committee determines in its opinion that the actions or decisions of the medical control authority are not in accordance with the medical control

authority's department-approved protocols or with state law, the state emergency medical services coordination committee shall recommend that the department take any enforcement action authorized under this code.

(5) If adopted in protocols approved by the department, a medical control authority may require life support agencies within its region to meet reasonable additional standards for equipment and personnel, other than medical first responders, that may be more stringent than are otherwise required under this part. If a medical control authority proposes a protocol that establishes additional standards for equipment and personnel, the medical control authority and the department shall consider the medical and economic impact on the local community, the need for communities to do long-term planning, and the availability of personnel. If either the medical control authority or the department determines that negative medical or economic impacts outweigh the benefits of those additional standards as they affect public health, safety, and welfare, the medical control authority shall not adopt and the department shall not approve protocols containing those additional standards.

(6) If adopted in protocols approved by the department, a medical control authority may require medical first response services and licensed medical first responders within its region to meet additional standards for equipment and personnel to ensure that each medical first response service is equipped with an epinephrine auto-injector, and that each licensed medical first responder is properly trained to recognize an anaphylactic reaction and to administer and dispose of the epinephrine auto-injector, if a life support agency that provides basic life support, limited

advanced life support, or advanced life support is not readily available in that location.

(7) If a decision of the medical control authority under subsection (5) or (6) is appealed by an affected person, the medical control authority shall make available, in writing, the medical and economic information it considered in making its decision. On appeal, the state emergency medical services coordination committee created in section 20915 shall review this information under subsection (4) and shall issue its findings in writing.

SENATE BILL NO. 734

February 28, 2024, Introduced by Senator LINDSEY and referred to the Committee on Oversight.

A bill to amend 1978 PA 368, entitled

"Public health code,"

by amending sections 2251, 2253, 2433, 2435, 2441, 2451, 2453, 2481, 12613, 13104, 13105a, 13108, 13516, 13736, 13737, 13738, and 20919 (MCL 333.2251, 333.2253, 333.2433, 333.2435, 333.2441, 333.2451, 333.2453, 333.2481, 333.12613, 333.13104, 333.13105a, 333.13108, 333.13516, 333.13736, 333.13737, 333.13738, and 333.20919), section 2251 as amended by 2012 PA 180, sections 2253 and 2453 as amended by 2022 PA 274, section 2441 as amended by 2010

PA 72, section 12613 as amended by 2009 PA 188, sections 13104 and 13108 as amended and section 13105a as added by 2010 PA 375, sections 13736, 13737, and 13738 as added by 1987 PA 203, and section 20919 as amended by 2019 PA 37; and to repeal acts and parts of acts.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 2251. (1) Upon a determination that an imminent danger to the health or lives of individuals exists in this state, the director immediately shall inform the individuals affected by the imminent danger and issue ~~an order~~ **a recommendation** that ~~shall~~ **must** be delivered to a person authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The ~~order shall~~ **recommendation must** incorporate the director's findings. ~~and require immediate action necessary to avoid, correct, or remove the imminent danger.~~ The ~~order~~ **recommendation** may ~~specify action~~ **suggest actions** to be taken ~~or prohibit the presence of individuals in locations or under conditions where the imminent danger exists, except individuals whose presence is necessary~~ to avoid, correct, or remove the imminent danger.

~~(2) Upon failure of a person to comply promptly with a department order issued under this section, the department may petition the circuit court having jurisdiction to restrain a condition or practice which the director determines causes the imminent danger or to require action to avoid, correct, or remove the imminent danger.~~

~~(3) If the director determines that conditions anywhere in this state constitute a menace to the public health, the director may take full charge of the administration of applicable state and local health laws, rules, regulations, and ordinances in addressing~~

~~that menace.~~

(2) ~~(4)~~ If the director determines that an imminent danger to the health or lives of individuals in this state can be prevented or controlled by the promulgation of an emergency rule under section 48(2) of the administrative procedures act of 1969, ~~1969 PA 306,~~ MCL 24.248, to schedule or reschedule a substance as a controlled substance as provided in part 72, the director shall notify the director of the department of licensing and regulatory affairs and the administrator of ~~his or her~~ **the** determination in writing. The notification ~~shall~~ **must** include a description of the substance to be scheduled or rescheduled and the grounds for ~~his or her~~ **the** determination. The director may provide copies of police, hospital, and laboratory reports and other information to the director of the department of licensing and regulatory affairs and the administrator as considered appropriate by the director.

(3) ~~(5)~~ As used in this section:

(a) "Administrator" means that term as defined in section 7103.

(b) "Imminent danger" means a condition or practice exists that could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through ~~enforcement~~ procedures otherwise provided.

(c) "Person" means a person as defined in section 1106 or a governmental entity.

Sec. 2253. (1) ~~Subject to subsections (4) and (5), if~~ **If** the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may make a declaration of that determination and may within that emergency

order ~~prohibit the gathering of people for any purpose and establish~~ **suggest** procedures to be followed during the epidemic to ensure continuation of essential public health services. ~~and enforcement of health laws.~~ Emergency procedures are not limited to this code.

(2) If an epidemic described in subsection (1) involves avian influenza or another virus or disease that is or may be spread by contact with animals, the department of agriculture and rural development shall cooperate with and assist the director in the director's response to the epidemic.

(3) On request from the director, the department of agriculture and rural development shall assist the department in any review or update of the department's pandemic influenza plan under section 5112.

~~(4) Beginning June 1, 2023, an emergency order issued under subsection (1) may prohibit or otherwise limit any visitation of a patient or resident in a qualified health care facility for a period not to exceed 30 days after the date the director first declares that control of the epidemic is necessary to protect the public health.~~

~~(5) Beginning June 1, 2023, because LINDA, after 30 days after the director first declares that control of an epidemic is necessary to protect the public health in an emergency order issued under subsection (1), all of the following apply:~~

~~(a) Subject to subdivision (b), the emergency order must not prohibit or otherwise limit a patient representative from visiting a patient or resident with a cognitive impairment in a qualified health care facility.~~

~~(b) The emergency order may do any of the following:~~

~~(*i*) Implement reasonable safety measures before or during a patient representative's visit to a patient or resident with a cognitive impairment in the qualified health care facility, including, but not limited to, prescreening or testing a patient representative, imposing a visit duration on a patient representative, restricting the number of patient representatives who may visit at 1 time, and requiring a patient representative to preschedule a visit.~~

~~(*ii*) Establish procedures for the visitation of a patient or resident with a cognitive impairment in a qualified health care facility, if the director determines that establishing the procedures is vital to maintaining a safe health care infrastructure in this state. The director shall consult with qualified health care facilities before establishing procedures under this subparagraph.~~

~~(6) As used in this section:~~

~~(a) "Assisted living facility" means an unlicensed entity that offers community-based residential care for at least 3 unrelated adults who are 65 years of age or older or who need assistance with activities of daily living that are available 24 hours a day, including, but not limited to, personal, supportive, or intermittent health-related services.~~

~~(b) "Cognitive impairment" means a deficiency in the patient's or resident's mental capability or loss of intellectual ability, either of which affects the patient's or resident's comprehension, decision-making, reasoning, adaptive functioning, judgment, learning, or memory and that materially affects the patient's or resident's ability to function. A cognitive impairment may be a temporary short-term change in cognition, a medically induced~~

~~change in cognition, or a long-term ongoing change in cognition.~~

~~(c) "Family member" means an individual related to a patient or resident by blood, marriage, or adoption who is within the fifth degree of kinship to the patient or resident.~~

~~(d) "LINDA" means loved individuals need dedicated attention.~~

~~(e) "Patient representative" means any of the following:~~

~~(*i*) A family member.~~

~~(*ii*) A patient advocate as that term is defined in section 1106 of the estates and protected individuals code, 1998 PA 386, MCL 700.1106.~~

~~(*iii*) An individual who is named as the attorney-in-fact under a durable or nondurable power of attorney for the patient or resident.~~

~~(f) "Qualified health care facility" means any of the following:~~

~~(*i*) A health facility or agency as that term is defined in section 20106.~~

~~(*ii*) An assisted living facility.~~

~~(*iii*) A physician's private practice office.~~

Sec. 2433. (1) A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

(2) A local health department shall:

~~(a) Implement and enforce laws for which responsibility is vested in the local health department.~~

(a) ~~(b)~~ Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.

(b) ~~(c)~~ Make investigations and inquiries as to:

(*i*) The causes of disease and especially of epidemics.

(*ii*) The causes of morbidity and mortality.

(*iii*) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.

(c) ~~(d)~~ Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.

(d) ~~(e)~~ Provide or demonstrate the provision of required services as set forth in section 2473(2).

~~(f) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.~~

(e) ~~(g)~~ Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.

~~(3) This section does not limit the powers or duties of a local health officer otherwise vested by law.~~

Sec. 2435. A local health department may:

(a) Engage in research programs and staff professional training programs.

(b) Advise other local agencies and persons as to the location, drainage, water supply, disposal of solid waste, heating, and ventilation of buildings.

(c) Enter into an agreement, contract, or arrangement with a governmental entity or other person necessary or appropriate to assist the local health department in carrying out its duties and functions unless otherwise prohibited by law.

~~(d) Adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.~~

(d) ~~(e)~~ Accept gifts, grants, bequests, and other donations for use in performing the local health department's functions. Funds or property accepted shall be used as directed by its donor and in accordance with the law, rules, and procedures of this state and the local governing entity.

(e) ~~(f)~~ Sell and convey real estate owned by the local health department.

(f) ~~(g)~~ Provide services not inconsistent with this code.

(g) ~~(h)~~ Participate in the cost reimbursement program set forth in sections 2471 to 2498.

(h) ~~(i)~~ Perform a delegated function unless otherwise prohibited by law.

Sec. 2441. A local health department may adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department. The **local governing entity of a local health department shall approve or disapprove the** regulations. ~~shall be approved or disapproved by the local governing entity.~~ The regulations ~~shall~~ become effective 45 days after approval by the local health department's governing entity or at a time specified by the local health department's governing entity. The regulations ~~shall~~ **must** be at least as stringent as the standard established by state law applicable to the same or similar subject matter. ~~Regulations of a local health~~

~~department supersede inconsistent or conflicting local ordinances.~~ ~~.~~

Sec. 2451. (1) Upon a determination that an imminent danger to the health or lives of individuals exists in the area served by the local health department, the local health officer immediately shall inform the individuals affected by the imminent danger and issue ~~an order which shall~~ **a recommendation that must** be delivered to a person authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The ~~order shall~~ **recommendation must** incorporate the findings of the local health department. ~~and require immediate action necessary to avoid, correct, or remove the imminent danger.~~ The ~~order~~ **recommendation** may ~~specify action~~ **suggest actions** to be taken ~~or prohibit the presence of individuals in locations or under conditions where the imminent danger exists, except individuals whose presence is necessary~~ to avoid, correct, or remove the imminent danger.

~~(2) Upon the failure of a person to comply promptly with an order issued under this section, the local health department may petition a circuit or district court having jurisdiction to restrain a condition or practice which the local health officer determines causes the imminent danger or to require action to avoid, correct, or remove the imminent danger.~~

(2) ~~(3)~~ As used in this section:

(a) "Imminent danger" means a condition or practice which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through ~~enforcement~~ procedures otherwise provided.

(b) "Person" means a person as defined in section 1106 or a governmental entity.

Sec. 2453. (1) ~~Subject to subsections (3) and (4), if~~ **If** a local health officer determines that control of an epidemic is necessary to protect the public health, the local health officer by emergency order may make a declaration of that determination and may within that emergency order ~~prohibit the gathering of people for any purpose and establish~~ **suggest** procedures to be followed by persons, including a local governmental entity, during the epidemic to ensure continuation of essential public health services. ~~and enforcement of health laws.~~ Emergency procedures are not limited to this code.

(2) A local health department or the department may provide for the involuntary detention and treatment of individuals with hazardous communicable disease in the manner prescribed in sections 5201 to 5210.

~~(3) Beginning June 1, 2023, an emergency order issued under subsection (1) may prohibit or otherwise limit any visitation of a patient or resident in a qualified health care facility for a period not to exceed 30 days after the date the local health officer first declares that control of the epidemic is necessary to protect the public health.~~

~~(4) Beginning June 1, 2023, because LINDA, after 30 days after the local health officer first declares that control of an epidemic is necessary to protect the public health in an emergency order issued under subsection (1), all of the following apply:~~

~~(a) Subject to subdivision (b), the emergency order must not prohibit or otherwise limit a patient representative from visiting a patient or resident with a cognitive impairment in a qualified health care facility.~~

~~(b) The emergency order may do any of the following:~~

~~(*i*) Implement reasonable safety measures before or during a patient representative's visit to a patient or resident with a cognitive impairment in the qualified health care facility, including, but not limited to, prescreening or testing a patient representative, imposing a visit duration on a patient representative, restricting the number of patient representatives who may visit at 1 time, and requiring a patient representative to preschedule a visit.~~

~~(*ii*) Establish procedures for the visitation of a patient or resident with a cognitive impairment in a qualified health care facility if the local health officer determines that establishing the procedures is vital to maintaining a safe health care environment. The local health officer shall consult with qualified health care facilities before establishing procedures under this subparagraph.~~

~~(5) As used in this section:~~

~~(a) "Assisted living facility" means an unlicensed entity that offers community-based residential care for at least 3 unrelated adults who are 65 years of age or older or who need assistance with activities of daily living that are available 24 hours a day, including, but not limited to, personal, supportive, or intermittent health-related services.~~

~~(b) "Cognitive impairment" means a deficiency in the patient's or resident's mental capability or loss of intellectual ability, either of which affects the patient's or resident's comprehension, decision-making, reasoning, adaptive functioning, judgment, learning, or memory and that materially affects the patient's or resident's ability to function. A cognitive impairment may be a temporary short-term change in cognition, a medically induced~~

~~change in cognition, or a long-term ongoing change in cognition.~~

~~(c) "Family member" means an individual related to a patient or resident by blood, marriage, or adoption who is within the fifth degree of kinship to the patient or resident.~~

~~(d) "LINDA" means loved individuals need dedicated attention.~~

~~(e) "Patient representative" means any of the following:~~

~~(*i*) A family member.~~

~~(*ii*) A patient advocate as that term is defined in section 1106 of the estates and protected individuals code, 1998 PA 386, MCL 700.1106.~~

~~(*iii*) An individual who is named as the attorney-in-fact under a durable or nondurable power of attorney for the patient or resident.~~

~~(f) "Qualified health care facility" means any of the following:~~

~~(*i*) A health facility or agency as that term is defined in section 20106.~~

~~(*ii*) An assisted living facility.~~

~~(*iii*) A physician's private practice office.~~

Sec. 2481. As a condition for the approval of funding for a service under sections 2471 to 2498, a local health department shall:

(a) Provide the required health services which the local health department is designated to provide in substantial accord with the program plan developed under part 23 and rules promulgated under section 2495, including standards as to the scope and quality of services.

(b) Report its performance and fiscal matters in a form and containing information the department reasonably requires to

implement sections 2471 to 2498.

(c) Keep records and afford access to the records by authorized state, federal, and local officials for audit and review purposes necessary to verify and ~~assure~~ **ensure** the accuracy and acceptability of the reports.

(d) Certify by a written report to the legislature that the local health department has not violated any constitutionally protected right within the fiscal year immediately preceding the approval of funding.

Sec. 12613. (1) Subject to subsection (2), the department shall enforce this part and part 129 and any rules promulgated under this part. ~~pursuant to sections 2262(2) and 2263.~~ In addition to the civil fine authorized under section 12611, the department may enforce this part and any rules promulgated under this part through an action commenced pursuant to ~~section 2255 or~~ any ~~other~~ appropriate action authorized by law.

(2) Pursuant to section 2235, the department may authorize a local health department to enforce this part and part 129 and any rules promulgated under this part. A local health department authorized to enforce this part and part 129 and any rules promulgated under this part shall enforce this part and part 129 and any rules promulgated under this part. ~~pursuant to sections 2461(2) and 2462.~~ In addition to the civil fine authorized under section 12611, a local health department may enforce this part and part 129 and any rules promulgated under this part through ~~an action commenced pursuant to section 2465 or~~ any ~~other~~ appropriate action authorized by law.

(3) In addition to any other enforcement action authorized by law, a person alleging a violation of this part may bring a civil

action for appropriate injunctive relief, if the person has used the public place, child caring institution, or child care center within 60 days before the civil action is filed.

(4) The remedies under this part are independent and cumulative. The use of 1 remedy by a person ~~shall~~ **does** not bar the use of other lawful remedies by that person or the use of a lawful remedy by another person.

Sec. 13104. (1) An individual shall not tattoo, brand, or perform body piercing on another individual unless the tattooing, branding, or body piercing occurs at a body art facility licensed under this part. ~~Any tattooing, branding, or body piercing occurring in this state other than at a facility licensed under this part is considered an imminent danger under section 2251 or 2451 and the department or a local health department shall order the immediate cessation of that activity in the manner prescribed in this act.~~

(2) The owner or operator of a body art facility shall apply to the department for a body art facility license under this part on a form provided by the department and at the time of application shall pay to the department the appropriate fee prescribed under subsection (4). The department shall issue a license on an annual basis to a body art facility that meets the requirements of this part or for a time period not to exceed 14 consecutive days to a temporary body art facility that meets the requirements of this part.

(3) If the department determines that the application is complete and the body art facility proposed or operated by the applicant meets the requirements of this part and any rules promulgated under this part, the department shall issue the

appropriate license to the applicant for the operation of that body art facility. Except for a temporary license issued under this part, the license is effective for up to 1 year and expires at 12 midnight on December 31. A temporary license issued under this part is effective for not more than 14 consecutive days and expires at 12 midnight on the date prescribed on the temporary license.

(4) Except as otherwise provided in this part, the applicant shall pay 1 of the following fees at the time of application for a body art facility license:

(a) For an annual license..... $ 500.00.

(b) For a temporary license to operate a body art facility at a fixed location for not more than 14 consecutive days..... $ 150.00.

(5) An applicant for a new annual license that is filed on or after July 1 shall only pay 50% of the fee prescribed in subsection (4)(a). A licensee that fails to submit an application for a license renewal on or before December 1, in addition to the license fee under subsection (4)(a), shall pay an additional $250.00 late fee.

(6) The department shall issue a duplicate license upon request of a licensee and the payment of a duplicate license fee of $50.00.

(7) Unless a different distribution is provided for in a cost reimbursement program under sections 2471 to 2498, the department shall distribute a portion of a fee collected under this section from an applicant or licensee to a local health department authorized to enforce this part under section 13108 as follows:

(a) From the annual license fee under subsection (4)(a) or (5) and, if applicable, from the late fee under subsection (5), 50%.

(b) From the temporary license fee under subsection (4)(b), 75%.

(c) From the duplicate license fee under subsection (6), 50%.

(8) The department shall adjust the fees prescribed in this section annually by an amount determined by the state treasurer to reflect the cumulative annual percentage change in the Detroit-Ann Arbor-Flint ~~consumer price index,~~ **Consumer Price Index**, but not by an amount that exceeds 5%. As used in this subsection, "Detroit-Ann Arbor-Flint ~~consumer price index"~~ **Consumer Price Index**" means the most comprehensive index of consumer prices available for the Detroit, Ann Arbor, and Flint areas from the ~~bureau of labor statistics~~ **Bureau of Labor Statistics** of the United States ~~department of labor.~~**Department of Labor.**

Sec. 13105a. (1) An applicant or licensee shall give the local health department access to the body art facility and all of its books and records during all hours of operation and during other reasonable hours to allow the local health department to determine if the body art facility is in compliance with this part. An inspection of a body art facility under this part may be announced or unannounced. An applicant or licensee shall not do any of the following:

(a) Refuse to permit the local health department to enter or inspect a body art facility.

(b) Refuse to produce the body art facility's books and records for inspection.

(c) Any other activity that impedes the local health department's ability to carry out its duties prescribed in this part.

(2) As part of an inspection under this part, the local health

department may examine, take photographs, or make copies of the books and records of the body art facility.

(3) Upon completion of an inspection under this part, the local health department shall reduce its findings to writing on a form prescribed by the department. The inspection report ~~shall~~ **must** include a summary of all findings of the inspection with regard to items of compliance with this part. If any critical violations are found, the inspection report ~~shall~~ **must** include a compliance schedule for the body art facility to follow, which schedule is consistent with the department's standards established under this part for body art facilities.

(4) An authorized representative of the local health department who participated in the conduct of the inspection shall sign and date the inspection report and obtain the signature of the licensee on the report. A copy of the signed and dated inspection report ~~shall~~ **must** be delivered to the licensee.

~~(5) If the local health department determines that the continued operation of a body art facility is an imminent danger under section 2451, the local health department shall order the immediate cessation of the operation of that facility in the manner prescribed in this act. A body art facility ordered to cease operations under this subsection shall immediately cease operations and shall not resume operations until the local health department has conducted an inspection, has determined that the operation of the body art facility is no longer an imminent danger, and has issued an order allowing the body art facility to resume operations.~~

(5) ~~(6)~~ At any time it determines appropriate, a local health department may place limitations on the license of a body art

facility, which limitations include the imposition of restrictions or conditions, or both, on the operations of that body art facility. A body art facility shall comply with all license limitations imposed under this subsection until the local health department has conducted an inspection, has determined that the license limitations are no longer necessary, and has issued an order allowing the body art facility to resume operations without the license limitations.

Sec. 13108. (1) Pursuant to section 2235, the department ~~shall~~ **may** authorize a local health department to enforce this part and any rules promulgated under this part. ~~A~~ **If a** local health department **is** authorized to enforce this part and any rules promulgated under this part, **the local health department** shall enforce this part and any rules promulgated under this part. ~~pursuant to sections 2461(2) and 2462.~~ In addition to the penalties and remedies under this part, a local health department may enforce this part and any rules promulgated under this part through ~~an action commenced pursuant to section 2465 or~~ any ~~other~~ appropriate action authorized by law.

(2) If a local health department of a county or city under part 24 is unable or unwilling to perform the functions required in this section and the county or city is not part of a district that has created a district health department pursuant to section 2415, the county or city, through an intergovernmental agreement, may contract with another local governing entity to have that entity's local health department perform the functions required in this section. The contracting parties under this subsection shall obtain the department's approval before execution of the intergovernmental agreement.

(3) Pursuant to section 2444, a local governing entity of a local health department authorized to enforce this part under this section may fix and require the payment of fees by applicants and licensees for services required to be performed by the local health department under this part.

(4) A local health department shall use as guidance in enforcing this part any safety standards or other requirements issued by the department applicable to body art facilities.

(5) In addition to any other enforcement action authorized by law, a person alleging a violation of this part may bring a civil action in a court of competent jurisdiction for appropriate injunctive relief.

Sec. 13516. **(1)** ~~When~~ **Subject to subsection (2), if** the department finds that an emergency exists requiring immediate action to protect occupational or public health and safety, the department shall issue an order, with or without notice or hearing, reciting the existence of the emergency and providing for the protection of public health and safety. Notwithstanding this act or the administrative procedures act of 1969, the order ~~shall be~~ **is** effective immediately. A person to whom the order is directed shall comply ~~therewith~~ **with the order** immediately but, on request to the department, **the department** shall ~~be granted~~ **grant the person** a hearing within 15 days. On the basis of the hearing, the emergency order ~~shall~~ **must** be continued, modified, or revoked within 30 days after the hearing.

(2) The department shall issue an emergency order under this section only if it is necessary to enforce this part or a rule promulgated under this part.

Sec. 13736. (1) A person who holds a license or permit issued

under this part may be subject to sanctions as provided in subsection (2) for negligence or a failure to exercise due care, including negligent supervision, regarding the license or permit holder's contractors, employees, agents, or subordinates.

(2) The department may suspend, revoke, annul, withdraw, recall, or cancel a license or permit issued under this part in accordance with the administrative procedures act of 1969 ~~, Act No. 306 of the Public Acts of 1969, being sections 24.201 to 24.328 of the Michigan Compiled Laws,~~ if any of the following exists:

(a) Fraud or deceit in obtaining a permit or license or in registering under this part.

(b) A violation of this part, an order issued or a rule promulgated under this part, or the conditions of a registration, permit, or license under this part.

(c) Negligence or failure to exercise due care, including negligent supervision, regarding contractors, employees, agents, or subordinates.

(3) In addition to or in lieu of any action authorized in subsection (2), if the department finds any of the circumstances listed in subsection (2)(a) to (c), the department may issue an order directing the person to do either of the following:

(a) Discontinue handling or otherwise possessing waste.

(b) Comply with specific requirements of a permit or license issued under this part.

(4) The department may establish procedures, hold hearings, administer oaths, issue subpoenas, and order testimony to be taken at a hearing or by deposition in a proceeding under this part. A person may be compelled to appear and testify and to produce books, papers, or documents in a proceeding. In case of disobedience of a

subpoena, a party to a hearing may invoke the aid of the circuit court of the county in which the hearing is held to require the attendance and testimony of witnesses. The circuit court may issue an order requiring an individual to appear and give testimony.

(5) An application for a license or permit under this part may be denied on a finding of any condition or practice that would constitute a violation of this part or any rules promulgated under this part if the applicant were a holder of the permit or a license that the applicant seeks or if there is fraud or deceit in attempting to obtain a permit or license under this part.

(6) The director or ~~his or her~~ **the director's** authorized representatives may enter the disposal site or other location where waste is located or reasonably believed to be located at any time for the purpose of monitoring, surveillance, and inspection, and may enter at all reasonable times upon any public or private property, building, premises, place, or vehicle for the purpose of determining compliance with this part, or a permit, registration, or license condition, rule, or an order issued pursuant to this part. In the conduct of an investigation, the director or ~~his or her~~ **the director's** authorized representatives may collect samples, conduct tests and inspections, and examine any book, record, paper, document, or other physical evidence related to the generation, management, processing, collecting, transport, storage, or disposal of waste.

(7) The department shall conduct unannounced spot checks of the premises of generators and processors who hold permits issued under this part to assure the proper packaging of waste. The unannounced spot checks provided for in this subsection shall only occur to the extent that the department has access to the premises

of the generator and processor under federal law.

(8) The department shall advise the authority of regulatory actions taken under this part and shall evaluate and respond within 30 days to information received from the authority in which the authority recommends that regulatory action should be undertaken by the department.

(9) An agent or employee of the department may apply for ~~an administrative inspection warrant pursuant to sections 2241 to 2247, or for~~ a search warrant for purposes of collecting samples, testing, inspecting, or examining any radioactive material or any public or private property, building, premises, place, vehicle, book, record, paper, sample results, or other physical evidence related to the generation, processing, collecting, management, transport, storage, disposal, or possession of waste. It ~~shall be~~ **is** sufficient probable cause to show any of the following:

(a) The sample collection, test, inspection, or examination is pursuant to a general administrative action to determine compliance with this part.

(b) An agent or employee of the department has reason to believe that a violation of this part has occurred or may occur.

(c) An agent or employee of the department has been refused access to the waste, property, building, premise, place, vehicle, book, record, document, paper, sample results, or other physical evidence related to the generation, management, processing, collecting, transport, or disposal of waste, or has been prevented from collecting samples or conducting tests, surveillance, inspections, monitoring, or examinations.

Sec. 13737. ~~(1)~~ Notwithstanding the existence and pursuit of any other remedy, the director, without posting a bond, may request

the attorney general to bring an action in the name of the people of this state to restrain, enjoin, prevent, or correct a violation of this part, rules promulgated under this part, or a permit or license or order issued under this part.

~~(2) The department may promulgate rules to adopt a schedule of monetary civil fines in accordance with sections 2262 and 2263 to enforce this part.~~

Sec. 13738. (1) If the director finds that a person is in violation of this part, a rule promulgated under this part, or a permit or license issued under this part, the director may issue an order requiring the person to comply with this part, rule, permit, or license. An order issued pursuant to this section may require remedial actions considered necessary by the department to correct violations. ~~An order issued by the director pursuant to this section may be an emergency order as authorized by section 2251 upon a finding and determination that an imminent danger to the health or lives of individuals exists as a result of conditions associated with the generation, processing, collecting, management, transporting, handling, disposal, or possession of waste.~~ The attorney general may commence a civil action against a person for appropriate relief, including injunctive relief for a violation of this part or a rule promulgated under this part. An action under this subsection may be brought in the circuit court for the county of Ingham or for the county in which the defendant is located, resides, or is doing business. In addition to any other relief granted under this subsection, the court may impose a civil fine of not more than $25,000.00 for each instance of violation and, if the violation is continuous, for each day of continued noncompliance. A fine collected under this subsection ~~shall~~ **must** be forwarded to the

state treasurer for deposit in the general fund.

(2) A person who possesses, generates, processes, collects, transports, or disposes of waste in violation of this part, or contrary to a license, permit, order, or rule issued or promulgated under this part, or who makes a false statement, representation, or certification in an application for, or form pertaining to, a permit or license, is guilty of a misdemeanor, punishable by a fine of not more than $25,000.00 for each instance of violation and, if the violation is continuous, for each day of violation, or imprisonment for not more than 1 year, or both. If the conviction is for a violation committed after a first conviction of the person under this subsection, the person is guilty of a misdemeanor, punishable by a fine of not more than $50,000.00 for each instance of violation and, if the violation is continuous, for each day of violation, or by imprisonment for not more than 5 years, or both.

(3) Any person who knowingly possesses, generates, processes, collects, transports, or disposes of waste in violation of subsection (2) and who knows at that time that ~~he or she~~ **the person** thereby places another person in imminent danger of death or serious bodily injury, and if ~~his or her~~ **the person's** conduct in the circumstances manifests an unjustified and inexcusable disregard for human life, or if ~~his or her~~ **the person's** conduct in the circumstances manifests an extreme indifference for human life, is guilty of a misdemeanor, punishable by a fine of not more than $250,000.00 or imprisonment for not more than 2 years, or both, except that any person whose actions constitute an extreme indifference for human life is guilty of a felony punishable by a fine of not less than $250,000.00 and not more than $500,000.00 and imprisonment for not less than 5 years and not more than 20 years.

A defendant that is not an individual and not a governmental entity ~~shall be~~ **is** subject, upon conviction, to a fine of not more than $1,000,000.00.

(4) For the purposes of subsection (3), a person's state of mind is knowing with respect to:

(a) ~~His or her~~ **The person's** conduct, if ~~he or she~~ **the person** is aware of the nature of ~~his or her~~ **the person's** conduct.

(b) An existing circumstance, if ~~he or she~~ **the person** is aware or believes that the circumstance exists.

(c) A result of ~~his or her~~ **the person's** conduct, if ~~he or she~~ **the person** is aware or believes that ~~his or her~~ **the person's** conduct is substantially certain to cause danger of death or serious bodily injury.

(5) For purposes of subsection (3), in determining whether a defendant who is an individual knew that ~~his or her~~ **the person's** conduct placed another person in imminent danger of death or serious bodily injury, both of the following apply:

(a) The person is responsible only for actual awareness or actual belief that ~~he or she~~ **the person** possessed.

(b) Knowledge possessed by a person other than the defendant but not by the defendant ~~himself or herself~~ **personally** may not be attributed to the defendant. However, in proving the defendant's possession of actual knowledge, circumstantial evidence may be used, including evidence that the defendant took affirmative steps to shield ~~himself or herself~~ **the defendant** from relevant information.

(6) It is an affirmative defense to a prosecution under this part that the conduct charged was consented to by the person endangered and that the danger and conduct charged were reasonably

foreseeable hazards of either of the following:

(a) An occupation, business, profession, or through the undertaking of an inspection of the disposal site as a representative of the local monitoring committee of the host site community.

(b) Medical treatment or professionally approved methods and such other person had been made aware of the risks involved prior to giving consent.

(7) The defendant may establish an affirmative defense under subsection (6) by a preponderance of the evidence.

(8) For purposes of subsection (3), "serious bodily injury" means each of the following:

(a) Bodily injury which involves a substantial risk of death.

(b) Unconsciousness.

(c) Extreme physical pain.

(d) Protracted and obvious disfigurement.

(e) Protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

(9) In addition to a fine, the attorney general may bring an action in a court of competent jurisdiction to recover the full value of the damage done to the natural resources of this state and the costs of surveillance and enforcement by the state resulting from the violation. The damages and cost collected under this subsection shall be forwarded to the state treasurer for deposit in the general fund.

(10) The court, in issuing a final order in an action brought under this part, may award costs of litigation, including reasonable attorney and expert witness fees to a party, including the state, if the court determines that the award is appropriate.

(11) A person who has an interest which is or may be affected by a civil or administrative action commenced under this part shall have a right to intervene in that action.

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

(a) The acts, tasks, or functions that may be performed by each type of emergency medical services personnel licensed under this part.

(b) Medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.

(c) Protocols for complying with the Michigan do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067.

(d) Protocols defining the process, actions, and sanctions a medical control authority may use in holding a life support agency or emergency medical services personnel accountable.

(e) Protocols to ensure that if the medical control authority determines that an immediate threat to the public health, safety, or welfare exists, appropriate action to remove medical control can immediately be taken until the medical control authority has had the opportunity to review the matter at a medical control authority hearing. The protocols must require that the hearing is held within 3 business days after the medical control authority's determination.

(f) Protocols to ensure that if medical control has been removed from a participant in an emergency medical services system, the participant does not provide prehospital care until medical control is reinstated and that the medical control authority that removed the medical control notifies the department of the removal within 1 business day.

(g) Protocols to ensure that a quality improvement program is in place within a medical control authority and provides data protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

(h) Protocols to ensure that an appropriate appeals process is in place.

(i) Protocols to ensure that each life support agency that provides basic life support, limited advanced life support, or advanced life support is equipped with epinephrine or epinephrine auto-injectors and that each emergency medical services personnel authorized to provide those services is properly trained to recognize an anaphylactic reaction, to administer the epinephrine, and to dispose of the epinephrine auto-injector or vial.

(j) Protocols to ensure that each life support vehicle that is dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support is equipped with an automated external defibrillator and that each emergency medical services personnel is properly trained to utilize the automated external defibrillator.

(k) Protocols to ensure that each life support vehicle that is dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support is equipped with opioid antagonists and that each emergency medical services personnel is properly trained to administer opioid

antagonists. However, a medical control authority, at its discretion, may rescind or continue the protocol adopted under this subdivision.

(*l*) Protocols for complying with part 56B.

(2) A medical control authority shall not establish a protocol under this section that conflicts with the Michigan do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067, or part 56B.

(3) The department shall establish procedures for the development and adoption of written protocols under this section. The procedures must include at least all of the following requirements:

(a) At least 60 days before the adoption of a protocol, the medical control authority shall circulate a written draft of the proposed protocol to all significantly affected persons within the emergency medical services system served by the medical control authority and submit the written draft to the department for approval.

(b) The department shall review a proposed protocol for consistency with other protocols concerning similar subject matter that have already been established in this state and shall consider any written comments received from interested persons in its review.

(c) Within 60 days after receiving a written draft of a proposed protocol from a medical control authority, the department shall provide a written recommendation to the medical control authority with any comments or suggested changes on the proposed protocol. If the department does not respond within 60 days after receiving the written draft, the proposed protocol is considered to

be approved by the department.

(d) After department approval of a proposed protocol, the medical control authority may formally adopt and implement the protocol.

~~(e) A medical control authority may establish an emergency protocol necessary to preserve the health or safety of individuals within its region in response to a present medical emergency or disaster without following the procedures established by the department under this subsection for an ordinary protocol. An emergency protocol established under this subdivision is effective only for a limited period and does not take permanent effect unless it is approved according to the procedures established by the department under this subsection.~~

(4) A medical control authority shall provide an opportunity for an affected participant in an emergency medical services system to appeal a decision of the medical control authority. Following appeal, the medical control authority may affirm, suspend, or revoke its original decision. After appeals to the medical control authority have been exhausted, the affected participant in an emergency medical services system may appeal the medical control authority's decision to the state emergency medical services coordination committee created in section 20915. The state emergency medical services coordination committee shall issue an opinion on whether the actions or decisions of the medical control authority are in accordance with the department-approved protocols of the medical control authority and state law. If the state emergency medical services coordination committee determines in its opinion that the actions or decisions of the medical control authority are not in accordance with the medical control

authority's department-approved protocols or with state law, the state emergency medical services coordination committee shall recommend that the department take any enforcement action authorized under this code.

(5) If adopted in protocols approved by the department, a medical control authority may require life support agencies within its region to meet reasonable additional standards for equipment and personnel, other than medical first responders, that may be more stringent than are otherwise required under this part. If a medical control authority proposes a protocol that establishes additional standards for equipment and personnel, the medical control authority and the department shall consider the medical and economic impact on the local community, the need for communities to do long-term planning, and the availability of personnel. If either the medical control authority or the department determines that negative medical or economic impacts outweigh the benefits of those additional standards as they affect public health, safety, and welfare, the medical control authority shall not adopt and the department shall not approve protocols containing those additional standards.

(6) If adopted in protocols approved by the department, a medical control authority may require medical first response services and licensed medical first responders within its region to meet additional standards for equipment and personnel to ensure that each medical first response service is equipped with an epinephrine auto-injector, and that each licensed medical first responder is properly trained to recognize an anaphylactic reaction and to administer and dispose of the epinephrine auto-injector, if a life support agency that provides basic life support, limited

advanced life support, or advanced life support is not readily available in that location.

(7) If a decision of the medical control authority under subsection (5) or (6) is appealed by an affected person, the medical control authority shall make available, in writing, the medical and economic information it considered in making its decision. On appeal, the state emergency medical services coordination committee created in section 20915 shall review this information under subsection (4) and shall issue its findings in writing.

Enacting section 1. Sections 1299, 2241, 2242, 2243, 2244, 2245, 2246, 2255, 2261, 2262, 2263, 2437, 2443, 2446, 2455, 2461, 2462, 2463, and 2465 of the public health code, 1978 PA 368, MCL 333.1299, 333.2241, 333.2242, 333.2243, 333.2244, 333.2245, 333.2246, 333.2255, 333.2261, 333.2262, 333.2263, 333.2437, 333.2443, 333.2446, 333.2455, 333.2461, 333.2462, 333.2463, and 333.2465, are repealed.

HOUSE BILL NO. 5527

February 29, 2024, Introduced by Reps. Fitzgerald, Tyrone Carter, Martus, Glanville, Wilson, Scott, Liberati, McKinney, Edwards, Dievendorf, Snyder and Haadsma and referred to the Committee on Regulatory Reform.

A bill to amend 1941 PA 207, entitled

"Fire prevention code,"

by amending section 19 (MCL 29.19), as amended by 2014 PA 481, and by adding section 19b.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 19. (1) The chief administrative officer and the teachers of all schools, including state supported schools, and the owner, or owner's representative, of all school dormitories shall have a fire drill each month and ensure unrestricted emergency egress during school hours and when the school is open to the public. Each teacher in a school, including a state supported school, and the

owner or owner's representative of a school dormitory shall comply with these requirements and keep a record of the drills.

(2) Except as provided in subsection (3), a minimum of 8 fire drills is required for each school year. If weather conditions do not permit fire drills to be held at least once a month, then at least 5 fire drills ~~shall~~ **must** be held in the fall of each year and 3 fire drills ~~shall~~ **must** be held during the remaining part of the school year.

(3) A minimum of 5 fire drills is required for each school year for a school that operates any of grades ~~kindergarten~~ **K** to 12. Three of the fire drills ~~shall~~ **must** be held by December 1 of the school year, and 2 ~~shall~~ **must** be held during the remaining part of the school year, with a reasonable spacing interval between each drill.

(4) A minimum of 2 tornado safety drills is required for each school year at the schools and facilities described in subsection (1). At least 1 of the tornado safety drills ~~shall~~ **must** be conducted during March of the school year. These drills ~~shall~~ **must** be conducted for the purpose of preventing injuries caused by severe weather.

(5) A minimum of 3 drills in which the occupants are restricted to the interior of the building and the building secured is required for each school year at a school that operates any of grades ~~kindergarten~~ **K** to 12. At least 1 of these drills ~~shall~~ **must** be conducted by December 1 of the school year, and at least 1 ~~shall~~ **must** be conducted after January 1 of the school year, with a reasonable spacing interval between each drill. A drill conducted under this subsection ~~shall~~ **must** include security measures that are appropriate to an emergency such as the release of a hazardous

material or the presence of a potentially dangerous individual on or near the premises. The governing body of a school shall seek input from the administration of the school and local public safety officials on the nature of the drills to be conducted under this subsection.

(6) A school that operates any of grades ~~kindergarten~~ **K** to 12 shall conduct at least 1 of the drills required by this section during a lunch or recess period, or at another time when a significant number of the students are gathered but not in the classroom.

(7) For a school that operates any of grades ~~kindergarten~~ **K** to 12, the governing body of the school shall ensure that documentation of a completed school safety drill is posted on its website ~~within~~ **not later than** 30 school days after the drill is completed and is maintained on the website for at least 3 years. For a school operated by a school district or intermediate school district, the documentation may be posted on the district website. The documentation posted on the website ~~shall~~ **must** include at least all of the following:

(a) The name of the school.

(b) The school year of the drill.

(c) The date and time of the drill.

(d) The type of drill completed.

(e) The number of completed drills for that school year for each type of drill required under subsections (3) to (5).

(f) The signature of the school principal or ~~his or her~~ **the school principal's** designee acknowledging the completion of the drill.

(g) The name of the individual in charge of conducting the

drill, if other than the school principal.

(8) Not later than September 15 of each school year, the chief administrator of a school that operates any of grades ~~kindergarten~~ **K** to 12, or ~~his or her~~ **the chief administrator's** designee, shall provide a list of the scheduled drill days for the school buildings operated by the school, school district, intermediate school district, or public school academy to the county emergency management coordinator appointed under section 9 of the emergency management act, 1976 PA 390, MCL 30.409. A scheduled drill that is not conducted on a scheduled drill day due to conditions not within the control of school authorities, such as severe storms, fires, epidemics, utility power unavailability, water or sewer failure, or health conditions as defined by the city, county, or state health authorities, will not result in a violation of this section ~~as long as~~ **if** the school conducts the minimum number of drills required under subsections (3) ~~, (4), and~~ **to** (5), the school reschedules the drill to occur ~~within~~ **not later than** 10 school days after the scheduled date of the canceled drill, and the chief administrator notifies the county emergency management coordinator of the rescheduled date for the drill. The county emergency management coordinator shall provide this information to the appropriate local emergency management coordinator appointed under ~~that section,~~ **section 9 of the emergency management act, 1976 PA 390, MCL 30.409,** if any, and, consistent with applicable federal, state, and local emergency operations plans, to the department of state police district coordinator and the county sheriff for the county or the chief of police or fire chief for the municipality where the school is located, or the designee of the sheriff, chief of police, or fire chief. The information provided under this subsection is

exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(9) A public school that operates any of grades ~~kindergarten~~ **K** to 12 shall not conduct a drill required under this section at a time that would interfere with the conduct of a state-mandated assessment.

(10) The state fire marshal, a fire chief, or a firefighter in uniform acting under orders and directions of the fire chief may cause fire drills to be held in school houses, school dormitories, and other public buildings as the state fire marshal considers advisable. The state fire marshal may order the installation of other protective apparatus or equipment that conforms to recognized and approved modern practices.

(11) The department of state police emergency management and homeland security division shall develop a model to be used by a school in conducting a drill under subsection (5).

~~(12) The governing body of a school that operates any of grades kindergarten to 12 shall adopt and implement a cardiac emergency response plan for the school. The cardiac emergency response plan shall address and provide for at least all of the following:~~

~~(a) Use and regular maintenance of automated external defibrillators, if available.~~

~~(b) Activation of a cardiac emergency response team during an identified cardiac emergency.~~

~~(c) A plan for effective and efficient communication throughout the school campus.~~

~~(d) If the school includes grades 9 to 12, a training plan for the use of an automated external defibrillator and in~~

~~cardiopulmonary resuscitation techniques.~~

~~(e) Incorporation and integration of the local emergency response system and emergency response agencies with the school's plan.~~

~~(f) An annual review and evaluation of the cardiac emergency response plan.~~

(12) ~~(13)~~ As used in this section:

(a) "School" does not include a postsecondary educational institution as **that term is** defined in section 19a.

(b) "School dormitory" does not include a postsecondary educational institution dormitory as **that term is** defined in section 19a.

Sec. 19b. (1) Beginning with the 2025-2026 school year, the governing body of a public school shall develop a cardiac emergency response plan that includes the use of school personnel to respond to a sudden cardiac arrest, or another similar life-threatening emergency, on the school's campus.

(2) Beginning with the 2025-2026 school year, the governing body of a public school with an athletic department or organized athletic program shall develop a cardiac emergency response plan that includes the use of school personnel to respond to a sudden cardiac arrest, or another similar life-threatening emergency, at a school-sponsored athletic event.

(3) A cardiac emergency response plan required under this section must be based on American Heart Association guidelines or other nationally recognized and evidence-based guidelines. The cardiac emergency response plan must provide for, but is not limited to, all of the following:

(a) The establishment of a cardiac emergency response team.

(b) The activation of the cardiac emergency response team during a sudden cardiac arrest or another similar life-threatening emergency.

(c) The placement of automated external defibrillators throughout the school's campus and athletic facilities in accordance with American Heart Association guidelines, including, but not limited to, the requirement that automated external defibrillators must be accessible within 1 to 3 minutes of a cardiac emergency.

(d) The routine maintenance of the school's automated external defibrillators.

(e) The dissemination of the cardiac emergency response plan throughout the school's campus.

(f) The ongoing training of school personnel as described in subsection (4).

(g) The use of annual drills to practice the steps established in the cardiac emergency response plan.

(h) The integration of the cardiac emergency response plan with the local emergency response system and emergency response agencies.

(i) The ongoing and annual review of the cardiac emergency response plan.

(4) Public school personnel that are included in a cardiac emergency response plan required under this section must be trained in all of the following:

(a) Cardiopulmonary resuscitation.

(b) First aid.

(c) The use of an automated external defibrillator, in accordance with American Heart Association guidelines.

(5) The governing body of a public school and the local emergency response system and emergency response agencies shall integrate the school's cardiac emergency response plan or plans into the protocols of the local emergency response system and emergency response agencies.

(6) The legislature shall annually appropriate to the department of education an amount sufficient to administer and comply with this section. Schools are not required to comply with this section unless the legislature has appropriated sufficient funds to implement the requirements of this section.

(7) As used in this section:

(a) "Automated external defibrillator" means a lightweight, portable device that can deliver an electric shock through an individual's chest to the individual's heart to potentially stop an irregular heartbeat, or arrhythmia, and allow normal rhythm to resume after a sudden cardiac arrest.

(b) "Cardiac emergency response plan" means a written document that establishes specific steps to reduce the chance of death from sudden cardiac arrest or another similar life-threatening emergency.

(c) "Public school" means that term as defined in section 5 of the revised school code, 1976 PA 451, MCL 380.5.

(d) "Sudden cardiac arrest" means an incident when an individual's heart malfunctions and unexpectedly stops beating.

HOUSE BILL NO. 5528

February 29, 2024, Introduced by Reps. Tyrone Carter, Fitzgerald, Wilson, Martus, Liberati, Scott, McKinney, Edwards, Dievendorf, Snyder and Haadsma and referred to the Committee on Regulatory Reform.

A bill to amend 1976 PA 451, entitled

"The revised school code,"

(MCL 380.1 to 380.1852) by adding section 1319.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 1319. (1) Beginning with the 2025-2026 school year, the board of a school district or intermediate school district or board of directors of a public school academy shall not permit an individual to serve as an athletic coach at a high school operated by the board or board of directors unless that individual has obtained a valid certification in cardiopulmonary resuscitation and

use of an automated external defibrillator issued by the American Red Cross, American Heart Association, or a comparable organization or institution approved by the department.

(2) An individual described in this section who performs cardiopulmonary resuscitation or uses an automated external defibrillator in the course of that individual's employment as an athletic coach is not liable in a civil action for damages resulting from an act or omission occurring in that performance except an act or omission constituting gross negligence or willful or wanton misconduct.

HOUSE BILL NO. 5526

February 28, 2024, Introduced by Rep. Weiss and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled

"Public health code,"

(MCL 333.1101 to 333.25211) by adding sections 16112 and 20135.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 16112. An individual who is licensed, registered, or otherwise authorized to engage in a health profession under this article shall comply with section 20135.

Sec. 20135. (1) Except as otherwise provided in this section, a health care provider shall not refuse to provide health care

services or supplies to a patient based solely on the patient's refusal to allow the health care provider to photocopy or scan the patient's driver license or Michigan personal identification card. This section does not prohibit a health care provider from viewing the license or card to verify the patient's identity or from capturing data from the license or card for the health care provider's database.

(2) As used in this section, "health care provider" means any of the following:

(a) An individual who is licensed, registered, or otherwise authorized to engage in a health profession under article 15.

(b) A health facility or agency licensed or certified under this article.

EMS Related Legislation

Bill	Year	Status	Subject Matter	Date of Last Action	EMS CC Position	Level
SB 249	2023	Passed Senate; House Government Operations Committee	State Paramedic Exam	02/28/2024	Support	State
HB 4613 & 4614	2023	Passed House; Senate Veterans & Emergency Services Comm.	Temporary EMS License	02/13/2024	Support	State
SB 627, 628, 629	2023	Senate Committee on Housing and Human Services	Safe Delivery of Newborns	11/01/2023	Oppose	State
SB 589	2023	Senate Health Policy	Creation of Violence Prevention Program	10/17/2023	Oppose	State
HB 5079	2023	House Committee on Insurance and Financial Services	Ambulance Transport of Retired Police Dog	10/03/2023	Oppose	State
HB 5080	2023	House Committee on Insurance and Financial Services	Eliminate CON for Air Ambulance	10/03/2023	Support	State
HB 5072	2023	House Government Operations	Storage of Medical Records	09/28/2023	No Action	State
HB 4922	2023	House Committee on Insurance and Financial Services	Surprise Billings	07/20/2023	Oppose	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 145 & 146	2023	Senate Committee on Veterans and Emergency Services	Communication Modernatization	03/07/2023	Oppose	State
SB 28	2023	Senate Health Policy	Restraints	01/18/2023	Pending	State