

**SENATE SUBSTITUTE FOR
HOUSE BILL NO. 4170**

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending section 20919 (MCL 333.20919), as amended by 2014 PA
312, and by adding part 56B and section 20192a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

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PART 56B

PHYSICIAN ORDERS FOR SCOPE OF TREATMENT

**SEC. 5671. (1) AS USED IN THIS PART, THE WORDS AND PHRASES
DEFINED IN SECTIONS 5672 TO 5674 HAVE THE MEANINGS ASCRIBED TO THEM
IN THOSE SECTIONS.**

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

1 THE MICHIGAN BOARD OF NURSING UNDER SECTION 17210.

2 SEC. 5673. (1) "EMERGENCY MEDICAL PROTOCOL" MEANS A PROTOCOL
3 AS THAT TERM IS DEFINED IN SECTION 20908.

4 (2) "EMERGENCY MEDICAL SERVICES PERSONNEL" MEANS THAT TERM AS
5 DEFINED IN SECTION 20904, BUT DOES NOT INCLUDE AN EMERGENCY MEDICAL
6 SERVICES INSTRUCTOR-COORDINATOR.

7 (3) "GUARDIAN" MEANS A PERSON WITH THE POWERS AND DUTIES TO
8 MAKE MEDICAL TREATMENT DECISIONS ON BEHALF OF A PATIENT TO THE
9 EXTENT GRANTED BY COURT ORDER UNDER SECTION 5314 OF THE ESTATES AND
10 PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.5314.

11 (4) "HEALTH FACILITY" MEANS A HEALTH FACILITY OR AGENCY
12 LICENSED UNDER ARTICLE 17. HEALTH FACILITY DOES NOT INCLUDE A
13 HOSPITAL UNLESS SPECIFICALLY PROVIDED.

14 (5) "HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL LICENSED,
15 REGISTERED, OR OTHERWISE AUTHORIZED TO ENGAGE IN THE PRACTICE OF A
16 HEALTH PROFESSION UNDER ARTICLE 15.

17 (6) "HOSPITAL" MEANS THAT TERM AS DEFINED IN SECTION 20106.

18 (7) "INFORMATION FORM" MEANS THE INFORMATION FORM DESCRIBED IN
19 SECTION 5676.

20 SEC. 5674. (1) "MEDICAL CONTROL AUTHORITY" MEANS THAT TERM AS
21 DEFINED IN SECTION 20906.

22 (2) "PATIENT" MEANS AN ADULT WITH AN ADVANCED ILLNESS OR MEANS
23 AN ADULT WITH ANOTHER MEDICAL CONDITION THAT, DESPITE AVAILABLE
24 CURATIVE THERAPIES OR MODULATION, COMPROMISES HIS OR HER HEALTH SO
25 AS TO MAKE DEATH WITHIN 1 YEAR FORESEEABLE THOUGH NOT A SPECIFIC OR
26 PREDICTED PROGNOSIS.

27 (3) "PATIENT ADVOCATE" MEANS AN INDIVIDUAL PRESENTLY

1 AUTHORIZED TO MAKE MEDICAL TREATMENT DECISIONS ON BEHALF OF A
2 PATIENT UNDER SECTIONS 5506 TO 5515 OF THE ESTATES AND PROTECTED
3 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5506 TO 700.5515.

4 (4) "PATIENT REPRESENTATIVE" MEANS A PATIENT ADVOCATE OR A
5 GUARDIAN.

6 (5) "PERSON" MEANS THAT TERM AS DEFINED IN SECTION 1106 OR A
7 GOVERNMENTAL ENTITY.

8 (6) "PHYSICIAN" MEANS THAT TERM AS DEFINED IN SECTION 17001 OR
9 17501.

10 (7) "PHYSICIAN ORDERS FOR SCOPE OF TREATMENT FORM" OR "POST
11 FORM" MEANS THE STANDARDIZED POST FORM DESCRIBED IN SECTION 5676. A
12 POST FORM IS NOT AN ADVANCE HEALTH CARE DIRECTIVE.

13 (8) "PHYSICIAN'S ASSISTANT" MEANS AN INDIVIDUAL LICENSED AS A
14 PHYSICIAN'S ASSISTANT UNDER PART 170 OR PART 175.

15 (9) "RESIDENTIAL SETTING" MEANS A SETTING OUTSIDE OF A
16 HOSPITAL, INCLUDING, BUT NOT LIMITED TO, AN ADULT FOSTER CARE
17 FACILITY.

18 (10) "WARD" MEANS THAT TERM AS DEFINED IN SECTION 1108 OF THE
19 ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.1108.

20 SEC. 5675. (1) NOT LATER THAN 90 DAYS AFTER THE EFFECTIVE DATE
21 OF THE AMENDATORY ACT THAT ADDED THIS PART, THE DIRECTOR SHALL
22 APPOINT MEMBERS OF AND CONVENE AN AD HOC ADVISORY COMMITTEE. THE
23 COMMITTEE MUST CONSIST OF 11 MEMBERS APPOINTED AS FOLLOWS:

24 (A) FOUR MEMBERS OF THE COMMITTEE MUST INCLUDE 1 INDIVIDUAL
25 REPRESENTING EACH OF THE FOLLOWING:

26 (i) A HEALTH FACILITY OR AN ADULT FOSTER CARE FACILITY, OR AN
27 ORGANIZATION OR PROFESSIONAL ASSOCIATION REPRESENTING HEALTH

1 FACILITIES OR ADULT FOSTER CARE FACILITIES.

2 (ii) A PALLIATIVE CARE PROVIDER.

3 (iii) EMERGENCY MEDICAL SERVICES PERSONNEL.

4 (iv) A MEDICAL CONTROL AUTHORITY.

5 (B) SEVEN MEMBERS OF THE COMMITTEE MAY INCLUDE, BUT ARE NOT
6 LIMITED TO, INDIVIDUALS REPRESENTING THE FOLLOWING:

7 (i) A HEALTH PROFESSIONAL.

8 (ii) A PATIENT ADVOCACY ORGANIZATION.

9 (2) WITHIN 180 DAYS AFTER THE COMMITTEE IS CONVENED, THE
10 COMMITTEE SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT ON ALL OF
11 THE FOLLOWING:

12 (A) SUBJECT TO SECTION 5676, THE CREATION OF A STANDARDIZED
13 POST FORM.

14 (B) MEDICAL ORDERS TO BE INCLUDED ON THE POST FORM THAT RELATE
15 TO EMERGENCY AND NONEMERGENCY SITUATIONS.

16 (C) SUBJECT TO SECTION 5676, THE CREATION OF AN INFORMATION
17 FORM.

18 (D) THE PROCEDURES FOR THE USE OF A POST FORM WITHIN A
19 RESIDENTIAL SETTING.

20 (E) THE CIRCUMSTANCES UNDER WHICH A PHOTOCOPY, FACSIMILE, OR
21 DIGITAL IMAGE OF A COMPLETED POST FORM IS CONSIDERED VALID FOR
22 PURPOSES OF A HEALTH PROFESSIONAL, A HEALTH FACILITY, AN ADULT CARE
23 FACILITY, OR EMERGENCY MEDICAL SERVICES PERSONNEL COMPLYING WITH
24 THE ORDERS FOR MEDICAL TREATMENT ON THE POST FORM.

25 (3) AFTER THE DEPARTMENT RECEIVES THE RECOMMENDATIONS FROM THE
26 COMMITTEE UNDER SUBSECTION (2), THE COMMITTEE IS ABOLISHED.

27 (4) AS USED IN THIS SECTION, "COMMITTEE" MEANS THE AD HOC

1 ADVISORY COMMITTEE APPOINTED UNDER SUBSECTION (1).

2 SEC. 5676. (1) THE DEPARTMENT, AFTER CONSIDERING THE
3 RECOMMENDATIONS OF THE ADVISORY COMMITTEE UNDER SECTION 5675, SHALL
4 DO ALL OF THE FOLLOWING:

5 (A) DEVELOP A STANDARDIZED POST FORM THAT HAS A DISTINCT
6 FORMAT AND IS PRINTED ON A SPECIFIC STOCK AND COLOR OF PAPER TO
7 MAKE THE FORM EASILY IDENTIFIABLE. THE DEPARTMENT SHALL INCLUDE ON
8 THE POST FORM AT LEAST ALL OF THE FOLLOWING:

9 (i) A SPACE FOR THE PRINTED NAME OF THE PATIENT, THE PATIENT'S
10 AGE, AND THE PATIENT'S DIAGNOSIS OR MEDICAL CONDITION THAT WARRANTS
11 THE MEDICAL ORDERS ON THE POST FORM.

12 (ii) A SPACE FOR THE SIGNATURE OF THE PATIENT OR THE PATIENT
13 REPRESENTATIVE WHO CONSENTS TO THE MEDICAL ORDERS INDICATED ON THE
14 POST FORM AND A SPACE TO INDICATE THE DATE THE PATIENT OR THE
15 PATIENT REPRESENTATIVE SIGNED THE FORM.

16 (iii) A SPACE FOR THE PRINTED NAME AND SIGNATURE OF THE
17 ATTENDING HEALTH PROFESSIONAL WHO ISSUES THE MEDICAL ORDERS ON THE
18 POST FORM.

19 (iv) SECTIONS CONTAINING MEDICAL ORDERS THAT DIRECT SPECIFIC
20 TYPES OR LEVELS OF TREATMENT TO BE PROVIDED IN A SETTING OUTSIDE OF
21 A HOSPITAL TO WHICH A PATIENT OR A PATIENT REPRESENTATIVE MAY
22 PROVIDE CONSENT.

23 (v) A SPACE FOR THE DATE AND THE INITIALS OF EITHER THE
24 ATTENDING HEALTH PROFESSIONAL AND THE PATIENT OR THE ATTENDING
25 HEALTH PROFESSIONAL AND THE PATIENT REPRESENTATIVE. THE POST FORM
26 MUST ALSO INCLUDE A STATEMENT THAT, BY DATING AND INITIALING THE
27 POST FORM, THE INDIVIDUALS DESCRIBED IN THIS SUBPARAGRAPH CONFIRM

1 THAT THE MEDICAL ORDERS ON THE FORM REMAIN IN EFFECT.

2 (vi) A STATEMENT THAT, WITHIN A TIME FRAME ESTABLISHED BY THE
3 DEPARTMENT BY RULE, THE POST FORM MUST BE REVIEWED, DATED, AND
4 INITIALED BY EITHER THE ATTENDING HEALTH PROFESSIONAL AND THE
5 PATIENT OR THE ATTENDING HEALTH PROFESSIONAL AND THE PATIENT
6 REPRESENTATIVE, IF ANY OF THE FOLLOWING HAVE OCCURRED:

7 (A) ONE YEAR HAS EXPIRED SINCE THE PATIENT AND THE ATTENDING
8 HEALTH PROFESSIONAL OR THE PATIENT REPRESENTATIVE AND THE ATTENDING
9 HEALTH PROFESSIONAL HAVE SIGNED OR INITIALED THE POST FORM.

10 (B) THERE HAS BEEN AN UNEXPECTED CHANGE IN THE PATIENT'S
11 MEDICAL CONDITION.

12 (C) THE PATIENT IS TRANSFERRED FROM 1 CARE SETTING OR CARE
13 LEVEL TO ANOTHER CARE SETTING OR CARE LEVEL.

14 (D) THE PATIENT'S TREATMENT PREFERENCES CHANGE.

15 (E) THE PATIENT'S ATTENDING HEALTH PROFESSIONAL CHANGES.

16 (vii) A STATEMENT THAT A PATIENT OR A PATIENT REPRESENTATIVE
17 HAS THE OPTION OF EXECUTING A POST FORM AND THAT CONSENTING TO THE
18 MEDICAL ORDERS ON THE POST FORM IS VOLUNTARY.

19 (viii) A STATEMENT THAT THE POST FORM IS VOID IF ANY
20 INFORMATION DESCRIBED IN SUBPARAGRAPH (i), (ii), OR (iii) IS NOT
21 PROVIDED ON THE FORM OR IF A REQUIREMENT DESCRIBED IN SUBPARAGRAPH
22 (vi) IS NOT MET.

23 (ix) A STATEMENT THAT IF A SECTION ON THE POST FORM REGARDING
24 A SPECIFIC TYPE OR LEVEL OF TREATMENT IS LEFT BLANK, THE BLANK
25 SECTION WILL BE INTERPRETED AS AUTHORIZING FULL TREATMENT FOR THE
26 PATIENT FOR THAT TREATMENT, BUT A BLANK SECTION ON THE POST FORM
27 REGARDING A SPECIFIC TYPE OR LEVEL OF TREATMENT DOES NOT INVALIDATE

1 THE ENTIRE FORM OR OTHER MEDICAL ORDERS ON THE FORM.

2 (x) A SPACE FOR THE PRINTED NAME AND CONTACT INFORMATION OF
3 THE PATIENT REPRESENTATIVE, IF APPLICABLE.

4 (B) DEVELOP AN INFORMATION FORM. THE DEPARTMENT SHALL INCLUDE
5 ON THE INFORMATION FORM AT LEAST ALL OF THE FOLLOWING:

6 (i) AN INTRODUCTORY STATEMENT IN SUBSTANTIALLY THE FOLLOWING
7 FORM:

8 "THE POST FORM IS INTENDED TO BE USED AS PART OF AN ADVANCE CARE
9 PLANNING PROCESS. THE POST FORM IS NOT INTENDED TO BE USED AS A
10 STAND-ALONE ADVANCE HEALTH CARE DIRECTIVE THAT UNILATERALLY
11 EXPRESSES THE PATIENT'S MEDICAL TREATMENT WISHES. THE POST FORM
12 CONTAINS MEDICAL ORDERS THAT ARE JOINTLY AGREED TO BY THE PATIENT
13 AND THE ATTENDING HEALTH PROFESSIONAL OR THE PATIENT REPRESENTATIVE
14 AND THE ATTENDING HEALTH PROFESSIONAL. THE MEDICAL ORDERS ON THE
15 POST FORM REFLECT BOTH THE PATIENT'S EXPRESSED WISHES OR BEST
16 INTERESTS AND THE ATTENDING HEALTH PROFESSIONAL'S MEDICAL ADVICE OR
17 RECOMMENDATION. AN ADVANCE CARE PLANNING PROCESS THAT USES THE POST
18 FORM MUST RECOMMEND THAT THE PATIENT CONSIDER DESIGNATING AN
19 INDIVIDUAL TO SERVE AS THE PATIENT'S PATIENT ADVOCATE TO MAKE
20 FUTURE MEDICAL DECISIONS ON BEHALF OF THE PATIENT IF THE PATIENT
21 BECOMES UNABLE TO DO SO."

22 (ii) AN EXPLANATION OF WHO IS CONSIDERED A PATIENT WITH AN
23 ADVANCED ILLNESS FOR PURPOSES OF EXECUTING A POST FORM.

24 (iii) AN EXPLANATION OF HOW A PATIENT ADVOCATE IS DESIGNATED
25 UNDER SECTIONS 5506 TO 5515 OF THE ESTATES AND PROTECTED
26 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5506 TO 700.5515.

27 (iv) A STATEMENT INDICATING THAT, BY SIGNING THE INFORMATION

1 FORM, THE PATIENT OR THE PATIENT REPRESENTATIVE ACKNOWLEDGES THAT
2 HE OR SHE HAD THE OPPORTUNITY TO REVIEW THE INFORMATION FORM BEFORE
3 EXECUTING A POST FORM.

4 (v) A SPACE FOR THE SIGNATURE OF THE PATIENT OR THE PATIENT
5 REPRESENTATIVE AND A SPACE TO INDICATE THE DATE THE PATIENT OR THE
6 PATIENT REPRESENTATIVE REVIEWED THE INFORMATION FORM.

7 (C) PROMULGATE RULES TO IMPLEMENT THIS PART. THE RULES MUST
8 INCLUDE, BUT ARE NOT LIMITED TO, THE PROCEDURES FOR THE USE OF A
9 POST FORM WITHIN A RESIDENTIAL SETTING AND THE CIRCUMSTANCES UNDER
10 WHICH A PHOTOCOPY, FACSIMILE, OR DIGITAL IMAGE OF A COMPLETED POST
11 FORM WILL BE CONSIDERED VALID FOR PURPOSES OF A HEALTH
12 PROFESSIONAL, A HEALTH FACILITY, AN ADULT FOSTER CARE FACILITY, OR
13 EMERGENCY MEDICAL SERVICES PERSONNEL COMPLYING WITH THE MEDICAL
14 ORDERS ON THE FORM.

15 (2) THE DEPARTMENT MAY PUBLISH INFORMATION OR MATERIALS
16 REGARDING THE POST FORM ON THE DEPARTMENT'S WEBSITE.

17 SEC. 5677. (1) THE FOLLOWING INDIVIDUALS MAY CONSENT TO THE
18 MEDICAL ORDERS CONTAINED ON A POST FORM:

19 (A) IF A PATIENT IS CAPABLE OF PARTICIPATING IN THE MEDICAL
20 TREATMENT DECISIONS INCLUDED ON THE POST FORM, THE PATIENT.

21 (B) SUBJECT TO SUBSECTION (2), IF A PATIENT IS NOT CAPABLE OF
22 PARTICIPATING IN THE MEDICAL TREATMENT DECISIONS INCLUDED ON THE
23 POST FORM, EITHER OF THE FOLLOWING:

24 (i) A PATIENT REPRESENTATIVE WHO IS A PATIENT ADVOCATE.

25 (ii) A PATIENT REPRESENTATIVE WHO IS A GUARDIAN AFTER
26 COMPLYING WITH SECTION 5314 OF THE ESTATES AND PROTECTED
27 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5314.

1 (2) IF A PATIENT REPRESENTATIVE IS CONSENTING TO THE MEDICAL
2 ORDERS CONTAINED ON THE POST FORM, THE PATIENT REPRESENTATIVE SHALL
3 COMPLY WITH THE PATIENT'S EXPRESSED WISHES. IF THE PATIENT'S WISHES
4 ARE UNKNOWN, THE PATIENT REPRESENTATIVE SHALL CONSENT TO THE
5 MEDICAL ORDERS IN THE FOLLOWING MANNER:

6 (A) IF THE PATIENT REPRESENTATIVE IS A GUARDIAN, IN A MANNER
7 THAT IS CONSISTENT WITH THE PATIENT'S BEST INTEREST.

8 (B) IF THE PATIENT REPRESENTATIVE IS A PATIENT ADVOCATE,
9 SUBJECT TO SECTION 5509(1)(E) OF THE ESTATES AND PROTECTED
10 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5509.

11 (3) BEFORE A PATIENT AND AN ATTENDING HEALTH PROFESSIONAL OR A
12 PATIENT REPRESENTATIVE AND AN ATTENDING HEALTH PROFESSIONAL SIGN A
13 POST FORM, THE ATTENDING HEALTH PROFESSIONAL SHALL PROVIDE THE
14 PATIENT OR THE PATIENT REPRESENTATIVE WITH THE INFORMATION FORM
15 AND, IF THE PATIENT DOES NOT HAVE A PATIENT REPRESENTATIVE, THE
16 ATTENDING HEALTH PROFESSIONAL SHALL RECOMMEND TO THE PATIENT THAT
17 THE PATIENT CONSIDER DESIGNATING AN INDIVIDUAL TO SERVE AS THE
18 PATIENT'S PATIENT ADVOCATE TO MAKE FUTURE MEDICAL DECISIONS ON
19 BEHALF OF THE PATIENT IF THE PATIENT BECOMES UNABLE TO DO SO. THE
20 ATTENDING HEALTH PROFESSIONAL SHALL ALSO CONSULT WITH THE PATIENT
21 OR PATIENT REPRESENTATIVE AND EXPLAIN TO THE PATIENT OR PATIENT
22 REPRESENTATIVE THE NATURE AND CONTENT OF THE POST FORM AND THE
23 MEDICAL IMPLICATIONS OF THE MEDICAL ORDERS CONTAINED ON THE POST
24 FORM. THE PATIENT OR PATIENT REPRESENTATIVE SHALL SIGN THE
25 INFORMATION FORM AT THE TIME HE OR SHE SIGNS THE POST FORM UNDER
26 THIS SUBSECTION. THE ATTENDING HEALTH PROFESSIONAL WHO SIGNS THE
27 POST FORM SHALL PLACE THE INFORMATION FORM THAT IS SIGNED BY THE

1 PATIENT OR THE PATIENT REPRESENTATIVE IN THE PATIENT'S PERMANENT
2 MEDICAL RECORD. THE ATTENDING HEALTH PROFESSIONAL WHO SIGNS THE
3 POST FORM SHALL ALSO OBTAIN A COPY OR DUPLICATE OF THE POST FORM
4 AND MAKE THAT COPY OR DUPLICATE PART OF THE PATIENT'S PERMANENT
5 MEDICAL RECORD. THE PATIENT OR THE PATIENT REPRESENTATIVE SHALL
6 MAINTAIN POSSESSION OF THE ORIGINAL POST FORM.

7 SEC. 5678. (1) THE FOLLOWING INDIVIDUALS MAY REVOKE A POST
8 FORM UNDER THE FOLLOWING CIRCUMSTANCES:

9 (A) A PATIENT MAY REVOKE THE POST FORM AT ANY TIME AND IN ANY
10 MANNER THAT THE PATIENT IS ABLE TO COMMUNICATE HIS OR HER INTENT TO
11 REVOKE THE POST FORM. IF THE PATIENT'S REVOCATION IS NOT IN
12 WRITING, AN INDIVIDUAL WHO WITNESSES THE PATIENT'S EXPRESSED INTENT
13 TO REVOKE THE POST FORM SHALL DESCRIBE IN WRITING THE CIRCUMSTANCES
14 OF THE REVOCATION, SIGN THE WRITING, AND PROVIDE THE WRITING TO THE
15 INDIVIDUALS DESCRIBED IN SUBSECTION (2), AS APPLICABLE.

16 (B) THE PATIENT REPRESENTATIVE MAY REVOKE THE POST FORM AT ANY
17 TIME THE PATIENT REPRESENTATIVE CONSIDERS REVOKING THE POST FORM TO
18 BE CONSISTENT WITH THE PATIENT'S WISHES OR, IF THE PATIENT'S WISHES
19 ARE UNKNOWN, IN THE PATIENT'S BEST INTEREST.

20 (C) IF A CHANGE IN THE PATIENT'S MEDICAL CONDITION MAKES THE
21 MEDICAL ORDERS ON THE POST FORM CONTRARY TO GENERALLY ACCEPTED
22 HEALTH CARE STANDARDS, THE ATTENDING HEALTH PROFESSIONAL MAY REVOKE
23 THE POST FORM. IF AN ATTENDING HEALTH PROFESSIONAL REVOKES A POST
24 FORM UNDER THIS SUBDIVISION, HE OR SHE SHALL TAKE REASONABLE
25 ACTIONS TO NOTIFY THE PATIENT OR THE PATIENT REPRESENTATIVE OF THE
26 REVOCATION AND THE CHANGE IN THE PATIENT'S MEDICAL CONDITION THAT
27 WARRANTED THE REVOCATION OF THE POST FORM.

1 (2) UPON REVOCATION OF THE POST FORM, THE PATIENT, PATIENT
2 REPRESENTATIVE, OR ATTENDING HEALTH PROFESSIONAL SHALL WRITE
3 "REVOKED" OVER THE SIGNATURE OF THE PATIENT OR PATIENT
4 REPRESENTATIVE, AS APPLICABLE, AND OVER THE SIGNATURE OF THE
5 ATTENDING HEALTH PROFESSIONAL, ON THE POST FORM THAT IS CONTAINED
6 IN THE PATIENT'S PERMANENT MEDICAL RECORD AND ON THE ORIGINAL POST
7 FORM IF THE ORIGINAL POST FORM IS AVAILABLE. IF A PATIENT OR
8 PATIENT REPRESENTATIVE REVOKES THE POST FORM, THE PATIENT OR
9 PATIENT REPRESENTATIVE SHALL TAKE REASONABLE ACTIONS TO NOTIFY 1 OR
10 MORE OF THE FOLLOWING OF THE REVOCATION:

11 (A) THE ATTENDING HEALTH PROFESSIONAL.

12 (B) A HEALTH PROFESSIONAL WHO IS TREATING THE PATIENT.

13 (C) THE HEALTH FACILITY THAT IS DIRECTLY RESPONSIBLE FOR THE
14 MEDICAL TREATMENT OR CARE AND CUSTODY OF THE PATIENT.

15 (D) THE PATIENT.

16 SEC. 5679. (1) IN AN ACUTE CARE SETTING, A HEALTH PROFESSIONAL
17 WHO IS TREATING THE PATIENT MAY USE A COMPLETED POST FORM AS A
18 COMMUNICATION TOOL.

19 (2) EMERGENCY MEDICAL SERVICES PERSONNEL SHALL PROVIDE OR
20 WITHHOLD TREATMENT TO A PATIENT ACCORDING TO THE ORDERS ON A POST
21 FORM UNLESS ANY OF THE FOLLOWING APPLY:

22 (A) THE EMERGENCY MEDICAL SERVICES BEING PROVIDED BY THE
23 EMERGENCY MEDICAL SERVICES PERSONNEL ARE NECESSITATED BY AN INJURY
24 OR MEDICAL CONDITION THAT IS UNRELATED TO THE DIAGNOSIS OR MEDICAL
25 CONDITION THAT IS INDICATED ON THE PATIENT'S POST FORM.

26 (B) THE ORDERS ON THE POST FORM REQUEST MEDICAL TREATMENT THAT
27 IS CONTRARY TO GENERALLY ACCEPTED HEALTH CARE STANDARDS OR

1 EMERGENCY MEDICAL PROTOCOLS.

2 (C) THE POST FORM CONTAINS A MEDICAL ORDER REGARDING THE
3 INITIATION OF RESUSCITATION IF THE PATIENT SUFFERS CESSATION OF
4 BOTH SPONTANEOUS RESPIRATION AND CIRCULATION, AND THE EMERGENCY
5 MEDICAL SERVICES PERSONNEL HAS ACTUAL NOTICE OF A DO-NOT-
6 RESUSCITATE ORDER THAT WAS EXECUTED UNDER THE MICHIGAN DO-NOT-
7 RESUSCITATE PROCEDURE ACT, 1996 PA 193, MCL 333.1051 TO 333.1067,
8 AFTER THE POST FORM WAS VALIDLY EXECUTED. AS USED IN THIS
9 SUBDIVISION, "ACTUAL NOTICE" MEANS THAT TERM AS DEFINED IN SECTION
10 2 OF THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT, 1996 PA 193,
11 MCL 333.1052.

12 (D) THE POST FORM HAS BEEN REVOKED IN THE MANNER PROVIDED IN
13 THIS PART AND THE EMERGENCY MEDICAL SERVICES PERSONNEL HAS ACTUAL
14 NOTICE OF THE REVOCATION.

15 (3) IF A HEALTH PROFESSIONAL OR HEALTH FACILITY IS UNWILLING
16 TO COMPLY WITH THE MEDICAL ORDERS ON A VALIDLY EXECUTED POST FORM
17 BECAUSE OF A POLICY, RELIGIOUS BELIEF, OR MORAL CONVICTION, THE
18 HEALTH PROFESSIONAL OR HEALTH FACILITY SHALL TAKE ALL REASONABLE
19 STEPS TO REFER OR TRANSFER THE PATIENT TO ANOTHER HEALTH
20 PROFESSIONAL OR HEALTH FACILITY. IF AN ADULT FOSTER CARE FACILITY
21 IS UNWILLING TO COMPLY WITH THE MEDICAL ORDERS ON A VALIDLY
22 EXECUTED POST FORM FOR THE REASONS DESCRIBED IN THIS SUBSECTION,
23 THE ADULT FOSTER CARE FACILITY SHALL TAKE ALL REASONABLE STEPS TO
24 REFER OR TRANSFER THE PATIENT TO ANOTHER ADULT FOSTER CARE FACILITY
25 AS PROVIDED IN SECTION 26C OF THE ADULT FOSTER CARE FACILITY
26 LICENSING ACT, 1979 PA 218, MCL 400.726C.

27 SEC. 5680. A PERSON IS NOT SUBJECT TO CRIMINAL PROSECUTION,

1 CIVIL LIABILITY, OR PROFESSIONAL DISCIPLINARY ACTION FOR ANY OF THE
2 FOLLOWING:

3 (A) PROVIDING MEDICAL TREATMENT THAT IS CONTRARY TO THE
4 MEDICAL ORDERS INDICATED ON A POST FORM IF THE PERSON DID NOT HAVE
5 ACTUAL NOTICE OF THE POST FORM.

6 (B) PROVIDING MEDICAL TREATMENT THAT IS CONSISTENT WITH THE
7 MEDICAL ORDERS INDICATED ON A POST FORM IF THE PERSON DID NOT HAVE
8 ACTUAL NOTICE THAT THE POST FORM WAS REVOKED.

9 (C) PROVIDING EMERGENCY MEDICAL SERVICES CONSISTENT WITH
10 GENERALLY ACCEPTED HEALTH CARE STANDARDS OR EMERGENCY MEDICAL
11 PROTOCOLS AS PROVIDED IN SECTION 5679, REGARDLESS OF THE MEDICAL
12 ORDERS INDICATED ON THE POST FORM.

13 SEC. 5681. (1) IF A POST FORM IS VALIDLY EXECUTED AFTER A
14 PATIENT ADVOCATE DESIGNATION THAT CONTAINS WRITTEN DIRECTIVES
15 REGARDING MEDICAL TREATMENT, OR ANOTHER ADVANCE HEALTH CARE
16 DIRECTIVE THAT CONTAINS WRITTEN DIRECTIVES REGARDING MEDICAL
17 TREATMENT, THE MEDICAL ORDERS INDICATED ON THE POST FORM ARE
18 PRESUMED TO EXPRESS THE PATIENT'S CURRENT WISHES.

19 (2) IF A POST FORM IS VALIDLY EXECUTED AFTER A DO-NOT-
20 RESUSCITATE ORDER IS EXECUTED UNDER THE MICHIGAN DO-NOT-RESUSCITATE
21 PROCEDURE ACT, 1996 PA 193, MCL 333.1051 TO 333.1067, THE MEDICAL
22 ORDERS INDICATED ON THE POST FORM ARE PRESUMED TO EXPRESS THE
23 PATIENT'S CURRENT WISHES.

24 SEC. 5682. IF AN INDIVIDUAL HAS REASON TO BELIEVE THAT A POST
25 FORM HAS BEEN EXECUTED CONTRARY TO THE WISHES OF THE PATIENT OR, IF
26 THE PATIENT IS A WARD, CONTRARY TO THE WISHES OR BEST INTERESTS OF
27 THE WARD, THE INDIVIDUAL MAY PETITION THE PROBATE COURT TO HAVE THE

1 POST FORM AND THE CONDITIONS OF ITS EXECUTION REVIEWED. IF THE
2 PROBATE COURT FINDS THAT THE POST FORM HAS BEEN EXECUTED CONTRARY
3 TO THE WISHES OF THE PATIENT OR, IF THE PATIENT IS A WARD, CONTRARY
4 TO THE WISHES OR BEST INTERESTS OF THE WARD, THE PROBATE COURT
5 SHALL ISSUE AN INJUNCTION VOIDING THE EFFECTIVENESS OF THE POST
6 FORM AND PROHIBITING COMPLIANCE WITH THE POST FORM.

7 SEC. 5683. (1) A LIFE INSURER SHALL NOT DO ANY OF THE
8 FOLLOWING BECAUSE OF THE EXECUTION OR IMPLEMENTATION OF A POST
9 FORM:

10 (A) REFUSE TO PROVIDE OR CONTINUE COVERAGE TO THE PATIENT.

11 (B) CHARGE THE PATIENT A HIGHER PREMIUM.

12 (C) OFFER A PATIENT DIFFERENT POLICY TERMS BECAUSE THE PATIENT
13 HAS EXECUTED A POST FORM.

14 (D) CONSIDER THE TERMS OF AN EXISTING POLICY OF LIFE INSURANCE
15 TO HAVE BEEN BREACHED OR MODIFIED.

16 (E) INVOKE A SUICIDE OR INTENTIONAL DEATH EXEMPTION OR
17 EXCLUSION IN A POLICY COVERING THE PATIENT.

18 (2) A HEALTH INSURER SHALL NOT DO ANY OF THE FOLLOWING:

19 (A) REQUIRE THE EXECUTION OF A POST FORM TO MAINTAIN OR BE
20 ELIGIBLE FOR COVERAGE.

21 (B) CHARGE A DIFFERENT PREMIUM BASED ON WHETHER A PATIENT OR
22 PATIENT REPRESENTATIVE HAS EXECUTED A POST FORM.

23 (C) CONSIDER THE TERMS OF AN EXISTING POLICY TO HAVE BEEN
24 BREACHED OR MODIFIED IF THE PATIENT OR PATIENT REPRESENTATIVE HAS
25 EXECUTED A POST FORM.

26 SEC. 5684. (1) THE PROVISIONS OF THIS PART ARE CUMULATIVE AND
27 DO NOT IMPAIR OR SUPERSEDE A LEGAL RIGHT THAT A PATIENT OR PATIENT

1 REPRESENTATIVE MAY HAVE TO CONSENT TO OR REFUSE MEDICAL TREATMENT
2 FOR HIMSELF OR HERSELF OR ON BEHALF OF ANOTHER.

3 (2) THIS PART DOES NOT CREATE A PRESUMPTION THAT A PATIENT WHO
4 HAS EXECUTED A POST FORM INTENDS TO CONSENT TO OR REFUSE MEDICAL
5 TREATMENT THAT IS NOT ADDRESSED IN THE MEDICAL ORDERS ON THE POST
6 FORM.

7 (3) THIS PART DOES NOT CREATE A PRESUMPTION THAT A PATIENT OR
8 PATIENT REPRESENTATIVE WHO HAS NOT EXECUTED A POST FORM INTENDS TO
9 CONSENT TO OR REFUSE ANY TYPE OF MEDICAL TREATMENT.

10 SEC. 5685. (1) BY 3 YEARS AFTER THE EFFECTIVE DATE OF THE
11 AMENDATORY ACT THAT ADDED THIS PART, THE DIRECTOR SHALL APPOINT AN
12 AD HOC ADVISORY COMMITTEE CONSISTING OF 11 MEMBERS IN THE SAME
13 MANNER AS THE AD HOC ADVISORY COMMITTEE IS REQUIRED TO BE APPOINTED
14 UNDER SECTION 5675.

15 (2) THE DIRECTOR SHALL CALL THE FIRST MEETING OF THE
16 COMMITTEE.

17 (3) WITHIN 90 DAYS AFTER THE FIRST MEETING OF THE COMMITTEE IS
18 CONVENED, THE COMMITTEE SHALL SUBMIT A REPORT TO THE DEPARTMENT
19 THAT CONTAINS RECOMMENDATIONS ON ALL OF THE FOLLOWING:

20 (A) ANY CHANGES TO THE RULES PROMULGATED UNDER SECTION 5676
21 THAT THE COMMITTEE CONSIDERS NECESSARY OR APPROPRIATE.

22 (B) ANY CHANGES TO THE POST FORM OR THE INFORMATION FORM THAT
23 THE COMMITTEE CONSIDERS NECESSARY OR APPROPRIATE.

24 (C) ANY LEGISLATIVE CHANGES TO THIS PART THAT THE COMMITTEE
25 CONSIDERS NECESSARY OR APPROPRIATE.

26 (4) AFTER THE DEPARTMENT RECEIVES THE RECOMMENDATIONS FROM THE
27 COMMITTEE UNDER SUBSECTION (3), THE COMMITTEE IS ABOLISHED.

1 (5) AS USED IN THIS SECTION, "COMMITTEE" MEANS THE AD HOC
2 ADVISORY COMMITTEE APPOINTED UNDER SUBSECTION (1).

3 SEC. 20192A. A HEALTH FACILITY OR AGENCY SHALL NOT REQUIRE THE
4 EXECUTION OF A POST FORM UNDER PART 56B AS A CONDITION FOR
5 ADMISSION OR THE RECEIPT OF SERVICES.

6 Sec. 20919. (1) A medical control authority shall establish
7 written protocols for the practice of life support agencies and
8 licensed emergency medical services personnel within its region.
9 The medical control authority shall develop and adopt the protocols
10 required under this section in accordance with procedures
11 established by the department and shall include all of the
12 following:

13 (a) The acts, tasks, or functions that may be performed by
14 each type of emergency medical services personnel licensed under
15 this part.

16 (b) Medical protocols to ensure the appropriate dispatching of
17 a life support agency based upon medical need and the capability of
18 the emergency medical services system.

19 (c) Protocols for complying with the Michigan do-not-
20 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067.

21 (d) Protocols defining the process, actions, and sanctions a
22 medical control authority may use in holding a life support agency
23 or personnel accountable.

24 (e) Protocols to ensure that if the medical control authority
25 determines that an immediate threat to the public health, safety,
26 or welfare exists, appropriate action to remove medical control can
27 immediately be taken until the medical control authority has had

1 the opportunity to review the matter at a medical control authority
2 hearing. The protocols must require that the hearing is held within
3 3 business days after the medical control authority's
4 determination.

5 (f) Protocols to ensure that if medical control has been
6 removed from a participant in an emergency medical services system,
7 the participant does not provide prehospital care until medical
8 control is reinstated ~~and~~ and that the medical control authority that
9 removed the medical control notifies the department **OF THE REMOVAL**
10 within 1 business day. ~~of the removal.~~

11 (g) Protocols to ensure that a quality improvement program is
12 in place within a medical control authority and provides data
13 protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

14 (h) Protocols to ensure that an appropriate appeals process is
15 in place.

16 (i) Protocols to ensure that each life support agency that
17 provides basic life support, limited advanced life support, or
18 advanced life support is equipped with epinephrine or epinephrine
19 auto-injectors and that each emergency services personnel
20 authorized to provide those services is properly trained to
21 recognize an anaphylactic reaction, to administer the epinephrine,
22 and to dispose of the epinephrine auto-injector or vial.

23 (j) Protocols to ensure that each life support vehicle that is
24 dispatched and responding to provide medical first response life
25 support, basic life support, or limited advanced life support is
26 equipped with an automated external defibrillator and that each
27 emergency **MEDICAL** services personnel is properly trained to utilize

1 the automated external defibrillator.

2 (k) Except as otherwise provided in this subdivision, ~~within~~
3 ~~12 months after the effective date of the amendatory act that added~~
4 ~~this subdivision,~~ **BEFORE OCTOBER 15, 2015**, protocols to ensure that
5 each life support vehicle that is dispatched and responding to
6 provide medical first response life support, basic life support, or
7 limited advanced life support is equipped with opioid antagonists
8 and that each emergency **MEDICAL** services personnel is properly
9 trained to administer opioid antagonists. Beginning ~~3 years after~~
10 ~~the effective date of the amendatory act that added this~~
11 ~~subdivision,~~ **OCTOBER 14, 2017**, a medical control authority, at its
12 discretion, may rescind or continue the protocol adopted under this
13 subdivision.

14 **(l) PROTOCOLS FOR COMPLYING WITH PART 56B.**

15 (2) A medical control authority shall not establish a protocol
16 under this section that conflicts with the Michigan do-not-
17 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067,
18 **OR PART 56B.**

19 (3) The department shall establish procedures for the
20 development and adoption of written protocols under this section.
21 The procedures must include at least all of the following
22 requirements:

23 (a) At least 60 days before adoption of a protocol, the
24 medical control authority shall circulate a written draft of the
25 proposed protocol to all significantly affected persons within the
26 emergency medical services system served by the medical control
27 authority and submit the written draft to the department for

1 approval.

2 (b) The department shall review a proposed protocol for
3 consistency with other protocols concerning similar subject matter
4 that have already been established in this state and shall consider
5 any written comments received from interested persons in its
6 review.

7 (c) Within 60 days after receiving a written draft of a
8 proposed protocol from a medical control authority, the department
9 shall provide a written recommendation to the medical control
10 authority with any comments or suggested changes on the proposed
11 protocol. If the department does not respond within 60 days after
12 receiving the written draft, the proposed protocol is considered to
13 be approved by the department.

14 (d) After department approval of a proposed protocol, the
15 medical control authority may formally adopt and implement the
16 protocol.

17 (e) A medical control authority may establish an emergency
18 protocol necessary to preserve the health or safety of individuals
19 within its region in response to a present medical emergency or
20 disaster without following the procedures established by the
21 department under this subsection for an ordinary protocol. An
22 emergency protocol established under this subdivision is effective
23 only for a limited period and does not take permanent effect unless
24 it is approved according to the procedures established by the
25 department under this subsection.

26 (4) A medical control authority shall provide an opportunity
27 for an affected participant in an emergency medical services system

1 to appeal a decision of the medical control authority. Following
2 appeal, the medical control authority may affirm, suspend, or
3 revoke its original decision. After appeals to the medical control
4 authority have been exhausted, the affected participant in an
5 emergency medical services system may appeal the medical control
6 authority's decision to the state emergency medical services
7 coordination committee created in section 20915. The state
8 emergency medical services coordination committee shall issue an
9 opinion on whether the actions or decisions of the medical control
10 authority are in accordance with the department-approved protocols
11 of the medical control authority and state law. If the state
12 emergency medical services coordination committee determines in its
13 opinion that the actions or decisions of the medical control
14 authority are not in accordance with the medical control
15 authority's department-approved protocols or with state law, the
16 state emergency medical services coordination committee shall
17 recommend that the department take any enforcement action
18 authorized under this code.

19 (5) If adopted in protocols approved by the department, a
20 medical control authority may require life support agencies within
21 its region to meet reasonable additional standards for equipment
22 and personnel, other than medical first responders, that may be
23 more stringent than are otherwise required under this part. If a
24 medical control authority proposes a protocol that establishes
25 additional standards for equipment and personnel, the medical
26 control authority and the department shall consider the medical and
27 economic impact on the local community, the need for communities to

1 do long-term planning, and the availability of personnel. If either
2 the medical control authority or the department determines that
3 negative medical or economic impacts outweigh the benefits of those
4 additional standards as they affect public health, safety, and
5 welfare, the medical control authority shall not adopt and the
6 department shall not approve protocols containing those additional
7 standards.

8 (6) If adopted in protocols approved by the department, a
9 medical control authority may require medical first response
10 services and licensed medical first responders within its region to
11 meet additional standards for equipment and personnel to ensure
12 that each medical first response service is equipped with an
13 epinephrine auto-injector, and that each licensed medical first
14 responder is properly trained to recognize an anaphylactic reaction
15 and to administer and dispose of the epinephrine auto-injector, if
16 a life support agency that provides basic life support, limited
17 advanced life support, or advanced life support is not readily
18 available in that location.

19 (7) If a decision of the medical control authority under
20 subsection (5) or (6) is appealed by an affected person, the
21 medical control authority shall make available, in writing, the
22 medical and economic information it considered in making its
23 decision. On appeal, the state emergency medical services
24 coordination committee **CREATED IN SECTION 20915** shall review this
25 information under subsection (4) and shall issue its findings in
26 writing.

27 Enacting section 1. This amendatory act takes effect 90 days

1 after the date it is enacted into law.

2 Enacting section 2. This amendatory act does not take effect
3 unless all of the following bills of the 99th Legislature are
4 enacted into law:

5 (a) House Bill No. 4171.

6 (b) House Bill No. 4173.

7 (c) House Bill No. 4174.