

Legislative Analysis



AMBULANCE OPERATIONS & CANADIAN NURSES

Mitchell Bean, Director
Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 5232 as enrolled

Public Act 200 of 2004

Sponsor: Rep. John Stakoe

House Committee: Health Policy

Senate Committee: Health Policy

Second Analysis (10-3-05)

BRIEF SUMMARY: The bill would allow an ambulance operation, if certain criteria were met, to operate an ambulance at a higher level of service than it is licensed to provide. It would also extend until January 1, 2007, the authority for the Michigan Board of Nursing to grant a temporary license to a Canadian nurse to practice within the state while awaiting certification.

FISCAL IMPACT: Permitting a licensed ambulance operation to operate a licensed ambulance at a higher level of life support if certain criteria are met does not appear to have any fiscal impact on the state or local units of government.

Changing ambulance operation licenses to indicate the highest level of life support they are licensed to provide may initially result in minimal administrative costs to the Department of Community Health. Conceivably, these costs would be offset by the \$100 licensure fees for ambulance operations.

THE APPARENT PROBLEM:

Ambulances operate as basic life support, limited advanced life support, and advanced life support operations; some are authorized to transport patients whereas others are not; and all must operate within the limits of their license. For instance, under current law, an ambulance licensed at the basic life support level could not operate at a higher level even if appropriately trained and licensed personnel (paramedics) were available to staff it. Some believe that this is an inefficient use of available trained personnel and that the public would be better served if the law were changed.

In a separate matter, a provision that gives the Michigan Board of Nursing the authority to grant a temporary license to a Canadian nurse to practice within the state while completing the required certification process is set to expire October 1, 2004. Since the state continues to suffer a shortage of registered professional nurses, many feel the sunset needs to be extended.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to specify that an ambulance operation that was licensed to provide advanced life support and that has more than one ambulance

licensed under its operation could operate an ambulance licensed to provide basic life support or limited advanced life support at a higher level of life support if all of the following were met:

- The ambulance operation had at least one ambulance under its operation that was properly staffed and available to provide advanced life support on a 24-hour-a-day, 7-day-a-week basis.
- The licensed personnel required to operate at the higher level of life support were available at the scene and in the ambulance during the patient transport to provide life support to that patient at that higher level.
- The ambulance met all equipment and communication requirements to operate at that higher level of life support. The necessary patient care equipment and medications needed to be on board an ambulance so that it could be upgraded from providing basic or limited life support to a higher level of life support would have to be secured in a way such that the equipment or medications could only be used by the appropriate licensed personnel.
- The ambulance operation that was unable to respond to a request for emergency assistance immediately requested assistance according to protocols established by the local medical control authority and approved by the DCH.

In addition, current law requires an ambulance operation license to state the level of life support the operation is licensed to provide. The bill would instead require the license to state the highest level of life support it is licensed to provide. Current law also prohibits an ambulance operation from providing life support at a level that exceeds its license. The bill would instead prohibit an ambulance operation from providing life support at a level that exceeded its license and available licensed personnel.

Automated External Defibrillators. Within 180 days after the bill took effect, the DCH, in consultation with the emergency medical services coordination committee, would have to conduct a study on the potential medical benefits, costs, and impact on life support agencies if each ambulance was required to be equipped with an automated external defibrillator. Recommendations would have to be submitted to the standing committees in the Senate and House of Representatives with jurisdiction over health policy issues.

Canadian Nurses. The bill would extend from October 1, 2004 to January 1, 2007, the authority of the Michigan Board of Nursing to grant a nonrenewable temporary license to an applicant for a license to practice as a registered professional nurse (RPN) if the applicant were licensed as an RPN by an equivalent licensing board or authority in Canada. The bill also deletes an obsolete provision regarding a study of the needs of the professional nursing workforce in the state that was required to be completed several years ago.

MCL 333.16181 et al.

ARGUMENTS:

For:

The bill would fix a glitch in current law that prevents many ambulance operations from maximizing the use of available personnel to increase the level of care provided to those needing emergency services. Currently, when an ambulance is dispatched in response to an emergency call, the personnel on board are restricted to the level of care that can be provided by both their own level of licensing and the level at which the ambulance is licensed. For example, an emergency medical technician cannot provide services within the scope of practice of a paramedic even if he or she is assigned to an ambulance licensed to provide advanced life support. The flip side is also true; a paramedic who is assigned to a basic life support unit cannot utilize the extent of his or her training, nor are the types of drugs or equipment needed for advanced life support available on a basic unit.

The bill would change the law to allow an ambulance operation to operate an ambulance at a higher level than it is licensed to do. For example, the ambulance operation could equip a basic or limited advanced life support unit with the drug box and equipment required to be an advanced life support unit and to operate that unit as an advanced life support unit if a paramedic were available at the scene and available during transport to a hospital. If a paramedic were not available, or if the equipment and drug box were not on the unit, it could only be operated at the level it was licensed to operate at. In addition, only ambulance operations that had at least one unit licensed as an advanced life support unit and which, if it couldn't respond at that higher level, requested mutual aid assistance from the closest neighboring ambulance operation licensed to provide advanced life support could avail itself of the bill's provisions.

The following scenario may help to illustrate how the bill could benefit an ambulance operation, whether operated privately or by a local unit of government, and residents needing emergency services. Say the ambulance operation has two ambulances – one which is licensed to provide advanced life support (ALS) and one licensed to provide basic life support. A call comes in about a car accident with one or more people unconscious and apparently seriously injured. The ambulance operation already has its ALS unit dispatched on another call but does have another paramedic on duty. As long as the bill's criteria is met pertaining to the availability of equipment necessary to operate at the ALS unit, the basic unit could be dispatched as an ALS unit. However, even if the ALS equipment was available and onboard the basic unit, if a paramedic was not available to staff the unit, it could only be operated at the level for which it was licensed. And, the ambulance operation would have to immediately request mutual aid assistance from the closest neighboring ambulance operation licensed at the ALS level. (Reportedly, this provision was considered necessary to discourage an ambulance operation from “sitting” on a call if it expected its ALS unit to return shortly.)

Enactment of the bill will increase the level of care that ambulance operations are able to provide. In those situations in which an ambulance operation cannot afford to operate all

of its units at the ALS license level, it will enable the operation to maximize available personnel to provide the highest level of care as much as it can.

For:

Public Act 256 of 2000 (enrolled Senate Bill 1224) allowed Canadian nurses to apply for a temporary license to practice as a registered professional nurse (RPN) while they are undergoing the process of certification in Michigan. Apparently, the certification process can be lengthy. In light of the ongoing shortage of nurses in the state, and considering that the training and licensure requirements of U.S. and Canadian nurses are similar, the legislation has enabled Michigan hospitals to alleviate nursing shortages and thus improve patient care. However, this provision expiration date was October 1, 2004. House Bill 5232 would extend the sunset until January 1, 2007.

Legislative Analyst: Susan Stutzky
Fiscal Analyst: Margaret Alston

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