HOUSE SUBSTITUTE FOR SENATE BILL NO. 417

A bill to amend 1978 PA 368, entitled "Public health code,"

by amending sections 5145, 17744a, and 17744d (MCL 333.5145, 333.17744a, and 333.17744d), section 5145 as added by 2020 PA 231, section 17744a as amended by 2015 PA 221, and section 17744d as added by 2015 PA 221.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 5145. (1) The department, in consultation with the 1 2 department of licensing and regulatory affairs, shall do all of the following: 3

4 (a) By November 15, 2020, develop and submit a report to the house and senate standing committees on health policy that is based 5 on relevant guidance issued by the federal Centers for Disease 6





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Control and Prevention and incorporates recommendations from the 1 Michigan nursing homes COVID-19 preparedness task force. The report 2 must include, but is not limited to, a description of any updates 3 to the final recommendations of the Michigan nursing homes COVID-19 4 5 preparedness task force in its report dated August 30, 2020, the 6 status on implementing the recommendations, and a description of 7 any barriers to implementing the recommendations. The department 8 may use health care systems and hospital capacity data when 9 preparing the report. The report must also address each of the 10 following quality-of-life recommendations from the task force 11 report described in this subdivision:

12 (*i*) Outdoor visits.

13 (*ii*) Small-group noncontact activities.

14 (*iii*) Communal dining for residents.

15 (*iv*) Indoor visitation participation opt-in.

16 (v) Resident small-group "pod" opt-in.

17 (*vi*) Increased virtual visitation opportunities.

18 (vii) Staff access to creative engagement ideas.

19 (*viii*) Support for meaningful engagement activities.

20 (*ix*) Ancillary service providers.

- 21 (x) Visitation volunteers.
- 22 (xi) Off-campus health and wellness visits.

23 (xii) Window visits.

(b) By November 15, 2020, implement a statewide policy for
nursing homes on providing in-person indoor and outdoor visitations
to all nursing home residents. The department shall post a copy of
the policy on the department's publicly available website and post
any updates to the policy within 48 hours after making the updates.



1 The department shall also provide a copy of the policy to the house 2 and senate standing committees on health policy. The policy may 3 limit in-person indoor and outdoor visitations for a nursing home 4 resident who tests positive for coronavirus, if a nursing home is 5 experiencing an outbreak of coronavirus, or if a community is 6 experiencing an outbreak of coronavirus.

7 (c) By November 15, 2020, develop and submit a report to the 8 house and senate standing committees on health policy on the 9 department's plans to identify laboratories that will process and 10 prioritize coronavirus diagnostic tests from nursing homes. The 11 report must include the department's plans for issuing requests for proposals that include a provision requiring a successful bidder to 12 be able to process a high volume of tests, including, but not 13 14 limited to, rapid testing for coronavirus and provide expedited 15 results.

(d) By November 15, 2020, implement a process for the creation 16 of care and recovery centers within nursing homes for the purpose 17 18 of providing care to individuals who have tested positive for coronavirus who have not met the criteria for the discontinuation 19 20 of transmission-based precautions from the federal Centers for 21 Disease Control and Prevention. The department shall require a 22 nursing home seeking to operate a care and recovery center to apply 23 to the department on a form provided by the department and meet all 24 of the following requirements:

(i) Demonstrate each of the following to the department:
(A) That the nursing home has at least a an overall rating of
3 stars or a 3-star rating in the staffing category, based on the
Five-Star Quality Rating System established by the federal Centers
for Medicare and Medicaid Services.



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(B) That the nursing home is not operating under a denial of
 payment for new admissions under 42 CFR 488.417.

3 (C) That the nursing home is not designated on the Nursing
4 Home Compare website of the federal Centers for Medicare and
5 Medicaid Services as a "red hand facility", indicating a citation
6 for abuse.

7 (D) That the nursing home meets physical plant capacity to
8 designate a distinct area within the nursing home for individuals
9 who have tested positive for coronavirus.

10 (E) That the nursing home has dedicated staff for the sole11 purpose of treating individuals in the care and recovery center.

12 (ii) Agrees to comply with any facility requirements that the 13 department considers appropriate to prevent the spread of 14 coronavirus in nursing homes, including, but not limited to, 15 infection control safeguards, personal protective equipment, 16 testing for coronavirus, and operational capacity.

17 (*iii*) Agrees to comply with all of the following if an
18 individual tests positive for coronavirus and needs to be
19 transferred to a care and recovery center or other location
20 described in this section:

(A) Provide a notice to the individual; if applicable, the
individual's legal representative; and, if the individual consents,
the individual's emergency contact.

(B) That a physician, a nurse practitioner, or a physician's
assistant shall provide, in writing and in a time frame and manner
determined by the department, that the individual is medically
stable for the transfer.

(*iv*) Any other requirement established by the department inconsultation with the department of licensing and regulatory



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1 affairs.

(e) By November 15, 2020, implement a process for the approval
of designated areas within nursing homes for individuals who test
positive for coronavirus. The department shall require a nursing
home seeking to establish a designated area within its facility to
apply to the department on a form provided by the department and
meet all of the following requirements:

8 (i) Demonstrate each of the following to the department:
9 (A) That the nursing home has a program for retaining and
10 providing the appropriate level of care necessary for individuals
11 who test positive for coronavirus and that the program has an
12 adequate supply of personal protective equipment and adequate
13 testing capabilities, dedicated staffing, and operational capacity
14 at the time of an individual's diagnosis.

(B) That the nursing home's designated area meets properinfection control safeguards.

17 (C) That there is no longer capacity at a care and recovery 18 center and additional facilities are needed for individuals who 19 test positive for coronavirus, unless the department determines 20 that there are rare and unique circumstances that must be taken to 21 protect the health and safety of an individual.

(ii) Agrees to continually evaluate and ensure its ability to
meet each requirement for the approval of a designated area under
this subdivision.

(iii) Any other requirement established by the department in
consultation with the department of licensing and regulatory
affairs.

28 (2) As used in this section, "coronavirus" means severe acute
29 respiratory syndrome coronavirus 2 (SARS-CoV-2).



Sec. 17744a. (1) Notwithstanding any provision of this act to 1 the contrary, a prescriber may issue a prescription for and a 2 dispensing prescriber or pharmacist may dispense auto-injectable 3 epinephrine to an authorized entity. When issuing a prescription 4 5 for or dispensing auto-injectable epinephrine to an authorized 6 entity as authorized under this section, the prescriber, dispensing 7 prescriber, or pharmacist, as appropriate, shall insert the name of 8 the authorized entity as the name of the patient.

9 (2) A school employee who is a licensed registered
10 professional nurse or who is trained in the administration of an
11 epinephrine auto-injector under section 1179a of the revised school
12 code, 1976 PA 451, MCL 380.1179a, may possess and administer an
13 epinephrine auto-injector dispensed to a school board under this
14 section.

(3) An authorized entity that is not a school board as defined
in subsection (6) (b) may acquire and stock a supply of autoinjectable epinephrine under a prescription as authorized in this
section. An authorized entity described as defined in this
subsection (6) (b) that acquires and stocks a supply of autoinjectable epinephrine is subject to section 17744d.

(4) A law enforcement officer or firefighter of an authorized
entity as defined in subsection (6) (c) may, subject to section 2 of
the law enforcement and firefighter access to epinephrine act,
possess and administer auto-injectable epinephrine dispensed to the
entity under this section.

26 (5) (4) A prescriber who issues a prescription for or a
27 dispensing prescriber or pharmacist who dispenses auto-injectable
28 epinephrine to an authorized entity as authorized under this
29 section is not liable in a civil action for a properly stored and



dispensed epinephrine auto-injector that was a proximate cause of
 injury or death to an individual due to the administration of or
 failure to administer the epinephrine auto-injector.

4 (6) (5) As used in this section, "authorized entity" means any
5 of the following:

6 (a) A school board for the purpose of meeting the requirements
7 of section 1179a of the revised school code, 1976 PA 451, MCL
8 380.1179a.

9 (b) A person or governmental entity that operates or conducts
10 a business or activity at which allergens capable of causing
11 anaphylaxis may be present, including, but not limited to, a
12 recreation camp, youth sports league, amusement park, nonpublic
13 school, religious institution, or sports arena.

14 (c) An eligible entity authorized to purchase, possess, and
15 distribute auto-injectable epinephrine under the law enforcement
16 and firefighter access to epinephrine act.

17 Sec. 17744d. (1) This section only applies to an authorized 18 entity as defined in section 17744a(5)(b) 17744a(6)(b) that acquires and stocks a supply of auto-injectable epinephrine as 19 authorized in section 17744a. An authorized entity shall store 20 auto-injectable epinephrine in a location readily accessible in an 21 emergency and in accordance with the auto-injectable epinephrine's 22 23 instructions for use and any additional requirements that are established by the department. An authorized entity shall designate 24 25 an employee or agent who has completed the training required under this section to be responsible for the storage, maintenance, and 26 27 general oversight of the auto-injectable epinephrine acquired by 28 the authorized entity.

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(2) An employee or agent of an authorized entity or other



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1 individual, which employee, agent, or individual has completed the 2 training required under this section, may, on the premises of or in 3 connection with the conduct of the business or activity of the 4 authorized entity, use auto-injectable epinephrine prescribed under 5 section 17744a to do any of the following:

6 (a) Provide auto-injectable epinephrine to an individual who
7 the employee, agent, or other individual believes in good faith is
8 experiencing anaphylaxis for immediate self-administration,
9 regardless of whether the individual has a prescription for auto10 injectable epinephrine or has previously been diagnosed with an
11 allergy.

(b) Administer auto-injectable epinephrine to an individual who the employee, agent, or other individual believes in good faith is experiencing anaphylaxis, regardless of whether the individual has a prescription for auto-injectable epinephrine or has previously been diagnosed with an allergy.

(3) Before providing or administering auto-injectable epinephrine made available by an authorized entity, an employee, agent, or other individual described in subsection (2) must complete an initial anaphylaxis training program and a subsequent anaphylaxis training program at least every 2 years following completion of the most recently completed anaphylaxis training program that meets all of the following requirements:

(a) Is conducted by a nationally recognized organization
experienced in training laypersons in emergency health treatment or
by a person, entity, or class of individuals approved by the
department.

- 28 (b) Is conducted online or in person.
- 29
- (c) At a minimum, covers all of the following:



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(i) Techniques on how to recognize symptoms of severe allergic
 reactions, including anaphylaxis.

3 (ii) Standards and procedures for the storage and4 administration of auto-injectable epinephrine.

5

(iii) Emergency follow-up procedures.

6 (4) An organization, person, entity, or class of individuals
7 that conducts an anaphylaxis training program described in
8 subsection (3) shall issue a certificate, on a form developed or
9 approved by the department, to each individual who successfully
10 completes the anaphylaxis training program.

11 (5) Except as otherwise provided in this subsection, section, 12 an authorized entity and its employees, agents, and other trained 13 individuals that have acted in accordance with the requirements of 14 subsections (1) to (4); an individual who uses auto-injectable 15 epinephrine obtained in accordance with the requirements of subsections (1) to (4) and made available under subsection (7); 16 17 (10); or an organization, person, entity, or class of individuals 18 that conducts an anaphylaxis training program described in and 19 conducted in accordance with subsection (3), is not liable subject 20 to any of the following:

21 (a) For an authorized entity or person other than an 22 individual described in this subsection, civil liability for any injuries injury, death, or related damages that result from the 23 24 administration or self-administration of auto-injectable 25 epinephrine, the failure to administer auto-injectable epinephrine, or any other act or omission taken pursuant to this section, . This 26 subsection does not apply to acts or omissions that if the conduct 27 28 does not constitute willful misconduct or wanton misconduct. gross 29 negligence as that term is defined in section 7 of 1964 PA 170, MCL



691.1407, that is the proximate cause of the injury, death, or
 damages.

3 (b) For an individual described in this subsection, civil 4 liability for injury, death, or damages that result from the 5 administration or self-administration of auto-injectable 6 epinephrine, the failure to administer auto-injectable epinephrine, 7 or any other act or omission taken pursuant to this section, if the 8 conduct does not constitute willful or wanton misconduct that is 9 the proximate cause of the injury, death, or damages.

10 (c) For an authorized entity or person including an individual 11 described in this subsection, criminal prosecution for purchasing, 12 possessing, or distributing auto-injectable epinephrine, the 13 administration or self-administration of auto-injectable 14 epinephrine, the failure to administer auto-injectable epinephrine, 15 or any other act or omission taken pursuant to this section.

16 (6) The administration of auto-injectable epinephrine as17 authorized in this section is not the practice of medicine.

18 (7) This section does not eliminate, limit, or reduce any19 other immunity or defense that may be available under the laws of20 this state.

(8) An authorized entity located in this state is not civilly
liable for any injuries or related damages that result from
providing or administering auto-injectable epinephrine by its
employees or agents outside of this state if either of the
following requirements is met:

(a) The authorized entity or its employee or agent would not
have been civilly liable for the injuries or related damages had
the provision or administration occurred in this state.

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(b) The authorized entity or its employee or agent is not



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civilly liable for the injuries or related damages under the law of
 the state in which the provision or administration occurred.

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3 (9) (6) An authorized entity shall submit to the department,
4 on a form prescribed by the department, a report of each incident
5 on the premises of or in connection with the conduct of the
6 business or activity of the authorized entity that involves the
7 administration of auto-injectable epinephrine. The department shall
8 annually publish a report that summarizes and analyzes all reports
9 submitted to it under this subsection.

10 (10) (7) An authorized entity may make auto-injectable 11 epinephrine available to an individual other than an employee, agent, or individual described in subsection (2), and the other 12 individual may administer auto-injectable epinephrine to any 13 14 individual he or she believes in good faith to be experiencing 15 anaphylaxis, if the auto-injectable epinephrine is stored in a locked, secure container and is made available only upon remote 16 17 authorization by an authorized health care provider after 18 consultation with the authorized health care provider by audio, televideo, or other similar means of electronic communication. 19 20 Consultation with an authorized health care provider for the 21 purpose of this subsection is not the practice of telemedicine and 22 does not violate any law or rule regulating the authorized health 23 care provider's scope of practice. As used in this subsection, 24 "authorized health care provider" means a prescriber as that term 25 is defined in section 17708 other than a licensed dentist, licensed optometrist, or licensed veterinarian. 26

27 Enacting section 1. This amendatory act does not take effect
28 unless Senate Bill No. 418 of the 100th Legislature is enacted into
29 law.



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