

HOUSE BILL No. 4952

June 28, 1989, Introduced by Reps. Bennane, Rocca, DeMars, Hunter, Barns, Gire, Dunaskiss, Johnson, Gnodtke, Willis Bullard, Runco, Muxlow and Hertel and referred to the Committee on Public Health.

A bill 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 "Public health code," 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. 178 of the Public Acts of 1987, 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:

1 Section 1. Sections 6103, 6104, 20102, 20106, 20108, 20126,
2 20156, 20161, 20164, 20165, 20191, and 21513 of Act No. 368 of
3 the Public Acts of 1978, sections 6103, 20108, and 20156 as
4 amended by Act No. 78 of the Public Acts of 1986, sections 20102
5 and 20126 as amended by Act No. 79 of the Public Acts of 1981,
6 section 20106 as amended by Act No. 311 of the Public Acts of
7 1984, sections 20161, 20164, and 20165 as amended by Act No. 332
8 of the Public Acts of 1988, section 20191 as added by Act No. 490
9 of the Public Acts of 1988, and section 21513 as amended by Act
10 No. 178 of the Public Acts of 1987, being sections 333.6103,
11 333.6104, 333.20102, 333.20106, 333.20108, 333.20126, 333.20156,
12 333.20161, 333.20164, 333.20165, 333.20191, and 333.21513 of the
13 Michigan Compiled Laws, are amended and part 209 is added to read
14 as follows:

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

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

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

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

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

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

1 (b) ~~An advanced emergency medical technician~~ A PARAMEDIC
2 licensed or otherwise authorized under part ~~207~~ 209.

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

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

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

10 (a) An organized emergency department located in and oper-
11 ated by a hospital licensed in accordance with article 17 and
12 designated by the administrator.

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

15 (2) "Emergency service unit" means ~~either of the~~
16 following:

17 ~~(a) Advanced mobile emergency care service as defined in~~
18 ~~section 20102.~~

19 ~~(b) Ambulance and attendant~~ AN AMBULANCE OPERATION as
20 defined in ~~sections 20102 and 20302~~ SECTION 20902.

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

26 Sec. 20102. ~~(1) "Advanced mobile emergency care service"~~
27 ~~means a person or a governmental entity which provides, for~~

~~1 profit or otherwise, the licensed personnel, vehicles, and other
2 equipment required to perform all of the following advanced emer-
3 gency medical techniques at the scene of an emergency:~~

~~4 (a) Endotracheal intubation.~~

~~5 (b) Defibrillation.~~

~~6 (c) Drug administration and intravenous lifeline.~~

~~7 (d) Cardiac monitoring.~~

~~8 (e) Establishment and maintenance of an airway.~~

~~9 (f) Other techniques approved by the department and consis-
10 tent with the department approved criteria for advanced emergency
11 medical technician training.~~

~~12 (1) (2) "Advisory commission" means the health facilities
13 and agencies advisory commission created in section 20121.~~

~~14 (2) (3) "Ambulance" means a motor vehicle, watercraft, or
15 aircraft which meets standards established by the department and
16 which is primarily used or designated as available to provide
17 transportation and treatment to emergency patients. For purposes
18 of this definition, "emergency patient" is THAT TERM AS defined
19 in section ~~20704(4)~~ 20902.~~

~~20 (3) (4) "Ambulance operation" means a person or govern-
21 mental entity licensed by the department to provide, for profit
22 or otherwise, the licensed personnel, ambulances, and other
23 equipment required to transport and perform emergency medical
24 services for patients. For purposes of this definition,
25 "patient" is THAT TERM AS defined in section ~~20706~~ 20902.~~

1 (4) ~~(5)~~ "Attending physician" means the physician selected
2 by, or assigned to, the patient and who has primary
3 responsibility for the treatment and care of the patient.

4 Sec. 20106. (1) "Health facility or agency", except as pro-
5 vided in section 20115, means:

6 (a) Ambulance operation, ~~or advanced mobile emergency care~~
7 ~~service, or limited advanced mobile emergency care service~~
8 NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION, OR MEDICAL FIRST
9 RESPONSE SERVICE.

10 (b) Clinical laboratory.

11 (c) County medical care facility.

12 (d) Freestanding surgical outpatient facility.

13 (e) Health maintenance organization.

14 (f) Home for the aged.

15 (g) Hospital.

16 (h) Nursing home.

17 (i) Hospice.

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

21 (2) "Health maintenance organization" means a health facil-
22 ity or agency that:

23 (a) Delivers health maintenance services which are medically
24 indicated to enrollees under the terms of its health maintenance
25 contract, directly or through contracts with affiliated provid-
26 ers, in exchange for a fixed prepaid sum or per capita

1 prepayment, without regard to the frequency, extent, or kind of
2 health services.

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

5 (3) "Home for the aged" means a supervised personal care
6 facility, other than a hotel, adult foster care facility, hospi-
7 tal, nursing home, or county medical care facility, that provides
8 room, board, and supervised personal care to 21 or more unrelat-
9 ed, nontransient, individuals 60 years of age or older. Home for
10 the aged includes a supervised personal care facility for 20 or
11 fewer individuals 60 years of age or older if the facility is
12 operated in conjunction with and as a distinct part of a licensed
13 nursing home.

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

18 (5) "Hospital" means a facility offering inpatient, over-
19 night care, and services for observation, diagnosis, and active
20 treatment of an individual with a medical, surgical, obstetric,
21 chronic, or rehabilitative condition requiring the daily direc-
22 tion or supervision of a physician. The term does not include a
23 hospital licensed or operated by the department of mental
24 health.

25 (6) "Hospital long-term care unit" means a nursing care
26 facility, owned and operated by and as part of a hospital,
27 providing organized nursing care and medical treatment to 7 or

1 more unrelated individuals suffering or recovering from illness,
2 injury, or infirmity.

3 ~~(7) "Limited advance mobile emergency care service" means a~~
4 ~~person or a governmental entity which provides, for profit or~~
5 ~~otherwise, the licensed personnel, vehicles, and other equipment~~
6 ~~required to perform all of the following advanced emergency medi-~~
7 ~~cal techniques at the scene of an emergency:~~

8 ~~(a) Endotracheal intubation.~~

9 ~~(b) Intravenous lifeline.~~

10 ~~(c) Establishment and maintenance of an airway.~~

11 ~~(d) Other techniques approved by the department and consis-~~
12 ~~tent with department approved criteria for emergency medical~~
13 ~~technician specialist training.~~

14 Sec. 20108. (1) "Intermediate care facility" means a hos-
15 pital long-term care unit, nursing home, county medical care
16 facility, or other nursing care facility, or distinct part there-
17 of, certified by the department to provide intermediate care or
18 basic care that is less than skilled nursing care but more than
19 room and board.

20 (2) "License" means an authorization, annual or as otherwise
21 specified, granted by the department and evidenced by a certifi-
22 cate of licensure or permit granting permission to a person to
23 establish or maintain and operate, or both, a health facility or
24 agency. For purposes of part ~~207~~ 209, "license" includes a
25 license issued to an individual under that part.

26 (3) "Licensee" means the holder of a license or permit to
27 establish or maintain and operate, or both, a health facility or

1 agency". For purposes of part ~~207~~ 209, "licensee" includes an
2 individual licensed under that part.

3 (4) "Limited license" means a provisional license or tempo-
4 rary permit or a license otherwise limited as prescribed by the
5 department.

6 (5) "Medically contraindicated" means, with reference to
7 nursing homes only, having a substantial adverse effect on the
8 patient's physical health, as determined by the attending physi-
9 cian, which effect is explicitly stated in writing with the rea-
10 sons therefor in the patient's medical record.

11 (6) "MEDICAL FIRST RESPONSE SERVICE" MEANS THAT TERM AS
12 DEFINED IN SECTION 20906.

13 (7) "NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION" MEANS
14 THAT TERM AS DEFINED IN SECTION 20908.

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

18 (a) Task force 1 shall assist in matters pertaining to the
19 licensure and certification of health facilities and agencies
20 under this part, except ambulance operations, ~~limited advanced~~
21 ~~mobile emergency care services, advanced mobile emergency care~~
22 ~~services~~ NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATIONS, MEDI-
23 CAL FIRST RESPONSE SERVICES, health maintenance organizations,
24 and nursing homes.

25 (b) Task force 2 shall assist in matters pertaining to the
26 licensure ~~and certification~~ of ambulance operations, ~~limited~~
27 ~~advanced mobile emergency care services, and advanced mobile~~

1 ~~emergency care services~~ NONTRANSPORT PREHOSPITAL LIFE SUPPORT
2 OPERATIONS, AND MEDICAL FIRST RESPONSE SERVICES UNDER PART 209.

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

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

7 (2) Except as provided by subsections (4), (5), and (6),
8 each task force shall be composed of a number of advisory commis-
9 sion members to be determined by the chairperson. The chair-
10 person with the approval of the director may appoint noncommis-
11 sion members to each task force as associate task force members
12 if necessary to provide adequate expert professional and techni-
13 cal support.

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

16 (4) The statewide emergency medical services advisory coun-
17 cil created in section ~~20723~~ 20914 shall be appointed as task
18 force 2 and shall perform the duties set forth in this section.

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

22 (6) Task force 4 shall be established as provided in section
23 20127.

24 Sec. 20156. (1) A representative of the department of
25 public health or the state fire marshal division of the depart-
26 ment of state police, upon presentation of proper identification,
27 may enter the premises of an applicant or licensee at any

1 reasonable time to determine whether the applicant or licensee
2 meets the requirements of this article and the rules promulgated
3 under this article. The director; the director of ~~the depart-~~
4 ~~ment of~~ social services; the state fire marshal; the director of
5 the office of services to the aging; or the director of a local
6 health department; or an authorized representative of the direc-
7 tor, the director of the department of social services, the state
8 fire marshal, the director of the office of services to the
9 aging, or the director of a local health department may enter on
10 the premises of an applicant or licensee under part 217 at any
11 time in the course of carrying out program responsibilities.

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

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

25 (4) Subsections (2) and (3) do not apply to a health facil-
26 ity or an agency licensed under part 205, ~~207~~ 209, or 210.

1 Sec. 20161. (1) Fees for health facility and agency
2 licenses and certificates of need shall be assessed on an annual
3 basis by the department as provided in this act. ~~—~~ EXCEPT AS
4 OTHERWISE PROVIDED IN THIS ARTICLE, FEES SHALL BE PAID in accord-
5 ance with the following fee schedule:

- 6 (a) Freestanding surgical out-
- 7 patient facilities..... \$ 238.00 per facility.
- 8 (b) Hospitals..... \$ 8.28 per licensed bed.
- 9 (c) Nursing homes, county medi-
- 10 cal care facilities, and hospital
- 11 long-term care units..... \$ 2.20 per licensed bed.
- 12 (d) Homes for the aged..... \$ 6.27 per licensed bed.
- 13 (e) Health maintenance
- 14 organizations..... \$1,000.00 for an initial
- 15 license; 80 cents per sub-
- 16 scriber for a renewal license
- 17 (3-year); \$100.00 for a certif-
- 18 icate of authority for
- 19 planning.
- 20 (f) Clinical laboratories..... \$ 475.00 per laboratory.
- 21 (g) Health care delivery and
- 22 financing system under section
- 23 21042..... \$1,000.00 for an initial
- 24 license; effective January 1,
- 25 1987, \$1,000.00 for 3-year
- 26 renewal license for prepaid

1 institutional programs,
2 \$5,000.00 for 3-year renewal
3 license for organizations
4 determined by the department to
5 offer a single form of health
6 care service, and 80 cents per
7 subscriber for all other 3-year
8 renewal licenses under
9 section 21042.

10 (2) The base fee for a certificate of need shall be \$750.00
11 for each application. For a project requiring a projected capi-
12 tal expenditure of more than \$150,000.00 but less than
13 \$1,500,000.00, an additional fee of \$2,000.00 shall be added to
14 the base fee. For a project requiring a projected capital expen-
15 diture of \$1,500,000.00 or more, an additional fee of \$3,500.00
16 shall be added to the base fee.

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

22 (4) Fees described in this section shall be payable to the
23 department at the time an application for a license, permit, or
24 certificate is submitted. If an application for a license,
25 permit, or certificate is denied or if a license, permit, or

1 certificate is revoked before its expiration date, the fees paid
2 to the department shall not be refunded.

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

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

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

16 (8) Except for the licensure of clinical laboratories, not
17 more than half the annual cost of licensure activities as deter-
18 mined by the department shall be provided by license fees.

19 (9) AN APPLICANT FOR LICENSURE OR RENEWAL OF LICENSURE UNDER
20 PART 209 SHALL PAY THE APPLICABLE FEES SET FORTH IN PART 209.

21 (10) ~~(9) Effective with the fiscal year beginning October~~
22 ~~1, 1982, the~~ THE fees collected under this section shall be
23 deposited in the state treasury, to the credit of the general
24 fund.

25 Sec. 20164. (1) A license, certification, provisional
26 license, or limited license is valid for not more than 1 year
27 after the date of issuance, except as provided in ~~sections~~

1 ~~20729,~~ SECTION 20511 or part 209 OR 210. A license for a
2 facility licensed under part 215 shall be valid for 2 years,
3 except that provisional and limited licenses may be valid for 1
4 year.

5 (2) A license, certification, or certificate of need is not
6 transferable and shall state the persons, buildings, and proper-
7 ties to which it applies. Applications for licensure or certifi-
8 cation because of transfer of ownership or essential ownership
9 interest shall not be acted upon until satisfactory evidence is
10 provided of compliance with part 222.

11 (3) If ownership is not voluntarily transferred, the depart-
12 ment shall be notified immediately and the new owner shall apply
13 for a license and certification not later than 30 days after the
14 transfer.

15 Sec. 20165. (1) After notice of intent to an applicant or
16 licensee to deny, limit, suspend, or revoke a license or certifi-
17 cation and an opportunity for a hearing, the department may deny,
18 limit, suspend, or revoke the license or certification if any of
19 the following exists:

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

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

25 (c) False or misleading advertising.

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

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

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

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

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

9 (2) An application for a license or certification may be
10 denied on a finding of any condition or practice which would con-
11 stitute a violation of this article if the applicant were a
12 licensee.

13 (3) DENIAL, SUSPENSION, OR REVOCATION OF AN INDIVIDUAL EMER-
14 GENCY MEDICAL SERVICES PERSONNEL LICENSE UNDER PART 209 IS GOV-
15 ERNED BY SECTION 20958.

16 Sec. 20191. (1) If an emergency patient is assisted or
17 transported, or both, to a health facility by a police officer or
18 fire fighter or by an ~~ambulance attendant,~~ emergency medical
19 technician, emergency medical technician specialist, ~~or advanced~~
20 ~~emergency medical technician~~ PARAMEDIC, OR MEDICAL FIRST
21 RESPONDER licensed under part ~~207~~ 209, and if the emergency
22 patient, as part of the treatment rendered by the health facili-
23 ty, is tested for the presence in the individual of an infectious
24 agent, and the test results are positive, the health facility
25 shall do both of the following:

26 (a) Subject to subsection (2), on a form provided by the
27 department, notify the police officer, fire fighter, or

1 individual licensed under part ~~207~~ 209 that he or she may have
2 been exposed to an infectious agent OTHER THAN HIV. The health
3 facility shall notify the police officer, fire fighter, or indi-
4 vidual licensed under part ~~207~~ 209 of test results that indi-
5 cate that the emergency patient is HIV infected only upon receipt
6 of written request by the police officer, fire fighter, or indi-
7 vidual licensed under part ~~207~~ 209.

8 (b) Subject to subsection (2), on a form provided by the
9 department, notify the police officer, fire fighter, or individ-
10 ual licensed under part ~~207~~ 209, at a minimum, of the appropri-
11 ate infection control precautions to be taken.

12 (2) The notification required under subsection (1) shall
13 occur within 2 days after the test results are obtained by the
14 health facility or after receipt of a written request under
15 subsection (1)(a). A health facility is in compliance with
16 subsection (1) if the health facility notifies the chief elected
17 official of the local governmental unit which employs or other-
18 wise has jurisdiction over the police officer, fire fighter, or
19 individual licensed under part ~~207~~ 209.

20 (3) The notice required under subsection (1) shall not con-
21 tain information which would identify the emergency patient who
22 tested positive for an infectious agent. The information con-
23 tained in the notice is confidential. A person who receives con-
24 fidential information under this section shall disclose the
25 information to others only to the extent consistent with the
26 authorized purpose for which the information was obtained.

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

3 (5) A person who discloses information regarding an infec-
4 tious agent that is a serious communicable disease or infection
5 or HIV in violation of subsection (3) is subject to the penalties
6 set forth in section ~~5131(8) or (9)~~ 5131.

7 (6) A person who discloses information regarding an infec-
8 tious agent that is not a serious communicable disease or infec-
9 tion or HIV is guilty of a misdemeanor.

10 (7) As used in this section:

11 (a) "Emergency patient" means that term as defined in sec-
12 tion ~~20704~~ 20904.

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

15 (B) ~~(c)~~ "HIV" means human immunodeficiency virus.

16 (C) ~~(d)~~ "HIV infected" means that term as defined in
17 section 5101.

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

20 (E) ~~(f)~~ "Serious communicable disease or infection" means
21 that term as defined in section 5101.

22 PART 209. EMERGENCY MEDICAL SERVICES

23 SEC. 20901. (1) FOR PURPOSES OF THIS PART, THE WORDS AND
24 PHRASES DEFINED IN SECTIONS 20902 TO 20908 HAVE THE MEANINGS
25 ASCRIBED TO THEM IN THOSE SECTIONS.

1 (2) IN ADDITION, ARTICLE 1 CONTAINS GENERAL DEFINITIONS AND
2 PRINCIPLES OF CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS
3 CODE, AND PART 201 CONTAINS DEFINITIONS APPLICABLE TO THIS PART.

4 SEC. 20902. (1) "ADVANCED LIFE SUPPORT" MEANS PATIENT CARE
5 THAT MAY INCLUDE ANY CARE A PARAMEDIC IS QUALIFIED TO PROVIDE BY
6 PARAMEDIC EDUCATION THAT MEETS THE EDUCATIONAL REQUIREMENTS
7 ESTABLISHED BY THE DEPARTMENT UNDER SECTION 20911 OR IS AUTHO-
8 RIZED TO PROVIDE BY THE PROTOCOLS ESTABLISHED BY THE LOCAL MEDI-
9 CAL CONTROL AUTHORITY UNDER SECTION 20919 FOR A PARAMEDIC.

10 (2) "AMBULANCE" MEANS A MOTOR VEHICLE OR AIRCRAFT THAT IS
11 PRIMARILY USED OR DESIGNATED AS AVAILABLE TO PROVIDE TRANSPORTA-
12 TION AND BASIC LIFE SUPPORT, LIMITED ADVANCED LIFE SUPPORT, OR
13 ADVANCED LIFE SUPPORT.

14 (3) "AMBULANCE OPERATION" MEANS A PERSON LICENSED UNDER THIS
15 PART TO PROVIDE EMERGENCY MEDICAL SERVICES AND PATIENT TRANSPORT,
16 FOR PROFIT OR OTHERWISE.

17 (4) "BASIC LIFE SUPPORT" MEANS PATIENT CARE THAT MAY INCLUDE
18 ANY CARE AN EMERGENCY MEDICAL TECHNICIAN IS QUALIFIED TO PROVIDE
19 BY EMERGENCY MEDICAL TECHNICIAN EDUCATION THAT MEETS THE EDUCA-
20 TIONAL REQUIREMENTS ESTABLISHED BY THE DEPARTMENT UNDER
21 SECTION 20911 OR IS AUTHORIZED TO PROVIDE BY THE PROTOCOLS ESTAB-
22 LISHED BY THE LOCAL MEDICAL CONTROL AUTHORITY UNDER SECTION 20919
23 FOR AN EMERGENCY MEDICAL TECHNICIAN.

24 (5) "COMMUNICATIONS PERSONNEL" MEANS A PERSON OPERATING A
25 COMMUNICATIONS FACILITY LICENSED AS A BASE, FIXED, OR CONTROL
26 STATION BY THE FEDERAL COMMUNICATIONS COMMISSION IN SUPPORT OF
27 EMERGENCY MEDICAL SERVICES.

1 (6) "DISASTER" MEANS AN OCCURRENCE OF IMMINENT THREAT OF
2 WIDESPREAD OR SEVERE DAMAGE, INJURY, OR LOSS OF LIFE OR PROPERTY
3 RESULTING FROM A NATURAL OR MAN-MADE CAUSE, INCLUDING BUT NOT
4 LIMITED TO, FIRE, FLOOD, SNOW, ICE, WINDSTORM, WAVE ACTION, OIL
5 SPILL, WATER CONTAMINATION REQUIRING EMERGENCY ACTION TO AVERT
6 DANGER OR DAMAGE, UTILITY FAILURE, HAZARDOUS PEACETIME RADIOLOGI-
7 CAL INCIDENT, MAJOR TRANSPORTATION ACCIDENT, EPIDEMIC, AIR CON-
8 TAMINATION, DROUGHT, INFESTATION, OR EXPLOSION. DISASTER DOES
9 NOT INCLUDE A RIOT OR OTHER CIVIL DISORDER UNLESS IT DIRECTLY
10 RESULTS FROM AND IS AN AGGRAVATING ELEMENT OF THE DISASTER.

11 SEC. 20904. (1) "EMERGENCY" MEANS A CONDITION OR SITUATION
12 IN WHICH AN INDIVIDUAL DECLARES A NEED FOR IMMEDIATE MEDICAL
13 ATTENTION FOR ANY INDIVIDUAL, OR WHERE THAT NEED IS DECLARED BY
14 EMERGENCY MEDICAL SERVICES PERSONNEL OR A PUBLIC SAFETY OFFICIAL.

15 (2) "EMERGENCY MEDICAL INSTRUCTOR-COORDINATOR" MEANS AN
16 INDIVIDUAL LICENSED UNDER THIS PART TO CONDUCT AND INSTRUCT EMER-
17 GENCY MEDICAL SERVICES EDUCATION PROGRAMS.

18 (3) "EMERGENCY MEDICAL SERVICES" MEANS THE EMERGENCY MEDICAL
19 SERVICES PERSONNEL, AMBULANCES, NONTRANSPORT PREHOSPITAL LIFE
20 SUPPORT VEHICLES, MEDICAL FIRST RESPONSE VEHICLES, AND EQUIPMENT
21 REQUIRED FOR TRANSPORT OR TREATMENT OF AN INDIVIDUAL REQUIRING
22 MEDICAL FIRST RESPONSE LIFE SUPPORT, BASIC LIFE SUPPORT, LIMITED
23 ADVANCED LIFE SUPPORT, OR ADVANCED LIFE SUPPORT.

24 (4) "EMERGENCY MEDICAL SERVICES PERSONNEL" MEANS A MEDICAL
25 FIRST RESPONDER, EMERGENCY MEDICAL TECHNICIAN, EMERGENCY MEDICAL
26 TECHNICIAN SPECIALIST, PARAMEDIC, OR EMERGENCY MEDICAL
27 INSTRUCTOR-COORDINATOR.

1 (5) "EMERGENCY MEDICAL SERVICES SYSTEM" MEANS A
2 COMPREHENSIVE AND INTEGRATED ARRANGEMENT OF THE PERSONNEL, FACIL-
3 ITIES, EQUIPMENT, SERVICES, AND ORGANIZATIONS NECESSARY TO PRO-
4 VIDE EMERGENCY MEDICAL SERVICES WITHIN A PARTICULAR GEOGRAPHIC
5 REGION.

6 (6) "EMERGENCY MEDICAL TECHNICIAN" MEANS AN INDIVIDUAL WHO
7 IS LICENSED BY THE DEPARTMENT TO PROVIDE BASIC LIFE SUPPORT.

8 (7) "EMERGENCY MEDICAL TECHNICIAN SPECIALIST" MEANS AN INDI-
9 VIDUAL WHO IS LICENSED BY THE DEPARTMENT TO PROVIDE LIMITED
10 ADVANCED LIFE SUPPORT.

11 (8) "EMERGENCY PATIENT" MEANS AN INDIVIDUAL WHOSE PHYSICAL
12 OR MENTAL CONDITION IS SUCH THAT THE INDIVIDUAL IS, OR MAY REA-
13 SONABLY BE SUSPECTED OR KNOWN TO BE, IN IMMINENT DANGER OF LOSS
14 OF LIFE OR OF SIGNIFICANT HEALTH IMPAIRMENT AND WHO REQUIRES
15 TRANSPORTATION BY STRETCHER, ISOLETTE, COT, OR LITTER.

16 SEC. 20906. (1) "LIFE SUPPORT AGENCY" MEANS AN AMBULANCE
17 OPERATION, NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION, OR
18 MEDICAL FIRST RESPONSE SERVICE.

19 (2) "LIMITED ADVANCED LIFE SUPPORT" MEANS PATIENT CARE THAT
20 MAY INCLUDE ANY CARE AN EMERGENCY MEDICAL TECHNICIAN SPECIALIST
21 IS QUALIFIED TO PROVIDE BY EMERGENCY MEDICAL TECHNICIAN SPECIAL-
22 IST EDUCATION THAT MEETS THE EDUCATIONAL REQUIREMENTS ESTABLISHED
23 BY THE DEPARTMENT UNDER SECTION 20911 OR IS AUTHORIZED TO PROVIDE
24 BY THE PROTOCOLS ESTABLISHED BY THE LOCAL MEDICAL CONTROL AUTHOR-
25 ITY UNDER SECTION 20919 FOR AN EMERGENCY MEDICAL TECHNICIAN
26 SPECIALIST.

1 (3) "LOCAL GOVERNMENTAL UNIT" MEANS A COUNTY, CITY, VILLAGE,
2 CHARTER TOWNSHIP, OR TOWNSHIP.

3 (4) "MEDICAL CONTROL" MEANS SUPERVISING EMERGENCY MEDICAL
4 SERVICES THROUGH A MEDICAL CONTROL AUTHORITY, WITHIN AN EMERGENCY
5 MEDICAL SERVICES SYSTEM.

6 (5) "MEDICAL CONTROL AUTHORITY" MEANS AN ORGANIZATION DESIG-
7 NATED BY THE DEPARTMENT UNDER SECTION 20910(1)(J) TO PROVIDE MED-
8 ICAL CONTROL.

9 (6) "MEDICAL DIRECTOR" MEANS A PHYSICIAN WHO IS APPOINTED TO
10 THAT POSITION BY A MEDICAL CONTROL AUTHORITY UNDER
11 SECTION 20918.

12 (7) "MEDICAL FIRST RESPONDER" MEANS AN INDIVIDUAL WHO HAS
13 MET THE EDUCATIONAL REQUIREMENTS OF A DEPARTMENT APPROVED MEDICAL
14 FIRST RESPONDER COURSE AND WHO IS LICENSED TO PROVIDE MEDICAL
15 FIRST RESPONSE LIFE SUPPORT AS PART OF A MEDICAL FIRST RESPONSE
16 SERVICE, NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION, OR
17 AMBULANCE OPERATION.

18 (8) "MEDICAL FIRST RESPONSE LIFE SUPPORT" MEANS PATIENT CARE
19 THAT MAY INCLUDE ANY CARE A MEDICAL FIRST RESPONDER IS QUALIFIED
20 TO PROVIDE BY MEDICAL FIRST RESPONDER EDUCATION THAT MEETS THE
21 EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE DEPARTMENT UNDER
22 SECTION 20911 OR IS AUTHORIZED TO PROVIDE BY THE PROTOCOLS ESTAB-
23 LISHED BY THE LOCAL MEDICAL CONTROL AUTHORITY UNDER SECTION 20919
24 FOR A MEDICAL FIRST RESPONDER.

25 (9) "MEDICAL FIRST RESPONSE SERVICE" MEANS A PERSON LICENSED
26 BY THE DEPARTMENT TO RESPOND UNDER MEDICAL CONTROL TO AN
27 EMERGENCY SCENE WITH A MEDICAL FIRST RESPONDER AND EQUIPMENT

1 REQUIRED BY THE DEPARTMENT PRIOR TO THE ARRIVAL OF AN AMBULANCE,
2 AND INCLUDES A POLICE OR FIRE SUPPRESSION AGENCY ONLY WHEN IT IS
3 DISPATCHED FOR MEDICAL FIRST RESPONSE LIFE SUPPORT.

4 (10) "MEDICAL FIRST RESPONSE VEHICLE" MEANS A MOTOR VEHICLE
5 STAFFED BY AT LEAST 1 MEDICAL FIRST RESPONDER AND MEETING EQUIP-
6 MENT REQUIREMENTS OF THE DEPARTMENT.

7 SEC. 20908. (1) "NONTRANSPORT PREHOSPITAL LIFE SUPPORT
8 OPERATION" MEANS A PERSON LICENSED UNDER THIS PART TO PROVIDE,
9 FOR PROFIT OR OTHERWISE, MEDICAL FIRST RESPONSE LIFE SUPPORT,
10 BASIC LIFE SUPPORT, LIMITED ADVANCED LIFE SUPPORT, OR ADVANCED
11 LIFE SUPPORT AT THE SCENE OF AN EMERGENCY.

12 (2) "NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE" MEANS A
13 MOTOR VEHICLE LICENSED BY THE DEPARTMENT THAT MEETS STANDARDS SET
14 BY THE DEPARTMENT, IS USED TO PROVIDE BASIC LIFE SUPPORT, LIMITED
15 ADVANCED LIFE SUPPORT, AND ADVANCED LIFE SUPPORT, AND IS NOT
16 INTENDED TO TRANSPORT PATIENTS.

17 (3) "PARAMEDIC" MEANS AN INDIVIDUAL LICENSED UNDER THIS PART
18 TO PROVIDE ADVANCED LIFE SUPPORT.

19 (4) "PATIENT" MEANS AN EMERGENCY PATIENT OR ANOTHER INDIVID-
20 UAL WHO REQUIRES TRANSPORTATION BY STRETCHER, ISOLETTE, COT, OR
21 LITTER.

22 (5) "PERSON" MEANS A PERSON AS DEFINED IN SECTION 1106 OR A
23 GOVERNMENTAL ENTITY OTHER THAN AN AGENCY OF THE UNITED STATES.

24 (6) "STATE HEALTH PLAN" MEANS THE HEALTH PLAN PREPARED BY
25 THE STATEWIDE HEALTH COORDINATING COUNCIL PURSUANT TO THE
26 MICHIGAN HEALTH PLANNING AND HEALTH POLICY DEVELOPMENT ACT, ACT

1 NO. 323 OF THE PUBLIC ACTS OF 1978, BEING SECTIONS 325.2001 TO
2 325.2031 OF THE MICHIGAN COMPILED LAWS.

3 (7) "STATEWIDE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL"
4 MEANS THE COUNCIL CREATED IN SECTION 20914.

5 (8) "STATEWIDE EMERGENCY MEDICAL SERVICES COMMUNICATIONS
6 SYSTEM" MEANS A SYSTEM THAT INTEGRATES EACH EMERGENCY MEDICAL
7 SERVICES SYSTEM WITH A CENTRALLY COORDINATED DISPATCH AND
8 RESOURCE COORDINATION FACILITY UTILIZING THE UNIVERSAL EMERGENCY
9 TELEPHONE NUMBER, 9-1-1, WHEN THAT NUMBER IS APPROPRIATE, OR ANY
10 OTHER DESIGNATED EMERGENCY TELEPHONE NUMBER, A STATEWIDE EMER-
11 GENCY MEDICAL 2-WAY RADIO COMMUNICATIONS NETWORK, AND LINKAGES
12 WITH THE STATEWIDE EMERGENCY PREPAREDNESS COMMUNICATIONS SYSTEM.

13 SEC. 20910. (1) THE DEPARTMENT SHALL DO ALL OF THE
14 FOLLOWING:

15 (A) BE RESPONSIBLE FOR THE DEVELOPMENT, COORDINATION, AND
16 ADMINISTRATION OF A STATEWIDE EMERGENCY MEDICAL SERVICES SYSTEM.

17 (B) FACILITATE AND PROMOTE PROGRAMS OF PUBLIC INFORMATION
18 AND EDUCATION CONCERNING EMERGENCY MEDICAL SERVICES.

19 (C) IN CASE OF ACTUAL DISASTERS AND DISASTER TRAINING DRILLS
20 AND EXERCISES, PROVIDE EMERGENCY MEDICAL SERVICES RESOURCES PUR-
21 SUANT TO APPLICABLE PROVISIONS OF THE MICHIGAN EMERGENCY PRE-
22 PAREDNESS PLAN, OR AS PRESCRIBED BY THE DIRECTOR OF EMERGENCY
23 SERVICES PURSUANT TO THE EMERGENCY PREPAREDNESS ACT, ACT NO. 390
24 OF THE PUBLIC ACTS OF 1976, BEING SECTIONS 30.401 TO 30.420 OF
25 THE MICHIGAN COMPILED LAWS.

1 (D) CONSISTENT WITH THE RULES OF THE FEDERAL COMMUNICATIONS
2 COMMISSION, PLAN, DEVELOP, COORDINATE, AND ADMINISTER A STATEWIDE
3 EMERGENCY MEDICAL SERVICES COMMUNICATIONS SYSTEM.

4 (E) DEVELOP A PROGRAM OF HOSPITAL INDEXING THAT IDENTIFIES
5 HOSPITALS AS FOLLOWS:

6 (i) HOSPITALS LICENSED UNDER PART 215 THAT HAVE ESTABLISHED
7 SPECIALTY CARE CAPABILITIES.

8 (ii) HOSPITALS LICENSED UNDER PART 215 THAT MEET APPLICABLE
9 FEDERAL OR STATE STANDARDS FOR THE OPERATION OF A TRAUMA CENTER.

10 (F) DEVELOP CRITERIA FOR AND A PROGRAM OF TRIENNIAL CATEGOR-
11 IZATION OF EMERGENCY DEPARTMENT CAPABILITIES OF HOSPITALS
12 LICENSED UNDER PART 215.

13 (G) ASSIST IN THE DEVELOPMENT OF THE EMERGENCY MEDICAL SERV-
14 ICES PORTIONS OF THE STATE HEALTH PLAN AND STATEWIDE HEALTH
15 PRIORITIES.

16 (H) DEVELOP AND MAINTAIN STANDARDS OF EMERGENCY MEDICAL
17 SERVICES AND PERSONNEL AS FOLLOWS:

18 (i) LICENSE EMERGENCY MEDICAL SERVICES PERSONNEL IN ACCORD-
19 ANCE WITH THIS PART.

20 (ii) LICENSE AMBULANCE OPERATIONS, NONTRANSPORT PREHOSPITAL
21 LIFE SUPPORT OPERATIONS, AND MEDICAL FIRST RESPONSE SERVICES IN
22 ACCORDANCE WITH THIS PART.

23 (iii) AT LEAST ANNUALLY, INSPECT OR PROVIDE FOR THE INSPEC-
24 TION OF AMBULANCE OPERATIONS AND NONTRANSPORT PREHOSPITAL LIFE
25 SUPPORT OPERATIONS IN ACCORDANCE WITH THIS PART.

26 (iv) ESTABLISH MINIMUM REQUIREMENTS FOR PATIENT CARE
27 EQUIPMENT AND SAFETY EQUIPMENT FOR AMBULANCES, NONTRANSPORT

1 PREHOSPITAL LIFE SUPPORT VEHICLES, AND MEDICAL FIRST RESPONSE
2 VEHICLES UNDER THIS PART AND PUBLISH LISTS OF THE MINIMUM
3 REQUIRED EQUIPMENT. THE DEPARTMENT SHALL SUBMIT PROPOSED CHANGES
4 IN THESE REQUIREMENTS TO THE STATE EMERGENCY MEDICAL SERVICES
5 COORDINATION COMMITTEE AND PROVIDE A REASONABLE TIME FOR THE
6 COMMITTEE'S REVIEW AND COMMENT BEFORE THE PROPOSED CHANGES TAKE
7 EFFECT.

8 (I) ESTABLISH STANDARDS FOR AND REGULATE THE USE OF DESCRIPTIVE
9 WORDS, PHRASES, SYMBOLS, OR EMBLEMS THAT REPRESENT OR DENOTE
10 THAT AN AMBULANCE OPERATION, NONTRANSPORT PREHOSPITAL LIFE SUP-
11 PORT OPERATION, OR MEDICAL FIRST RESPONSE SERVICE IS OR MAY BE
12 PROVIDED. THE DEPARTMENT'S AUTHORITY TO REGULATE USE OF THE
13 DESCRIPTIVE DEVICES INCLUDES USE FOR THE PURPOSES OF ADVERTISING,
14 PROMOTING, OR SELLING THE SERVICES RENDERED BY AN AMBULANCE OPER-
15 ATION, NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION, OR MEDI-
16 CAL FIRST RESPONSE SERVICE, OR BY EMERGENCY MEDICAL SERVICES
17 PERSONNEL.

18 (J) DESIGNATE A MEDICAL CONTROL AUTHORITY AS THE MEDICAL
19 CONTROL FOR EMERGENCY MEDICAL SERVICES FOR A PARTICULAR GEO-
20 GRAPHIC REGION AS PROVIDED FOR UNDER THIS PART.

21 (K) DEVELOP AND IMPLEMENT FIELD STUDIES INVOLVING THE USE OF
22 SKILLS, TECHNIQUES, PROCEDURES, OR EQUIPMENT THAT ARE NOT
23 INCLUDED AS PART OF THE STANDARD EDUCATION FOR MEDICAL FIRST
24 RESPONDERS, EMERGENCY MEDICAL TECHNICIANS, EMERGENCY MEDICAL
25 TECHNICIAN SPECIALISTS, OR PARAMEDICS, IF ALL OF THE FOLLOWING
26 CONDITIONS ARE MET:

1 (i) THE STATEWIDE EMERGENCY MEDICAL SERVICES ADVISORY
2 COUNCIL APPROVES THE FIELD STUDY.

3 (ii) THE FIELD STUDY IS CONDUCTED IN AN AREA FOR WHICH AN
4 ORGANIZATION OF MEDICAL AUTHORITY HAS BEEN APPROVED PURSUANT TO
5 SUBDIVISION (J).

6 (iii) THE MEDICAL FIRST RESPONDERS, EMERGENCY MEDICAL TECH-
7 NICIANS, EMERGENCY MEDICAL TECHNICIAN SPECIALISTS, AND PARAMEDICS
8 PARTICIPATING IN THE FIELD STUDY RECEIVE TRAINING FOR THE NEW
9 SKILL, TECHNIQUE, PROCEDURE, OR EQUIPMENT.

10 (L) PROMULGATE RULES TO IMPLEMENT THIS PART.

11 (M) PERFORM OTHER DUTIES AS SET FORTH IN THIS PART.

12 (2) THE DEPARTMENT MAY DO ALL OF THE FOLLOWING:

13 (A) PROMULGATE RULES TO REQUIRE AN AMBULANCE OPERATION, NON-
14 TRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION, OR MEDICAL FIRST
15 RESPONSE SERVICE TO PERIODICALLY SUBMIT DESIGNATED RECORDS AND
16 DATA FOR EVALUATION BY THE DEPARTMENT.

17 (B) ESTABLISH A GRANT PROGRAM OR CONTRACT WITH A PUBLIC OR
18 PRIVATE AGENCY, EMERGENCY MEDICAL SERVICES PROFESSIONAL ASSOCIA-
19 TION, OR EMERGENCY MEDICAL SERVICES COALITION TO PROVIDE TRAIN-
20 ING, PUBLIC INFORMATION, AND ASSISTANCE TO MEDICAL CONTROL
21 AUTHORITIES AND EMERGENCY MEDICAL SERVICES SYSTEMS OR TO CONDUCT
22 OTHER ACTIVITIES AS SPECIFIED IN THIS PART.

23 SEC. 20911. THE DEPARTMENT SHALL PERFORM ALL OF THE FOLLOW-
24 ING WITH REGARD TO EDUCATIONAL PROGRAMS AND SERVICES:

25 (A) REVIEW AND APPROVE EDUCATION PROGRAMS AND CURRICULA FOR
26 EMERGENCY MEDICAL SERVICES PERSONNEL. APPROVED PROGRAMS SHALL
27 HAVE PROVISIONS FOR WRITTEN AND PRACTICAL EXAMINATIONS AND SHALL

1 BE COORDINATED BY A LICENSED EMERGENCY MEDICAL TECHNICIAN
2 INSTRUCTOR-COORDINATOR.

3 (B) REVIEW AND APPROVE ALL ONGOING EDUCATION PROGRAMS FOR
4 RELICENSURE OF EMERGENCY MEDICAL SERVICES PERSONNEL.

5 (C) MAINTAIN A FILE OF APPROVED EMERGENCY MEDICAL EDUCATION
6 PROGRAMS AND LICENSED EMERGENCY MEDICAL INSTRUCTOR-COORDINATORS.

7 SEC. 20914. (1) THE STATEWIDE EMERGENCY MEDICAL SERVICES
8 ADVISORY COUNCIL IS CREATED IN THE DEPARTMENT AND SHALL BE COM-
9 POSED OF 9 MEMBERS. AT LEAST 3 MEMBERS SHALL BE CONSUMERS. AT
10 LEAST 1 MEMBER SHALL BE FROM A COUNTY WITH A POPULATION OF NOT
11 MORE THAN 35,000 AND AT LEAST 1 MEMBER SHALL BE FROM A CITY
12 HAVING A POPULATION OF NOT LESS THAN 900,000.

13 (2) THE EXISTING STATEWIDE EMERGENCY MEDICAL SERVICES
14 ADVISORY COUNCIL SHALL TERMINATE ON DECEMBER 31, 1989. MEMBERS
15 OF THE EXISTING COUNCIL SHALL COMPLETE THEIR TERMS OR THEIR TERMS
16 SHALL END ON DECEMBER 31, 1989, WHICHEVER OCCURS FIRST.

17 (3) THE MEMBERS OF THE STATEWIDE EMERGENCY MEDICAL SERVICES
18 ADVISORY COUNCIL SHALL BE APPOINTED BY THE GOVERNOR WITH THE
19 ADVICE AND CONSENT OF THE SENATE.

20 (4) THE MEMBERS SHALL BEGIN THEIR TERMS ON JANUARY 1, 1990.
21 OF THE MEMBERS WHOSE TERMS BEGIN ON JANUARY 1, 1990, THE GOVERNOR
22 SHALL DESIGNATE 4 MEMBERS TO SERVE 2-YEAR TERMS, 3 MEMBERS TO
23 SERVE 3-YEAR TERMS, AND 2 MEMBERS TO SERVE 4-YEAR TERMS. TERMS
24 SUBSEQUENT TO THOSE THAT BEGIN ON JANUARY 1, 1990, SHALL BE FOR 3
25 YEARS. A MEMBER WHO IS NOT ABLE TO COMPLETE A TERM SHALL BE
26 REPLACED FOR THE BALANCE OF THE UNEXPIRED TERM.

1 (5) STATE AGENCIES MAY PARTICIPATE AS NONVOTING EX OFFICIO
2 MEMBERS OF THE COUNCIL.

3 (6) THE CHAIRPERSON SHALL BE ELECTED ANNUALLY BY THE COUNCIL
4 FROM AMONG THE MEMBERS. THE CHAIRPERSON SHALL NOT BE AN EX OFFI-
5 CIO MEMBER.

6 (7) THE COUNCIL SHALL MEET AT LEAST 2 TIMES ANNUALLY AT THE
7 CALL OF THE CHAIRPERSON OR THE DIRECTOR. MEETINGS OF THE COUNCIL
8 SHALL BE OPEN TO THE PUBLIC. FIVE MEMBERS SHALL CONSTITUTE A
9 QUORUM FOR TRANSACTION OF BUSINESS.

10 (8) PERSONS MAY REGISTER WITH THE DEPARTMENT ON AN ANNUAL
11 BASIS TO BE NOTIFIED OF ACTIVITIES AND MEETINGS OF THE COUNCIL
12 PURSUANT TO THE OPEN MEETINGS ACT, ACT NO. 267 OF THE PUBLIC ACTS
13 OF 1976, BEING SECTIONS 15.261 TO 15.275 OF THE MICHIGAN COMPILED
14 LAWS. THE DEPARTMENT SHALL NOTIFY THOSE PERSONS OF ACTIVITIES
15 AND MEETINGS OF THE COUNCIL FOR 1 YEAR FOLLOWING REGISTRATION.

16 (9) THE PER DIEM COMPENSATION FOR THE MEMBERS AND A SCHEDULE
17 FOR REIMBURSEMENT OF EXPENSES SHALL BE AS ESTABLISHED BY THE
18 LEGISLATURE.

19 SEC. 20915. (1) THE STATEWIDE EMERGENCY MEDICAL SERVICES
20 ADVISORY COUNCIL SHALL DO ALL OF THE FOLLOWING:

21 (A) GENERALLY ADVISE THE GOVERNOR, LEGISLATURE, AND DEPART-
22 MENT ON ISSUES CONCERNING EMERGENCY MEDICAL SERVICES.

23 (B) SERVE AS TASK FORCE 2 PURSUANT TO SECTION 20126.

24 (C) ESTABLISH COMMITTEES COMPOSED OF HEALTH CARE PROVIDERS
25 AND ANY OTHER INDIVIDUALS TO PROVIDE INFORMATION NEEDED BY THE
26 COUNCIL IN ITS DELIBERATIONS. THE COMMITTEES SHALL OPERATE
27 PURSUANT TO SUBSECTION (2).

1 (2) MEMBERS OF THE COMMITTEES ESTABLISHED BY THE COUNCIL
2 SHALL BE SELECTED BY THE COUNCIL AND SHALL SERVE AT THE PLEASURE
3 OF THE COUNCIL. PER DIEM COMPENSATION FOR MEMBERS OF COMMITTEES
4 AND A SCHEDULE FOR REIMBURSEMENT OF EXPENSES SHALL BE AS ESTAB-
5 LISHED BY THE LEGISLATURE.

6 SEC. 20917. (1) THE STATE EMERGENCY MEDICAL SERVICES COOR-
7 DINATION COMMITTEE IS CREATED IN THE DEPARTMENT. THE DIRECTOR
8 SHALL APPOINT THE MEMBERS OF THE COMMITTEE, INCLUDING, BUT NOT
9 LIMITED TO, DESIGNATED REPRESENTATIVES OF EACH OF THE FOLLOWING
10 ASSOCIATIONS OR ORGANIZATIONS:

11 (A) SOCIETY OF MICHIGAN EMERGENCY MEDICAL TECHNICIAN
12 INSTRUCTOR-COORDINATORS.

13 (B) MICHIGAN ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS.

14 (C) MICHIGAN ASSOCIATION OF AMBULANCE SERVICES.

15 (D) MICHIGAN FIRE CHIEFS ASSOCIATION.

16 (E) MICHIGAN HOSPITAL ASSOCIATION.

17 (F) MICHIGAN CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY
18 PHYSICIANS.

19 (G) AMERICAN SOCIETY OF HOSPITAL BASED EMERGENCY AEROMEDICAL
20 SERVICES.

21 (H) MICHIGAN ASSOCIATION OF EMERGENCY MEDICAL SERVICES
22 SYSTEMS.

23 (2) AT LEAST 1 MEMBER SHALL BE FROM A COUNTY WITH A POPULA-
24 TION OF NOT MORE THAN 35,000 AND AT LEAST 1 MEMBER SHALL BE FROM
25 A CITY WITH A POPULATION OF NOT LESS THAN 900,000.

26 (3) THE COMMITTEE SHALL ANNUALLY SELECT A MEMBER TO SERVE AS
27 CHAIRPERSON.

1 (4) THE COMMITTEE SHALL DO ALL OF THE FOLLOWING:

2 (A) MEET NOT LESS THAN TWICE ANNUALLY AT THE CALL OF THE
3 CHAIRPERSON OR THE DIRECTOR.

4 (B) PROVIDE FOR THE COORDINATION AND EXCHANGE OF INFORMATION
5 ON EMERGENCY MEDICAL SERVICES PROGRAMS AND SERVICES.

6 (C) ACT AS LIAISON BETWEEN ORGANIZATIONS AND INDIVIDUALS
7 INVOLVED IN THE EMERGENCY MEDICAL SERVICES SYSTEM.

8 (D) MAKE RECOMMENDATIONS TO THE DEPARTMENT IN THE DEVELOP-
9 MENT OF A COMPREHENSIVE STATEWIDE EMERGENCY MEDICAL SERVICES
10 PROGRAM.

11 (E) PROVIDE THE DEPARTMENT WITH ADVISORY RECOMMENDATIONS ON
12 APPEALS OF LOCAL MEDICAL CONTROL DECISIONS UNDER SECTION 20919.

13 (F) PARTICIPATE IN EDUCATION AND TRAINING ACTIVITIES, SPE-
14 CIAL STUDIES, AND THE EVALUATION OF EMERGENCY MEDICAL SERVICES AS
15 REQUESTED BY THE DIRECTOR.

16 (G) ADVISE THE DEPARTMENT CONCERNING STATE STANDARDS FOR
17 AMBULANCES.

18 (H) ADVISE THE DEPARTMENT CONCERNING MINIMUM PATIENT CARE
19 EQUIPMENT LISTS AS PROVIDED UNDER SECTION 20910(1)(H).

20 SEC. 20918. (1) EACH HOSPITAL LICENSED UNDER PART 215 SHALL
21 PARTICIPATE IN A SINGLE OR MULTIPLE COUNTY EMERGENCY MEDICAL
22 SERVICES MEDICAL CONTROL AUTHORITY DESIGNATED BY THE DEPARTMENT.
23 THE DEPARTMENT SHALL DESIGNATE A MEDICAL CONTROL AUTHORITY FOR
24 EACH MICHIGAN COUNTY NOT LATER THAN DECEMBER 31, 1991.

25 (2) A MEDICAL CONTROL AUTHORITY SHALL BE ADMINISTERED BY THE
26 PARTICIPATING HOSPITALS UNDER THE DIRECTION OF A MEDICAL DIRECTOR
27 APPOINTED BY THE PARTICIPATING HOSPITALS.

1 (3) THE PARTICIPATING HOSPITALS WITHIN A MEDICAL CONTROL
2 AUTHORITY SHALL APPOINT AS THE MEDICAL DIRECTOR OF THE MEDICAL
3 CONTROL AUTHORITY A PHYSICIAN WHO IS BOARD CERTIFIED IN EMERGENCY
4 MEDICINE OR WHO PRACTICES EMERGENCY MEDICINE AND IS CERTIFIED IN
5 BOTH ADVANCED CARDIAC LIFE SUPPORT AND ADVANCED TRAUMA LIFE
6 SUPPORT.

7 (4) A DESIGNATED MEDICAL CONTROL AUTHORITY SHALL OPERATE IN
8 ACCORDANCE WITH THE TERMS OF ITS DESIGNATION.

9 (5) EACH LIFE SUPPORT AGENCY AND INDIVIDUAL LICENSED UNDER
10 THIS PART IS ACCOUNTABLE TO THE MEDICAL CONTROL AUTHORITY IN THE
11 PROVISION OF EMERGENCY MEDICAL SERVICES.

12 SEC. 20919. (1) A LOCAL MEDICAL CONTROL AUTHORITY SHALL
13 ESTABLISH WRITTEN PROTOCOLS FOR THE PRACTICE OF LIFE SUPPORT
14 AGENCIES AND LICENSED EMERGENCY MEDICAL SERVICES PERSONNEL WITHIN
15 ITS REGION. THE PROTOCOLS SHALL BE DEVELOPED AND ADOPTED IN
16 ACCORDANCE WITH PROCEDURES ESTABLISHED BY THE DEPARTMENT AND
17 SHALL INCLUDE ALL OF THE FOLLOWING:

18 (A) THE ACTS, TASKS, OR FUNCTIONS THAT MAY BE PERFORMED BY
19 EACH TYPE OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSED UNDER
20 THIS PART.

21 (B) MEDICAL PROTOCOLS TO ENSURE THE APPROPRIATE DISPATCHING
22 OF A LIFE SUPPORT AGENCY BASED UPON MEDICAL NEED AND THE CAPABIL-
23 ITY OF THE EMERGENCY MEDICAL SERVICES SYSTEM.

24 (2) A MEDICAL CONTROL AUTHORITY SHALL SUBMIT THE PROTOCOLS
25 ADOPTED UNDER SUBSECTION (1) TO THE DEPARTMENT FOR APPROVAL.

26 (3) A MEDICAL CONTROL AUTHORITY SHALL PROVIDE AN OPPORTUNITY
27 FOR AN AFFECTED PERSON TO APPEAL A DECISION CONCERNING

1 PROTOCOLS. AFTER APPEALS TO A MEDICAL CONTROL AUTHORITY HAVE
2 BEEN EXHAUSTED, AN AFFECTED PERSON MAY APPLY TO THE DEPARTMENT
3 FOR A VARIANCE FROM THE MEDICAL CONTROL AUTHORITY'S DECISION.
4 THE DEPARTMENT MAY GRANT THE VARIANCE IF IT DETERMINES THAT THE
5 ACTION IS APPROPRIATE TO PROTECT THE PUBLIC HEALTH, SAFETY, AND
6 WELFARE. THE DEPARTMENT MAY IMPOSE A TIME LIMITATION AND OTHER
7 CONDITIONS FOR THE VARIANCE.

8 (4) IF ADOPTED IN PROTOCOLS APPROVED BY THE DEPARTMENT, A
9 MEDICAL CONTROL AUTHORITY MAY REQUIRE LIFE SUPPORT AGENCIES
10 WITHIN ITS REGION TO MEET MORE STRINGENT STANDARDS FOR EQUIPMENT
11 AND PERSONNEL THAN ARE OTHERWISE REQUIRED UNDER THIS PART.

12 SEC. 20920. (1) A PERSON SHALL NOT ESTABLISH, OPERATE, OR
13 CAUSE TO BE OPERATED AN AMBULANCE OPERATION UNLESS IT IS LICENSED
14 UNDER THIS SECTION.

15 (2) UPON PROPER APPLICATION AND PAYMENT OF A \$100.00 FEE,
16 THE DEPARTMENT SHALL ISSUE A LICENSE AS AN AMBULANCE OPERATION TO
17 A PERSON WHO MEETS THE REQUIREMENTS UNDER THIS PART AND RULES
18 PROMULGATED UNDER THIS PART.

19 (3) AN APPLICANT SHALL SPECIFY IN THE APPLICATION EACH AMBU-
20 LANCE TO BE OPERATED.

21 (4) AN AMBULANCE OPERATION LICENSE SHALL SPECIFY THE AMBU-
22 LANCES LICENSED TO BE OPERATED.

23 (5) AN AMBULANCE OPERATION LICENSE SHALL STATE THE LEVEL OF
24 EMERGENCY MEDICAL SERVICES CARE THE AMBULANCE OPERATION IS
25 LICENSED TO PROVIDE. AN AMBULANCE OPERATION SHALL OPERATE IN
26 ACCORDANCE WITH THIS PART, RULES PROMULGATED UNDER THIS PART, AND
27 APPROVED MEDICAL CONTROL PROTOCOLS AND SHALL NOT PROVIDE

1 EMERGENCY MEDICAL SERVICES AT A LEVEL THAT EXCEEDS ITS LICENSE OR
2 VIOLATES APPROVED MEDICAL CONTROL PROTOCOLS.

3 (6) AN AMBULANCE OPERATION LICENSE MAY BE RENEWED ANNUALLY
4 UPON THE APPLICATION TO THE DEPARTMENT AND PAYMENT OF A \$100.00
5 RENEWAL FEE. BEFORE ISSUING A RENEWAL LICENSE, THE DEPARTMENT
6 SHALL DETERMINE THAT THE AMBULANCE OPERATION IS IN COMPLIANCE
7 WITH THIS PART, RULES PROMULGATED UNDER THIS PART, AND LOCAL MED-
8 ICAL CONTROL AUTHORITY PROTOCOLS.

9 SEC. 20922. (1) AN AMBULANCE OPERATION SHALL DO ALL OF THE
10 FOLLOWING:

11 (A) PROVIDE AT LEAST 1 AMBULANCE AVAILABLE FOR RESPONSE TO
12 REQUESTS FOR EMERGENCY ASSISTANCE ON A 24 HOURS A DAY, 7 DAYS A
13 WEEK BASIS IN ACCORDANCE WITH MEDICAL CONTROL PROTOCOLS.

14 (B) RESPOND OR ENSURE THAT A RESPONSE IS PROVIDED TO ALL
15 REQUESTS FOR EMERGENCY ASSISTANCE ORIGINATING FROM WITHIN THE
16 BOUNDS OF ITS SERVICE AREA.

17 (C) OPERATE ONLY UNDER THE DIRECTION OF A MEDICAL CONTROL
18 AUTHORITY.

19 (D) NOTIFY THE DEPARTMENT IMMEDIATELY OF ANY CHANGE THAT
20 WOULD ALTER THE INFORMATION CONTAINED ON ITS APPLICATION FOR AN
21 AMBULANCE OPERATION LICENSE OR RENEWAL.

22 (E) PROVIDE EMERGENCY MEDICAL CARE CONSISTENT WITH ITS
23 LICENSE AND APPROVED MEDICAL CONTROL PROTOCOLS TO ALL EMERGENCY
24 PATIENTS WITHOUT PRIOR INQUIRY INTO ABILITY TO PAY OR SOURCE OF
25 PAYMENT.

26 (2) AN AMBULANCE OPERATION SHALL NOT DO ANY OF THE
27 FOLLOWING:

1 (A) PROVIDE ANY PERSON WITH FALSE OR MISLEADING INFORMATION
2 CONCERNING THE TIME AT WHICH AN EMERGENCY RESPONSE WILL BE INITI-
3 ATED OR THE LOCATION FROM WHICH THE RESPONSE IS BEING INITIATED.

4 (B) INDUCE OR SEEK TO INDUCE ANY PERSON ENGAGING AN AMBU-
5 LANCE TO PATRONIZE A LONG-TERM CARE FACILITY, MORTUARY, OR
6 HOSPITAL.

7 (C) ADVERTISE, OR PERMIT ADVERTISING OF, WITHIN OR ON THE
8 PREMISES OF THE AMBULANCE OPERATION OR WITHIN OR ON AN AMBULANCE,
9 THE NAME OR THE SERVICES OF ANY ATTORNEY, ACCIDENT INVESTIGATOR,
10 NURSE, PHYSICIAN, LONG-TERM CARE FACILITY, MORTUARY, OR
11 HOSPITAL.

12 (D) ADVERTISE OR DISSEMINATE INFORMATION FOR THE PURPOSE OF
13 OBTAINING CONTRACTS UNDER ANY NAME OTHER THAN THE NAME OF THE
14 PERSON HOLDING AN AMBULANCE OPERATION LICENSE OR THE TRADE OR
15 ASSUMED NAME OF THE AMBULANCE OPERATION.

16 (3) IF AT ANY TIME AN AMBULANCE OPERATION DOES NOT HAVE AN
17 AMBULANCE ADEQUATELY STAFFED AND AVAILABLE FOR IMMEDIATE RESPONSE
18 WITHIN THE BOUNDS OF ITS DESIGNATED SERVICE AREA, THE AMBULANCE
19 OPERATION SHALL IMMEDIATELY NOTIFY THE LOCAL MEDICAL CONTROL
20 AUTHORITY AND ALL PUBLIC SAFETY AGENCIES FROM WHICH REQUESTS FOR
21 SERVICE ARE REGULARLY RECEIVED. WHEN THE AMBULANCE IS AGAIN ADE-
22 QUATELY STAFFED AND AVAILABLE, THE AMBULANCE OPERATION SHALL
23 IMMEDIATELY NOTIFY THE LOCAL MEDICAL CONTROL AUTHORITY AND THE
24 SAME PUBLIC SAFETY AGENCIES OF THAT FACT.

25 (4) AN AMBULANCE OPERATION SHALL NOT OPERATE, ATTEND, OR
26 PERMIT AN AMBULANCE TO BE OPERATED WHILE TRANSPORTING AN
27 EMERGENCY PATIENT UNLESS THE AMBULANCE IS STAFFED BY 2 OR MORE

1 INDIVIDUALS LICENSED UNDER THIS PART TO PROVIDE EMERGENCY MEDICAL
2 SERVICES, AT LEAST 1 OF WHOM IS AN EMERGENCY MEDICAL TECHNICIAN,
3 AN EMERGENCY MEDICAL TECHNICIAN SPECIALIST, OR A PARAMEDIC. A
4 TEMPORARY EXEMPTION FROM THIS SUBSECTION MAY BE GRANTED PURSUANT
5 TO SUBSECTION (7).

6 (5) EXCEPT AS PROVIDED IN SUBSECTION (6), AN AMBULANCE OPER-
7 ATION SHALL ENSURE THAT AN EMERGENCY MEDICAL TECHNICIAN, AN EMER-
8 GENCY MEDICAL TECHNICIAN SPECIALIST, OR A PARAMEDIC IS IN THE
9 PATIENT COMPARTMENT OF AN AMBULANCE WHILE TRANSPORTING AN EMER-
10 GENCY PATIENT. A TEMPORARY EXEMPTION FROM THIS SUBSECTION MAY BE
11 GRANTED PURSUANT TO SUBSECTION (7).

12 (6) SUBSECTION (5) DOES NOT APPLY TO THE TRANSPORTATION OF A
13 PATIENT BY AN AMBULANCE IF THE PATIENT IS ACCOMPANIED IN THE
14 PATIENT COMPARTMENT BY AN APPROPRIATE LICENSED HEALTH PROFES-
15 SIONAL DESIGNATED BY A PHYSICIAN AND AFTER A PHYSICIAN-PATIENT
16 RELATIONSHIP HAS BEEN ESTABLISHED AS PRESCRIBED IN THIS PART OR
17 RULES PROMULGATED BY THE DEPARTMENT.

18 (7) THE DEPARTMENT MAY GRANT AN EXEMPTION FROM THE REQUIRE-
19 MENTS OF SUBSECTION (4) OR (5), OR BOTH, IF A LOCAL GOVERNMENTAL
20 UNIT OR AN AMBULANCE OPERATION DEMONSTRATES TO THE DEPARTMENT IN
21 ACCORDANCE WITH DEPARTMENT RULES THAT A REASONABLE EFFORT HAS
22 BEEN MADE TO COMPLY WITH SUBSECTION (4) OR (5) AND THAT THE AMBU-
23 LANCE OPERATION IS UNABLE TO COMPLY WITH ANY OR ALL OF THOSE
24 PROVISIONS. AN EXEMPTION FROM SUBSECTION (4) OR (5) SHALL NOT
25 PERMIT AN AMBULANCE TO BE OPERATED WITH LESS THAN 2 MEDICAL FIRST
26 RESPONDERS, 1 OF WHOM MAY ALSO BE THE DRIVER. AN EXEMPTION SHALL
27 BE GRANTED ONLY TO AN AMBULANCE OPERATION LICENSED PRIOR TO

1 DECEMBER 31, 1990. THE DEPARTMENT SHALL DEVELOP PROCEDURES FOR
2 RENEWAL OF EXEMPTIONS.

3 SEC. 20924. (1) A PERSON SHALL NOT USE THE TERMS
4 "AMBULANCE" OR "AMBULANCE OPERATION" OR A SIMILAR TERM TO
5 DESCRIBE OR REFER TO THE PERSON UNLESS THE PERSON IS LICENSED BY
6 THE DEPARTMENT UNDER SECTION 20920.

7 (2) A PERSON SHALL NOT ADVERTISE OR DISSEMINATE INFORMATION
8 LEADING THE PUBLIC TO BELIEVE THAT THE PERSON PROVIDES AN AMBU-
9 LANCE OPERATION UNLESS THAT PERSON DOES IN FACT PROVIDE THAT
10 SERVICE AND HAS BEEN LICENSED BY THE DEPARTMENT TO DO SO.

11 SEC. 20925. (1) EXCEPT AS PROVIDED IN SECTION 20929(2), A
12 PERSON SHALL NOT OPERATE AN AMBULANCE UNLESS THE AMBULANCE IS
13 LICENSED UNDER THIS SECTION AND IS OPERATED AS PART OF A LICENSED
14 AMBULANCE OPERATION.

15 (2) UPON PROPER APPLICATION AND PAYMENT OF A \$25.00 FEE, THE
16 DEPARTMENT SHALL ISSUE AN AMBULANCE LICENSE FOR AN AMBULANCE THAT
17 MEETS THE REQUIREMENTS OF THIS PART AND RULES PROMULGATED UNDER
18 THIS PART.

19 (3) AN AMBULANCE OPERATION SHALL SUBMIT AN APPLICATION AND
20 FEE TO THE DEPARTMENT FOR EACH AMBULANCE IN SERVICE. EACH APPLI-
21 CATION SHALL INCLUDE A CERTIFICATE OF INSURANCE FOR THE AMBULANCE
22 IN THE AMOUNT AND COVERAGE REQUIRED BY THE DEPARTMENT.

23 (4) UPON PURCHASE, AN AMBULANCE SHALL MEET ALL FEDERAL
24 ASSISTANCE REQUIREMENTS FOR THE PURCHASE OF THE VEHICLE UNDER THE
25 UNITED STATES DEPARTMENT OF TRANSPORTATION GUIDELINES AS MODIFIED
26 EACH YEAR BY FEDERAL STANDARDS. THE DEPARTMENT MAY MAKE
27 EXCEPTIONS FROM FEDERAL GUIDELINES AS REQUIRED BY THE MICHIGAN

1 VEHICLE CODE, ACT NO. 300 OF THE PUBLIC ACTS OF 1949, BEING
2 SECTIONS 257.1 TO 257.923 OF THE MICHIGAN COMPILED LAWS, IF FOR
3 EACH CLASS OF EXEMPTIONS, THE DEPARTMENT PRESCRIBES AN ALTERNA-
4 TIVE MINIMUM STANDARD. IF THE DEPARTMENT PROMULGATES RULES
5 ESTABLISHING A STATE AMBULANCE STANDARD, THE REQUIREMENTS OF THIS
6 SUBSECTION SHALL NO LONGER BE IN EFFECT.

7 (5) ONCE LICENSED FOR SERVICE, AN AMBULANCE IS NOT REQUIRED
8 TO MEET SUBSEQUENTLY MODIFIED STATE VEHICLE STANDARDS DURING ITS
9 USE BY THE AMBULANCE OPERATION THAT OBTAINED THE LICENSE.

10 (6) FOR A VEHICLE CLASSIFICATION FOR WHICH FEDERAL GUIDE-
11 LINES ARE NOT ESTABLISHED, AN AMBULANCE SHALL MEET THE DESIGN
12 CRITERIA REQUIRED BY THE DEPARTMENT.

13 (7) PATIENT CARE EQUIPMENT AND SAFETY EQUIPMENT CARRIED ON
14 AN AMBULANCE SHALL MEET THE MINIMUM REQUIREMENTS PRESCRIBED BY
15 THE DEPARTMENT AND THE LOCAL MEDICAL CONTROL AUTHORITY.

16 (8) AN AMBULANCE SHALL BE EQUIPPED WITH A COMMUNICATIONS
17 SYSTEM UTILIZING FREQUENCIES AND PROCEDURES CONSISTENT WITH THE
18 STATEWIDE EMERGENCY MEDICAL SERVICES COMMUNICATIONS SYSTEM DEVEL-
19 OPED BY THE DEPARTMENT.

20 (9) AN AMBULANCE LICENSE IS NOT TRANSFERABLE TO ANOTHER
21 AMBULANCE OPERATION.

22 SEC. 20929. (1) EXCEPT AS PROVIDED IN SUBSECTION (2), A
23 PERSON SHALL NOT FURNISH, OPERATE, CONDUCT, MAINTAIN, ADVERTISE,
24 OR OTHERWISE BE ENGAGED OR PROFESS TO BE ENGAGED IN THE BUSINESS
25 OR SERVICE OF THE TRANSPORTATION OF EMERGENCY PATIENTS IN THIS
26 STATE UNLESS THE PERSON USES AN AMBULANCE LICENSED UNDER THIS
27 PART.

1 (2) AN AMBULANCE OPERATED BY AN AGENCY OF THE UNITED STATES
2 IS NOT REQUIRED TO BE LICENSED UNDER THIS PART. THIS PART DOES
3 NOT APPLY TO AN AMBULANCE OR AMBULANCE PERSONNEL FROM ANOTHER
4 STATE OR NATION OR A POLITICAL SUBDIVISION OF ANOTHER STATE OR
5 NATION THAT IS PERFORMING IN THIS STATE EMERGENCY ASSISTANCE
6 REQUIRED BY AN OFFICIAL OF THIS STATE.

7 SEC. 20930. (1) A PERSON SHALL NOT ESTABLISH, OPERATE, OR
8 CAUSE TO BE OPERATED A NONTRANSPORT PREHOSPITAL LIFE SUPPORT
9 OPERATION UNLESS IT IS LICENSED UNDER THIS SECTION.

10 (2) THE DEPARTMENT, UPON PROPER APPLICATION AND PAYMENT OF A
11 \$100.00 FEE, SHALL ISSUE A LICENSE FOR A NONTRANSPORT PREHOSPITAL
12 LIFE SUPPORT OPERATION TO A PERSON MEETING THE REQUIREMENTS OF
13 THIS PART AND RULES PROMULGATED UNDER THIS PART.

14 (3) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION
15 LICENSE SHALL SPECIFY THE LEVEL OF EMERGENCY MEDICAL SERVICES THE
16 OPERATION IS LICENSED TO PROVIDE. A NONTRANSPORT PREHOSPITAL
17 LIFE SUPPORT OPERATION SHALL OPERATE IN ACCORDANCE WITH THIS
18 PART, RULES PROMULGATED UNDER THIS PART, AND APPROVED MEDICAL
19 CONTROL PROTOCOLS AND SHALL NOT PROVIDE EMERGENCY MEDICAL SERV-
20 ICES AT A LEVEL THAT EXCEEDS ITS LICENSE OR VIOLATES APPROVED
21 MEDICAL CONTROL PROTOCOLS.

22 (4) AN APPLICANT FOR A NONTRANSPORT PREHOSPITAL LIFE SUPPORT
23 OPERATION LICENSE SHALL SPECIFY IN THE APPLICATION FOR LICENSURE
24 EACH NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE TO BE
25 OPERATED.

1 (5) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION
2 LICENSE SHALL SPECIFY THE NONTRANSPORT PREHOSPITAL LIFE SUPPORT
3 VEHICLES LICENSED TO BE OPERATED.

4 (6) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION
5 LICENSE MAY BE RENEWED ANNUALLY UPON APPLICATION TO THE DEPART-
6 MENT AND PAYMENT OF A \$100.00 RENEWAL FEE. BEFORE ISSUING A
7 RENEWAL LICENSE, THE DEPARTMENT SHALL DETERMINE THAT THE NON-
8 TRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION IS IN COMPLIANCE
9 WITH THIS PART, RULES PROMULGATED UNDER THIS PART, AND LOCAL MED-
10 ICAL CONTROL AUTHORITY PROTOCOLS.

11 SEC. 20932. (1) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT
12 OPERATION SHALL:

13 (A) PROVIDE AT LEAST 1 NONTRANSPORT PREHOSPITAL LIFE SUPPORT
14 VEHICLE WITH PROPER EQUIPMENT AND PERSONNEL AVAILABLE FOR
15 RESPONSE TO REQUESTS FOR EMERGENCY ASSISTANCE ON A 24-HOUR-A-DAY,
16 7-DAY-A-WEEK BASIS IN ACCORDANCE WITH MEDICAL CONTROL PROTOCOLS.

17 (B) RESPOND OR ENSURE THAT A RESPONSE IS PROVIDED TO ALL
18 REQUESTS FOR EMERGENCY ASSISTANCE ORIGINATING FROM WITHIN THE
19 BOUNDS OF ITS PRIMARY DISPATCH SERVICE AREA.

20 (C) OPERATE ONLY UNDER THE DIRECTION OF A MEDICAL CONTROL
21 AUTHORITY.

22 (D) NOTIFY THE DEPARTMENT OF ANY CHANGE THAT WOULD ALTER THE
23 INFORMATION CONTAINED ON ITS APPLICATION FOR A NONTRANSPORT PRE-
24 HOSPITAL LIFE SUPPORT OPERATION LICENSE OR RENEWAL.

25 (E) PROVIDE EMERGENCY MEDICAL CARE CONSISTENT WITH ITS
26 LICENSE AND APPROVED MEDICAL CONTROL PROTOCOLS TO ALL PATIENTS
27 WITHOUT PRIOR INQUIRY INTO ABILITY TO PAY OR SOURCE OF PAYMENT.

1 (2) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION SHALL
2 NOT PROVIDE ANY PERSON WITH FALSE OR MISLEADING INFORMATION CON-
3 CERNING THE TIME AT WHICH AN EMERGENCY RESPONSE WILL BE INITIATED
4 OR THE LOCATION FROM WHICH THE RESPONSE IS BEING INITIATED.

5 (3) IF AT ANY TIME A NONTRANSPORT PREHOSPITAL LIFE SUPPORT
6 OPERATION DOES NOT HAVE A NONTRANSPORT PREHOSPITAL LIFE SUPPORT
7 VEHICLE ADEQUATELY STAFFED AND AVAILABLE FOR IMMEDIATE RESPONSE
8 WITHIN THE BOUNDS OF ITS SERVICE AREA, THE NONTRANSPORT PREHOSPI-
9 TAL LIFE SUPPORT OPERATION SHALL IMMEDIATELY NOTIFY THE LOCAL
10 MEDICAL CONTROL AUTHORITY AND ALL PUBLIC SAFETY AGENCIES FROM
11 WHICH REQUESTS FOR SERVICE ARE REGULARLY RECEIVED. WHEN THE NON-
12 TRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE IS AGAIN ADEQUATELY
13 STAFFED AND AVAILABLE, THE NONTRANSPORT PREHOSPITAL LIFE SUPPORT
14 OPERATION SHALL IMMEDIATELY NOTIFY THE LOCAL MEDICAL CONTROL
15 AUTHORITY AND SAME PUBLIC SAFETY AGENCIES OF THAT FACT.

16 (4) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION SHALL
17 NOT OPERATE A NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE
18 UNLESS IT IS STAFFED, 24 HOURS A DAY, 7 DAYS A WEEK, AS FOLLOWS:

19 (A) IF DESIGNATED AS PROVIDING BASIC LIFE SUPPORT, WITH AT
20 LEAST 1 EMERGENCY MEDICAL TECHNICIAN.

21 (B) IF DESIGNATED AS PROVIDING LIMITED ADVANCED LIFE SUP-
22 PORT, WITH AT LEAST 1 EMERGENCY MEDICAL TECHNICIAN SPECIALIST.

23 (C) IF DESIGNATED AS PROVIDING ADVANCED LIFE SUPPORT, WITH
24 AT LEAST 1 PARAMEDIC.

25 SEC. 20934. (1) A PERSON SHALL NOT USE THE TERM
26 "NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE" OR "NONTRANSPORT
27 PREHOSPITAL LIFE SUPPORT OPERATION" OR A SIMILAR TERM TO DESCRIBE

1 OR REFER TO THE PERSON UNLESS THE PERSON IS LICENSED BY THE
2 DEPARTMENT UNDER SECTION 20930.

3 (2) A PERSON SHALL NOT ADVERTISE OR DISSEMINATE INFORMATION
4 LEADING THE PUBLIC TO BELIEVE THAT THE PERSON PROVIDES A NON-
5 TRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION UNLESS THAT PERSON
6 DOES IN FACT PROVIDE THAT SERVICE AND HAS BEEN LICENSED BY THE
7 DEPARTMENT TO DO SO.

8 SEC. 20935. (1) A PERSON SHALL NOT OPERATE A NONTRANSPORT
9 PREHOSPITAL LIFE SUPPORT VEHICLE UNLESS THE VEHICLE IS LICENSED
10 BY THE DEPARTMENT UNDER THIS SECTION AND IS OPERATED AS PART OF A
11 LICENSED NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION.

12 (2) UPON PROPER APPLICATION AND PAYMENT OF A \$25.00 FEE, THE
13 DEPARTMENT SHALL ISSUE A LICENSE FOR A NONTRANSPORT PREHOSPITAL
14 LIFE SUPPORT VEHICLE IF IT MEETS THE REQUIREMENTS OF THIS PART
15 AND RULES PROMULGATED UNDER THIS PART.

16 (3) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION SHALL
17 SUBMIT AN APPLICATION AND REQUIRED FEE TO THE DEPARTMENT FOR EACH
18 VEHICLE IN SERVICE. EACH APPLICATION SHALL INCLUDE A CERTIFICATE
19 OF INSURANCE FOR THE VEHICLE IN THE AMOUNT AND COVERAGE REQUIRED
20 BY THE DEPARTMENT.

21 (4) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE SHALL BE
22 EQUIPPED WITH A COMMUNICATIONS SYSTEM UTILIZING FREQUENCIES AND
23 PROCEDURES CONSISTENT WITH THE STATEWIDE EMERGENCY MEDICAL SERV-
24 ICES COMMUNICATIONS SYSTEM DEVELOPED BY THE DEPARTMENT.

25 (5) A NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE SHALL BE
26 EQUIPPED ACCORDING TO THE DEPARTMENT'S MINIMUM EQUIPMENT LIST AND

1 LOCAL MEDICAL CONTROL PROTOCOLS BASED UPON THE LEVEL OF LIFE
2 SUPPORT THE VEHICLE AND PERSONNEL ARE LICENSED TO PROVIDE.

3 SEC. 20937. (1) IF AN APPLICATION FOR RENEWAL OF AN AMBU-
4 LANCE OPERATION OR NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERA-
5 TION LICENSE IS RECEIVED BY THE DEPARTMENT AFTER THE EXPIRATION
6 DATE OF THE LICENSE, THE APPLICANT SHALL PAY A LATE FEE IN THE
7 AMOUNT OF \$300.00 IN ADDITION TO THE RENEWAL FEE. IF AN APPLICA-
8 TION FOR RENEWAL IS NOT RECEIVED BY THE DEPARTMENT WITHIN 60 DAYS
9 AFTER THE LICENSE EXPIRES, THE DEPARTMENT SHALL NOT ISSUE A
10 RENEWAL LICENSE UNLESS THE LICENSEE COMPLETES THE REQUIREMENTS
11 FOR INITIAL LICENSURE AND PAYS THE LATE FEE.

12 (2) IF AN APPLICATION FOR RENEWAL OF AN AMBULANCE OR NON-
13 TRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE LICENSE IS RECEIVED BY
14 THE DEPARTMENT AFTER THE EXPIRATION DATE OF THE LICENSE, THE
15 APPLICANT SHALL PAY A LATE FEE IN THE AMOUNT OF \$100.00 IN ADDI-
16 TION TO THE RENEWAL FEE. IF AN APPLICATION FOR RENEWAL IS NOT
17 RECEIVED BY THE DEPARTMENT WITHIN 60 DAYS AFTER THE LICENSE
18 EXPIRES, THE DEPARTMENT SHALL NOT ISSUE A RENEWAL LICENSE UNLESS
19 THE LICENSEE COMPLETES THE REQUIREMENTS FOR INITIAL LICENSURE AND
20 PAYS THE LATE FEE.

21 SEC. 20938. WHEN OPERATING AN AMBULANCE OR A NONTRANSPORT
22 PREHOSPITAL LIFE SUPPORT VEHICLE UNDER EMERGENCY CONDITIONS OR A
23 REASONABLE BELIEF THAT AN EMERGENCY CONDITION EXISTS, THE DRIVER
24 OF THE AMBULANCE OR NONTRANSPORT PREHOSPITAL LIFE SUPPORT VEHICLE
25 MAY EXERCISE THE PRIVILEGES AND IS SUBJECT TO THE CONSTRAINTS
26 PRESCRIBED BY THE MICHIGAN VEHICLE CODE, ACT NO. 300 OF THE
27 PUBLIC ACTS OF 1949, BEING SECTIONS 257.1 TO 257.923 OF THE

1 MICHIGAN COMPILED LAWS, PERTAINING TO THE DRIVER OF AN AUTHORIZED
2 EMERGENCY VEHICLE.

3 SEC. 20939. IF AN AMBULANCE OPERATION OR A NONTRANSPORT
4 PREHOSPITAL LIFE SUPPORT OPERATION IS UNABLE TO RESPOND TO AN
5 EMERGENCY WITHIN A REASONABLE TIME, THIS PART DOES NOT PROHIBIT
6 THE SPONTANEOUS USE OF A VEHICLE UNDER EXCEPTIONAL CIRCUMSTANCES
7 TO PROVIDE, WITHOUT CHARGE OR FEE AND AS A HUMANE SERVICE, TRANS-
8 PORTATION FOR AN INDIVIDUAL REQUIRING EMERGENCY MEDICAL
9 SERVICES.

10 SEC. 20941. (1) A PERSON SHALL NOT ESTABLISH, OPERATE, OR
11 CAUSE TO BE OPERATED A MEDICAL FIRST RESPONSE SERVICE UNLESS THE
12 SERVICE IS LICENSED BY THE DEPARTMENT.

13 (2) UPON PROPER APPLICATION, THE DEPARTMENT SHALL ISSUE A
14 LICENSE AS A MEDICAL FIRST RESPONSE SERVICE TO A PERSON WHO MEETS
15 THE REQUIREMENTS OF THIS PART AND RULES PROMULGATED UNDER THIS
16 PART. THE DEPARTMENT SHALL NOT CHARGE A FEE FOR LICENSING A MED-
17 ICAL FIRST RESPONSE SERVICE.

18 (3) A MEDICAL FIRST RESPONSE SERVICE LICENSE SHALL STATE THE
19 LEVEL OF LIFE SUPPORT THE FIRST RESPONSE SERVICE IS LICENSED TO
20 PROVIDE.

21 (4) A MEDICAL FIRST RESPONSE SERVICE SHALL PROVIDE LIFE SUP-
22 PORT SERVICES IN ACCORDANCE WITH MEDICAL CONTROL PROTOCOLS AND
23 SHALL NOT PROVIDE LIFE SUPPORT SERVICES AT A LEVEL THAT EXCEEDS
24 ITS LICENSE OR VIOLATES APPROVED MEDICAL CONTROL PROTOCOLS.

25 (5) A MEDICAL FIRST RESPONSE SERVICE LICENSE MAY BE RENEWED
26 ANNUALLY UPON THE APPLICATION TO THE DEPARTMENT.

1 (6) A MEDICAL FIRST RESPONSE SERVICE SHALL HAVE AT LEAST 1
2 MEDICAL FIRST RESPONSE VEHICLE AVAILABLE ON A 24-HOUR-A-DAY,
3 7-DAY-A-WEEK BASIS, FOR THE PURPOSE OF PROVIDING A MEDICAL FIRST
4 RESPONSE CAPABILITY. EACH VEHICLE SHALL BE EQUIPPED AND STAFFED
5 AS REQUIRED BY THIS PART OR RULES PROMULGATED UNDER THIS PART
6 INCLUDING, BUT NOT LIMITED TO, A COMMUNICATIONS SYSTEM UTILIZING
7 FREQUENCIES AND PROCEDURES CONSISTENT WITH THE STATEWIDE EMER-
8 GENCY MEDICAL SERVICES COMMUNICATIONS SYSTEM DEVELOPED BY THE
9 DEPARTMENT.

10 (7) A PERSON SHALL NOT ADVERTISE OR DISSEMINATE INFORMATION
11 LEADING THE PUBLIC TO BELIEVE THAT THE PERSON PROVIDES A MEDICAL
12 FIRST RESPONSE SERVICE UNLESS THAT PERSON DOES IN FACT PROVIDE
13 THAT SERVICE AND HAS BEEN LICENSED BY THE DEPARTMENT.

14 (8) A MEDICAL FIRST RESPONSE SERVICE SHALL PROVIDE LIFE SUP-
15 PORT CONSISTENT WITH ITS LICENSE AND APPROVED MEDICAL CONTROL
16 PROTOCOLS TO ALL PATIENTS WITHOUT PRIOR INQUIRY INTO ABILITY TO
17 PAY OR SOURCE OF PAYMENT.

18 (9) TO THE EXTENT THAT A POLICE OR FIRE SUPPRESSION AGENCY
19 IS DISPATCHED TO PROVIDE MEDICAL FIRST RESPONSE LIFE SUPPORT,
20 THAT AGENCY IS SUBJECT TO THIS SECTION AND THE OTHER PROVISIONS
21 OF THIS PART RELATING TO MEDICAL FIRST RESPONSE SERVICES.

22 SEC. 20945. IF THE DEPARTMENT DETERMINES THAT GROUNDS EXIST
23 UNDER SECTION 20165 FOR DENIAL, SUSPENSION, OR REVOCATION OF A
24 LIFE SUPPORT AGENCY LICENSE BUT THAT THE DENIAL, SUSPENSION, OR
25 REVOCATION OF THE LICENSE MAY BE DETRIMENTAL TO THE HEALTH,
26 SAFETY, AND WELFARE OF THE RESIDENTS SERVED BY THE LIFE SUPPORT
27 AGENCY OR APPLICANT, THE DEPARTMENT MAY ISSUE A NONRENEWABLE

1 CONDITIONAL LICENSE EFFECTIVE FOR NOT MORE THAN 1 YEAR AND MAY
2 PRESCRIBE SUCH CONDITIONS AS THE DEPARTMENT DETERMINES TO BE NEC-
3 ESSARY TO PROTECT THE PUBLIC HEALTH, SAFETY, AND WELFARE.

4 SEC. 20948. (1) A LOCAL GOVERNMENTAL UNIT OR COMBINATION OF
5 LOCAL GOVERNMENTAL UNITS MAY OPERATE AN AMBULANCE OPERATION OR A
6 NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION, OR CONTRACT WITH
7 A PERSON TO FURNISH ANY OF THOSE SERVICES FOR THE USE AND BENEFIT
8 OF ITS RESIDENTS, AND MAY PAY FOR ANY OR ALL OF THE COST FROM
9 AVAILABLE FUNDS. A LOCAL GOVERNMENTAL UNIT MAY RECEIVE STATE OR
10 FEDERAL FUNDS OR PRIVATE FUNDS FOR THE PURPOSE OF PROVIDING EMER-
11 GENCY MEDICAL SERVICES.

12 (2) A LOCAL GOVERNMENTAL UNIT THAT OPERATES AN AMBULANCE
13 OPERATION OR A NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION OR
14 IS A PARTY TO A CONTRACT OR AN INTERLOCAL AGREEMENT MAY DEFRAY
15 ANY OR ALL OF ITS SHARE OF THE COST BY EITHER OR BOTH OF THE FOL-
16 LOWING METHODS:

17 (A) COLLECTION OF FEES FOR SERVICES.

18 (B) SPECIAL ASSESSMENTS CREATED, LEVIED, COLLECTED, AND
19 ANNUALLY DETERMINED PURSUANT TO A PROCEDURE CONFORMING AS NEARLY
20 AS POSSIBLE TO THE PROCEDURE SET FORTH IN SECTION 1 OF ACT NO. 33
21 OF THE PUBLIC ACTS OF 1951, BEING SECTION 41.801 OF THE MICHIGAN
22 COMPILED LAWS. THIS PROCEDURE DOES NOT PROHIBIT THE RIGHT OF
23 REFERENDUM SET FORTH UNDER ACT NO. 33 OF THE PUBLIC ACTS OF 1951,
24 BEING SECTIONS 41.801 TO 41.811 OF THE MICHIGAN COMPILED LAWS.

25 (3) A LOCAL GOVERNMENTAL UNIT MAY ENACT AN ORDINANCE REGU-
26 LATING AMBULANCE OPERATIONS, NONTRANSPORT PREHOSPITAL LIFE
27 SUPPORT OPERATIONS, OR MEDICAL FIRST RESPONSE SERVICES. THE

1 STANDARDS AND PROCEDURES ESTABLISHED UNDER THE ORDINANCE SHALL
2 NOT BE IN CONFLICT WITH OR LESS STRINGENT THAN THOSE REQUIRED
3 UNDER THIS PART OR THE RULES PROMULGATED UNDER THIS PART.

4 SEC. 20950. (1) AN INDIVIDUAL SHALL NOT PRACTICE OR ADVER-
5 TISE TO PRACTICE AS A MEDICAL FIRST RESPONDER, EMERGENCY MEDICAL
6 TECHNICIAN, EMERGENCY MEDICAL TECHNICIAN SPECIALIST, PARAMEDIC,
7 OR EMERGENCY MEDICAL INSTRUCTOR-COORDINATOR UNLESS LICENSED TO DO
8 SO BY THE DEPARTMENT.

9 (2) THE DEPARTMENT SHALL ISSUE A LICENSE UNDER THIS SECTION
10 ONLY TO AN INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING
11 REQUIREMENTS:

12 (A) IS 18 YEARS OF AGE OR OLDER.

13 (B) HAS SUCCESSFULLY COMPLETED THE APPROPRIATE EDUCATION
14 PROGRAM APPROVED UNDER SECTION 20911.

15 (C) HAS ATTAINED A PASSING SCORE ON THE APPROPRIATE DEPART-
16 MENT PRESCRIBED WRITTEN AND PRACTICAL EXAMINATIONS.

17 (D) MEETS OTHER REQUIREMENTS OF THIS PART.

18 (3) THE DEPARTMENT SHALL ISSUE A LICENSE AS AN EMERGENCY
19 MEDICAL INSTRUCTOR-COORDINATOR ONLY TO AN INDIVIDUAL WHO MEETS
20 THE REQUIREMENTS OF SUBSECTION (2) FOR AN EMERGENCY MEDICAL
21 INSTRUCTOR-COORDINATOR AND AT THE TIME OF APPLICATION IS CUR-
22 RENTLY LICENSED AS AN EMERGENCY MEDICAL TECHNICIAN AND HAS AT
23 LEAST 3 YEARS' FIELD EXPERIENCE AS AN EMERGENCY MEDICAL
24 TECHNICIAN.

25 (4) EXCEPT AS PROVIDED BY SECTION 20952, A LICENSE UNDER
26 THIS SECTION IS EFFECTIVE FOR 3 YEARS FROM DATE OF ISSUE UNLESS
27 REVOKED OR SUSPENDED BY THE DEPARTMENT.

1 (5) AN APPLICANT FOR LICENSURE UNDER THIS SECTION SHALL PAY
2 A FEE FOR EXAMINATION OR REEXAMINATION AS FOLLOWS:

3 (A) MEDICAL FIRST RESPONDER - NO FEE.

4 (B) EMERGENCY MEDICAL TECHNICIAN - \$40.00.

5 (C) EMERGENCY MEDICAL TECHNICIAN SPECIALIST - \$60.00.

6 (D) PARAMEDIC - \$80.00.

7 (E) EMERGENCY MEDICAL INSTRUCTOR-COORDINATOR - \$100.00.

8 (6) THE FEE UNDER SUBSECTION (5) FOR EXAMINATION OR REEXAMI-
9 NATION SHALL INCLUDE INITIAL LICENSURE IF THE APPLICANT PASSES
10 THE EXAMINATION OR REEXAMINATION.

11 SEC. 20952. (1) THE DEPARTMENT MAY GRANT A NONRENEWABLE
12 TEMPORARY LICENSE TO AN INDIVIDUAL WHO HAS MADE PROPER APPLICA-
13 TION WITH THE REQUIRED FEE FOR LICENSURE AS A MEDICAL FIRST
14 RESPONDER, EMERGENCY MEDICAL TECHNICIAN, EMERGENCY MEDICAL TECH-
15 NICIAN SPECIALIST, OR PARAMEDIC AND WHO HAS COMPLETED ALL OF THE
16 REQUIREMENTS FOR LICENSURE EXCEPT FOR THE DEPARTMENT PRESCRIBED
17 EXAMINATIONS. A TEMPORARY LICENSE IS VALID FOR 90 DAYS FROM THE
18 DATE OF AN ACCEPTED APPLICATION.

19 (2) AN INDIVIDUAL HOLDING A TEMPORARY LICENSE AS A MEDICAL
20 FIRST RESPONDER OR EMERGENCY MEDICAL TECHNICIAN SHALL PRACTICE
21 ONLY UNDER THE DIRECT SUPERVISION OF AN EMERGENCY MEDICAL TECHNI-
22 CIAN, EMERGENCY MEDICAL TECHNICIAN SPECIALIST, OR PARAMEDIC WHO
23 HOLDS A LICENSE OTHER THAN A TEMPORARY LICENSE.

24 (3) AN INDIVIDUAL HOLDING A TEMPORARY LICENSE AS AN EMER-
25 GENCY MEDICAL TECHNICIAN SPECIALIST SHALL PRACTICE ONLY UNDER THE
26 DIRECT SUPERVISION OF AN EMERGENCY MEDICAL TECHNICIAN SPECIALIST
27 OR PARAMEDIC WHO HOLDS A LICENSE OTHER THAN A TEMPORARY LICENSE.

1 (4) AN INDIVIDUAL HOLDING A TEMPORARY LICENSE AS A PARAMEDIC
2 SHALL PRACTICE ONLY UNDER THE DIRECT SUPERVISION OF A PARAMEDIC
3 WHO HOLDS A LICENSE OTHER THAN A TEMPORARY LICENSE.

4 SEC. 20954. (1) UPON PROPER APPLICATION TO THE DEPARTMENT
5 AND PAYMENT OF THE RENEWAL FEE UNDER SUBSECTION (2), THE DEPART-
6 MENT MAY RENEW A LICENSE FOR A MEDICAL FIRST RESPONDER, EMERGENCY
7 MEDICAL TECHNICIAN, EMERGENCY MEDICAL TECHNICIAN SPECIALIST,
8 PARAMEDIC, OR EMERGENCY MEDICAL INSTRUCTOR-COORDINATOR WHO MEETS
9 THE REQUIREMENTS OF THIS PART AND COMPLETES REQUIRED ONGOING EDU-
10 CATIONAL PROGRAMS APPROVED OR DEVELOPED BY THE DEPARTMENT.

11 (2) AN APPLICANT FOR RENEWAL OF A LICENSE UNDER
12 SECTION 20950 SHALL PAY A RENEWAL FEE AS FOLLOWS:

13 (A) MEDICAL FIRST RESPONDER - NO FEE.

14 (B) EMERGENCY MEDICAL TECHNICIAN - \$25.00.

15 (C) EMERGENCY MEDICAL TECHNICIAN SPECIALIST - \$25.00.

16 (D) PARAMEDIC - \$25.00.

17 (E) EMERGENCY MEDICAL INSTRUCTOR-COORDINATOR - \$50.00.

18 (3) IF AN APPLICATION FOR RENEWAL UNDER SUBSECTION (1) IS
19 RECEIVED BY THE DEPARTMENT AFTER THE DATE THE LICENSE EXPIRES,
20 THE APPLICANT SHALL PAY A LATE FEE IN ADDITION TO THE RENEWAL FEE
21 UNDER SUBSECTION (2) AS FOLLOWS:

22 (A) EMERGENCY MEDICAL TECHNICIAN - \$50.00.

23 (B) EMERGENCY MEDICAL TECHNICIAN SPECIALIST - \$50.00.

24 (C) PARAMEDIC - \$50.00.

25 (D) EMERGENCY MEDICAL INSTRUCTOR-COORDINATOR - \$100.00.

26 (4) IF THE DEPARTMENT DOES NOT RECEIVE AN APPLICATION FOR
27 RENEWAL FROM AN INDIVIDUAL LICENSED UNDER SECTION 20950 WITHIN 60

1 DAYS AFTER HIS OR HER LICENSE EXPIRES, THE DEPARTMENT SHALL NOT
2 ISSUE A RENEWAL LICENSE UNLESS THE INDIVIDUAL COMPLETES THE
3 REQUIREMENTS FOR INITIAL LICENSURE AND PAYS THE LATE FEE.

4 SEC. 20956. (1) A MEDICAL FIRST RESPONDER, AN EMERGENCY
5 MEDICAL TECHNICIAN, AN EMERGENCY MEDICAL TECHNICIAN SPECIALIST,
6 OR A PARAMEDIC SHALL NOT PROVIDE LIFE SUPPORT AT A LEVEL THAT IS
7 INCONSISTENT WITH HIS OR HER EDUCATION, LICENSURE, OR APPROVED
8 MEDICAL CONTROL PROTOCOLS.

9 (2) AN EMERGENCY MEDICAL TECHNICIAN SPECIALIST OR A PARA-
10 MEDIC MAY INITIATE LIMITED ADVANCE LIFE SUPPORT OR ADVANCE LIFE
11 SUPPORT ACCORDING TO APPROVED PROTOCOLS ESTABLISHED BY THE LOCAL
12 MEDICAL CONTROL AUTHORITY AND SHALL THEN CONTACT THE MEDICAL CON-
13 TROL AUTHORITY AND PROCEED PURSUANT TO AUTHORIZATION TRANSMITTED
14 THROUGH A DIRECT COMMUNICATION DEVICE FROM A LICENSED PHYSICIAN
15 OR AN INDIVIDUAL AUTHORIZED BY THE PHYSICIAN. IF COMMUNICATIONS
16 FAIL DURING AN EMERGENCY SITUATION AND, IN THE EMERGENCY MEDICAL
17 TECHNICIAN SPECIALIST'S OR PARAMEDIC'S JUDGMENT, THE LIFE OF THE
18 PATIENT IS IN IMMEDIATE DANGER, THE EMERGENCY MEDICAL TECHNICIAN
19 SPECIALIST OR PARAMEDIC MAY PERFORM LIMITED ADVANCED OR ADVANCED
20 LIFE SUPPORT CONSISTENT WITH THE EMERGENCY MEDICAL TECHNICIAN
21 SPECIALIST'S OR PARAMEDIC'S EDUCATION AND IN ACCORD WITH APPROVED
22 PROTOCOLS DEVELOPED BY THE LOCAL MEDICAL CONTROL AUTHORITY FOR
23 THAT SITUATION. A DETAILED REPORT STATING THE CAUSES OF A COMMU-
24 NICATION FAILURE AND AN OUTLINE OF THE TECHNIQUES EMPLOYED BY THE
25 EMERGENCY MEDICAL TECHNICIAN SPECIALIST OR PARAMEDIC DURING THE
26 COMMUNICATION FAILURE SHALL BE FORWARDED TO THE DEPARTMENT AND

1 THE MEDICAL CONTROL AUTHORITY WITHIN 24 HOURS AFTER THE
2 OCCURRENCE.

3 (3) A MEDICAL FIRST RESPONDER, EMERGENCY MEDICAL TECHNICIAN,
4 EMERGENCY MEDICAL TECHNICIAN SPECIALIST, OR PARAMEDIC MAY PERFORM
5 TECHNIQUES REQUIRED IN IMPLEMENTING A FIELD STUDY AUTHORIZED
6 UNDER SECTION 20910(1)(K) IF HE OR SHE RECEIVES TRAINING FOR THE
7 SKILL, TECHNIQUE, PROCEDURE, OR EQUIPMENT INVOLVED IN THE FIELD
8 STUDY.

9 SEC. 20958. (1) THE DEPARTMENT MAY DENY, REVOKE, OR SUSPEND
10 AN EMERGENCY MEDICAL SERVICES PERSONNEL LICENSE UPON FINDING THAT
11 AN APPLICANT OR LICENSEE MEETS 1 OR MORE OF THE FOLLOWING:

12 (A) IS GUILTY OF FRAUD OR DECEIT IN PROCURING OR ATTEMPTING
13 TO PROCURE LICENSURE.

14 (B) HAS ILLEGALLY OBTAINED, POSSESSED, USED, OR DISTRIBUTED
15 DRUGS.

16 (C) HAS PRACTICED AFTER HIS OR HER LICENSE HAS EXPIRED OR
17 HAS BEEN SUSPENDED.

18 (D) HAS VIOLATED, OR AIDED OR ABETTED OTHERS IN THE VIOLA-
19 TION OF, THIS PART OR RULES PROMULGATED UNDER THIS PART.

20 (E) IS NOT PERFORMING IN A MANNER CONSISTENT WITH HIS OR HER
21 EDUCATION OR LICENSURE.

22 (F) IS PHYSICALLY OR MENTALLY INCAPABLE OF PERFORMING HIS OR
23 HER PRESCRIBED DUTIES.

24 (G) HAS BEEN CONVICTED OF A CRIMINAL OFFENSE UNDER SECTIONS
25 520A TO 520I OF THE MICHIGAN PENAL CODE, ACT NO. 328 OF THE
26 PUBLIC ACTS OF 1931, BEING SECTIONS 750.520A TO 750.520I OF THE

1 MICHIGAN COMPILED LAWS. A CERTIFIED COPY OF THE COURT RECORD IS
2 CONCLUSIVE EVIDENCE OF THE CONVICTION.

3 (H) HAS BEEN CONVICTED OF A MISDEMEANOR OR FELONY REASONABLY
4 RELATED TO AND ADVERSELY AFFECTING THE ABILITY TO PRACTICE IN A
5 SAFE AND COMPETENT MANNER. A CERTIFIED COPY OF THE COURT RECORD
6 IS CONCLUSIVE EVIDENCE AS TO THE CONVICTION.

7 (2) THE DEPARTMENT SHALL PROVIDE NOTICE OF INTENT TO DENY,
8 REVOKE, OR SUSPEND AN EMERGENCY SERVICES PERSONNEL LICENSE AND
9 OPPORTUNITY FOR A HEARING ACCORDING TO THE PROVISIONS OF
10 SECTION 20166.

11 SEC. 20961. (1) THE DEPARTMENT MAY GRANT A LICENSE UNDER
12 THIS PART TO A PERSON WHO IS LICENSED IN ANOTHER STATE AT THE
13 TIME OF APPLICATION IF THE APPLICANT PROVIDES EVIDENCE SATISFAC-
14 TORY TO THE DEPARTMENT AS TO ALL OF THE FOLLOWING:

15 (A) THE APPLICANT MEETS THE REQUIREMENTS OF THIS PART AND
16 RULES PROMULGATED BY THE DEPARTMENT FOR LICENSURE.

17 (B) THERE ARE NO PENDING DISCIPLINARY PROCEEDINGS AGAINST
18 THE APPLICANT BEFORE A SIMILAR LICENSING AGENCY OF THIS OR ANY
19 OTHER STATE OR COUNTRY.

20 (C) IF SANCTIONS HAVE BEEN IMPOSED AGAINST THE APPLICANT BY
21 A SIMILAR LICENSING AGENCY OF THIS OR ANY OTHER STATE OR COUNTRY
22 BASED UPON GROUNDS THAT ARE SUBSTANTIALLY SIMILAR TO THOSE SET
23 FORTH IN SECTION 20165 OR 20958, AS DETERMINED BY THE DEPARTMENT,
24 THE SANCTIONS ARE NOT IN FORCE AT THE TIME OF THE APPLICATION.

25 (D) THE OTHER STATE MAINTAINS LICENSURE STANDARDS EQUIVALENT
26 TO OR MORE STRINGENT THAN THOSE OF THIS STATE.

1 (2) THE DEPARTMENT MAY MAKE AN INDEPENDENT INQUIRY TO
2 DETERMINE WHETHER AN APPLICANT MEETS THE REQUIREMENTS DESCRIBED
3 IN SUBSECTION (1)(B) AND (C).

4 SEC. 20963. (1) A PERSON PARTICIPATING IN RADIO COMMUNICA-
5 TIONS ACTIVITIES IN SUPPORT OF EMERGENCY MEDICAL SERVICES, ON
6 FREQUENCIES UTILIZED IN THE STATEWIDE EMERGENCY MEDICAL SERVICES
7 COMMUNICATIONS SYSTEM, SHALL COMPLY WITH PROCEDURES AND RADIO
8 SYSTEM REQUIREMENTS ESTABLISHED BY THE DEPARTMENT.

9 (2) A PERSON WHO RECEIVES ANY INTERCEPTED PUBLIC SAFETY
10 RADIO COMMUNICATION SHALL NOT UTILIZE THE CONTENTS OF THE COMMU-
11 NICATION FOR THE PURPOSE OF INITIATING AN EMERGENCY MEDICAL SERV-
12 ICE RESPONSE WITHOUT THE AUTHORIZATION OF THE SENDER. THIS SUB-
13 SECTION SHALL NOT APPLY TO A RADIO COMMUNICATION GENERALLY TRANS-
14 MITTED TO ANY LISTENER BY A PERSON IN DISTRESS.

15 SEC. 20965. UNLESS AN ACT OR OMISSION IS THE RESULT OF
16 GROSS NEGLIGENCE OR WILLFUL MISCONDUCT, THE ACTS OR OMISSIONS OF
17 A MEDICAL FIRST RESPONDER, EMERGENCY MEDICAL TECHNICIAN, EMER-
18 GENCY MEDICAL TECHNICIAN SPECIALIST, PARAMEDIC, OR MEDICAL DIREC-
19 TOR OF A MEDICAL CONTROL AUTHORITY OR HIS OR HER DESIGNEE WHILE
20 PERFORMING SERVICES OUTSIDE A HOSPITAL THAT ARE CONSISTENT WITH
21 THE INDIVIDUAL'S LICENSURE OR ADDITIONAL TRAINING REQUIRED BY THE
22 LOCAL MEDICAL CONTROL AUTHORITY DO NOT IMPOSE LIABILITY IN THE
23 TREATMENT OF A PATIENT ON THOSE INDIVIDUALS OR ANY OF THE FOLLOW-
24 ING PERSONS:

25 (A) THE AUTHORIZING PHYSICIAN OR PHYSICIAN'S DESIGNEE.

26 (B) THE MEDICAL DIRECTOR OF THE MEDICAL CONTROL AUTHORITY.

1 (C) THE PERSON PROVIDING COMMUNICATIONS SERVICES OR LAWFULLY
2 OPERATING OR UTILIZING SUPPORTIVE ELECTRONIC COMMUNICATIONS
3 DEVICES.

4 (D) THE AMBULANCE OPERATION.

5 (E) THE NONTRANSPORT PREHOSPITAL LIFE SUPPORT OPERATION.

6 (F) THE HOSPITAL OR AN OFFICER, MEMBER OF THE STAFF, NURSE,
7 OR OTHER EMPLOYEE OF THE HOSPITAL.

8 (G) THE AUTHORITATIVE GOVERNMENTAL UNIT OR UNITS.

9 (H) EMERGENCY PERSONNEL FROM OUTSIDE THE STATE.

10 SEC. 20967. (1) AUTHORITY FOR THE MANAGEMENT OF AN EMER-
11 GENCY PATIENT IN AN EMERGENCY IS VESTED IN THE LICENSED HEALTH
12 PROFESSIONAL OR LICENSED EMERGENCY MEDICAL SERVICES PERSONNEL AT
13 THE SCENE OF THE EMERGENCY WHO HAS THE MOST TRAINING SPECIFIC TO
14 THE PROVISION OF EMERGENCY MEDICAL CARE. IF A LICENSED HEALTH
15 PROFESSIONAL OR LICENSED EMERGENCY MEDICAL SERVICES PERSONNEL IS
16 NOT AVAILABLE, THE AUTHORITY IS VESTED IN THE MOST APPROPRIATELY
17 TRAINED REPRESENTATIVE OF A PUBLIC SAFETY AGENCY AT THE SCENE OF
18 THE EMERGENCY.

19 (2) WHEN A LIFE SUPPORT AGENCY IS PRESENT AT THE SCENE OF
20 THE EMERGENCY, AUTHORITY FOR THE MANAGEMENT OF AN EMERGENCY
21 PATIENT IN AN EMERGENCY IS VESTED IN THE PHYSICIAN RESPONSIBLE
22 FOR MEDICAL CONTROL UNTIL THAT PHYSICIAN RELINQUISHES MANAGEMENT
23 OF THE PATIENT TO A LICENSED PHYSICIAN AT THE SCENE OF THE
24 EMERGENCY.

25 (3) AUTHORITY FOR THE MANAGEMENT OF THE SCENE OF AN EMER-
26 GENCY IS VESTED IN APPROPRIATE PUBLIC SAFETY AGENCIES. THE SCENE
27 OF AN EMERGENCY SHALL BE MANAGED IN A MANNER THAT WILL MINIMIZE

1 THE RISK OF DEATH OR HEALTH IMPAIRMENT TO AN EMERGENCY PATIENT
2 AND TO OTHER INDIVIDUALS WHO MAY BE EXPOSED TO THE RISKS AS A
3 RESULT OF THE EMERGENCY. PRIORITY SHALL BE GIVEN TO THE INTER-
4 ESTS OF THOSE INDIVIDUALS EXPOSED TO THE MORE SERIOUS REMEDIABLE
5 RISKS TO LIFE AND HEALTH. PUBLIC SAFETY OFFICIALS SHALL ORDINA-
6 RILY CONSULT EMERGENCY MEDICAL SERVICES PERSONNEL OR OTHER
7 AUTHORITATIVE HEALTH PROFESSIONALS AT THE SCENE IN THE DETERMINA-
8 TION OF REMEDIABLE RISKS.

9 (4) IF AN EMERGENCY HAS BEEN DECLARED, THE DECLARATION THAT
10 AN EMERGENCY NO LONGER EXISTS SHALL BE MADE ONLY BY AN INDIVIDUAL
11 LICENSED UNDER THIS PART OR A HEALTH PROFESSIONAL LICENSED UNDER
12 ARTICLE 15 WHO HAS TRAINING SPECIFIC TO THE PROVISION OF EMER-
13 GENCY MEDICAL SERVICES AFTER THAT INDIVIDUAL HAS CONSULTED WITH
14 THE LOCAL MEDICAL CONTROL AUTHORITY.

15 SEC. 20969. THIS PART AND THE RULES PROMULGATED UNDER THIS
16 PART DO NOT AUTHORIZE MEDICAL TREATMENT FOR OR TRANSPORTATION TO
17 A HOSPITAL OF AN INDIVIDUAL WHO OBJECTS TO THE TREATMENT OR
18 TRANSPORTATION.

19 SEC. 20971. (1) THIS PART DOES NOT SUPERSEDE, LIMIT, OR
20 OTHERWISE AFFECT THE EMERGENCY PREPAREDNESS ACT, ACT NO. 390 OF
21 THE PUBLIC ACTS OF 1976, BEING SECTIONS 30.401 TO 30.420 OF THE
22 MICHIGAN COMPILED LAWS, OR ACT NO. 151 OF THE PUBLIC ACTS OF
23 1953, BEING SECTION 30.261 OF THE MICHIGAN COMPILED LAWS, DEALING
24 WITH LICENSES FOR PROFESSIONAL, MECHANICAL, OR OTHER SKILLS FOR
25 PERSONS PERFORMING CIVIL DEFENSE, EMERGENCY, OR DISASTER FUNC-
26 TIONS UNDER THOSE ACTS.

1 (2) A REFERENCE IN ANY LAW TO FORMER ACT NO. 290 OF THE
2 PUBLIC ACTS OF 1976; FORMER ACT NO. 288 OF THE PUBLIC ACTS OF
3 1976; FORMER ACT NO. 330 OF THE PUBLIC ACTS OF 1976; OR FORMER
4 PART 32, 203, OR 207 OF THIS ACT SHALL BE CONSIDERED A REFERENCE
5 TO THIS PART.

6 SEC. 20973. THIS PART DOES NOT DENY EMERGENCY MEDICAL SERV-
7 ICES TO INDIVIDUALS OUTSIDE OF THE BOUNDARIES OF THIS STATE, OR
8 TO LIMIT, RESTRICT, OR PREVENT A COOPERATIVE AGREEMENT FOR THE
9 PROVISION OF EMERGENCY MEDICAL SERVICES BETWEEN THIS STATE OR A
10 POLITICAL SUBDIVISION OF THIS STATE AND ANOTHER STATE OR A POLIT-
11 ICAL SUBDIVISION OF ANOTHER STATE, A FEDERAL AGENCY, OR ANOTHER
12 NATION OR A POLITICAL SUBDIVISION OF ANOTHER NATION.

13 SEC. 20975. THE DEPARTMENT SHALL PROMULGATE RULES TO IMPLE-
14 MENT THIS PART.

15 SEC. 20977. RULES PROMULGATED TO IMPLEMENT FORMER PARTS 32,
16 203, OR 207 OF THIS ACT AND IN EFFECT ON THE EFFECTIVE DATE OF
17 THIS SECTION SHALL CONTINUE, TO THE EXTENT THAT THEY DO NOT CON-
18 FLECT WITH THIS PART, AND SHALL BE CONSIDERED AS RULES PROMUL-
19 GATED UNDER THIS PART.

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

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

25 (b) Shall cooperate with the department in the enforcement
26 of this part, and require that the physicians, dentists, and

1 other personnel working in the hospital and for whom a license or
2 registration is required be currently licensed or registered.

3 (c) Shall assure that physicians and dentists admitted to
4 practice in the hospital are granted hospital privileges consis-
5 tent with their individual training, experience, and other
6 qualifications.

7 (d) Shall assure that physicians and dentists admitted to
8 practice in the hospital are organized into a medical staff to
9 enable an effective review of the professional practices in the
10 hospital for the purpose of reducing morbidity and mortality and
11 improving the care provided in the hospital for patients. This
12 review shall include the quality and necessity of the care pro-
13 vided and the preventability of complications and deaths occur-
14 ring in the hospital.

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

1 (F) SHALL ASSURE THAT THE HOSPITAL PARTICIPATES IN A MEDICAL
2 CONTROL AUTHORITY ACCORDING TO SECTION 20918.

3 Section 2. Part 207 of Act No. 368 of the Public Acts of
4 1978, being sections 333.20701 to 333.20773 of the Michigan
5 Compiled Laws, is repealed.

6 Section 3. This amendatory act shall take effect on
7 September 29, 1989.