

# HOUSE BILL NO. 5053

September 24, 2025, Introduced by Reps. DeBoer, Snyder, Pavlov, Weiss, Xiong, Foreman, Tsernoglou, BeGole, Schmaltz, Kuhn, Frisbie, Jenkins-Arno, Meerman, Bierlein, B. Carter, Hoskins, Bohnak, Prestin, St. Germaine and Tisdell and referred to Committee on Education and Workforce.

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending section 20919 (MCL 333.20919), as amended by 2019 PA  
37.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1       Sec. 20919. (1) A medical control authority shall establish  
2       written protocols for the practice of life support agencies and  
3       licensed emergency medical services personnel within its region.  
4       The medical control authority shall develop and adopt the protocols  
5       required under this section in accordance with procedures

1 established by the department and shall include all of the  
2 following:

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

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

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

11 (d) Protocols defining the process, actions, and sanctions a  
12 medical control authority may use in holding a life support agency  
13 or emergency medical services personnel accountable.

14 (e) Protocols to ensure that if the medical control authority  
15 determines that an immediate threat to the public health, safety,  
16 or welfare exists, appropriate action to remove medical control can  
17 immediately be taken until the medical control authority has had  
18 the opportunity to review the matter at a medical control authority  
19 hearing. The protocols must require that the hearing is held within  
20 3 business days after the medical control authority's  
21 determination.

22 (f) Protocols to ensure that if medical control has been  
23 removed from a participant in an emergency medical services system,  
24 the participant does not provide prehospital care until medical  
25 control is reinstated and that the medical control authority that  
26 removed the medical control notifies the department of the removal  
27 within 1 business day.

28 (g) Protocols to ensure that a quality improvement program is  
29 in place within a medical control authority and provides data

1 protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

2 (h) Protocols to ensure that an appropriate appeals process is  
3 in place.

4 (i) Protocols to ensure that each life support agency that  
5 provides basic life support, limited advanced life support, or  
6 advanced life support is equipped with epinephrine ~~or epinephrine~~  
7 ~~auto-injectors~~ **or an epinephrine delivery system** and that each  
8 emergency medical services personnel authorized to provide those  
9 services is properly trained to recognize an anaphylactic reaction,  
10 to administer the epinephrine, and to dispose of the epinephrine  
11 ~~auto-injector~~ **delivery system** or vial.

12 (j) Protocols to ensure that each life support vehicle that is  
13 dispatched and responding to provide medical first response life  
14 support, basic life support, or limited advanced life support is  
15 equipped with an automated external defibrillator and that each  
16 emergency medical services personnel is properly trained to utilize  
17 the automated external defibrillator.

18 (k) Protocols to ensure that each life support vehicle that is  
19 dispatched and responding to provide medical first response life  
20 support, basic life support, or limited advanced life support is  
21 equipped with opioid antagonists and that each emergency medical  
22 services personnel is properly trained to administer opioid  
23 antagonists. However, a medical control authority, at its  
24 discretion, may rescind or continue the protocol adopted under this  
25 subdivision.

26 (l) Protocols for complying with part 56B.

27 (2) A medical control authority shall not establish a protocol  
28 under this section that conflicts with the Michigan do-not-  
29 resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067,

1 or part 56B.

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

6 (a) At least 60 days before the adoption of a protocol, the  
7 medical control authority shall circulate a written draft of the  
8 proposed protocol to all significantly affected persons within the  
9 emergency medical services system served by the medical control  
10 authority and submit the written draft to the department for  
11 approval.

12 (b) The department shall review a proposed protocol for  
13 consistency with other protocols concerning similar subject matter  
14 that have already been established in this state and shall consider  
15 any written comments received from interested persons in its  
16 review.

17 (c) Within 60 days after receiving a written draft of a  
18 proposed protocol from a medical control authority, the department  
19 shall provide a written recommendation to the medical control  
20 authority with any comments or suggested changes on the proposed  
21 protocol. If the department does not respond within 60 days after  
22 receiving the written draft, the proposed protocol is considered to  
23 be approved by the department.

24 (d) After department approval of a proposed protocol, the  
25 medical control authority may formally adopt and implement the  
26 protocol.

27 (e) A medical control authority may establish an emergency  
28 protocol necessary to preserve the health or safety of individuals  
29 within its region in response to a present medical emergency or

1 disaster without following the procedures established by the  
2 department under this subsection for an ordinary protocol. An  
3 emergency protocol established under this subdivision is effective  
4 only for a limited period and does not take permanent effect unless  
5 it is approved according to the procedures established by the  
6 department under this subsection.

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

27 (5) If adopted in protocols approved by the department, a  
28 medical control authority may require life support agencies within  
29 its region to meet reasonable additional standards for equipment

1 and personnel, other than medical first responders, that may be  
2 more stringent than are otherwise required under this part. If a  
3 medical control authority proposes a protocol that establishes  
4 additional standards for equipment and personnel, the medical  
5 control authority and the department shall consider the medical and  
6 economic impact on the local community, the need for communities to  
7 do long-term planning, and the availability of personnel. If either  
8 the medical control authority or the department determines that  
9 negative medical or economic impacts outweigh the benefits of those  
10 additional standards as they affect public health, safety, and  
11 welfare, the medical control authority shall not adopt and the  
12 department shall not approve protocols containing those additional  
13 standards.

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

26 (7) If a decision of the medical control authority under  
27 subsection (5) or (6) is appealed by an affected person, the  
28 medical control authority shall make available, in writing, the  
29 medical and economic information it considered in making its

1 decision. On appeal, the state emergency medical services  
2 coordination committee created in section 20915 shall review this  
3 information under subsection (4) and shall issue its findings in  
4 writing.

5 **(8) As used in this section, "epinephrine delivery system"**  
6 **includes, but is not limited to, an epinephrine auto-injector, an**  
7 **epinephrine inhaler, or epinephrine nasal spray.**

8 Enacting section 1. This amendatory act does not take effect  
9 unless all of the following bills of the 103rd Legislature are  
10 enacted into law:

- 11 (a) House Bill No. 5054 (request no. H02192'25).
- 12 (b) House Bill No. 5049 (request no. H02193'25).
- 13 (c) House Bill No. 5050 (request no. H02479'25).
- 14 (d) House Bill No. 5051 (request no. H02911'25).
- 15 (e) House Bill No. 5052 (request no. H03174'25).