

Legislative Analysis



AMBULANCE OPERATIONS

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House Bill 5232 (Substitute H-1)

Sponsor: Rep. John Stakoe

Committee: Health Policy

First Analysis (4-27-04)

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.

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.

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 was properly equipped 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 life support to advanced life support would have to be secured in a way such that the equipment or medications could only be used when the appropriate licensed personnel were available.
- If an ambulance operation was unable to provide advanced life support to an emergency patient as required under the health code, the ambulance operation would have to immediately request mutual aid assistance from the closest neighboring ambulance operation licensed to provide advanced life support.

Further, 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 or available licensed personnel.

MCL 333.20920 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.

POSITIONS:

A representative of the Department of Community Health indicated support for the bill. (4-20-04)

A representative of the Independence Township Fire Department, indicated support for the bill. (4-20-04)

A representative of Windsor Township indicated support for the bill. (4-20-04)

A representative of the Michigan Association of Ambulance Services indicated support for the bills. (4-20-04)

A representative of the Michigan Townships Association indicated support for the bill. (4-20-04)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.