

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

PART 209
EMERGENCY MEDICAL SERVICES

333.20901 Meanings of words and phrases; general definitions and principles of construction.

Sec. 20901. (1) For purposes of this part, the words and phrases defined in sections 20902 to 20908 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, and part 201 contains definitions applicable to this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of the division of health facility licensing and certification in the bureau of health systems, division of federal support services, and the division of emergency medical services, with the exception of the division of managed care and division of health facility development, from the department of public health to the director of the department of commerce, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

For transfer of powers and duties of the bureau of health services from the department of consumer and industry services to the director of the department of community health by Type II transfer, see E.R.O. No. 2003-1, compiled at MCL 445.2011.

For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the Michigan public health code, including any board, commission, council, or similar entity providing regulation of health professionals licensed, registered, or certified under part 209 of article 17 of the Michigan public health code, to the department of community health, see E.R.O. No. 2014-2, compiled at MCL 333.26253.

For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20902 Definitions; A to D.

Sec. 20902. (1) "Advanced life support" means patient care that may include any care a paramedic is qualified to provide by paramedic education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for a paramedic.

(2) "Aircraft transport operation" means a person licensed under this part to provide patient transport, for profit or otherwise, between health facilities using an aircraft transport vehicle.

(3) "Aircraft transport vehicle" means an aircraft that is primarily used or designated as available to provide patient transportation between health facilities and that is capable of providing patient care according to orders issued by the patient's physician.

(4) "Ambulance" means a motor vehicle or rotary aircraft that is primarily used or designated as available to provide transportation and basic life support, limited advanced life support, or advanced life support.

(5) "Ambulance operation" means a person licensed under this part to provide emergency medical services and patient transport, for profit or otherwise.

(6) "Basic life support" means patient care that may include any care an emergency medical technician is qualified to provide by emergency medical technician education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for an emergency medical technician.

(7) "Clinical preceptor" means an individual who is designated by or under contract with an education program sponsor for purposes of overseeing the students of an education program sponsor during the participation of the students in clinical training.

(8) "Disaster" means an occurrence of imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, including but not limited to, fire, flood, snow, ice, windstorm, wave action, oil spill, water contamination requiring emergency action to avert danger or damage, utility failure, hazardous peacetime radiological incident, major transportation accident, hazardous materials accident, epidemic, air contamination, drought, infestation, or explosion. Disaster does not include a riot or other civil disorder unless it directly results from and is an aggravating element of the disaster.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20904 Definitions; E.

Sec. 20904. (1) "Education program sponsor" means a person, other than an individual, that meets the standards of the department to conduct training at the following levels:

- (a) Medical first responder.
- (b) Emergency medical technician.
- (c) Emergency medical technician specialist.
- (d) Paramedic.
- (e) Emergency medical services instructor-coordinator.

(2) "Emergency" means a condition or situation in which an individual declares a need for immediate medical attention for any individual, or where that need is declared by emergency medical services personnel or a public safety official.

(3) "Emergency medical services instructor-coordinator" means an individual licensed under this part to conduct and instruct emergency medical services education programs.

(4) "Emergency medical services" means the emergency medical services personnel, ambulances, nontransport prehospital life support vehicles, aircraft transport vehicles, medical first response vehicles, and equipment required for transport or treatment of an individual requiring medical first response life support, basic life support, limited advanced life support, or advanced life support.

(5) "Emergency medical services personnel" means a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator.

(6) "Emergency medical services system" means a comprehensive and integrated arrangement of the personnel, facilities, equipment, services, communications, medical control, and organizations necessary to provide emergency medical services and trauma care within a particular geographic region.

(7) "Emergency medical technician" means an individual who is licensed by the department to provide basic life support.

(8) "Emergency medical technician specialist" means an individual who is licensed by the department to provide limited advanced life support.

(9) "Emergency patient" means an individual with a physical or mental condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to, pain such that a prudent layperson, possessing average knowledge of health and medicine, could reasonably expect to result in 1 or all of the following:

- (a) Placing the health of the individual or, in the case of a pregnant woman, the health of the patient or the unborn child, or both, in serious jeopardy.
- (b) Serious impairment of bodily function.
- (c) Serious dysfunction of a body organ or part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2024, Act 48, Eff. Apr. 2, 2025.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20906 Definitions; L, M.

Sec. 20906. (1) "Life support agency" means an ambulance operation, nontransport prehospital life support operation, aircraft transport operation, or medical first response service.

(2) "Life support vehicle" means an ambulance, nontransport prehospital life support vehicle, aircraft transport vehicle, or medical first response vehicle.

(3) "Limited advanced life support" means patient care that may include any care an emergency medical technician specialist is qualified to provide by emergency medical technician specialist education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for an emergency medical technician specialist.

(4) "Local governmental unit" means a county, city, village, charter township, or township.

(5) "Medical control" means supervising and coordinating emergency medical services through a medical control authority, as prescribed, adopted, and enforced through department-approved protocols, within an emergency medical services system.

(6) "Medical control authority" means an organization designated by the department under section 20910(1)(g) to provide medical control.

(7) "Medical director" means a physician who is appointed to that position by a medical control authority under section 20918.

(8) "Medical first responder" means an individual who has met the educational requirements of a department approved medical first responder course and who is licensed to provide medical first response life support as part of a medical first response service or as a driver of an ambulance that provides basic life support services only. Medical first responder does not include a police officer solely because his or her police vehicle is equipped with an automated external defibrillator.

(9) "Medical first response life support" means patient care that may include any care a medical first responder is qualified to provide by medical first responder education that meets the educational requirements established by the department under section 20912 or is authorized to provide by the protocols established by the local medical control authority under section 20919 for a medical first responder.

(10) "Medical first response service" means a person licensed by the department to respond under medical control to an emergency scene with a medical first responder and equipment required by the department before the arrival of an ambulance, and includes a fire suppression agency only if it is dispatched for medical first response life support. Medical first response service does not include a law enforcement agency, as defined in section 8 of 1968 PA 319, MCL 28.258, unless the law enforcement agency holds itself out as a medical first response service and the unit responding was dispatched to provide medical first response life support.

(11) "Medical first response vehicle" means a motor vehicle staffed by at least 1 medical first responder and meeting equipment requirements of the department. Medical first response vehicle does not include a vehicle solely because it is staffed with a medical first responder.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2004, Act 6, Imd. Eff. Feb. 20, 2004;—Am. 2006, Act 582, Imd. Eff. Jan. 3, 2007.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20908 Definitions; N to V.

Sec. 20908. (1) "Nonemergency patient" means an individual who is transported by stretcher, isolette, cot, or litter but whose physical or mental condition is such that the individual may reasonably be suspected of not being in imminent danger of loss of life or of significant health impairment.

(2) "Nontransport prehospital life support operation" means a person licensed under this part to provide, for profit or otherwise, basic life support, limited advanced life support, or advanced life support at the scene of an emergency.

(3) "Nontransport prehospital life support vehicle" means a motor vehicle that is used to provide basic life support, limited advanced life support, or advanced life support, and is not intended to transport patients.

(4) "Ongoing education program sponsor" means an education program sponsor that provides continuing education for emergency medical services personnel.

(5) "Paramedic" means an individual licensed under this part to provide advanced life support.

(6) "Patient" means an emergency patient or a nonemergency patient.

(7) "Person" means a person as defined in section 1106 or a governmental entity other than an agency of the United States.

(8) "Professional standards review organization" means a committee established by a life support agency or a medical control authority for the purpose of improving the quality of medical care.

(9) "Protocol" means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

(10) "Statewide emergency medical services communications system" means a system that integrates each emergency medical services system with a centrally coordinated dispatch and resource coordination facility utilizing the universal emergency telephone number, 9-1-1, when that number is appropriate, or any other designated emergency telephone number, a statewide emergency medical 2-way radio communications network, and linkages with the statewide emergency preparedness communications system.

(11) "Statewide trauma care system" means a comprehensive and integrated arrangement of the emergency services personnel, facilities, equipment, services, communications, medical control authorities, and

organizations necessary to provide trauma care to all patients within a particular geographic region.

(12) "Volunteer" means an individual who provides services regulated under this part without expecting or receiving money, goods, or services in return for providing those services, except for reimbursement for expenses necessarily incurred in providing those services.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2004, Act 581, Imd. Eff. Jan. 4, 2005.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20910 Powers and duties of department.

Sec. 20910. (1) The department shall do all of the following:

(a) Be responsible for the development, coordination, and administration of a statewide emergency medical services system.

(b) Facilitate and promote programs of public information and education concerning emergency medical services.

(c) In case of actual disasters and disaster training drills and exercises, provide emergency medical services resources pursuant to applicable provisions of the Michigan emergency preparedness plan, or as prescribed by the director of emergency services pursuant to the emergency management act, 1976 PA 390, MCL 30.401 to 30.421.

(d) Consistent with the rules of the federal communications commission, plan, develop, coordinate, and administer a statewide emergency medical services communications system.

(e) Develop and maintain standards of emergency medical services and personnel as follows:

(i) License emergency medical services personnel in accordance with this part.

(ii) License ambulance operations, nontransport prehospital life support operations, and medical first response services in accordance with this part.

(iii) At least annually, inspect or provide for the inspection of each life support agency, except medical first response services. As part of that inspection, the department shall conduct random inspections of life support vehicles. If a life support vehicle is determined by the department to be out of compliance, the department shall give the life support agency 24 hours to bring the life support vehicle into compliance. If the life support vehicle is not brought into compliance in that time period, the department shall order the life support vehicle taken out of service until the life support agency demonstrates to the department, in writing, that the life support vehicle has been brought into compliance.

(iv) Promulgate rules to establish the requirements for licensure of life support agencies, vehicles, and individuals licensed under this part to provide emergency medical services and other rules necessary to implement this part. The department shall submit all proposed rules and changes to the state emergency medical services coordination committee and provide a reasonable time for the committee's review and recommendations before submitting the rules for public hearing under the administrative procedures act of 1969.

(f) Promulgate rules to establish and maintain standards for and regulate the use of descriptive words, phrases, symbols, or emblems that represent or denote that an ambulance operation, nontransport prehospital life support operation, or medical first response service is or may be provided. The department's authority to regulate use of the descriptive devices includes use for the purposes of advertising, promoting, or selling the services rendered by an ambulance operation, nontransport prehospital life support operation, or medical first response service, or by emergency medical services personnel.

(g) Designate a medical control authority as the medical control for emergency medical services for a particular geographic region as provided for under this part.

(h) Develop and implement field studies involving the use of skills, techniques, procedures, or equipment that are not included as part of the standard education for medical first responders, emergency medical technicians, emergency medical technician specialists, or paramedics, if all of the following conditions are met:

(i) The state emergency medical services coordination committee reviews the field study prior to implementation.

(ii) The field study is conducted in an area for which a medical control authority has been approved pursuant to subdivision (g).

(iii) The medical first responders, emergency medical technicians, emergency medical technician

specialists, and paramedics participating in the field study receive training for the new skill, technique, procedure, or equipment.

(i) Collect data as necessary to assess the need for and quality of emergency medical services throughout the state pursuant to 1967 PA 270, MCL 331.531 to 331.533.

(j) Develop, with the advice of the emergency medical services coordination committee, an emergency medical services plan that includes rural issues.

(k) Develop recommendations for territorial boundaries of medical control authorities that are designed to assure that there exists reasonable emergency medical services capacity within the boundaries for the estimated demand for emergency medical services.

(l) Within 1 year after the statewide trauma care advisory subcommittee is established under section 20917a and in consultation with the statewide trauma care advisory subcommittee, develop, implement, and promulgate rules for the implementation and operation of a statewide trauma care system within the emergency medical services system consistent with the document entitled "Michigan Trauma Systems Plan" prepared by the Michigan trauma coalition, dated November 2003. The implementation and operation of the statewide trauma care system, including the rules promulgated in accordance with this subdivision, are subject to review by the emergency medical services coordination committee and the statewide trauma care advisory subcommittee. The rules promulgated under this subdivision shall not require a hospital to be designated as providing a certain level of trauma care. Upon implementation of a statewide trauma care system, the department shall review and identify potential funding mechanisms and sources for the statewide trauma care system.

(m) Promulgate other rules to implement this part.

(n) Perform other duties as set forth in this part.

(2) The department may do all of the following:

(a) In consultation with the emergency medical services coordination committee, promulgate rules to require an ambulance operation, nontransport prehospital life support operation, or medical first response service to periodically submit designated records and data for evaluation by the department.

(b) Establish a grant program or contract with a public or private agency, emergency medical services professional association, or emergency medical services coalition to provide training, public information, and assistance to medical control authorities and emergency medical services systems or to conduct other activities as specified in this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2004, Act 200, Imd. Eff. July 12, 2004;—Am. 2004, Act 582, Imd. Eff. Jan. 4, 2005;—Am. 2006, Act 582, Imd. Eff. Jan. 3, 2007.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the Michigan public health code, including any board, commission, council, or similar entity providing regulation of health professionals licensed, registered, or certified under part 209 of article 17 of the Michigan public health code, to the department of community health, see E.R.O. No. 2014-2, compiled at MCL 333.26253.

For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20911 Repealed. 2006, Act 582, Eff. Dec. 31, 2009.

Compiler's note: The repealed section pertained to equipping life support vehicle with automated external defibrillator.

333.20912 Duties of department with regard to educational programs and services.

Sec. 20912. (1) The department shall perform all of the following with regard to educational programs and services:

(a) Review and approve education program sponsors, ongoing education program sponsors, and curricula for emergency medical services personnel. Approved education programs and refresher programs must be coordinated by a licensed emergency medical services instructor-coordinator commensurate with level of licensure. Approved programs conducted by ongoing education program sponsors must be coordinated by a licensed emergency medical services instructor-coordinator.

(b) Maintain a listing of approved education program sponsors and licensed emergency medical services instructor-coordinators.

(c) Develop and implement standards for all education program sponsors and ongoing education program sponsors based upon criteria recommended by the emergency medical services coordination committee and developed by the department.

(2) An education program sponsor that conducts education programs for paramedics and that receives

accreditation from the joint review committee on educational programs for the EMT-paramedic or other organization approved by the department as having equivalent expertise and competency in the accreditation of paramedic education programs is considered approved by the department under subsection (1)(a) if the education program sponsor meets both of the following requirements:

(a) Submits an application to the department that includes verification of accreditation described in this subsection.

(b) Maintains accreditation as described in this subsection.

(3) Before offering an education program to an individual seeking to become licensed as a paramedic, an education program sponsor that is not accredited as described under subsection (2) shall inform the individual that the education program sponsor is not accredited as described under subsection (2).

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2024, Act 48, Eff. Apr. 2, 2025.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20915 State emergency medical services coordination committee; creation; appointment, qualifications, and terms of members; ex officio members; replacement of member; chairperson; meetings; quorum; per diem compensation; reimbursement of expenses.

Sec. 20915. (1) The state emergency medical services coordination committee is created in the department. Subject to subsections (3) and (5), the director shall appoint the voting members of the committee as follows:

(a) Four representatives from the Michigan health and hospital association or its successor organization, at least 1 of whom is from a hospital located in a county with a population of not more than 100,000.

(b) Four representatives from the Michigan chapter of the American college of emergency physicians or its successor organization, at least 1 of whom practices medicine in a county with a population of not more than 100,000.

(c) Three representatives from the Michigan association of ambulance services or its successor organization, at least 1 of whom operates an ambulance service in a county with a population of not more than 100,000.

(d) Three representatives from the Michigan fire chiefs association or its successor organization, at least 1 of whom is from a fire department located in a county with a population of not more than 100,000.

(e) Two representatives from the society of Michigan emergency medical services technician instructor-coordinators or its successor organization, at least 1 of whom works in a county with a population of not more than 100,000.

(f) Two representatives from the Michigan association of emergency medical technicians or its successor organization, at least 1 of whom practices in a county with a population of not more than 100,000.

(g) One representative from the Michigan association of air medical services or its successor organization.

(h) One representative from the Michigan association of emergency medical services systems or its successor organization.

(i) Three representatives from a statewide organization representing labor that deals with emergency medical services, at least 1 of whom represents emergency medical services personnel in a county with a population of not more than 100,000 and at least 1 of whom is a member of the Michigan professional fire fighters union or its successor organization.

(j) One consumer.

(k) One individual who is an elected official of a city, village, or township located in a county with a population of not more than 100,000.

(2) In addition to the voting members appointed under subsection (1), the following shall serve as ex officio members of the committee without the right to vote:

(a) One representative of the office of health and medical affairs of the department of management and budget, appointed by the director.

(b) One representative of the department of consumer and industry services, appointed by the director.

(c) One member of the house of representatives, appointed by the speaker of the house of representatives.

(d) One member of the senate, appointed by the senate majority leader.

(3) The representatives of the organizations described in subsection (1) shall be appointed from among nominations made by each of those organizations.

(4) The voting members shall serve for a term of 3 years. A member who is unable to complete a term shall be replaced for the balance of the unexpired term.

(5) At least 1 voting member shall be from a county with a population of not more than 35,000 and at least 1 voting member shall be from a city with a population of not less than 900,000.

(6) The committee shall annually select a voting member to serve as chairperson.

(7) Meetings of the committee are subject to the open meetings act, 1976 PA 267, MCL 15.261 to 15.275. Thirteen voting members constitute a quorum for the transaction of business.

(8) The per diem compensation for the voting members and a schedule for reimbursement of expenses shall be as established by the legislature.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20916 State emergency medical services coordination committee; duties.

Sec. 20916. The state emergency medical services coordination committee created in section 20915 shall do all of the following:

(a) Meet not less than twice annually at the call of the chairperson or the director.

(b) Provide for the coordination and exchange of information on emergency medical services programs and services.

(c) Act as liaison between organizations and individuals involved in the emergency medical services system.

(d) Make recommendations to the department in the development of a comprehensive statewide emergency medical services program.

(e) Advise the legislature and the department on matters concerning emergency medical services throughout the state.

(f) Issue opinions on appeals of medical control authority decisions under section 20919 and make recommendations based on those opinions to the department for the resolution of those appeals.

(g) Participate in educational activities, special studies, and the evaluation of emergency medical services as requested by the director.

(h) Advise the department concerning vehicle standards for ambulances.

(i) Advise the department concerning minimum patient care equipment lists.

(j) Advise the department on the standards required under section 20910(1)(f).

(k) Appoint, with the advice and consent of the department, a statewide quality assurance task force to review and make recommendations to the department concerning approval of medical control authority applications and revisions concerning protocols under section 20919 and field studies under section 20910(1)(h), and conduct other quality assurance activities as requested by the director. A majority of the members of the task force shall be individuals who are not currently serving on the committee. The task force shall report its decisions, findings, and recommendations to the committee and the department.

(l) Advise the department concerning requirements for curriculum changes for emergency medical services educational programs.

(m) Advise the department on minimum standards that each life support agency must meet for licensure under this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20917 Repealed. 2000, Act 440, Eff. July 1, 2004.

Compiler's note: The repealed section pertained to the statewide trauma care commission.

333.20917a Statewide trauma care advisory subcommittee; establishment; membership; appointment; terms; chairperson; meetings; quorum; recommendations regarding funding sources; "rural county" defined.

Sec. 20917a. (1) The statewide trauma care advisory subcommittee is established under the emergency

medical services coordination committee to advise and assist the department on all matters concerning the development, implementation, and promulgation of rules for the implementation and continuing operation of a statewide trauma care system. The subcommittee shall consist of 10 members appointed by the director, within 90 days after the effective date of the amendatory act that added this section, as follows:

- (a) Two trauma surgeons who are trauma center directors.
 - (b) One trauma nurse coordinator.
 - (c) One trauma registrar.
 - (d) One emergency physician.
 - (e) Two administrative hospital representatives, 1 of whom represents a hospital designated as a level I or level II trauma center by the American college of surgeons committee on trauma and 1 of whom represents a hospital that is not designated as a level I or level II trauma center by the American college of surgeons committee on trauma.
 - (f) One life support agency manager who is a member of the emergency medical services coordination committee.
 - (g) Two medical control authority medical directors, 1 of whom represents a rural county and 1 of whom represents a nonrural county.
- (2) The members shall serve for a term of 3 years. A member who is unable to complete a term shall be replaced for the balance of the unexpired term.
- (3) The committee shall annually select a member to serve as chairperson.
- (4) Meetings of the committee are subject to the open meetings act, 1976 PA 267, MCL 15.261 to 15.275. Six members constitute a quorum for the transaction of business.
- (5) Recommendations regarding potential funding mechanisms and sources for the statewide trauma care system shall only be submitted to the department for consideration after a unanimous vote of all members of the statewide trauma care advisory subcommittee in support of those recommendations.
- (6) "Rural county" means a county not located in a metropolitan statistical area or micropolitan statistical areas as those terms are defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 65 FR p. 82238 (December 27, 2000).

History: Add. 2004, Act 580, Imd. Eff. Jan. 3, 2005.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20918 Local medical control authority; designation; participating hospitals and freestanding surgical outpatient facilities; adherence to protocols; administration; appointment and membership of advisory body; medical director; operation of medical control authority; accountability of life support agencies and licensed individuals.

Sec. 20918. (1) Each hospital licensed under part 215 and each freestanding surgical outpatient facility licensed under part 208 that operates a service for treating emergency patients 24 hours a day, 7 days a week and meets standards established by medical control authority protocols shall be given the opportunity to participate in the ongoing planning and development activities of the local medical control authority designated by the department and shall adhere to protocols for providing services to a patient before care of the patient is transferred to hospital personnel, to the extent that those protocols apply to a hospital or freestanding surgical outpatient facility. The department shall designate a medical control authority for each Michigan county or part of a county, except that the department may designate a medical control authority to cover 2 or more counties if the department and affected medical control authorities determine that the available resources would be better utilized with a multiple county medical control authority. In designating a medical control authority, the department shall assure that there is a reasonable relationship between the existing emergency medical services capacity in the geographical area to be served by the medical control authority and the estimated demand for emergency medical services in that area.

(2) A medical control authority shall be administered by the participating hospitals. A medical control authority shall accept participation in its administration by a freestanding surgical outpatient facility licensed under part 208 if the freestanding surgical outpatient facility operates a service for treating emergency patients 24 hours a day, 7 days a week determined by the medical control authority to meet the applicable standards established by medical control authority protocols. Subject to subsection (4), the participating hospitals shall appoint an advisory body for the medical control authority that shall include, at a minimum, a representative

of each type of life support agency and each type of emergency medical services personnel functioning within the medical control authority's boundaries.

(3) With the advice of the advisory body of the medical control authority appointed under subsection (2), a medical control authority shall appoint a medical director of the medical control authority. The medical director shall be a physician who is board certified in emergency medicine by a national organization approved by the department, or who practices emergency medicine and is certified in both advanced cardiac life support and advanced trauma life support by a national organization approved by the department, and who meets other standards set forth in department rules. The medical director is responsible for medical control for the emergency medical services system served by the medical control authority.

(4) No more than 10% of the membership of the advisory body of a medical control authority shall be employees of the medical director or of an entity substantially owned or controlled by the medical director.

(5) A designated medical control authority shall operate in accordance with the terms of its designation.

(6) Each life support agency and individual licensed under this part is accountable to the medical control authority in the provision of emergency medical services, as defined in protocols developed by the medical control authority and approved by the department under this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20919 Protocols for practice of life support agencies and licensed emergency medical services personnel; development and adoption; procedures; conflict with Michigan do-not-resuscitate procedure act prohibited; requirements; appeal; standards for equipment and personnel; negative medical or economic impacts; epinephrine auto-injector; availability of medical and economic information; review; findings.

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

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

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

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

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

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

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

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

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

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

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

automated external defibrillator.

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

(l) Protocols for complying with part 56B.

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

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

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

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

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

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

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

(4) A medical control authority shall provide an opportunity for an affected participant in an emergency medical services system to appeal a decision of the medical control authority. Following appeal, the medical control authority may affirm, suspend, or revoke its original decision. After appeals to the medical control authority have been exhausted, the affected participant in an emergency medical services system may appeal the medical control authority's decision to the state emergency medical services coordination committee created in section 20915. The state emergency medical services coordination committee shall issue an opinion on whether the actions or decisions of the medical control authority are in accordance with the department-approved protocols of the medical control authority and state law. If the state emergency medical services coordination committee determines in its opinion that the actions or decisions of the medical control authority are not in accordance with the medical control authority's department-approved protocols or with state law, the state emergency medical services coordination committee shall recommend that the department take any enforcement action authorized under this code.

(5) If adopted in protocols approved by the department, a medical control authority may require life support agencies within its region to meet reasonable additional standards for equipment and personnel, other than medical first responders, that may be more stringent than are otherwise required under this part. If a medical control authority proposes a protocol that establishes additional standards for equipment and personnel, the medical control authority and the department shall consider the medical and economic impact on the local community, the need for communities to do long-term planning, and the availability of personnel. If either the medical control authority or the department determines that negative medical or economic impacts outweigh the benefits of those additional standards as they affect public health, safety, and welfare, the medical control authority shall not adopt and the department shall not approve protocols containing those additional standards.

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

(7) If a decision of the medical control authority under subsection (5) or (6) is appealed by an affected person, the medical control authority shall make available, in writing, the medical and economic information it considered in making its decision. On appeal, the state emergency medical services coordination committee created in section 20915 shall review this information under subsection (4) and shall issue its findings in writing.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 1996, Act 192, Eff. Aug. 1, 1996;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2003, Act 233, Imd. Eff. Dec. 22, 2003;—Am. 2006, Act 582, Imd. Eff. Jan. 3, 2007;—Am. 2014, Act 312, Imd. Eff. Oct. 14, 2014;—Am. 2017, Act 154, Eff. Feb. 6, 2018;—Am. 2018, Act 383, Eff. Mar. 19, 2019;—Am. 2019, Act 37, Eff. Sept. 24, 2019.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20920 Ambulance operation; license required; contents of application; fee; contents of license; operation of ambulance operation; renewal of license; compliance; ambulance operation upgrade license; statewide emergency medical coordination committee; revocation or failure to renew ambulance operation upgrade license.

Sec. 20920. (1) A person shall not establish, operate, or cause to be operated an ambulance operation unless the ambulance operation is licensed under this section.

(2) Upon proper application and payment of a \$100.00 fee, the department shall issue a license as an ambulance operation to a person who meets the requirements of this part and the rules promulgated under this part.

(3) An applicant shall specify in the application each ambulance to be operated.

(4) An ambulance operation license shall specify the ambulances licensed to be operated.

(5) An ambulance operation license shall state the highest level of life support the ambulance operation is licensed to provide. An ambulance operation shall operate in accordance with this part, rules promulgated under this part, and approved medical control authority protocols and, except as provided in section 20921a(2), shall not provide life support at a level that exceeds its license and available licensed personnel or violates approved medical control authority protocols.

(6) An ambulance operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the ambulance operation is in compliance with this part, the rules promulgated under this part, and medical control authority protocols.

(7) Beginning on July 22, 1997, an ambulance operation that meets all of the following requirements may apply for an ambulance operation upgrade license under subsection (8):

(a) On or before July 22, 1997, holds an ambulance operation license that designates the ambulance operation either as a transporting basic life support service or as a transporting limited advanced life support service.

(b) Is a transporting basic life support service, that is able to staff and equip 1 or more ambulances for the transport of emergency patients at a life support level higher than basic life support, or is a transporting limited advanced life support service, that is able to staff and equip 1 or more ambulances for the transport of emergency patients at the life support level of advanced life support.

(c) Is owned or operated by or under contract to a local unit of government and providing first-line emergency medical response to that local unit of government on or before July 22, 1997.

(d) Will provide the services described in subdivision (b) only to the local unit of government described in subdivision (c), and only in response to a 911 call or other call for emergency transport.

(8) An ambulance operation meeting the requirements of subsection (7) that applies for an ambulance operation upgrade license shall include all of the following information in the application provided by the department:

(a) Verification of all of the requirements of subsection (7) including, but not limited to, a description of the staffing and equipment to be used in providing the higher level of life support services.

(b) If the applicant is a transporting basic life support service, a plan of action to upgrade from providing basic life support to providing limited advanced life support or advanced life support to take place over a period of not more than 2 years. If the applicant is a transporting limited advanced life support service, a plan of action to upgrade from providing limited advanced life support to providing advanced life support to take place over a period of not more than 2 years.

(c) The medical control authority protocols for the ambulance operation upgrade license, along with a

recommendation from the medical control authority under which the ambulance operation operates that the ambulance operation upgrade license be issued by the department.

(d) Other information required by the department.

(9) The statewide emergency medical services coordination committee shall review the information described in subsection (8)(c) and make a recommendation to the department as to whether or not an ambulance operation upgrade license should be granted to the applicant.

(10) Upon receipt of a completed application as required under subsection (8), a positive recommendation under subsection (9), and payment of a \$100.00 fee, the department shall issue to the applicant an ambulance operation upgrade license. Subject to subsection (12), the license is valid for 2 years from the date of issuance and is renewable for 1 additional 2-year period. An application for renewal of an ambulance operation upgrade license shall contain documentation of the progress made on the plan of action described in subsection (8)(b). In addition, the medical control authority under which the ambulance operation operates shall annually file with the statewide emergency medical services coordination committee a written report on the progress made by the ambulance operation on the plan of action described in subsection (8)(b), including, but not limited to, information on training, equipment, and personnel.

(11) If an ambulance operation is designated by its regular license as providing basic life support services, then an ambulance operation upgrade license issued under this section allows the ambulance operation to provide limited advanced life support services or advanced life support services when the ambulance operation is able to staff and equip 1 or more ambulances to provide services at the higher levels. If an ambulance operation is designated by its regular license as providing limited advanced life support services, then an ambulance operation upgrade license issued under this section allows the ambulance operation to provide advanced life support services when the ambulance operation is able to staff and equip 1 or more ambulances to provide services at the higher level. An ambulance operation shall not provide services under an ambulance operation upgrade license unless the medical control authority under which the ambulance operation operates has adopted protocols for the ambulance operation upgrade license regarding quality monitoring procedures, use and protection of equipment, and patient care.

(12) The department may revoke or fail to renew an ambulance operation upgrade license for a violation of this part or a rule promulgated under this part or for failure to comply with the plan of action filed under subsection (8)(b). An ambulance operation that obtains an ambulance operation upgrade license must annually renew its regular license under subsections (2) to (6). An ambulance operation's regular license is not affected by the following:

(a) The fact that the ambulance operation has obtained or renewed an ambulance operation upgrade license.

(b) The fact that an ambulance operation's ambulance operation upgrade license is revoked or is not renewed under this subsection.

(c) The fact that the ambulance operation's ambulance operation upgrade license expires at the end of the second 2-year period prescribed by subsection (10).

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 1997, Act 78, Imd. Eff. July 22, 1997;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2004, Act 200, Imd. Eff. July 12, 2004;—Am. 2014, Act 413, Eff. Mar. 30, 2015.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20921 Ambulance operation; duties; prohibitions; staffing; operation at higher level of life support; occupants of patient compartment; applicability of subsection (5).

Sec. 20921. (1) An ambulance operation shall do all of the following:

(a) Except as provided in section 20921a, provide at least 1 ambulance available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.

(b) Respond or ensure that a response is provided to each request for emergency assistance originating from within the bounds of its service area.

(c) Operate under the direction of a medical control authority or the medical control authorities with jurisdiction over the ambulance operation.

(d) Notify the department immediately of a change that would alter the information contained on its application for an ambulance operation license or renewal.

(e) Subject to section 20920(7) to (12) and section 20921a, provide life support consistent with its license

and approved local medical control authority protocols to each emergency patient without prior inquiry into ability to pay or source of payment.

(2) An ambulance operation shall not do any of the following:

(a) Knowingly provide a person with false or misleading information concerning the time at which an emergency response will be initiated or the location from which the response is being initiated.

(b) Induce or seek to induce any person engaging an ambulance to patronize a long-term care facility, mortuary, or hospital.

(c) Advertise, or permit advertising of, within or on the premises of the ambulance operation or within or on an ambulance, the name or the services of an attorney, accident investigator, nurse, physician, long-term care facility, mortuary, or hospital. If 1 of those persons or facilities owns or operates an ambulance operation, the person or facility may use its business name in the name of the ambulance operation and may display the name of the ambulance operation within or on the premises of the ambulance operation or within or on an ambulance.

(d) Advertise or disseminate information for the purpose of obtaining contracts under a name other than the name of the person holding an ambulance operation license or the trade or assumed name of the ambulance operation.

(e) If the ambulance operation is operating under an ambulance operation upgrade license issued under section 20920(7) to (12), advertise or otherwise hold itself out as a full-time transporting limited advanced life support service or a full-time transporting advanced life support service unless the ambulance operation actually provides those services on a 24-hour-per-day, 7-day-a-week basis.

(3) Except as provided in subsection (4) and section 20921a, an ambulance operation shall not operate, attend, or permit an ambulance to be operated while transporting a patient unless the ambulance is, at a minimum, staffed as follows:

(a) If designated as providing basic life support, with at least 1 emergency medical technician and 1 medical first responder.

(b) If designated as providing limited advanced life support, with at least 1 emergency medical technician specialist and 1 emergency medical technician.

(c) If designated as providing advanced life support, with at least 1 paramedic and 1 emergency medical technician.

(4) An ambulance operation that is licensed to provide advanced life support and has more than 1 ambulance licensed under its operation may 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 are met:

(a) The ambulance operation has at least 1 ambulance under its operation that is properly staffed and available to provide advanced life support on a 24-hour-a-day, 7-day-a-week basis.

(b) The licensed personnel required to operate at that higher level of life support are available at the scene and in the ambulance during the patient transport to provide life support to that patient at that higher level.

(c) The ambulance meets all equipment and communication requirements to operate at that higher level of life support.

(d) The ambulance operation that is unable to respond to a request for emergency assistance immediately requests assistance pursuant to protocols established by the local medical control authority and approved by the department under this part.

(5) Except as provided in subsection (6), an ambulance operation shall ensure that an emergency medical technician, an emergency medical technician specialist, or a paramedic is in the patient compartment of an ambulance while transporting an emergency patient.

(6) Subsection (5) does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment of the ambulance by an appropriate licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed in this part or the rules promulgated by the department under this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 1997, Act 78, Imd. Eff. July 22, 1997;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2004, Act 200, Imd. Eff. July 12, 2004;—Am. 2014, Act 413, Eff. Mar. 30, 2015.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20921a County population 10,000 or less and population density less than 7 people per square mile; ambulance availability.

Sec. 20921a. (1) A limited ambulance operation whose primary service area is in a county with a population of 10,000 or less and whose primary service area has a population density of fewer than 7 people per square mile may have an ambulance available at less than the limited level of licensure if both of the following conditions are met:

(a) The medical control authority under which the ambulance operation operates authorizes the lesser availability.

(b) The ambulance operation has department-approved local medical control authority protocols in place.

(2) A basic ambulance operation whose primary service area is in a county with a population of 10,000 or less and whose primary service area has a population density of fewer than 7 people per square mile may operate at a limited ambulance operation level of licensure when staffed with an advanced EMT if all of the following conditions are met:

(a) The basic ambulance is equipped at the greater licensure level.

(b) The medical control authority under which the ambulance operation operates authorizes the conditional increased level of licensure.

(c) The basic ambulance operation has department-approved local medical control authority protocols in place.

History: Add. 2018, Act 398, Imd. Eff. Dec. 19, 2018.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Former MCL 333.20921a, which pertained to ambulance availability for county or micropolitan area with population 10,000 or less and density less than 7 people per square mile, was repealed by Act 413 of 2014, Eff. Jan. 1, 2018.

Popular name: Act 368

333.20921b Transportation of nonemergency patient by rotary aircraft ambulance; duties; notice; violation; payment in full; definitions.

Sec. 20921b. (1) Before transporting a nonemergency patient in an ambulance that is a rotary aircraft, an ambulance operation shall do all of the following:

(a) Provide the nonemergency patient, or that patient's representative, all of the following information:

(i) Whether the ambulance operation is a participating provider with the nonemergency patient's health benefit plan.

(ii) A good-faith estimate of the cost for transporting the nonemergency patient.

(iii) That the nonemergency patient has a right to be transported by a method other than an ambulance that is a rotary aircraft.

(b) Complete the notice described in subsection (2) and, after completing the notice, obtain on the notice the signature of the nonemergency patient, or that patient's representative, acknowledging that the nonemergency patient, or that patient's representative, has received, has read, and understands the notice. An ambulance operation shall retain a copy of the notice required under this subdivision for not less than 7 years.

(2) The notice required under subsection (1)(b) must be in not less than 12-point type and in substantially the following form:

"I have been provided the following good-faith estimate of the cost of transportation by the ambulance that is a rotary aircraft that will be provided to me by _____ (insert name of ambulance operation): _____ (insert good-faith cost estimate).

I have been notified by _____ (insert name of ambulance operation) that the ambulance that is a rotary aircraft that is transporting me _____ (is or is not) a participating provider with my health benefit plan.

I was informed by _____ (insert name of ambulance operation) that I have the right to request transportation from an ambulance operation that is a participating provider with my health benefit plan.

I am aware that if my health benefit plan provides coverage for transportation by an ambulance that is a rotary aircraft or coverage for transportation provided by _____ (insert name of ambulance operation), I may be subject to a deductible, a copayment, or coinsurance. If the ambulance operation is not a participating provider with my health benefit plan, I have been informed that I may be responsible for the costs of being transported by the ambulance operation that are not covered by my health benefit plan.

I have been informed that I have the right to be transported by a method other than an ambulance that is a rotary aircraft.

(Patient's or patient representative's signature)

(Date)

(Type or print patient's or patient representative's name)".

(3) Upon the request of a nonemergency patient's health benefit plan or third party administrator, an ambulance operation shall provide a copy of the notice required under subsection (1)(b) to the person designated in the nonemergency patient's health benefit plan or to the third party administrator.

(4) If the ambulance operation fails to provide a nonemergency patient with the notice required under subsection (1)(b), the ambulance operation shall accept the amount covered by the nonemergency patient's health benefit plan for transporting the nonemergency patient as payment in full, other than coinsurance, copayments, or deductibles.

(5) If the patient is an emergency patient, the ambulance operation shall accept the amount covered by the emergency patient's health benefit plan for transporting the emergency patient as payment in full, other than coinsurance, copayments, or deductibles. However, if an ambulance operation is not a participating provider with the emergency patient's health benefit plan, the ambulance operation shall accept as payment in full the greater of the following:

(a) The average amount negotiated by the emergency patient's health benefit plan with participating providers for transporting the patient excluding any in-network coinsurance, copayments, or deductibles.

(b) One hundred fifty percent of the amount that would be covered by Medicare for the emergency service, excluding any in-network coinsurance, copayments, or deductibles.

(6) As used in this section and section 20921c:

(a) "Health benefit plan" means that term as defined in section 21501.

(b) "Participating provider" means that term as defined in section 21501.

(c) "Patient's representative" means that term as defined in section 21501.

(d) "Third party administrator" means that term as defined in section 2 of the third party administrator act, 1984 PA 218, MCL 550.902.

History: Add. 2018, Act 385, Eff. Mar. 19, 2019.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20921c Ambulance operation; patient request; right to land.

Sec. 20921c. If a patient at a hospital requests transportation from an ambulance operation that is a participating provider with the patient's health benefit plan, an ambulance that is a rotary aircraft that is operated by the ambulance operation shall have the right to land at the destination hospital for the purpose of transporting the patient, regardless of whether the ambulance operation is a contracted provider with the originating hospital or the destination hospital.

History: Add. 2018, Act 385, Eff. Mar. 19, 2019.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20922 Use of terms "ambulance," "ambulance operation," or similar term; advertising or disseminating information; license required.

Sec. 20922. (1) A person shall not use the terms "ambulance" or "ambulance operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20920.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides an ambulance operation unless that person does in fact provide that service and has been licensed by the department to do so.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20923 Operation of ambulance; conditions; application for and issuance of ambulance license or annual renewal; fee; certificate of insurance; vehicle standards; minimum

requirements for equipment; use of equipment or medications by licensed personnel; communications system; ambulance license nontransferable to ambulance operation.

Sec. 20923. (1) Except as provided in section 20924(2), a person shall not operate an ambulance unless the ambulance is licensed under this section and is operated as part of a licensed ambulance operation.

(2) Upon proper application and payment of a \$25.00 fee, the department shall issue an ambulance license, or annual renewal of an ambulance license, to the ambulance operation. Receipt of the application by the department serves as attestation to the department by the ambulance operation that the ambulance being licensed or renewed is in compliance with the minimum standards required by the department. The inspection of an ambulance by the department is not required as a basis for licensure renewal, unless otherwise determined by the department.

(3) An ambulance operation shall submit an application and fee to the department for each ambulance in service. Each application shall include a certificate of insurance for the ambulance in the amount and coverage required by the department.

(4) Upon purchase by an ambulance operation, an ambulance shall meet all vehicle standards established by the department under section 20910(e)(iv).

(5) Once licensed for service, an ambulance is not required to meet subsequently modified state vehicle standards during its use by the ambulance operation that obtained the license.

(6) Patient care equipment and safety equipment carried on an ambulance shall meet the minimum requirements prescribed by the department and the approved local medical control authority protocols.

(7) An ambulance operation that maintains patient care equipment and medications necessary to upgrade from providing basic or limited advanced life support to providing a higher level of life support in accordance with section 20921(4) shall secure the necessary patient care equipment and medications in a way such that the equipment or medications can only be used by the appropriately licensed personnel.

(8) An ambulance shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.

(9) An ambulance license is not transferable to another ambulance operation.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2004, Act 200, Imd. Eff. July 12, 2004.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20924 Business or service of transportation of patients; licensed ambulance required; exceptions.

Sec. 20924. (1) Except as provided in subsection (2), a person shall not furnish, operate, conduct, maintain, advertise, or otherwise be engaged or profess to be engaged in the business or service of the transportation of patients in this state unless the person uses an ambulance licensed under this part.

(2) An ambulance operated by an agency of the United States is not required to be licensed under this part. This part does not apply to an ambulance or ambulance personnel from another state or nation or a political subdivision of another state or nation that is performing in this state emergency assistance required by an official of this state.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20925 Emergency transportation of police dog; allow under certain conditions.

Sec. 20925. This part does not prohibit an ambulance from providing emergency transport of a police dog that is injured in the line of duty to a veterinary clinic or similar facility, if the police dog is in need of emergency medical treatment and there are no individuals who require transport or emergency assistance at that time. Ambulance personnel may require that a police officer accompany the police dog during the emergency transport. As used in this section, "police dog" means that term as defined in section 50c of the Michigan penal code, 1931 PA 328, MCL 750.50c.

History: Add. 2018, Act 600, Eff. Mar. 29, 2019.

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Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20926 Nontransport prehospital life support operation; license required; application; fee; contents of license and application; renewal; compliance.

Sec. 20926. (1) A person shall not establish, operate, or cause to be operated a nontransport prehospital life support operation unless it is licensed under this section.

(2) The department, upon proper application and payment of a \$100.00 fee, shall issue a license for a nontransport prehospital life support operation to a person meeting the requirements of this part and rules promulgated under this part.

(3) A nontransport prehospital life support operation license shall specify the level of life support the operation is licensed to provide. A nontransport prehospital life support operation shall operate in accordance with this part, rules promulgated under this part, and approved local medical control authority protocols and shall not provide life support at a level that exceeds its license or violates approved local medical control authority protocols.

(4) An applicant for a nontransport prehospital life support operation license shall specify in the application for licensure each nontransport prehospital life support vehicle to be operated.

(5) A nontransport prehospital life support operation license shall specify the nontransport prehospital life support vehicles licensed to be operated.

(6) A nontransport prehospital life support operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the nontransport prehospital life support operation is in compliance with this part, rules promulgated under this part, and local medical control authority protocols.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20927 Nontransport prehospital life support operation; duties; prohibitions.

Sec. 20927. (1) A nontransport prehospital life support operation shall:

(a) Provide at least 1 nontransport prehospital life support vehicle with proper equipment and personnel available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.

(b) Respond or ensure that a response is provided to all requests for emergency assistance originating from within the bounds of its primary dispatch service area.

(c) Operate only under the direction of a medical control authority.

(d) Notify the department of any change that would alter the information contained on its application for a nontransport prehospital life support operation license or renewal.

(e) Provide life support consistent with its license and approved local medical control authority protocols to all patients without prior inquiry into ability to pay or source of payment.

(2) A nontransport prehospital life support operation shall not knowingly provide any person with false or misleading information concerning the time at which an emergency response will be initiated or the location from which the response is being initiated.

(3) A nontransport prehospital life support operation shall not operate a nontransport prehospital life support vehicle unless it is staffed, 24 hours a day, 7 days a week, as follows:

(a) If designated as providing basic life support, with at least 1 emergency medical technician who is on board that vehicle or if approved by the local medical control authority with at least 1 emergency medical technician who is at the emergency scene.

(b) If designated as providing limited advanced life support, with at least 1 emergency medical technician specialist.

(c) If designated as providing advanced life support, with at least 1 paramedic.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2005, Act 261, Imd. Eff. Dec. 16, 2005.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar

entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20928 Use of term “nontransport prehospital life support vehicle,” “nontransport prehospital life support operation,” or similar term; advertising or disseminating information; license required.

Sec. 20928. (1) A person shall not use the term "nontransport prehospital life support vehicle" or "nontransport prehospital life support operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20926.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides a nontransport prehospital life support operation unless that person does in fact provide that service and has been licensed by the department to do so.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20929 Operation of nontransport prehospital life support vehicle; conditions; application for and issuance of license or annual renewal; fee; certificate of insurance; communications system; equipment.

Sec. 20929. (1) A person shall not operate a nontransport prehospital life support vehicle unless the vehicle is licensed by the department under this section and is operated as part of a licensed nontransport prehospital life support operation.

(2) Upon proper application and payment of a \$25.00 fee, the department shall issue a nontransport prehospital life support vehicle license or annual renewal to the applicant nontransport prehospital life support operation. Receipt of the application by the department serves as attestation to the department by the nontransport prehospital life support operation that the vehicle being licensed or renewed is in compliance with the minimum standards required by the department. The inspection of a nontransport prehospital life support vehicle by the department is not required as a basis for issuing a licensure renewal, unless otherwise determined by the department.

(3) A nontransport prehospital life support operation shall submit an application and required fee to the department for each vehicle in service. Each application shall include a certificate of insurance for the vehicle in the amount and coverage required by the department.

(4) A nontransport prehospital life support vehicle shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.

(5) A nontransport prehospital life support vehicle shall be equipped according to the department's minimum equipment list and approved medical control authority protocols based upon the level of life support the vehicle and personnel are licensed to provide.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20931 Air transport operation; license required; application; fee; issuance and contents of license; renewal; compliance.

Sec. 20931. (1) A person shall not establish, operate, or cause to be operated an aircraft transport operation unless it is licensed under this section.

(2) The department, upon proper application and payment of a \$100.00 fee, shall issue a license for an aircraft transport operation to a person meeting the requirements of this part and rules promulgated under this part.

(3) An aircraft transport operation license shall specify the level of life support the operation is licensed to provide. An aircraft transport operation shall operate in accordance with this part, rules promulgated under this part, and orders established by the patient's physician and shall not provide life support at a level that

exceeds its license or violates those orders.

(4) An applicant for an aircraft transport operation license shall specify in the application for licensure each aircraft transport vehicle to be operated and licensed.

(5) An aircraft transport operation license may be renewed annually upon application to the department and payment of a \$100.00 renewal fee. Before issuing a renewal license, the department shall determine that the aircraft transport operation is in compliance with this part and rules promulgated under this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20932 Aircraft transport operation; duties; prohibitions.

Sec. 20932. (1) An aircraft transport operation shall:

(a) Provide an aircraft transport vehicle with proper equipment and personnel available for response to requests for patient transportation between health facilities, as needed and for life support during that transportation according to the written orders of the patient's physician.

(b) Notify the department of any change that would alter the information contained on its application for an aircraft transport operation license or renewal.

(2) An aircraft transport operation shall not operate an aircraft transport vehicle unless it is staffed, with emergency medical services personnel or other licensed health care professionals as appropriate according to the written orders of the patient's physician.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20932a Transportation of nonemergency patient by aircraft transport operation; duties; notice; violation; payment in full; definitions.

Sec. 20932a. (1) Before transporting a nonemergency patient in an aircraft transport vehicle, an aircraft transport operation shall do all of the following:

(a) Provide the nonemergency patient, or that patient's representative, all of the following information:

(i) Whether the aircraft transport operation is a participating provider with the nonemergency patient's health benefit plan.

(ii) A good-faith estimate of the cost for transporting the nonemergency patient.

(iii) That the nonemergency patient has a right to be transported by a method other than an aircraft transport vehicle.

(b) Complete the notice described in subsection (2) and, after completing the notice, obtain on the notice the signature of the nonemergency patient, or that patient's representative, acknowledging that the nonemergency patient, or that patient's representative, has received, has read, and understands the notice. An aircraft transport operation shall retain a copy of the notice required under this subdivision for not less than 7 years.

(2) The notice required under subsection (1)(b) must be in not less than 12-point type and in substantially the following form:

"I have been provided the following good-faith estimate of the cost of transportation by the aircraft transport vehicle that will be provided to me by _____ (insert name of aircraft transport operation): _____ (insert good-faith cost estimate).

I have been notified by _____ (insert name of aircraft transport operation) that the aircraft transport vehicle transporting me _____ (is or is not) a participating provider with my health benefit plan.

I was informed by _____ (insert name of aircraft transport operation) that I have the right to request transportation from an aircraft transport operation that is a participating provider with my health benefit plan.

I am aware that if my health benefit plan provides coverage for transportation by an aircraft transport vehicle or coverage for transportation provided by _____ (insert name of aircraft transport operation), I may be subject to a deductible, a copayment, or coinsurance. If the aircraft transport operation is not a participating provider with my health benefit plan, I have been informed that I may be responsible for

the costs of being transported by the aircraft transport operation that are not covered by my health benefit plan.

I have been informed that I have the right to be transported by a method other than an aircraft transport vehicle.

(Patient's or patient representative's signature)

(Date)

(Type or print patient's or patient representative's name)".

(3) Upon the request of a nonemergency patient's health benefit plan or third party administrator, an aircraft transport operation shall provide a copy of the notice required under subsection (1)(b) to the person designated in the nonemergency patient's health benefit plan or to the third party administrator.

(4) If the aircraft transport operation fails to provide a nonemergency patient with the notice required under subsection (1)(b), the aircraft transport operation shall accept the amount covered by the nonemergency patient's health benefit plan for transporting the nonemergency patient as payment in full, other than coinsurance, copayments, or deductibles.

(5) If a patient is an emergency patient, the aircraft transport operation shall accept the amount covered by the emergency patient's health benefit plan for transporting the emergency patient as payment in full, other than coinsurance, copayments, or deductibles. However, if an aircraft transport operation is not a participating provider with the emergency patient's health benefit plan, the aircraft transport operation shall accept as payment in full the greater of the following:

(a) The average amount negotiated by the emergency patient's health benefit plan with participating providers for transporting the patient excluding any in-network coinsurance, copayments, or deductibles.

(b) One hundred fifty percent of the amount that would be covered by Medicare for the emergency service, excluding any in-network coinsurance, copayments, or deductibles.

(6) As used in this section and section 20932b:

(a) "Health benefit plan" means that term as defined in section 21501.

(b) "Participating provider" means that term as defined in section 21501.

(c) "Patient's representative" means that term as defined in section 21501.

(d) "Third party administrator" means that term as defined in section 2 of the third party administrator act, 1984 PA 218, MCL 550.902.

History: Add. 2018, Act 385, Eff. Mar. 19, 2019.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20932b Aircraft transport operation; patient request; right to land.

Sec. 20932b. If a patient at a hospital requests transportation from an aircraft transport operation that is a participating provider with the patient's health benefit plan, an aircraft transport vehicle that is operated by the aircraft transport operation shall have the right to land at the destination hospital for the purpose of transporting the patient, regardless of whether the aircraft transport operation is a contracted provider with the originating hospital or the destination hospital.

History: Add. 2018, Act 385, Eff. Mar. 19, 2019.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20933 Use of term "aircraft transport vehicle," "aircraft transport operation," or similar term; advertising or disseminating information; license required.

Sec. 20933. (1) A person shall not use the term "aircraft transport vehicle" or "aircraft transport operation" or a similar term to describe or refer to the person unless the person is licensed by the department under section 20931.

(2) A person shall not advertise or disseminate information leading the public to believe that the person provides an aircraft transport operation unless that person does in fact provide that service and has been licensed by the department to do so.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20934 Operation of aircraft transport vehicle; conditions; application for and issuance of license or annual renewal; fee; certificate of insurance; communications system; equipment; amount of liability coverage; determination.

Sec. 20934. (1) A person shall not operate an aircraft transport vehicle unless the vehicle is licensed by the department under this section and is operated as part of a licensed aircraft transport operation.

(2) Upon proper application and payment of a \$100.00 fee, the department shall issue an aircraft transport vehicle license or annual renewal to the applicant aircraft transport operation. Receipt of the application by the department serves as attestation to the department by the aircraft transport operation that the vehicle is in compliance with the minimum standards required by the department. The inspection of an aircraft transport vehicle by the department is not required as a basis for licensure renewal, unless otherwise determined by the department.

(3) An aircraft transport operation shall submit an application and required fee to the department for each vehicle in service. Except as provided in subsection (6), each application shall include a certificate of insurance for the vehicle in the amount and coverage required by the department.

(4) An aircraft transport vehicle shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.

(5) An aircraft transport vehicle shall be equipped according to the department's minimum equipment list based upon the level of life support the vehicle and personnel are licensed to provide.

(6) When determining the amount of liability coverage required by the department under subsection (3), an aircraft transport operation that transports patients less than an average of 45 times a year over the 5-year period preceding the date coverage begins, is not required to have more than \$2,000,000.00 in liability coverage on each aircraft transport vehicle in that aircraft transport operation. An aircraft transport operator described under this subsection that has a valid federal aviation regulation part 135 air carrier certificate issued by the federal aviation administration shall have its base of operation and primary business address on an island in the Great Lakes more than 20 miles from the nearest mainland airport. The aircraft transport operator's primary business address is the address shown in the operations specifications and on the air carrier certificate.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2012, Act 269, Imd. Eff. July 3, 2012.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the Michigan public health code, including any board, commission, council, or similar entity providing regulation of health professionals licensed, registered, or certified under part 209 of article 17 of the Michigan public health code, to the department of community health, see E.R.O. No. 2014-2, compiled at MCL 333.26253.

For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20935 Receipt of completed license application; issuance of license within certain period of time; report; "completed application" defined.

Sec. 20935. (1) Subject to subsection (3), beginning on the effective date of the amendatory act that added this section, the department shall approve or reject an initial license application for an ambulance operation, nontransport prehospital life support operation, aircraft transport operation, or medical first response service within 6 months after the applicant files a completed application as required under this part. Receipt of the application is considered the date the application is received by any agency or department of this state.

(2) If an initial license application for an ambulance operation, nontransport prehospital life support operation, aircraft transport operation, or medical first response service is considered incomplete by the department, the department shall notify the applicant in writing or make the notice electronically available within 30 days after receipt of the incomplete application, describing the deficiency and requesting additional information.

(3) If the department identifies a deficiency or requires the fulfillment of a corrective action plan, the 6-month period is tolled until either of the following occurs:

(a) Upon notification by the department of a deficiency, until the date the requested information is received by the department.

(b) Upon notification by the department that a corrective action plan is required, until the date the department determines the requirements of the corrective action plan have been met.

(4) The determination of the completeness of an application does not operate as an approval of the application for the license and does not confer eligibility of an applicant determined otherwise ineligible for issuance of a license.

(5) If the department fails to approve or reject an initial license application within the time period required under this section, the department shall return the license fee and shall reduce the license fee for the applicant's next licensure application, if any, by 15%. Failure to issue or deny a license within the time period required under this section does not allow the department to otherwise delay processing an application. The completed application shall be placed in sequence with other completed applications received at that same time. The department shall not discriminate against an applicant in the processing of the application based upon the fact that the application fee was refunded or discounted under this subsection.

(6) Beginning October 1, 2005, the director of the department shall submit a report by December 1 of each year to the standing committees and appropriations subcommittees of the senate and house of representatives concerned with public health issues. The director shall include all of the following information in the report concerning the preceding fiscal year:

(a) The number of initial applications the department received and completed within the 6-month time period required under subsection (1).

(b) The number of applications requiring a request for additional information.

(c) The number of applications denied.

(d) The average processing time for initial licenses granted after the 6-month period.

(e) The number of initial license applications not issued within the 6-month period and the amount of money returned to applicants under subsection (5).

(7) As used in this section, "completed application" means an application complete on its face and submitted with any applicable licensing fees as well as any other information, records, approval, security, or similar item required by law or rule from a local unit of government, a federal agency, or a private entity but not from another department or agency of this state.

History: Add. 2004, Act 284, Imd. Eff. July 23, 2004.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20936 Application for license renewal received after expiration date of license; late fee; completing requirements for initial licensure.

Sec. 20936. (1) If an application for renewal of an ambulance operation, nontransport prehospital life support operation, or aircraft transport operation license is received by the department after the expiration date of the license, the applicant shall pay a late fee in the amount of \$300.00 in addition to the renewal fee. If an application for renewal is not received by the department within 60 days after the license expires, the department shall not issue a renewal license unless the licensee completes the requirements for initial licensure and pays the late fee.

(2) If an application for renewal of an ambulance or nontransport prehospital life support vehicle, or aircraft transport vehicle license is received by the department after the expiration date of the license, the applicant shall pay a late fee in the amount of \$100.00 in addition to the renewal fee. If an application for renewal is not received by the department within 60 days after the license expires, the department shall not issue a renewal license unless the licensee completes the requirements for initial licensure and pays the late fee.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20938 Operation of ambulance or nontransport prehospital life support vehicle under emergency conditions; privileges and constraints.

Sec. 20938. When operating an ambulance or a nontransport prehospital life support vehicle under emergency conditions or a reasonable belief that an emergency condition exists, the driver of the ambulance or nontransport prehospital life support vehicle may exercise the privileges and is subject to the constraints prescribed by the Michigan vehicle code, Act No. 300 of the Public Acts of 1949, being sections 257.1 to 257.923 of the Michigan Compiled Laws, pertaining to the driver of an authorized emergency vehicle.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20939 Spontaneous use of vehicle under exceptional circumstances; written report.

Sec. 20939. If an ambulance operation is unable to respond to an emergency patient within a reasonable time, this part does not prohibit the spontaneous use of a vehicle under exceptional circumstances to provide, without charge or fee and as a humane service, transportation for the emergency patient. Emergency medical personnel who transport or who make the decision to transport an emergency patient under this section shall file a written report describing the incident with the medical control authority.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20941 Medical first response service; license required; issuance; requirements; duties; renewal of license; advertising or disseminating information; availability of vehicle; ability of patient to pay; police or fire suppression agency.

Sec. 20941. (1) A person shall not establish, operate, or cause to be operated a medical first response service unless the service is licensed by the department.

(2) Upon proper application, the department shall issue a license as a medical first response service to a person who meets the requirements of this part and rules promulgated under this part. The department shall not charge a fee for licensing a medical first response service.

(3) A medical first response service shall provide life support in accordance with approved local medical control authority protocols and shall not provide life support at a level that exceeds its license or violates approved local medical control authority protocols.

(4) A medical first response service license may be renewed annually upon the application to the department.

(5) A person shall not advertise or disseminate information leading the public to believe that the person provides a medical first response service unless that person does in fact provide that service and has been licensed by the department.

(6) A medical first response service shall have at least 1 medical first response vehicle available on a 24-hour-a-day, 7-day-a-week basis, to provide a medical first response capability. Each medical first response vehicle shall be equipped and staffed as required by this part or rules promulgated under this part.

(7) A medical first response service shall provide life support consistent with its license and approved local medical control authority protocols to all patients without prior inquiry into ability to pay or source of payment.

(8) To the extent that a police or fire suppression agency is dispatched to provide medical first response life support, that agency is subject to this section and the other provisions of this part relating to medical first response services.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the Michigan public health code, including any board, commission, council, or similar entity providing regulation of health professionals licensed, registered, or certified under part 209 of article 17 of the Michigan public health code, to the department of community health, see E.R.O. No. 2014-2, compiled at MCL 333.26253.

For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20945 Life support agency license; nonrenewable conditional license in lieu of denial, suspension, or revocation; duration; conditions.

Sec. 20945. If the department determines that grounds exist under section 20165 for denial, suspension, or revocation of a life support agency license but that the denial, suspension, or revocation of the license may be detrimental to the health, safety, and welfare of the residents served by the life support agency or applicant, the department may issue a nonrenewable conditional license effective for not more than 1 year and may prescribe such conditions as the department determines to be necessary to protect the public health, safety, and welfare.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20948 Operations and services furnished by local governmental unit; costs; ordinance.

Sec. 20948. (1) A local governmental unit or combination of local governmental units may operate an ambulance operation or a nontransport prehospital life support operation, or contract with a person to furnish any of those services for the use and benefit of its residents, and may pay for any or all of the cost from available funds. A local governmental unit may receive state or federal funds or private funds for the purpose of providing emergency medical services.

(2) A local governmental unit that operates an ambulance operation or a nontransport prehospital life support operation or is a party to a contract or an interlocal agreement may defray any or all of its share of the cost by either or both of the following methods:

(a) Collection of fees for services.

(b) Special assessments created, levied, collected, and annually determined pursuant to a procedure conforming as nearly as possible to the procedure set forth in section 1 of Act No. 33 of the Public Acts of 1951, being section 41.801 of the Michigan Compiled Laws. This procedure does not prohibit the right of referendum set forth under Act No. 33 of the Public Acts of 1951, being sections 41.801 to 41.811 of the Michigan Compiled Laws.

(3) A local governmental unit may enact an ordinance regulating ambulance operations, nontransport prehospital life support operations, or medical first response services. The standards and procedures established under the ordinance shall not be in conflict with or less stringent than those required under this part or the rules promulgated under this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20950 Medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator; licensing requirements; duration of license; fees; volunteers; waiver of fee; "armed forces" defined.

Sec. 20950. (1) An individual shall not practice or advertise to practice as a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, or emergency medical services instructor-coordinator unless licensed by the department under this section.

(2) The department shall issue a license under this section only to an individual who meets all of the following requirements:

(a) Is 18 years of age or older.

(b) Meets either of the following requirements:

(i) Has successfully completed the appropriate education program approved under section 20912.

(ii) While serving as a member of the armed forces, served as a military health care specialist and was separated from service with an honorable character of service or under an honorable conditions (general) character of service in the 2-year period preceding the date the license application is filed. The applicant shall provide a form DD214, DD215, or any other form that is satisfactory to the department to meet the criteria established in this subparagraph. This subparagraph only applies to an applicant for a license as an emergency

medical technician.

(c) Subject to subsection (3), has attained a passing score on the appropriate department prescribed examination, as follows:

(i) A medical first responder must pass the written examination proctored by the department or the department's designee and a practical examination approved by the department. The instructors of the medical first responder course shall administer the practical examination. The department or the department's designee may also proctor the practical examination. The individual shall pay the fee for the written examination required under this subparagraph directly to the National Registry of Emergency Medical Technicians or other organization approved by the department. As used in this subparagraph, "examination" means an evaluation approved or developed by the National Registry of Emergency Medical Technicians or another organization with equivalent national recognition and expertise in emergency medical services personnel testing and approved by the department.

(ii) An emergency medical technician or emergency medical technician specialist must pass the written examination proctored by the department or the department's designee and a practical examination proctored by the department or the department's designee. The individual shall pay the fee for the written examination required under this subparagraph directly to the National Registry of Emergency Medical Technicians or other organization approved by the department. As used in this subparagraph, "examination" means an evaluation approved or developed by the National Registry of Emergency Medical Technicians or another organization with equivalent national recognition and expertise in emergency medical services personnel testing and approved by the department.

(iii) A paramedic must pass either of the following:

(A) A written and practical examination developed or prescribed by the department other than an examination defined in sub-subparagraph (B).

(B) The written examination proctored by the department or the department's designee and a practical examination proctored by the department or the department's designee. An individual who takes the examination described in this sub-subparagraph shall pay the fee for the examination directly to the National Registry of Emergency Medical Technicians or another organization approved by the department. As used in this sub-subparagraph, "examination" means an evaluation approved or developed by the National Registry of Emergency Medical Technicians or another organization with equivalent national recognition and expertise in emergency medical services personnel testing and approved by the department.

(d) Meets other requirements of this part.

(3) The department shall require for purposes of compliance with subsection (2)(c) successful passage by each first-time applicant of the applicable examination described in that subsection. Not later than 2 years after the effective date of the amendatory act that added this sentence, the department shall develop or prescribe the examination described in subsection (2)(c)(iii)(A).

(4) The department shall issue a license as an emergency medical services instructor-coordinator only to an individual who meets the requirements of subsection (2) for an emergency medical services instructor-coordinator and at the time of application is currently licensed as a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic and has at least 3 years' field experience with a licensed life support agency as a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic. The department shall provide for the development and administration of an examination for emergency medical services instructor-coordinators. The license must specify the level of instruction-coordination the individual is licensed to provide. An emergency medical services instructor-coordinator shall not instruct or coordinate emergency medical training courses at a level that exceeds his or her designated level of licensure and for which he or she does not have at least 3 years' field experience at that level of licensure.

(5) Except as otherwise provided in section 20952, a license under this section is effective for 3 years from the date of issuance unless revoked or suspended by the department.

(6) Except as otherwise provided in this section, an applicant for licensure under this section shall pay the following triennial licensure fees:

(a) Medical first responder - no fee.

(b) Emergency medical technician - \$40.00.

(c) Emergency medical technician specialist - \$60.00.

(d) Paramedic - \$80.00.

(e) Emergency medical services instructor-coordinator - \$100.00.

(7) If a life support agency certifies to the department that an applicant for licensure under this section will act as a volunteer and if the life support agency does not charge for its services, the department shall not require the applicant to pay the fee required under subsection (6). If the applicant ceases to meet the definition

of a volunteer under this part at any time during the effective period of his or her license and is employed as a licensee under this part, the applicant shall at that time pay the fee required under subsection (6).

(8) The department shall waive the fee required under subsection (6) for the initial license if the applicant for initial licensure was separated from service with an honorable character of service or under honorable conditions (general) character of service in the armed forces. The applicant shall provide a form DD214, DD215, or any other form that is satisfactory to the department to be eligible for the waiver of the fee under this subsection.

(9) The department may charge a fee for an applicant taking the examination described in section 20950(2)(c)(iii)(A), in an amount that does not exceed the fee for an applicant taking the examination described in section 20950(2)(c)(iii)(B).

(10) As used in this section, "armed forces" means that term as defined in section 16103.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2006, Act 568, Imd. Eff. Jan. 3, 2007;—Am. 2013, Act 165, Eff. Feb. 12, 2014;—Am. 2021, Act 25, Eff. Sept. 7, 2021;—Am. 2024, Act 48, Eff. Apr. 2, 2025.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20952 Temporary license.

Sec. 20952. (1) The department may grant a nonrenewable temporary license to an individual who has made proper application with the required fee for licensure as a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic and who has successfully completed all of the requirements for licensure except for the examinations described in section 20950. A temporary license is valid for 1 year from the date of an accepted application.

(2) An individual holding a temporary license under this section shall practice only under direct supervision as provided under section 20952a.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2024, Act 48, Eff. (sine die);—Am. 2024, Act 84, Imd. Eff. July 23, 2024.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20952a Emergency medical technician; temporary license.

Sec. 20952a. (1) An individual holding a temporary license as an emergency medical technician shall practice only under the direct supervision of an emergency medical technician, emergency medical technician specialist, or paramedic who holds a license other than a temporary license.

(2) An individual holding a temporary license as an emergency medical technician specialist shall practice only under the direct supervision of an emergency medical technician specialist or paramedic who holds a license other than a temporary license.

(3) An individual holding a temporary license as a paramedic shall practice only under the direct supervision of a paramedic who holds a license other than a temporary license.

History: Add. 2024, Act 85, Imd. Eff. July 23, 2024.

Popular name: Act 368

333.20954 Renewal license; renewal fees; procedures for late renewal; volunteers.

Sec. 20954. (1) Upon proper application to the department and payment of the renewal fee under subsection (2), the department may renew an emergency medical services personnel license if the applicant meets the requirements of this part and provides, upon request of the department, verification of having met ongoing education requirements established by the department. If an applicant for renewal fails to provide the department with a change of address, the applicant shall pay a \$20.00 fee in addition to the renewal and late fees required under subsections (2) and (3).

(2) Except as otherwise provided in subsection (5), an applicant for renewal of a license under section 20950 shall pay a renewal fee as follows:

- (a) Medical first responder - no fee.
- (b) Emergency medical technician - \$25.00.
- (c) Emergency medical technician specialist - \$25.00.

- (d) Paramedic - \$25.00.
- (e) Emergency medical services instructor-coordinator - \$25.00.

(3) Except as otherwise provided in subsection (5), if an application for renewal under subsection (1) is postmarked after the date the license expires, the applicant shall pay a late fee in addition to the renewal fee under subsection (2) as follows:

- (a) Medical first responder - \$50.00.
- (b) Emergency medical technician - \$50.00.
- (c) Emergency medical technician specialist - \$50.00.
- (d) Paramedic - \$50.00.
- (e) Emergency medical services instructor-coordinator - \$50.00.

(4) A license or registration must be renewed by the licensee on or before the expiration date as prescribed by rule. The department shall mail a notice to the licensee at the last known address on file with the department advising of the time, procedure, and fee for renewal. Failure of the licensee to receive notice under this subsection does not relieve the licensee of the responsibility for renewing his or her license. A license not renewed by the expiration date may be renewed within 60 days of the expiration date upon application, payment of renewal and late renewal fees, and fulfillment of any continued continuing education requirements set forth in rules promulgated under this article. The licensee may continue to practice and use the title during the 60-day period. If a license is not so renewed within 60 days of the expiration date, the license is void. The licensee shall not practice or use the title. An individual may be relicensed within 3 years of the expiration date upon application, payment of the application processing, renewal, and late renewal fees, and fulfillment of any continuing education requirements in effect at the time of the expiration date, or that would have been required had the individual renewed his or her license pursuant to subsection (1). An individual may be relicensed more than 3 years after the expiration date upon application as a new applicant, meeting all licensure requirements in effect at the time of application, taking or retaking and passing any applicable examinations described in section 20950 required for initial licensure, and payment of fees required of new applicants.

(5) If a life support agency certifies to the department that an applicant for renewal under this section is a volunteer and if the life support agency does not charge for its services, the department shall not require the applicant to pay the fee required under subsection (2) or a late fee under subsection (3). If the applicant for renewal ceases to meet the definition of a volunteer under this part at any time during the effective period of his or her license renewal and is employed as a licensee under this part, the applicant for renewal shall at that time pay the fee required under subsection (2).

(6) An individual seeking renewal under this section is not required to maintain national registry status as a condition of license renewal.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 314, Eff. Jan. 1, 2001;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2024, Act 48, Eff. Apr. 2, 2025.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20956 Provision of life support; limitation; authorized techniques.

Sec. 20956. (1) A medical first responder, an emergency medical technician, an emergency medical technician specialist, or a paramedic shall not provide life support at a level that is inconsistent with his or her education, licensure, and approved medical control authority protocols.

(2) A medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic may perform techniques required in implementing a field study authorized under section 20910(1)(h) if he or she receives training for the skill, technique, procedure, or equipment involved in the field study.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20958 Emergency medical services personnel license; denial, revocation, or suspension; findings; notice; hearing order of circuit court to appear and give testimony.

Sec. 20958. (1) The department may deny, revoke, or suspend an emergency medical services personnel license upon finding that an applicant or licensee meets 1 or more of the following:

- (a) Is guilty of fraud or deceit in procuring or attempting to procure licensure.
- (b) Has illegally obtained, possessed, used, or distributed drugs.
- (c) Has practiced after his or her license has expired or has been suspended.
- (d) Has knowingly violated, or aided or abetted others in the violation of, this part or rules promulgated under this part.
- (e) Is not performing in a manner consistent with his or her education, licensure, or approved medical control authority protocols.
- (f) Is physically or mentally incapable of performing his or her prescribed duties.
- (g) Has been convicted of a criminal offense under sections 520a to 520l of the Michigan penal code, 1931 PA 328, MCL 750.520a to 750.520l. A certified copy of the court record is conclusive evidence of the conviction.
- (h) Has been convicted of a misdemeanor or felony reasonably related to and adversely affecting the ability to practice in a safe and competent manner. A certified copy of the court record is conclusive evidence of the conviction.

(2) The department shall provide notice of intent to deny, revoke, or suspend an emergency services personnel license by certified mail or personal service. The notice of intent shall set forth the particular reasons for the proposed action and shall advise the applicant or licensee that he or she is entitled to the opportunity for a hearing before the director or the director's authorized representative. If the person to whom the notice is sent does not make a written request to the department for a hearing within 30 days of receiving the notice, the license is considered denied, revoked, or suspended as stated in the notice. If requested, the hearing shall be conducted pursuant to the administrative procedures act of 1969 and rules promulgated by the department. A full and complete record shall be kept of the proceeding and shall be transcribed when requested by an interested party, who shall pay the cost of preparing the transcript. On the basis of a hearing or on the default of the applicant or licensee, the department may issue, deny, suspend, or revoke a license.

(3) The department may establish procedures, hold hearings, administer oaths, issue subpoenas, or order testimony to be taken at a hearing or by deposition in a proceeding pending at any stage of the proceeding. A person may be compelled to appear and testify and to produce books, papers, or documents in a proceeding.

(4) In case of disobedience of a subpoena, a party to a hearing may invoke the aid of the circuit court of the jurisdiction in which the hearing is held to require the attendance and testimony of witnesses. The circuit court may issue an order requiring an individual to appear and give testimony. Failure to obey the order of the circuit court may be punished by the court as a contempt.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2010, Act 304, Imd. Eff. Dec. 17, 2010.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the Michigan public health code, including any board, commission, council, or similar entity providing regulation of health professionals licensed, registered, or certified under part 209 of article 17 of the Michigan public health code, to the department of community health, see E.R.O. No. 2014-2, compiled at MCL 333.26253.

For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20961 Reciprocity.

Sec. 20961. (1) The department may grant a license under this part to a person who is licensed in another state at the time of application if the applicant provides evidence satisfactory to the department as to all of the following:

- (a) The applicant meets the requirements of this part and rules promulgated by the department for licensure.
- (b) There are no pending disciplinary proceedings against the applicant before a similar licensing agency of this or any other state or country.
- (c) If sanctions have been imposed against the applicant by a similar licensing agency of this or any other state or country based upon grounds that are substantially similar to those set forth in section 20165 or 20958, as determined by the department, the sanctions are not in force at the time of the application.
- (d) The other state maintains licensure standards equivalent to or more stringent than those of this state.

(2) The department may make an independent inquiry to determine whether an applicant meets the requirements described in subsection (1)(b) and (c).

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20963 Radio communications; compliance.

Sec. 20963. (1) A person participating in radio communications activities in support of emergency medical services, on frequencies utilized in the statewide emergency medical services communications system, shall comply with procedures and radio system requirements established by the department.

(2) A person who receives any intercepted public safety radio communication shall not utilize the contents of the communication for the purpose of initiating an emergency medical service response without the authorization of the sender. This subsection shall not apply to a radio communication generally transmitted to any listener by a person in distress.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20965 Immunity from liability.

Sec. 20965. (1) Unless an act or omission is the result of gross negligence or willful misconduct, the acts or omissions of a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, medical director of a medical control authority or his or her designee, or, subject to subsection (5), an individual acting as a clinical preceptor of a department-approved education program sponsor while providing services to a patient outside a hospital, in a hospital before transferring patient care to hospital personnel, or in a clinical setting that are consistent with the individual's licensure or additional training required by the medical control authority including, but not limited to, services described in subsection (2), or consistent with an approved procedure for that particular education program do not impose liability in the treatment of a patient on those individuals or any of the following persons:

- (a) The authorizing physician or physician's designee.
- (b) The medical director and individuals serving on the governing board, advisory body, or committee of the medical control authority and an employee of the medical control authority.
- (c) The person providing communications services or lawfully operating or utilizing supportive electronic communications devices.
- (d) The life support agency or an officer, member of the staff, or other employee of the life support agency.
- (e) The hospital or an officer, member of the staff, nurse, or other employee of the hospital.
- (f) The authoritative governmental unit or units.
- (g) Emergency personnel from outside the state.
- (h) The education program medical director.
- (i) The education program instructor-coordinator.
- (j) The education program sponsor and education program sponsor advisory committee.
- (k) The student of a department-approved education program who is participating in an education program-approved clinical setting.
- (l) An instructor or other staff employed by or under contract to a department-approved education program for the purpose of providing training or instruction for the department-approved education program.
- (m) The life support agency or an officer, member of the staff, or other employee of the life support agency providing the clinical setting described in subdivision (k).
- (n) The hospital or an officer, member of the medical staff, or other employee of the hospital providing the clinical setting described in subdivision (k).

(2) Subsection (1) applies to services consisting of any of the following:

- (a) The use of an automated external defibrillator on an individual who is in or is exhibiting symptoms of cardiac distress.
- (b) The administration of an opioid antagonist to an individual who is suffering or is exhibiting symptoms of an opioid-related overdose.

(3) Unless an act or omission is the result of gross negligence or willful misconduct, the acts or omissions of any of the persons named below, while participating in the development of protocols under this part,

implementation of protocols under this part, or holding a participant in the emergency medical services system accountable for department-approved protocols under this part, does not impose liability in the performance of those functions:

(a) The medical director and individuals serving on the governing board, advisory body, or committees of the medical control authority or employees of the medical control authority.

(b) A participating hospital or freestanding surgical outpatient facility in the medical control authority or an officer, member of the medical staff, or other employee of the hospital or freestanding surgical outpatient facility.

(c) A participating agency in the medical control authority or an officer, member of the medical staff, or other employee of the participating agency.

(d) A nonprofit corporation that performs the functions of a medical control authority.

(4) Subsections (1) and (3) do not limit immunity from liability otherwise provided by law for any of the persons listed in subsections (1) and (3).

(5) The limitation on liability granted to a clinical preceptor under subsection (1) applies only to an act or omission of the clinical preceptor relating directly to a student's clinical training activity or responsibility while the clinical preceptor is physically present with the student during the clinical training activity, and does not apply to an act or omission of the clinical preceptor during that time that indirectly relates or does not relate to the student's clinical training activity or responsibility.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 1997, Act 78, Imd. Eff. July 22, 1997;—Am. 1999, Act 199, Imd. Eff. Dec. 20, 1999;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001;—Am. 2014, Act 312, Imd. Eff. Oct. 14, 2014.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20967 Authority for management of emergency patient or management of scene of emergency; declaring nonexistence of emergency.

Sec. 20967. (1) Authority for the management of a patient in an emergency is vested in the licensed health professional or licensed emergency medical services personnel at the scene of the emergency who has the most training specific to the provision of emergency medical care. If a licensed health professional or licensed emergency medical services personnel is not available, the authority is vested in the most appropriately trained representative of a public safety agency at the scene of the emergency.

(2) When a life support agency is present at the scene of the emergency, authority for the management of an emergency patient in an emergency is vested in the physician responsible for medical control until that physician relinquishes management of the patient to a licensed physician at the scene of the emergency.

(3) Authority for the management of the scene of an emergency is vested in appropriate public safety agencies. The scene of an emergency shall be managed in a manner that will minimize the risk of death or health impairment to an emergency patient and to other individuals who may be exposed to the risks as a result of the emergency. Priority shall be given to the interests of those individuals exposed to the more serious remediable risks to life and health. Public safety officials shall ordinarily consult emergency medical services personnel or other authoritative health professionals at the scene in the determination of remediable risks.

(4) If an emergency has been declared, the declaration that an emergency no longer exists shall be made only by an individual licensed under this part or a health professional licensed under article 15 who has training specific to the provision of emergency medical services in accordance with protocols established by the local medical control authority.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20969 Objection to treatment or transportation.

Sec. 20969. This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency

medical services may provide treatment or transportation despite the individual's objection unless the objection is expressly based on the individual's religious beliefs.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20971 Emergency preparedness act and MCL 30.261 not affected by part; references to former laws.

Sec. 20971. (1) This part does not supersede, limit, or otherwise affect the emergency preparedness act, Act No. 390 of the Public Acts of 1976, being sections 30.401 to 30.420 of the Michigan Compiled Laws, or Act No. 151 of the Public Acts of 1953, being section 30.261 of the Michigan Compiled Laws, dealing with licenses for professional, mechanical, or other skills for persons performing civil defense, emergency, or disaster functions under those acts.

(2) A reference in any law to former Act No. 290 of the Public Acts of 1976; former Act No. 288 of the Public Acts of 1976; former Act No. 330 of the Public Acts of 1976; or former part 32, 203, or 207 of this act shall be considered a reference to this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20973 Emergency medical services to and cooperative agreements with other states.

Sec. 20973. This part does not deny emergency medical services to individuals outside of the boundaries of this state, or limit, restrict, or prevent a cooperative agreement for the provision of emergency medical services between this state or a political subdivision of this state and another state or a political subdivision of another state, a federal agency, or another nation or a political subdivision of another nation.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the Michigan public health code, including any board, commission, council, or similar entity providing regulation of health professionals licensed, registered, or certified under part 209 of article 17 of the Michigan public health code, to the department of community health, see E.R.O. No. 2014-2, compiled at MCL 333.26253.

For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20975 Rules generally.

Sec. 20975. The department may promulgate rules to implement this part.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the Michigan public health code, including any board, commission, council, or similar entity providing regulation of health professionals licensed, registered, or certified under part 209 of article 17 of the Michigan public health code, to the department of community health, see E.R.O. No. 2014-2, compiled at MCL 333.26253.

For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368

333.20977 Rules considered as rescinded; exceptions.

Sec. 20977. (1) Except as otherwise provided in subsection (2), rules promulgated to implement former parts 32, 203, or 207 of this act and in effect on July 22, 1990 do not continue, and are considered as rescinded.

(2) Subsection (1) does not apply to rules that have been identified as being applicable within 6 months after the effective date of the amendatory act that added this subsection, as recommended by the department and approved by the statewide emergency medical services coordination committee.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990;—Am. 2000, Act 375, Imd. Eff. Jan. 2, 2001.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

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Popular name: Act 368

333.20979 Prohibited use of fees.

Sec. 20979. The legislature shall not use the increase in the amount of fees charged under this part from the fees charged under former part 207 as a basis for reducing the amount of general fund money that is appropriated to the department.

History: Add. 1990, Act 179, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of department of licensing and regulatory affairs relative to registration, licensing, or regulation of professional occupations arising from part 209 of the public health code, including board, commission, council, or similar entity providing regulation of health professionals under part 209 of article 17 of the public health code to department of health and human services, see E.R.O. No. 2017-3, compiled at MCL 333.26254.

Popular name: Act 368