

Act No. 179
Public Acts of 1990
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**STATE OF MICHIGAN
85TH LEGISLATURE
REGULAR SESSION OF 1990**

Introduced by Reps. Bennane, Rocca, DeMars, Hunter, Barns, Gire, Dunaskiss, Johnson, Gnodtke,
Willis Bullard, Runco, Muxlow and Hertel

ENROLLED HOUSE BILL No. 4952

AN ACT to amend sections 6103, 6104, 20102, 20106, 20108, 20126, 20156, 20161, 20164, 20165, 20191, and 21513 of Act No. 368 of the Public Acts of 1978, entitled as amended "An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for penalties and remedies; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates," sections 6103, 20108, and 20156 as amended by Act No. 78 of the Public Acts of 1986, sections 20102 and 20126 as amended by Act No. 79 of the Public Acts of 1981, section 20106 as amended by Act No. 311 of the Public Acts of 1984, sections 20161, 20164, and 20165 as amended by Act No. 332 of the Public Acts of 1988, section 20191 as added by Act No. 490 of the Public Acts of 1988, and section 21513 as amended by Act No. 27 of the Public Acts of 1989, being sections 333.6103, 333.6104, 333.20102, 333.20106, 333.20108, 333.20126, 333.20156, 333.20161, 333.20164, 333.20165, 333.20191, and 333.21513 of the Michigan Compiled Laws; to add part 209; and to repeal certain parts of the act.

The People of the State of Michigan enact:

Section 1. Sections 6103, 6104, 20102, 20106, 20108, 20126, 20156, 20161, 20164, 20165, 20191, and 21513 of Act No. 368 of the Public Acts of 1978, sections 6103, 20108, and 20156 as amended by Act No. 78 of the Public Acts of 1986, sections 20102 and 20126 as amended by Act No. 79 of the Public Acts of 1981, section 20106 as amended by Act No. 311 of the Public Acts of 1984, sections 20161, 20164, and 20165 as amended by Act No. 332 of the Public Acts of 1988, section 20191 as added by Act No. 490 of the Public Acts of 1988, and section 21513 as amended by Act No. 27 of the Public Acts of 1989, being sections 333.6103, 333.6104, 333.20102, 333.20106, 333.20108, 333.20126, 333.20156, 333.20161, 333.20164, 333.20165, 333.20191, and 333.21513 of the Michigan Compiled Laws, are amended and part 209 is added to read as follows:

Sec. 6103. (1) "Chemotherapy" means use of a drug in the direct treatment of substance abuse.

(2) "Commission" means the advisory commission on substance abuse services.

(3) "Committee" means the state interdepartmental substance abuse service coordinating committee.

(4) "Coordinating agency" means a city, county, or regional agency designated by the administrator under section 6226 to develop and administer a comprehensive substance abuse plan.

(5) "Designated representative" means any of the following:

(a) A registered nurse or licensed practical nurse licensed or otherwise authorized under part 172.

(b) A paramedic licensed or otherwise authorized under part 209.

(c) A physician's assistant licensed or otherwise authorized under part 170 or 175.

(d) An individual qualified by education, training, and experience who performs acts, tasks, or functions under the supervision of a licensed physician.

Sec. 6104. (1) "Emergency medical service" means either of the following:

(a) An organized emergency department located in and operated by a hospital licensed in accordance with article 17 and designated by the administrator.

(b) A facility designated by the administrator and routinely available for the general care of medical patients.

(2) "Emergency service unit" means an ambulance operation as defined in section 20902.

(3) "Incapacitated" means that an individual, as a result of the use of alcohol, is unconscious or has his or her mental or physical functioning so impaired that he or she either poses an immediate and substantial danger to his or her own health and safety or is endangering the health and safety of the public.

Sec. 20102. (1) "Advisory commission" means the health facilities and agencies advisory commission created in section 20121.

(2) "Aircraft transport operation" means that term as defined in section 20902.

(3) "Ambulance operation" means that term as defined in section 20902.

(4) "Attending physician" means the physician selected by, or assigned to, the patient and who has primary responsibility for the treatment and care of the patient.

Sec. 20106. (1) "Health facility or agency", except as provided in section 20115, means:

(a) Ambulance operation, aircraft transport operation, nontransport prehospital life support operation, or medical first response service.

(b) Clinical laboratory.

(c) County medical care facility.

(d) Freestanding surgical outpatient facility.

(e) Health maintenance organization.

(f) Home for the aged.

(g) Hospital.

(h) Nursing home.

(i) Hospice.

(j) A facility or agency listed in subdivisions (a) to (h) located in a correctional institution or a university, college, or other educational institution.

(2) "Health maintenance organization" means a health facility or agency that:

(a) Delivers health maintenance services which are medically indicated to enrollees under the terms of its health maintenance contract, directly or through contracts with affiliated providers, in exchange for a fixed prepaid sum or per capita prepayment, without regard to the frequency, extent, or kind of health services.

(b) Is responsible for the availability, accessibility, and quality of the health maintenance services provided.

(3) "Home for the aged" means a supervised personal care facility, other than a hotel, adult foster care facility, hospital, nursing home, or county medical care facility, that provides room, board, and supervised personal care to 21 or more unrelated, nontransient, individuals 60 years of age or older. Home for the aged includes a supervised personal care facility for 20 or fewer individuals 60 years of age or older if the facility is operated in conjunction with and as a distinct part of a licensed nursing home.

(4) "Hospice" means a health care program which provides a coordinated set of services rendered at home or in outpatient or institutional settings for individuals suffering from a disease or condition with a terminal prognosis.

(5) "Hospital" means a facility offering inpatient, overnight care, and services for observation, diagnosis, and active treatment of an individual with a medical, surgical, obstetric, chronic, or rehabilitative condition requiring the daily direction or supervision of a physician. The term does not include a hospital licensed or operated by the department of mental health.

(6) "Hospital long-term care unit" means a nursing care facility, owned and operated by and as part of a hospital, providing organized nursing care and medical treatment to 7 or more unrelated individuals suffering or recovering from illness, injury, or infirmity.

Sec. 20108. (1) "Intermediate care facility" means a hospital long-term care unit, nursing home, county medical care facility, or other nursing care facility, or distinct part thereof, certified by the department to provide intermediate care or basic care that is less than skilled nursing care but more than room and board.

(2) "License" means an authorization, annual or as otherwise specified, granted by the department and evidenced by a certificate of licensure or permit granting permission to a person to establish or maintain and operate, or both, a health facility or agency. For purposes of part 209, "license" includes a license issued to an individual under that part.

(3) "Licensee" means the holder of a license or permit to establish or maintain and operate, or both, a health facility or agency. For purposes of part 209, "licensee" includes an individual licensed under that part.

(4) "Limited license" means a provisional license or temporary permit or a license otherwise limited as prescribed by the department.

(5) "Medically contraindicated" means, with reference to nursing homes only, having a substantial adverse effect on the patient's physical health, as determined by the attending physician, which effect is explicitly stated in writing with the reasons therefor in the patient's medical record.

(6) "Medical first response service" means that term as defined in section 20906.

(7) "Nontransport prehospital life support operation" means that term as defined in section 20908.

Sec. 20126. (1) The advisory commission chairperson shall appoint 4 task forces to advise the commission in carrying out its duties as follows:

(a) Task force 1 shall assist in matters pertaining to the licensure and certification of health facilities and agencies under this part, except ambulance operations, aircraft transport operations, nontransport prehospital life support operations, medical first response services, health maintenance organizations, and nursing homes.

(b) Task force 2 shall assist in matters pertaining to the licensure of ambulance operations, aircraft transport operations, nontransport prehospital life support operations, and medical first response services under part 209.

(c) Task force 3 shall assist in matters pertaining to the licensure and certification of health maintenance organizations.

(d) Task force 4 shall assist in matters pertaining to the licensure of nursing homes as provided in section 20127.

(2) Except as provided by subsections (4), (5), and (6), each task force shall be composed of a number of advisory commission members to be determined by the chairperson. The chairperson with the approval of the director may appoint noncommission members to each task force as associate task force members if necessary to provide adequate expert professional and technical support.

(3) The department shall provide staff support to the advisory commission and its task forces.

(4) The state emergency medical services coordination committee created in section 20915 shall be appointed as task force 2 and shall perform the duties set forth in this section.

(5) Initial appointments to task force 3 shall include the members of the commission created by section 7 of former Act No. 264 of the Public Acts of 1974.

(6) Task force 4 shall be established as provided in section 20127.

Sec. 20156. (1) A representative of the department of public health or the state fire marshal division of the department of state police, upon presentation of proper identification, may enter the premises of an applicant or licensee at any reasonable time to determine whether the applicant or licensee meets the requirements of this article and the rules promulgated under this article. The director; the director of social services; the state fire marshal; the director of the office of services to the aging; or the director of a local health department; or an authorized representative of the director, the director of social services, the state fire marshal, the director of the office of services to the aging, or the director of a local health department may enter on the premises of an applicant or licensee under part 217 at any time in the course of carrying out program responsibilities.

(2) The state fire marshal division of the department of state police shall enforce rules promulgated by the state fire safety board for health facilities and agencies to assure that physical facilities owned, maintained, or operated by a health facility or agency are planned, constructed, and maintained in a manner to protect the health, safety, and welfare of patients.

(3) The department of public health shall not issue a license or certificate to a health facility or agency until it receives an appropriate certificate of approval from the state fire marshal division of the department of state police. For purposes of this section, a decision of the state fire marshal division of the department of state police to issue a certificate controls over that of a local fire department.

(4) Subsections (2) and (3) do not apply to a health facility or an agency licensed under part 205, 209, or 210.

Sec. 20161. (1) Fees for health facility and agency licenses and certificates of need shall be assessed on an annual basis by the department as provided in this act. Except as otherwise provided in this article, fees shall be paid in accordance with the following fee schedule:

(a) Freestanding surgical outpatient facilities.....	\$ 238.00 per facility.
(b) Hospitals.....	\$ 8.28 per licensed bed.
(c) Nursing homes, county medical care facilities, and hospital long-term care units	\$ 2.20 per licensed bed.
(d) Homes for the aged.....	\$ 6.27 per licensed bed.
(e) Health maintenance organizations.....	\$1,000.00 for an initial license; 80 cents per subscriber for a renewal license (3-year); \$100.00 for a certificate of authority for planning.
(f) Clinical laboratories.....	\$ 475.00 per laboratory.
(g) Health care delivery and financing system under section 21042	\$1,000.00 for an initial license; effective January 1, 1987, \$1,000.00 for 3-year renewal license for prepaid institutional programs, \$5,000.00 for 3-year renewal license for organizations determined by the department to offer a single form of health care service, and 80 cents per subscriber for all other 3-year renewal licenses under section 21042.

(2) The base fee for a certificate of need shall be \$750.00 for each application. For a project requiring a projected capital expenditure of more than \$150,000.00 but less than \$1,500,000.00, an additional fee of \$2,000.00 shall be added to the base fee. For a project requiring a projected capital expenditure of \$1,500,000.00 or more, an additional fee of \$3,500.00 shall be added to the base fee.

(3) With the exception of health maintenance organizations, when licensure is for more than 1 year, the fees described in subsection (1) shall be multiplied by the number of years for which the license is issued, and the total amount of the fees shall be collected in the year in which the license is issued.

(4) Fees described in this section shall be payable to the department at the time an application for a license, permit, or certificate is submitted. If an application for a license, permit, or certificate is denied or if a license, permit, or certificate is revoked before its expiration date, the fees paid to the department shall not be refunded.

(5) The fee for a provisional license or temporary permit shall be the same as for a license. A license may be issued at the expiration date of a temporary permit without an additional fee for the balance of the period for which the fee was paid if the requirements for licensure are met.

(6) The department may charge a fee to recover the cost of purchase or production and distribution of proficiency evaluation samples which are supplied to clinical laboratories pursuant to section 20521(3).

(7) In addition to the fees imposed under subsection (1), a fee of \$25.00 shall be submitted to the department for each reissuance during the licensure period of a clinical laboratory license.

(8) Except for the licensure of clinical laboratories, not more than half the annual cost of licensure activities as determined by the department shall be provided by license fees.

(9) An applicant for licensure or renewal of licensure under part 209 shall pay the applicable fees set forth in part 209.

(10) The fees collected under this section shall be deposited in the state treasury, to the credit of the general fund.

Sec. 20164. (1) A license, certification, provisional license, or limited license is valid for not more than 1 year after the date of issuance, except as provided in section 20511 or part 209 or 210. A license for a facility licensed under part 215 shall be valid for 2 years, except that provisional and limited licenses may be valid for 1 year.

(2) A license, certification, or certificate of need is not transferable and shall state the persons, buildings, and properties to which it applies. Applications for licensure or certification because of transfer of ownership or essential ownership interest shall not be acted upon until satisfactory evidence is provided of compliance with part 222.

(3) If ownership is not voluntarily transferred, the department shall be notified immediately and the new owner shall apply for a license and certification not later than 30 days after the transfer.

Sec. 20165. (1) Except as otherwise provided in this section, after notice of intent to an applicant or licensee to deny, limit, suspend, or revoke a license or certification and an opportunity for a hearing, the department may deny, limit, suspend, or revoke the license or certification if any of the following exist:

(a) Fraud or deceit in obtaining or attempting to obtain a license or certification or in operation of the licensed health facility or agency.

(b) A violation of this article or the rules promulgated under this article.

(c) False or misleading advertising.

(d) Negligence or failure to exercise due care, including negligent supervision of employees and subordinates.

(e) Permitting a license or certificate to be used by an unauthorized health facility or agency.

(f) Evidence of abuse regarding patient health, welfare, or safety or a denial of rights.

(g) Failure to comply with section 10102a(7).

(h) Failure to comply with part 222 or a term, condition, or stipulation of a certificate of need issued under part 222, or both.

(2) An application for a license or certification may be denied on a finding of any condition or practice which would constitute a violation of this article if the applicant were a licensee.

(3) Denial, suspension, or revocation of an individual emergency medical services personnel license under part 209 is governed by section 20958.

Sec. 20191. (1) If an emergency patient is assisted or transported, or both, to a health facility by a police officer; fire fighter; medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic licensed under section 30950; or another individual, and if the emergency patient, as part of the treatment rendered by the health facility, is tested for the presence in the emergency patient of an infectious agent, and the test results are positive, the health facility shall do all of the following:

(a) Subject to subsection (2) and subdivision (b), if the test results are positive for an infectious agent and the individual meets 1 of the following requirements, notify the individual on a form provided by the department that he or she may have been exposed to an infectious agent:

(i) The individual is a police officer, fire fighter, or individual licensed under section 20950.

(ii) The individual demonstrates in writing to the health facility that he or she was exposed to the blood, body fluids, or airborne agents of the emergency patient or participated in providing treatment to the emergency patient or transportation of the emergency patient to the health facility.

(b) Subject to subsection (2), if the test results are positive for HIV, the health facility shall not reveal that the infectious agent is HIV unless the health facility has received a written request for notification from an individual described in subdivision (a)(i) or (ii).

(c) Subject to subsection (2), on a form provided by the department, notify the individual described in subdivision (a), at a minimum, of the appropriate infection control precautions to be taken and the approximate date of the potential exposure.

(2) The notification required under subsection (1) shall occur within 2 days after the test results are obtained by the health facility or after receipt of a written request under subsection (1)(b). The notification shall be transmitted to the potentially exposed individual as follows:

(a) If the potentially exposed individual provides his or her name and address to the health facility or if the health facility has a procedure that allows the health facility in the ordinary course of its business to determine the individual's name and address, the health facility shall notify the individual directly at that address.

(b) If the potentially exposed individual is a police officer, fire fighter, or individual licensed under section 20950, and if the health facility does not have the name of the potentially exposed individual, the health facility shall notify the appropriate police department, fire department, or life support agency that employs or dispatches the individual. If the health facility is unable to determine the employer of an individual described in

this subdivision, the health facility shall notify the medical control authority or chief elected official of the governmental unit that has jurisdiction over the transporting vehicle.

(c) A medical control authority or chief elected official described in subdivision (b) shall notify the potentially exposed individual or, if unable to notify the potentially exposed individual, shall document in writing the notification efforts and reasons for being unable to make the notification.

(3) The notice required under subsection (1) shall not contain information which would identify the emergency patient who tested positive for an infectious agent. The information contained in the notice is confidential and is subject to this section, the rules promulgated under section 5111(2), and section 5131. A person who receives confidential information under this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

(4) The department may promulgate rules to administer this section.

(5) A person who discloses information regarding an infectious agent that is not a serious communicable disease or infection or HIV in violation of subsection (3) is guilty of a misdemeanor.

(6) A person or governmental entity authorized or required to make a notification under subsection (1) that complies in good faith with this section is immune from any civil liability or criminal penalty for making a notification required under subsection (1).

(7) As used in this section:

(a) "Emergency patient" means an individual who is transported to an organized emergency department located in and operated by a hospital licensed under this article or a facility other than a hospital that is routinely available for the general care of medical patients.

(b) "Health facility" means a health facility or agency as defined in section 20106.

(c) "HIV" means human immunodeficiency virus.

(d) "HIV infected" means that term as defined in section 5101.

(e) "Infectious agent" means that term as defined in R 325.9031 of the Michigan administrative code.

(f) "Life support agency" means that term as defined in section 20906.

(g) "Serious communicable disease or infection" means that term as defined in section 5101.

PART 209. EMERGENCY MEDICAL SERVICES

Sec. 20901. (1) For purposes of this part, the words and phrases defined in sections 20902 to 20908 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code, and part 201 contains definitions applicable to this part.

Sec. 20902. (1) "Advanced life support" means patient care that may include any care a paramedic is qualified to provide by paramedic education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for a paramedic.

(2) "Aircraft transport operation" means a person licensed under this part to provide patient transport, for profit or otherwise, between health facilities using an aircraft transport vehicle.

(3) "Aircraft transport vehicle" means an aircraft that is primarily used or designated as available to provide patient transportation between health facilities and that is capable of providing patient care according to orders issued by the patient's physician.

(4) "Ambulance" means a motor vehicle or rotary aircraft that is primarily used or designated as available to provide transportation and basic life support, limited advanced life support, or advanced life support.

(5) "Ambulance operation" means a person licensed under this part to provide emergency medical services and patient transport, for profit or otherwise.

(6) "Basic life support" means patient care that may include any care an emergency medical technician is qualified to provide by emergency medical technician education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for an emergency medical technician.

(7) "Disaster" means an occurrence of imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, including but not limited to, fire, flood, snow, ice, windstorm, wave action, oil spill, water contamination requiring emergency action to avert danger or damage, utility failure, hazardous peacetime radiological incident, major transportation accident, hazardous materials accident, epidemic, air contamination, drought, infestation, or explosion. Disaster does not include a riot or other civil disorder unless it directly results from and is an aggravating element of the disaster.

Sec. 20904. (1) "Emergency" means a condition or situation in which an individual declares a need for immediate medical attention for any individual, or where that need is declared by emergency medical services personnel or a public safety official.

(2) "Emergency medical services instructor-coordinator" means an individual licensed under this part to conduct and instruct emergency medical services education programs.

(3) "Emergency medical services" means the emergency medical services personnel, ambulances, nontransport prehospital life support vehicles, aircraft transport vehicles, medical first response vehicles, and equipment required for transport or treatment of an individual requiring medical first response life support, basic life support, limited advanced life support, or advanced life support.

(4) "Emergency medical services personnel" means a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator.

(5) "Emergency medical services system" means a comprehensive and integrated arrangement of the personnel, facilities, equipment, services, communications, and organizations necessary to provide emergency medical services within a particular geographic region.

(6) "Emergency medical technician" means an individual who is licensed by the department to provide basic life support.

(7) "Emergency medical technician specialist" means an individual who is licensed by the department to provide limited advanced life support.

(8) "Emergency patient" means an individual whose physical or mental condition is such that the individual is, or may reasonably be suspected or known to be, in imminent danger of loss of life or of significant health impairment.

Sec. 20906. (1) "Life support agency" means an ambulance operation, nontransport prehospital life support operation, aircraft transport operation, or medical first response service.

(2) "Limited advanced life support" means patient care that may include any care an emergency medical technician specialist is qualified to provide by emergency medical technician specialist education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for an emergency medical technician specialist.

(3) "Local governmental unit" means a county, city, village, charter township, or township.

(4) "Medical control" means supervising emergency medical services through a medical control authority, within an emergency medical services system.

(5) "Medical control authority" means an organization designated by the department under section 20910(1)(k) to provide medical control.

(6) "Medical director" means a physician who is appointed to that position by a medical control authority under section 20918.

(7) "Medical first responder" means an individual who has met the educational requirements of a department approved medical first responder course and who is licensed to provide medical first response life support as part of a medical first response service or as a driver of an ambulance that provides basic life support services only.

(8) "Medical first response life support" means patient care that may include any care a medical first responder is qualified to provide by medical first responder education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for a medical first responder.

(9) "Medical first response service" means a person licensed by the department to respond under medical control to an emergency scene with a medical first responder and equipment required by the department prior to the arrival of an ambulance, and includes a fire suppression agency only when it is dispatched for medical first response life support. Medical first response service does not include a law enforcement agency, as defined in section 8 of Act No. 319 of the Public Acts of 1968, being section 28.258 of the Michigan Compiled Laws, unless the law enforcement agency holds itself out as a medical first response service and the unit responding was dispatched to provide medical first response life support.

(10) "Medical first response vehicle" means a motor vehicle staffed by at least 1 medical first responder and meeting equipment requirements of the department.

Sec. 20908. (1) "Nonemergency patient" means an individual who is transported by stretcher, isolette, cot, or litter but whose physical or mental condition is such that the individual may reasonably be suspected of not being in imminent danger of loss of life or of significant health impairment.

(2) “Nontransport prehospital life support operation” means a person licensed under this part to provide, for profit or otherwise, basic life support, limited advanced life support, or advanced life support at the scene of an emergency.

(3) “Nontransport prehospital life support vehicle” means a motor vehicle that is used to provide basic life support, limited advanced life support, or advanced life support, and is not intended to transport patients.

(4) “Paramedic” means an individual licensed under this part to provide advanced life support.

(5) “Patient” means an emergency patient or a nonemergency patient.

(6) “Person” means a person as defined in section 1106 or a governmental entity other than an agency of the United States.

(7) “Protocol” means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

(8) “State health plan” means the health plan prepared by the state health planning council pursuant to the Michigan health planning and health policy development act, Act No. 323 of the Public Acts of 1978, being sections 325.2001 to 325.2031 of the Michigan Compiled Laws.

(9) “Statewide emergency medical services communications system” means a system that integrates each emergency medical services system with a centrally coordinated dispatch and resource coordination facility utilizing the universal emergency telephone number, 9-1-1, when that number is appropriate, or any other designated emergency telephone number, a statewide emergency medical 2-way radio communications network, and linkages with the statewide emergency preparedness communications system.

(10) “Volunteer” means an individual who provides services regulated under this part without expecting or receiving money, goods, or services in return for providing those services, except for reimbursement for expenses necessarily incurred in providing those services.

Sec. 20910. (1) The department shall do all of the following:

(a) Be responsible for the development, coordination, and administration of a statewide emergency medical services system.

(b) Facilitate and promote programs of public information and education concerning emergency medical services.

(c) In case of actual disasters and disaster training drills and exercises, provide emergency medical services resources pursuant to applicable provisions of the Michigan emergency preparedness plan, or as prescribed by the director of emergency services pursuant to the emergency preparedness act, Act No. 390 of the Public Acts of 1976, being sections 30.401 to 30.420 of the Michigan Compiled Laws.

(d) Consistent with the rules of the federal communications commission, plan, develop, coordinate, and administer a statewide emergency medical services communications system.

(e) Develop a program of hospital inventory that identifies hospitals as follows:

(i) Hospitals licensed under part 215 that have established specialty care capabilities.

(ii) Hospitals licensed under part 215 that meet applicable federal or state standards for the operation of a trauma center.

(f) Develop criteria for and a program of triennial categorization of emergency department capabilities of hospitals licensed under part 215.

(g) Assist in the development of the emergency medical services portions of the state health plan and statewide health priorities.

(h) Develop and maintain standards of emergency medical services and personnel as follows:

(i) License emergency medical services personnel in accordance with this part.

(ii) License ambulance operations, nontransport prehospital life support operations, and medical first response services in accordance with this part.

(iii) At least annually, inspect or provide for the inspection of ambulance operations and nontransport prehospital life support operations in accordance with this part.

(iv) Promulgate rules to establish and maintain minimum requirements for patient care equipment and safety equipment for ambulances, aircraft transport vehicles, nontransport prehospital life support vehicles, and medical first response vehicles under this part and publish lists of the minimum required equipment. The department shall submit proposed changes in these requirements to the state emergency medical services coordination committee and provide a reasonable time for the committee’s review and comment before beginning the rule making process.

(i) Promulgate rules to establish and maintain vehicle standards for ambulances. The department shall submit the proposed standards and proposed changes to the state emergency medical services coordination committee and provide a reasonable time for the committee's review and comment before beginning the rule making process.

(j) Promulgate rules to establish and maintain standards for and regulate the use of descriptive words, phrases, symbols, or emblems that represent or denote that an ambulance operation, nontransport prehospital life support operation, or medical first response service is or may be provided. The department's authority to regulate use of the descriptive devices includes use for the purposes of advertising, promoting, or selling the services rendered by an ambulance operation, nontransport prehospital life support operation, or medical first response service, or by emergency medical services personnel.

(k) Designate a medical control authority as the medical control for emergency medical services for a particular geographic region as provided for under this part.

(l) Develop and implement field studies involving the use of skills, techniques, procedures, or equipment that are not included as part of the standard education for medical first responders, emergency medical technicians, emergency medical technician specialists, or paramedics, if all of the following conditions are met:

(i) The state emergency medical services coordination committee reviews the field study prior to implementation.

(ii) The field study is conducted in an area for which a medical control authority has been approved pursuant to subdivision (k).

(iii) The medical first responders, emergency medical technicians, emergency medical technician specialists, and paramedics participating in the field study receive training for the new skill, technique, procedure, or equipment.

(m) Collect data as necessary to assess the need for and quality of emergency medical services throughout the state.

(n) Conduct an in-depth assessment of the unique needs of rural communities and rural health care agencies concerning the provision of emergency medical services. At a minimum, the assessment shall include an analysis of training programs, medical procedures, recruitment and utilization of volunteers, vehicle and equipment needs, and systems coordination. In conducting the assessment, the department shall solicit and obtain active participation and input from rural communities and rural emergency medical services providers. No later than 18 months after the effective date of this part, the department shall submit a written report detailing its findings and recommendations to the standing committees of the senate and the house of representatives having jurisdiction over public health matters.

(o) Develop recommendations for territorial boundaries of medical control authorities that are designed to assure that there exists reasonable emergency medical services capacity within the boundaries for the estimated demand for emergency medical services.

(p) Promulgate other rules to implement this part.

(q) Perform other duties as set forth in this part.

(2) The department may do all of the following:

(a) Promulgate rules to require an ambulance operation, nontransport prehospital life support operation, or medical first response service to periodically submit designated records and data for evaluation by the department.

(b) Establish a grant program or contract with a public or private agency, emergency medical services professional association, or emergency medical services coalition to provide training, public information, and assistance to medical control authorities and emergency medical services systems or to conduct other activities as specified in this part.

Sec. 20912. The department shall perform all of the following with regard to educational programs and services:

(a) Review and approve education programs and curricula for emergency medical services personnel. Approved programs shall have provisions for written and practical examinations and shall be coordinated by a licensed emergency medical services instructor-coordinator.

(b) Review and approve all ongoing education programs for relicensure of emergency medical services personnel.

(c) Maintain a listing of approved emergency medical education programs and licensed emergency medical services instructor-coordinators.

Sec. 20915. (1) The state emergency medical services coordination committee is created in the department. The director shall appoint the voting members of the committee as follows:

(a) Four representatives from the Michigan hospital association, at least 1 of whom is from a hospital located in a county with a population of not more than 100,000.

(b) Four representatives from the Michigan chapter of the American college of emergency physicians, at least 1 of whom practices medicine in a county with a population of not more than 100,000.

(c) Three representatives from the Michigan association of ambulance services, at least 1 of whom operates an ambulance service in a county with a population of not more than 100,000.

(d) Three representatives from the Michigan fire chiefs association, at least 1 of whom is from a fire department located in a county with a population of not more than 100,000.

(e) Two representatives from the society of Michigan emergency medical services technician instructor-coordinators, at least 1 of whom works in a county with a population of not more than 100,000.

(f) Two representatives from the Michigan association of emergency medical technicians, at least 1 of whom practices in a county with a population of not more than 100,000.

(g) One representative from the Michigan association of air medical services.

(h) One representative from the Michigan association of emergency medical services systems.

(i) Three representatives from a statewide organization representing labor that deals with emergency medical services, at least 1 of whom represents emergency medical services personnel in a county with a population of not more than 100,000.

(j) Two consumers, at least 1 of whom resides in a county with a population of not more than 100,000.

(2) In addition to the voting members appointed under subsection (1), the following shall serve as ex officio members of the committee without the right to vote:

(a) One representative of the office of health and medical affairs of the department of management and budget, appointed by the department.

(b) One representative of the department.

(c) One member of the house of representatives, appointed by the speaker of the house of representatives.

(d) One member of the senate, appointed by the senate majority leader.

(3) The representatives of the organizations described in subsection (1) shall be appointed from among nominations made by each of those organizations.

(4) The voting members shall serve for a term of 3 years except that of the voting members who are initially appointed to the committee, the director shall designate 6 members to serve 4-year terms, 12 members to serve 3-year terms, and 6 members to serve 2-year terms. A member who is unable to complete a term shall be replaced for the balance of the unexpired term.

(5) At least 1 voting member shall be from a county with a population of not more than 35,000 and at least 1 voting member shall be from a city with a population of not less than 900,000.

(6) The committee shall annually select a voting member to serve as chairperson.

(7) Meetings of the committee are subject to the open meetings act, Act No. 267 of the Public Acts of 1976, being sections 15.261 to 15.275 of the Michigan Compiled Laws. Thirteen voting members constitute a quorum for the transaction of business.

(8) The per diem compensation for the voting members and a schedule for reimbursement of expenses shall be as established by the legislature.

Sec. 20916. The state emergency medical services coordination committee shall do all of the following:

(a) Meet not less than twice annually at the call of the chairperson or the director.

(b) Serve as task force 2 pursuant to section 20126.

(c) Provide for the coordination and exchange of information on emergency medical services programs and services.

(d) Act as liaison between organizations and individuals involved in the emergency medical services system.

(e) Make recommendations to the department in the development of a comprehensive statewide emergency medical services program.

(f) Advise the legislature and the department on matters concerning emergency medical services throughout the state.

(g) Provide the department with advisory recommendations on appeals of local medical control decisions under section 20919.

(h) Participate in educational activities, special studies, and the evaluation of emergency medical services as requested by the director.

- (i) Advise the department concerning vehicle standards for ambulances under section 20910(1)(i).
- (j) Advise the department concerning minimum patient care equipment lists as required under section 20910(1)(h).
- (k) Advise the department on the standards required under section 20910(1)(j).
- (l) Appoint, with the advice and consent of the department, a statewide quality assurance task force to review and make recommendations to the department concerning approval of medical control authority applications and revisions concerning protocols under section 20919 and field studies under section 20910(1)(l), and conduct other quality assurance activities as requested by the director. A majority of the members of the task force shall be individuals who are not currently serving on the committee. The task force shall report its decisions, findings, and recommendations to the committee and the department.

Sec. 20918. (1) Each hospital licensed under part 215 that operates a service for admitting and treating emergency patients shall be given the opportunity to participate in the ongoing planning and development activities of the local medical control authority designated by the department and shall adhere to protocols for providing services to a patient before care of the patient is transferred to hospital personnel, to the extent that those protocols apply to a hospital. The department shall complete designation of local medical control authorities not later than December 31, 1991. The department shall designate a medical control authority for each Michigan county or part of a county, except that the department may designate a medical control authority to cover 2 or more counties if the department determines that the available resources would be better utilized with a multiple county medical control authority. In designating a medical control authority, the department shall assure that there is a reasonable relationship between the existing emergency medical services capacity in the geographical area to be served by the medical control authority and the estimated demand for emergency medical services in that area.

(2) A medical control authority shall be administered by the participating hospitals. Subject to subsection (4), the participating hospitals shall appoint an advisory body for the medical control authority that shall include, at a minimum, a representative of each type of emergency medical services provider and each type of emergency medical services personnel functioning within the medical control authority's boundaries.

(3) With the advice of the advisory body of the medical control authority, the participating hospitals within a medical control authority shall appoint a medical director of the medical control authority. The medical director shall be a physician who is board certified in emergency medicine, or who practices emergency medicine and is certified in both advanced cardiac life support and advanced trauma life support by a national organization approved by the department, and who meets other standards set forth in department rules.

(4) No more than 10% of the membership of the advisory body of a medical control authority shall be employees of the medical director or of an entity substantially owned or controlled by the medical director.

(5) A designated medical control authority shall operate in accordance with the terms of its designation.

(6) Each life support agency and individual licensed under this part is accountable to the medical control authority in the provision of emergency medical services.

Sec. 20919. (1) A local medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. The protocols shall be developed and adopted 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.

(2) The procedures established by the department for development and adoption of written protocols under this section shall comply with at least all of the following requirements:

(a) At least 60 days prior to 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) Not later than 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 shall be 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 jurisdiction in response to a present medical emergency or disaster without following the procedures established by the department under this section for an ordinary protocol. An emergency protocol established under this subdivision shall be effective only for a limited time period and shall not take permanent effect unless it is approved according to this subsection.

(3) A medical control authority shall provide an opportunity for an affected person to appeal decisions made by the medical control authority. After appeals to a medical control authority have been exhausted, an affected person may apply to the department for a variance from the medical control authority's decision. The department may grant the variance if it determines that the action is appropriate to protect the public health, safety, and welfare. The department shall impose a time limitation and may impose other conditions for the variance.

(4) 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 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, protocols containing those additional standards shall not be adopted.

(5) If a decision of the medical control authority 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 department shall review this information and shall issue its findings in writing.

Sec. 20920. (1) A person shall not establish, operate, or cause to be operated an ambulance operation unless it is licensed under this section.

(2) Upon proper application and payment of a \$100.00 fee, the department shall issue a license as an ambulance operation to a person who meets the requirements under this part and rules promulgated under this part.

(3) An applicant shall specify in the application each ambulance to be operated.

(4) An ambulance operation license shall specify the ambulances licensed to be operated.

(5) An ambulance operation license shall state the level of life support the ambulance operation is licensed to provide. An ambulance operation shall operate in accordance with this part, rules promulgated under this part, and approved local medical control authority protocols and shall not provide life support at a level that exceeds its license or violates approved local medical control authority protocols.

(6) An ambulance operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the ambulance operation is in compliance with this part, rules promulgated under this part, and local medical control authority protocols.

Sec. 20921. (1) An ambulance operation shall do all of the following:

(a) Provide at least 1 ambulance available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.

(b) Respond or ensure that a response is provided to all requests for emergency assistance originating from within the bounds of its service area.

(c) If the ambulance operation operates under a medical control authority, operate only under the direction of that medical control authority.

(d) Notify the department immediately of any change that would alter the information contained on its application for an ambulance operation license or renewal.

(e) Provide life support consistent with its license and approved local medical control authority protocols to all emergency patients without prior inquiry into ability to pay or source of payment.

(2) An ambulance operation shall not do any of the following:

(a) Knowingly provide any person with false or misleading information concerning the time at which an emergency response will be initiated or the location from which the response is being initiated.

(b) Induce or seek to induce any person engaging an ambulance to patronize a long-term care facility, mortuary, or hospital.

(c) Advertise, or permit advertising of, within or on the premises of the ambulance operation or within or on an ambulance, the name or the services of any attorney, accident investigator, nurse, physician, long-term care facility, mortuary, or hospital. If 1 of those persons or facilities owns or operates an ambulance operation, the person or facility may use its business name in the name of the ambulance operation and may display the name of the ambulance operation within or on the premises of the ambulance operation or within or on an ambulance.

(d) Advertise or disseminate information for the purpose of obtaining contracts under any name other than the name of the person holding an ambulance operation license or the trade or assumed name of the ambulance operation.

(3) An ambulance operation shall not operate, attend, or permit an ambulance to be operated while transporting a patient unless the ambulance is staffed as follows:

(a) If designated as providing basic life support, with at least 1 emergency medical technician and 1 medical first responder.

(b) If designated as providing limited advanced life support, with at least 1 emergency medical technician specialist and 1 emergency medical technician.

(c) If designated as providing advanced life support, with at least 1 paramedic and 1 emergency medical technician.

(4) Except as provided in subsection (5), an ambulance operation shall ensure that an emergency medical technician, an emergency medical technician specialist, or a paramedic is in the patient compartment of an ambulance while transporting an emergency patient.

(5) Subsection (4) does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment by an appropriate licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed in this part or rules promulgated by the department.

Sec. 20922. (1) A person shall not use the terms "ambulance" or "ambulance operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20920.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides an ambulance operation unless that person does in fact provide that service and has been licensed by the department to do so.

Sec. 20923. (1) Except as provided in section 20924(2), a person shall not operate an ambulance unless the ambulance is licensed under this section and is operated as part of a licensed ambulance operation.

(2) Upon proper application and payment of a \$25.00 fee, the department shall issue an ambulance license or annual renewal for an ambulance that meets the requirements of this part and rules promulgated under this part.

(3) An ambulance operation shall submit an application and fee to the department for each ambulance in service. Each application shall include a certificate of insurance for the ambulance in the amount and coverage required by the department.

(4) Upon purchase, an ambulance shall meet all vehicle standards established by the department under section 20910(1)(i).

(5) Once licensed for service, an ambulance is not required to meet subsequently modified state vehicle standards during its use by the ambulance operation that obtained the license.

(6) Patient care equipment and safety equipment carried on an ambulance shall meet the minimum requirements prescribed by the department and the approved local medical control authority protocols.

(7) An ambulance shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.

(8) An ambulance license is not transferable to another ambulance operation.

Sec. 20924. (1) Except as provided in subsection (2), a person shall not furnish, operate, conduct, maintain, advertise, or otherwise be engaged or profess to be engaged in the business or service of the transportation of patients in this state unless the person uses an ambulance licensed under this part.

(2) An ambulance operated by an agency of the United States is not required to be licensed under this part. This part does not apply to an ambulance or ambulance personnel from another state or nation or a political subdivision of another state or nation that is performing in this state emergency assistance required by an official of this state.

Sec. 20926. (1) A person shall not establish, operate, or cause to be operated a nontransport prehospital life support operation unless it is licensed under this section.

(2) The department, upon proper application and payment of a \$100.00 fee, shall issue a license for a nontransport prehospital life support operation to a person meeting the requirements of this part and rules promulgated under this part.

(3) A nontransport prehospital life support operation license shall specify the level of life support the operation is licensed to provide. A nontransport prehospital life support operation shall operate in accordance with this part, rules promulgated under this part, and approved local medical control authority protocols and shall not provide life support at a level that exceeds its license or violates approved local medical control authority protocols.

(4) An applicant for a nontransport prehospital life support operation license shall specify in the application for licensure each nontransport prehospital life support vehicle to be operated.

(5) A nontransport prehospital life support operation license shall specify the nontransport prehospital life support vehicles licensed to be operated.

(6) A nontransport prehospital life support operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the nontransport prehospital life support operation is in compliance with this part, rules promulgated under this part, and local medical control authority protocols.

Sec. 20927. (1) A nontransport prehospital life support operation shall:

(a) Provide at least 1 nontransport prehospital life support vehicle with proper equipment and personnel available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.

(b) Respond or ensure that a response is provided to all requests for emergency assistance originating from within the bounds of its primary dispatch service area.

(c) Operate only under the direction of a medical control authority.

(d) Notify the department of any change that would alter the information contained on its application for a nontransport prehospital life support operation license or renewal.

(e) Provide life support consistent with its license and approved local medical control authority protocols to all patients without prior inquiry into ability to pay or source of payment.

(2) A nontransport prehospital life support operation shall not knowingly provide any person with false or misleading information concerning the time at which an emergency response will be initiated or the location from which the response is being initiated.

(3) A nontransport prehospital life support operation shall not operate a nontransport prehospital life support vehicle unless it is staffed, 24 hours a day, 7 days a week, as follows:

(a) If designated as providing basic life support, with at least 1 emergency medical technician.

(b) If designated as providing limited advanced life support, with at least 1 emergency medical technician specialist.

(c) If designated as providing advanced life support, with at least 1 paramedic.

Sec. 20928. (1) A person shall not use the term "nontransport prehospital life support vehicle" or "nontransport prehospital life support operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20926.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides a nontransport prehospital life support operation unless that person does in fact provide that service and has been licensed by the department to do so.

Sec. 20929. (1) A person shall not operate a nontransport prehospital life support vehicle unless the vehicle is licensed by the department under this section and is operated as part of a licensed nontransport prehospital life support operation.

(2) Upon proper application and payment of a \$25.00 fee, the department shall issue a license or annual renewal for a nontransport prehospital life support vehicle if it meets the requirements of this part and rules promulgated under this part.

(3) A nontransport prehospital life support operation shall submit an application and required fee to the department for each vehicle in service. Each application shall include a certificate of insurance for the vehicle in the amount and coverage required by the department.

(4) A nontransport prehospital life support vehicle shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.

(5) A nontransport prehospital life support vehicle shall be equipped according to the department's minimum equipment list and approved local medical control authority protocols based upon the level of life support the vehicle and personnel are licensed to provide.

Sec. 20931. (1) A person shall not establish, operate, or cause to be operated an aircraft transport operation unless it is licensed under this section.

(2) The department, upon proper application and payment of a \$100.00 fee, shall issue a license for an aircraft transport operation to a person meeting the requirements of this part and rules promulgated under this part.

(3) An aircraft transport operation license shall specify the level of life support the operation is licensed to provide. An aircraft transport operation shall operate in accordance with this part, rules promulgated under this part, and orders established by the patient's physician and shall not provide life support at a level that exceeds its license or violates those orders.

(4) An applicant for an aircraft transport operation license shall specify in the application for licensure each aircraft transport vehicle to be operated and licensed.

(5) An aircraft transport operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the aircraft transport operation is in compliance with this part and rules promulgated under this part.

Sec. 20932. (1) An aircraft transport operation shall:

(a) Provide an aircraft transport vehicle with proper equipment and personnel available for response to requests for patient transportation between health facilities, as needed and for life support during that transportation according to the written orders of the patient's physician.

(b) Notify the department of any change that would alter the information contained on its application for an aircraft transport operation license or renewal.

(2) An aircraft transport operation shall not operate an aircraft transport vehicle unless it is staffed, with emergency medical services personnel or other licensed health care professionals as appropriate according to the written orders of the patient's physician.

Sec. 20933. (1) A person shall not use the term "aircraft transport vehicle" or "aircraft transport operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20931.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides an aircraft transport operation unless that person does in fact provide that service and has been licensed by the department to do so.

Sec. 20934. (1) A person shall not operate an aircraft transport vehicle unless the vehicle is licensed by the department under this section and is operated as part of a licensed aircraft transport operation.

(2) Upon proper application and payment of a \$100.00 fee, the department shall issue a license or annual renewal for an aircraft transport vehicle if it meets the requirements of this part and rules promulgated under this part.

(3) An aircraft transport operation shall submit an application and required fee to the department for each vehicle in service. Each application shall include a certificate of insurance for the vehicle in the amount and coverage required by the department.

(4) An aircraft transport vehicle shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.

(5) An aircraft transport vehicle shall be equipped according to the department's minimum equipment list based upon the level of life support the vehicle and personnel are licensed to provide.

Sec. 20936. (1) If an application for renewal of an ambulance operation, nontransport prehospital life support operation, or aircraft transport operation license is received by the department after the expiration date of the license, the applicant shall pay a late fee in the amount of \$300.00 in addition to the renewal fee. If an application for renewal is not received by the department within 60 days after the license expires, the department shall not issue a renewal license unless the licensee completes the requirements for initial licensure and pays the late fee.

(2) If an application for renewal of an ambulance or nontransport prehospital life support vehicle, or aircraft transport vehicle license is received by the department after the expiration date of the license, the applicant shall pay a late fee in the amount of \$100.00 in addition to the renewal fee. If an application for renewal is not received by the department within 60 days after the license expires, the department shall not issue a renewal license unless the licensee completes the requirements for initial licensure and pays the late fee.

Sec. 20938. When operating an ambulance or a nontransport prehospital life support vehicle under emergency conditions or a reasonable belief that an emergency condition exists, the driver of the ambulance or nontransport prehospital life support vehicle may exercise the privileges and is subject to the constraints prescribed by the Michigan vehicle code, Act No. 300 of the Public Acts of 1949, being sections 257.1 to 257.923 of the Michigan Compiled Laws, pertaining to the driver of an authorized emergency vehicle.

Sec. 20939. If an ambulance operation is unable to respond to an emergency patient within a reasonable time, this part does not prohibit the spontaneous use of a vehicle under exceptional circumstances to provide, without charge or fee and as a humane service, transportation for the emergency patient. Emergency medical personnel who transport or who make the decision to transport an emergency patient under this section shall file a written report describing the incident with the medical control authority.

Sec. 20941. (1) A person shall not establish, operate, or cause to be operated a medical first response service unless the service is licensed by the department.

(2) Upon proper application, the department shall issue a license as a medical first response service to a person who meets the requirements of this part and rules promulgated under this part. The department shall not charge a fee for licensing a medical first response service.

(3) A medical first response service shall provide life support in accordance with approved local medical control authority protocols and shall not provide life support at a level that exceeds its license or violates approved local medical control authority protocols.

(4) A medical first response service license may be renewed annually upon the application to the department.

(5) A person shall not advertise or disseminate information leading the public to believe that the person provides a medical first response service unless that person does in fact provide that service and has been licensed by the department.

(6) A medical first response service shall have at least 1 medical first response vehicle available on a 24-hour-a-day, 7-day-a-week basis, to provide a medical first response capability. Each medical first response vehicle shall be equipped and staffed as required by this part or rules promulgated under this part.

(7) A medical first response service shall provide life support consistent with its license and approved local medical control authority protocols to all patients without prior inquiry into ability to pay or source of payment.

(8) To the extent that a police or fire suppression agency is dispatched to provide medical first response life support, that agency is subject to this section and the other provisions of this part relating to medical first response services.

Sec. 20945. If the department determines that grounds exist under section 20165 for denial, suspension, or revocation of a life support agency license but that the denial, suspension, or revocation of the license may be detrimental to the health, safety, and welfare of the residents served by the life support agency or applicant, the department may issue a nonrenewable conditional license effective for not more than 1 year and may prescribe such conditions as the department determines to be necessary to protect the public health, safety, and welfare.

Sec. 20948. (1) A local governmental unit or combination of local governmental units may operate an ambulance operation or a nontransport prehospital life support operation, or contract with a person to furnish any of those services for the use and benefit of its residents, and may pay for any or all of the cost from available funds. A local governmental unit may receive state or federal funds or private funds for the purpose of providing emergency medical services.

(2) A local governmental unit that operates an ambulance operation or a nontransport prehospital life support operation or is a party to a contract or an interlocal agreement may defray any or all of its share of the cost by either or both of the following methods:

(a) Collection of fees for services.

(b) Special assessments created, levied, collected, and annually determined pursuant to a procedure conforming as nearly as possible to the procedure set forth in section 1 of Act No. 33 of the Public Acts of 1951, being section 41.801 of the Michigan Compiled Laws. This procedure does not prohibit the right of referendum set forth under Act No. 33 of the Public Acts of 1951, being sections 41.801 to 41.811 of the Michigan Compiled Laws.

(3) A local governmental unit may enact an ordinance regulating ambulance operations, nontransport prehospital life support operations, or medical first response services. The standards and procedures established under the ordinance shall not be in conflict with or less stringent than those required under this part or the rules promulgated under this part.

Sec. 20950. (1) An individual shall not practice or advertise to practice as a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator unless licensed to do so by the department.

(2) Except as provided in subsection (4), the department shall issue a license under this section only to an individual who meets all of the following requirements:

(a) Is 18 years of age or older.

(b) Has successfully completed the appropriate education program approved under section 20912.

(c) Has attained a passing score on the appropriate department prescribed written and practical examinations.

(d) Meets other requirements of this part.

(3) The department shall issue a license as an emergency medical services instructor-coordinator only to an individual who meets the requirements of subsection (2) for an emergency medical services instructor-coordinator and at the time of application is currently licensed as an emergency medical technician, emergency medical technician specialist, or paramedic and has at least 3 years' field experience as an emergency medical technician.

(4) Until December 31, 1992, the department shall issue a medical first responder license to an individual who does not meet the requirement of subsection (2)(b) if the department determines that the individual is performing the functions of a medical first responder on the effective date of this part and meets the other requirements of subsection (2). Beginning on January 1, 1993, the department shall issue a medical first responder license only to an individual who meets all of the requirements of subsection (2).

(5) Except as provided by section 20952, a license under this section is effective for 3 years from date of issue unless revoked or suspended by the department.

(6) Except as otherwise provided in subsection (8), an applicant for licensure under this section shall pay a fee for examination or reexamination as follows:

(a) Medical first responder - no fee.

(b) Emergency medical technician - \$40.00.

(c) Emergency medical technician specialist - \$60.00.

(d) Paramedic - \$80.00.

(e) Emergency medical services instructor-coordinator - \$100.00.

(7) The fee under subsection (6) for examination or reexamination shall include initial licensure if the applicant passes the examination or reexamination.

(8) If a life support agency certifies to the department that an applicant for licensure under this section will act as a volunteer and if the life support agency does not charge for its services, the department shall not require the applicant to pay the fee required under subsection (6). If the applicant ceases to meet the definition of a volunteer under this part at any time during the effective period of his or her license and is employed as a licensee under this part, the applicant shall at that time pay the fee required under subsection (6).

Sec. 20952. (1) The department may grant a nonrenewable temporary license to an individual who has made proper application with the required fee for licensure as a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic and who has successfully completed all of the requirements for licensure except for the department prescribed examinations. A temporary license is valid for 120 days from the date of an accepted application.

(2) An individual holding a temporary license as an emergency medical technician shall practice only under the direct supervision of an emergency medical technician, emergency medical technician specialist, or paramedic who holds a license other than a temporary license.

(3) An individual holding a temporary license as an emergency medical technician specialist shall practice only under the direct supervision of an emergency medical technician specialist or paramedic who holds a license other than a temporary license.

(4) An individual holding a temporary license as a paramedic shall practice only under the direct supervision of a paramedic who holds a license other than a temporary license.

Sec. 20954. (1) Upon proper application to the department and payment of the renewal fee under subsection (2), the department may renew a license for a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator who meets the requirements of this part and completes required ongoing educational programs approved or developed by the department.

(2) Except as otherwise provided in subsection (5), an applicant for renewal of a license under section 20950 shall pay a renewal fee as follows:

- (a) Medical first responder - no fee.
- (b) Emergency medical technician - \$25.00.
- (c) Emergency medical technician specialist - \$25.00.
- (d) Paramedic - \$25.00.
- (e) Emergency medical services instructor-coordinator - \$50.00.

(3) Except as otherwise provided in subsection (5), if an application for renewal under subsection (1) is received by the department after the date the license expires, the applicant shall pay a late fee in addition to the renewal fee under subsection (2) as follows:

- (a) Emergency medical technician - \$50.00.
- (b) Emergency medical technician specialist - \$50.00.
- (c) Paramedic - \$50.00.
- (d) Emergency medical services instructor-coordinator - \$100.00.

(4) If the department does not receive an application for renewal from an individual licensed under section 20950 within 60 days after his or her license expires, the department shall not issue a renewal license unless the individual completes the requirements for initial licensure and, if a late fee is required, pays the late fee.

(5) If a life support agency certifies to the department that an applicant for renewal under this section is a volunteer and if the life support agency does not charge for its services, the department shall not require the applicant to pay the fee required under subsection (2) or a late fee under subsection (3). If the applicant for renewal ceases to meet the definition of a volunteer under this part at any time during the effective period of his or her license renewal and is employed as a licensee under this part, the applicant for renewal shall at that time pay the fee required under subsection (2).

Sec. 20956. (1) A medical first responder, an emergency medical technician, an emergency medical technician specialist, or a paramedic shall not provide life support at a level that is inconsistent with his or her education, licensure, or approved local medical control authority protocols.

(2) A medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic may perform techniques required in implementing a field study authorized under section 20910(1)(l) if he or she receives training for the skill, technique, procedure, or equipment involved in the field study.

Sec. 20958. (1) The department may deny, revoke, or suspend an emergency medical services personnel license upon finding that an applicant or licensee meets 1 or more of the following:

- (a) Is guilty of fraud or deceit in procuring or attempting to procure licensure.
- (b) Has illegally obtained, possessed, used, or distributed drugs.
- (c) Has practiced after his or her license has expired or has been suspended.
- (d) Has knowingly violated, or aided or abetted others in the violation of, this part or rules promulgated under this part.
- (e) Is not performing in a manner consistent with his or her education or licensure.
- (f) Is physically or mentally incapable of performing his or her prescribed duties.
- (g) Has been convicted of a criminal offense under sections 520a to 520l of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being sections 750.520a to 750.520l of the Michigan Compiled Laws. A certified copy of the court record is conclusive evidence of the conviction.
- (h) Has been convicted of a misdemeanor or felony reasonably related to and adversely affecting the ability to practice in a safe and competent manner. A certified copy of the court record is conclusive evidence as to the conviction.

(2) The department shall provide notice of intent to deny, revoke, or suspend an emergency services personnel license and opportunity for a hearing according to the provisions of section 20166.

Sec. 20961. (1) The department may grant a license under this part to a person who is licensed in another state at the time of application if the applicant provides evidence satisfactory to the department as to all of the following:

(a) The applicant meets the requirements of this part and rules promulgated by the department for licensure.

(b) There are no pending disciplinary proceedings against the applicant before a similar licensing agency of this or any other state or country.

(c) If sanctions have been imposed against the applicant by a similar licensing agency of this or any other state or country based upon grounds that are substantially similar to those set forth in section 20165 or 20958, as determined by the department, the sanctions are not in force at the time of the application.

(d) The other state maintains licensure standards equivalent to or more stringent than those of this state.

(2) The department may make an independent inquiry to determine whether an applicant meets the requirements described in subsection (1)(b) and (c).

Sec. 20963. (1) A person participating in radio communications activities in support of emergency medical services, on frequencies utilized in the statewide emergency medical services communications system, shall comply with procedures and radio system requirements established by the department.

(2) A person who receives any intercepted public safety radio communication shall not utilize the contents of the communication for the purpose of initiating an emergency medical service response without the authorization of the sender. This subsection shall not apply to a radio communication generally transmitted to any listener by a person in distress.

Sec. 20965. (1) Unless an act or omission is the result of gross negligence or willful misconduct, the acts or omissions of a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or medical director of a medical control authority or his or her designee while providing services to a patient outside a hospital, or in a hospital before transferring patient care to hospital personnel, that are consistent with the individual's licensure or additional training required by the local medical control authority do not impose liability in the treatment of a patient on those individuals or any of the following persons:

(a) The authorizing physician or physician's designee.

(b) The medical director and individuals serving on the advisory body of the medical control authority.

(c) The person providing communications services or lawfully operating or utilizing supportive electronic communications devices.

(d) The life support agency or an officer, member of the staff, or other employee of the life support agency.

(e) The hospital or an officer, member of the staff, nurse, or other employee of the hospital.

(f) The authoritative governmental unit or units.

(g) Emergency personnel from outside the state.

(2) Subsection (1) does not limit immunity from liability otherwise provided by law for any of the persons listed in subsection (1).

Sec. 20967. (1) Authority for the management of a patient in an emergency is vested in the licensed health professional or licensed emergency medical services personnel at the scene of the emergency who has the most training specific to the provision of emergency medical care. If a licensed health professional or licensed emergency medical services personnel is not available, the authority is vested in the most appropriately trained representative of a public safety agency at the scene of the emergency.

(2) When a life support agency is present at the scene of the emergency, authority for the management of an emergency patient in an emergency is vested in the physician responsible for medical control until that physician relinquishes management of the patient to a licensed physician at the scene of the emergency.

(3) Authority for the management of the scene of an emergency is vested in appropriate public safety agencies. The scene of an emergency shall be managed in a manner that will minimize the risk of death or health impairment to an emergency patient and to other individuals who may be exposed to the risks as a result of the emergency. Priority shall be given to the interests of those individuals exposed to the more serious remediable risks to life and health. Public safety officials shall ordinarily consult emergency medical services personnel or other authoritative health professionals at the scene in the determination of remediable risks.

(4) If an emergency has been declared, the declaration that an emergency no longer exists shall be made only by an individual licensed under this part or a health professional licensed under article 15 who has training specific to the provision of emergency medical services in accordance with protocols established by the local medical control authority.

Sec. 20969. This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if

emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objection unless the objection is expressly based on the individual's religious beliefs.

Sec. 20971. (1) This part does not supersede, limit, or otherwise affect the emergency preparedness act, Act No. 390 of the Public Acts of 1976, being sections 30.401 to 30.420 of the Michigan Compiled Laws, or Act No. 151 of the Public Acts of 1953, being section 30.261 of the Michigan Compiled Laws, dealing with licenses for professional, mechanical, or other skills for persons performing civil defense, emergency, or disaster functions under those acts.

(2) A reference in any law to former Act No. 290 of the Public Acts of 1976; former Act No. 288 of the Public Acts of 1976; former Act No. 330 of the Public Acts of 1976; or former part 32, 203, or 207 of this act shall be considered a reference to this part.

Sec. 20973. This part does not deny emergency medical services to individuals outside of the boundaries of this state, or limit, restrict, or prevent a cooperative agreement for the provision of emergency medical services between this state or a political subdivision of this state and another state or a political subdivision of another state, a federal agency, or another nation or a political subdivision of another nation.

Sec. 20975. The department shall promulgate rules to implement this part.

Sec. 20977. Rules promulgated to implement former parts 32, 203, or 207 of this act and in effect on the effective date of this section shall continue, to the extent that they do not conflict with this part, and shall be considered as rules promulgated under this part.

Sec. 20979. The legislature shall not use the increase in the amount of fees charged under this part from the fees charged under former part 207 as a basis for reducing the amount of general fund money that is appropriated to the department.

Sec. 21513. The owner, operator, and governing body of a hospital licensed under this article:

(a) Are responsible for all phases of the operation of the hospital, selection of the medical staff, and quality of care rendered in the hospital.

(b) Shall cooperate with the department in the enforcement of this part, and require that the physicians, dentists, and other personnel working in the hospital and for whom a license or registration is required be currently licensed or registered.

(c) Shall assure that physicians and dentists admitted to practice in the hospital are granted hospital privileges consistent with their individual training, experience, and other qualifications.

(d) Shall assure that physicians and dentists admitted to practice in the hospital are organized into a medical staff to enable an effective review of the professional practices in the hospital for the purpose of reducing morbidity and mortality and improving the care provided in the hospital for patients. This review shall include the quality and necessity of the care provided and the preventability of complications and deaths occurring in the hospital.

(e) Shall notify the appropriate board as to disciplinary action taken by the hospital for any of the grounds set forth in section 16221 which results in a change of employment status or privileges of practice of a physician or dentist admitted to practice in the hospital, including an offer by the hospital to permit the physician or dentist to resign in lieu of the hospital taking disciplinary action against the physician or dentist. The notice shall contain a summary of the information pertinent to the change and shall be transmitted in writing to the appropriate board within 30 days after the change occurs. As used in this subdivision, "board" means a licensing board created pursuant to article 15.

(f) After December 31, 1989, shall not discriminate because of race, religion, color, national origin, age, or sex in the operation of the hospital including employment, patient admission and care, room assignment, and professional or nonprofessional selection and training programs, and shall not discriminate in the selection and appointment of individuals to the physician staff of the hospital or its training programs on the basis of licensure or registration or professional education as doctors of medicine, osteopathic medicine and surgery, or podiatry.

(g) Shall assure that the hospital adheres to medical control authority protocols according to section 20918.

Section 2. Part 207 of Act No. 368 of the Public Acts of 1978, being sections 333.20701 to 333.20773 of the Michigan Compiled Laws, is repealed.

This act is ordered to take immediate effect.

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Clerk of the House of Representatives.

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Secretary of the Senate.

Approved

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Governor.