# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### BUREAU OF EMS TRAUMA AND PREPAREDNESS

# EMERGENCY MEDICAL SERVICES - LIFE SUPPORT AGENCIES AND MEDICAL CONTROL

#### Filed with the secretary of state on

#### These rules take effect 7 days after filing with the secretary of state.

(By authority conferred on the director of the department of health and human services by sections 2233, 20910, and 20975 of the public health code, 1978 PA 368, MCL 333.2233, 333.20910, and 333.20975, and section 2233 of 1978 PA 368, MCL333.2233. Executive Reorganization Order No. 2015-1, MCL 400.227)

R 325.22101, R 325.22102, R 325.22103, R 325.22111, R 325.22112, R 325.22113, R 325.22114, R 325.22115, R 325.22116, R 325.22117, R 325.22118, R 325.22120, R 325.22122, R 325.22123, R 325.22124, R 325.22125, R 325.22126, R 325.22127, R 325.22131, R 325.22132, R 325.22133, R 325.22134, R 325.22135, R 325.22136, R 325.22137, R 325.22138, R 325.22165, R 325.22181, R 325.22182, R 325.22183, R 325.22184, R 325.22186, R 325.22165, R 325.22189, R 325.22190, R 325.22191, R 325.22193, R 325.22194, R 325.22201, R 325.2202, R 325.2203, R 325.22204, R 325.22105, R 325.22206, R 325.22207, R 325.22202, R 325.22209, R 325.22210, R 325.22211, R 325.22212, R 325.22213, R 325.22214, R 325.22209, R 325.22210, R 325.22211, R 325.22212, R 325.22213, R 325.22214, R 325.22215, R 325.22216, and R 325.22217 of the Michigan Administrative Code are amended, and R 325.22139 and R 325.22218 are added, as follows:

## PART 1. GENERAL PROVISIONS

R 325.22101 Definitions; A to D.

Rule 101. As used in these rules:

(a) "Accountable" means ensuring compliance on the part of each life support agency or emergency medical services personnel in carrying out emergency medical services based upon protocols established by the medical control authority and approved by the department.

(b) "Air ambulance service" means providing at least advanced life support services utilizing an air ambulance or ambulances that operate in conjunction with a base hospital or hospitals. Air ambulance service may also include any of the following:

(i) Searches.

(ii) Emergency transportation of any of the following:

(A) Drugs.

(B) Organs.

(C) Medical supplies.

(D) Equipment.

(E) Personnel.

(c) "Back-up air ambulance" means an air ambulance that is used to provide air ambulance services if the primary air ambulance is not available to provide air ambulance services.

(bd) "Board certified in emergency medicine" means current certification by the American board of emergency medicine Board of Emergency Medicine, the American board of osteopathic emergency medicine Board of Osteopathic Emergency Medicine, or other organization approved by the department that meets the standards of these organizations.

(ee) "Code" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211. et seq and known as the public health code.

(df) "Designated event" means a temporary event, such as an air show, of no more than 7 days in duration that requires full-time, on-site availability of an air ambulance.

(eg) Direct communication" means a communication methodology that ensures medical control authority supervision of a life support agency when performing emergency medical services through any of the following methods:

(i) Direct interpersonal communications at the scene of the emergency.

(ii) Direct verbal communication by means of an approved two-way telecommunications system operating within the medcom requirements.

(iii) Protocols adopted by the medical control authority and approved by the department.

(iv) Other means approved by the department that are not in conflict with the medcom requirements.

(**fh**) "Disciplinary action" means an action taken by the department against a medical control authority, a life support agency, or individual, or an action taken by a medical control authority against a life support agency or individual for failure to comply with the code, rules, or protocols approved by the department. Action may include suspension, limitation, or removal of medical control from a life support agency of a medical control authority providing medical control, from an individual providing emergency medical services care, or any other action authorized by the code.

R 325.22102 Definitions; E to  $\Theta$ M.

Rule 102. As used in these rules:

(a) "Emergency medical services intercept" means an ambulance operation is transporting an emergency patient from the scene of an emergency, and requests patient care intervention from another transporting ambulance operation.

(b) "Emergency medical services telecommunications" means the reception and transmission of voice or data, or both, information in the emergency medical services system consistent with the medcom requirements prescribed by the department.

(c) "Field study status" means that process required under sections 20910 and 20956 of the code, MCL 333.20910 and 333.20956.

(ed) "Fixed wing aircraft" means a non-rotary aircraft transport vehicle that is primarily used or available to provide patient transportation between health facilities and is capable of providing patient care according to orders issued by the patient's physician.

(de) "Ground ambulance" means a vehicle that complies with design and structural

specifications, as **that term is** defined in these rules, and is licensed as an ambulance to provide transportation and basic life support, limited advanced life support, or advanced life support.

(ef) "Hold itself out" means the agency advertises, announces, or charges specifically for providing emergency medical services, as **that term is** defined in the code.

(fg) "License" means written authorization issued by the department to a life support agency and its life support vehicles to provide emergency medical services, as **that term is** defined in the code.

(gh) "License expiration date" means the date of expiration indicated on the license issued by the department.

(hi) "Licensure action" means probation, suspension, limitation, or removal by the department of a license for a life support agency or a life support vehicle for violations of the code or these rules.

(j) "Life support agency" means an ambulance operation, non-transport prehospital life support operation, air transport operation, or medical first response service.

(ik) "Life support vehicle" means an ambulance, a non-transport, prehospital life support vehicle, or a medical first response vehicle, as **that term is** defined in the code.

(jl) "Medcom requirements" means medical communication requirements for an emergency medical services communication system.

(**km**) "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.

(**in**) "Medical control authority" means an organization designated by the department to provide medical control.

# (o) "Medical control authority area" means the geographic area composed of a county, group of counties, or parts of an individual county, as designated by the department.

(mp) "Medical control authority board" means a board appointed by the participating organizations to carry out the responsibilities and functions of the medical control authority.

(n) Medical control authority region" means the geographic area composed of a county, group of counties, or parts of an individual county, as designated by the department.

(q) "Mutual aid" means a written agreement between 2 or more licensed life support agencies for the provision of emergency medical services when an agency is unable to respond to a request for emergency services, or an agreement according to the direction of a medical control authority in accordance with department approved protocols.

R 325.22103 Definitions; P to TS.

Rule 103. As used in these rules:

(a) "Physician" means a doctor of medicine or doctor of osteopathy who possesses a valid license to practice medicine in this state.

(b) "Primary dispatch service area" means a service area.

(c) "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.

(d) "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 of the code, MCL 333.20919.

(ee) "Quality improvement program" means actions taken by a life support agency, medical control authority, or jointly between a life support agency and medical control authority with a goal of continuous improvement of emergency medical services in accordance with section 20919 of the code, MCL 333.20919.

(f) "Regional trauma network" means an organized group comprised of the local medical control authorities within a region, which integrates into existing regional emergency preparedness, and is responsible for appointing a regional trauma advisory council and creating a regional trauma plan.

(dg) "Rotary aircraft" means a helicopter that is licensed under the code as an ambulance.

(eh) "Service area" means the geographic area in which a life support agency is licensed to provide emergency medical services for responding to an emergency.

#### PART 2. LIFE SUPPORT AGENCIES-GENERAL

R 325.22111 Life support agencies; general provisions.

Rule 111. (1) A life support agency shall not operate unless it is licensed by the department and operates under the direction of a medical control authority in accordance with department-approved protocols. A life support agency shall not operate at a level that exceeds its license or violates approved medical control authority protocols, unless otherwise allowed by part 209 of the code, MCL 333.20901 to 333.20979.

(2) A life support agency license shall do **both** all of the following:

(a) State the level of life support the agency is licensed to provide. A life support agency shall not operate at a level that exceeds its license or violates approved medical control authority protocols.

(ba) Be responsible for communicating Communicate approved protocols to appropriate emergency medical services personnel.

(eb) Provide emergency medical services in accordance with protocols established by the medical control authority and approved by the department.

(3) A life support agency application shall may not be approved by the department unless signed by the medical director of each medical control authority responsible for the service area of the life support agency in accordance with R 325.22205(2). The medical director's signature shall serves as confirmation that the medical control authority intends to provide medical control to the life support agency.

(4) A life support agency, except an fixed wing aircraft transport operation, shall provide at least 1 life support vehicle for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with its licensure level and medical control authority protocols.

(5) A All life support agencies agency shall respond, or ensure a response is provided, to each request for emergency assistance originating shall have a mutual aid agreement with another life support agency to ensure a response within the bounds of its service area.

(6) A life support agency shall notify the jurisdictional medical control authority of

any of the following:

(a) Any investigations, disciplinary actions, or exclusions against the life support agency with the potential to impact service delivery.

(b) Action taken by an agency against emergency medical services personnel based on a violation of section 20958 of the code, MCL 333.20958.

R 325.22112 Patient destination; transporting agencies.

Rule 112. (1) An ambulance operation, both ground and rotary, shall transport an emergency patient only to an organized emergency department located in and operated by 1 of the following:

(a) A hospital licensed under part 215 of the code, MCL 333.21501 to 333.21571. or to

(b) A freestanding surgical outpatient facility licensed under part 208 of the code, MCL **333.20801 to 333.20821**, that operates a service for treating emergency patients 24-hours-a-day, 7-days-a-week, and complies with medical control authority protocols.

(c) An off-campus emergency department of a hospital licensed under part 215 of the code, MCL 333.21501 to 333.21571, if the off-campus emergency department is available for treating emergency patients 24-hours-a-day, 7-days-a-week, complies with medical control authority protocols, and has obtained provider-based status under 42 CFR 413.65.

(2) An ambulance operation may transport to an alternate destination requested by the medical control authority and approved by the department under field study status.

R 325.22113 Patient transfers; ground, rotary, aircraft transport.

Rule 113. (1) A person shall may not transport a patient by stretcher, cot, litter, or isolette unless it is done in a licensed ambulance or aircraft transport vehicle. The life support agency transporting the patient shall require that any applicable department-approved protocols of the medical control authority are followed in accordance with section 20921(4) and (5) of the code, MCL 333.20921.

(2) An out-of-state service that is coming to this state to transfer a patient from a Michigan facility to a facility in another state or country shall be licensed or certified within its own jurisdiction.

R 325.22114 Professional standards review organization: data collection.

Rule 114. Each life support agency or medical control authority, or both, shall establish a professional standards review organization for improving the quality of emergency medical services. As part of the Professional Standards Review Organization, each life support agency shall collect data to assess the need for and quality of emergency medical services. The data shall **must** be submitted to the medical control authority as determined by department-approved medical control authority protocol as required in R 325.22207(1)(h).

R 325.22115 Use of descriptive words, phrases, symbols, advertising.

Rule 115. A person shall not use words, phrases, signs, symbols, or insignia that advertise or convey to the public that it provides emergency medical services or that it provides emergency medical services at a particular level unless it is licensed to do so.

R 325.22116 Inability to provide service.

Rule 116. (1) If a life support agency cannot operate or staff at least 1 vehicle for response to an emergency within its service area in accordance with the code, these rules, or applicable protocols, then the life support agency shall do all of the following:

(a) Immediately notify the department and medical control authority within its service area when if it cannot 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 medical control authority protocols. This rule excludes air ambulance services and aircraft transport operations when the weather does not meet weather minimums outlined by a national accrediting body for air ambulance services.

(b) Immediately notify the department of a change that would alter the information contained on its application.

(c) Notify the dispatch center that regularly receives requests for its services, and other public safety agencies if appropriate, that it is not available to respond. The notification shall **must** advise the dispatch center of the period in which the agency will be out of service and the name of the agency that will be covering its service area.

(d) Notify life support agencies providing secondary response capabilities mutual aid.(2) The life support agency shall comply with R 325.22202(4).

(2) The me support agency shall comply with K = 525.22202(4).

(3) A life support agency that does not comply with section 20921(1)(a) of the code shall be subject to disciplinary action by the department.

R 325.22117 Maintenance of medical records.

Rule 117. In accordance with section 20175(1) of the code, MCL 333.20175, Aa life support agency shall maintain an accurate record of each case where care is rendered in a form format approved by the medical control authority. Medical records shall must be maintained for 57 years. However, records of minors shall must be maintained until they reach 23 25 years of age.

R 325.22118 Removal of vehicle from service; licensure; interagency vehicle transfer, lease, loan, from another life support agency.

Rule 118. (1) A life support agency shall notify the department when if it permanently removes a vehicle from service. If a vehicle is permanently removed from service, then the agency shall contact the department, in writing, within 30 days of after removal. The Nnotification shall must include the make, model, year, and vehicle identification number on a form an application prescribed by the department. The agency shall remove all oscillating, rotating, or flashing lights, and words, phrases, signs, symbols, or insignia that advertise or convey to the public that it provides emergency medical services before transfer or sale of the vehicle.

(2) A life support vehicle license is nontransferable. A life support agency may temporarily use a state licensed life support vehicle of another licensed life support agency through a loan. Vehicle loans may occur if mechanical problems prevent an agency from deploying its existing vehicles. The life support agency acquiring the vehicle shall do all of the following:

(a) Notify the department of the loan within 3 business days on an form application prescribed by the department.

(b) Replace an existing licensed vehicle with the loaned vehicle at the agency. The loaned

vehicle shall must not increase the total number of vehicles the agency is licensed to use.

(c) Use the loan for a maximum of 60 calendar days.

(d) Extend the loan 1 time for 60 additional calendar days if the agency notifies the department on an form application prescribed by the department.

(3) A life support agency that obtains a vehicle through a gift, lease, transfer, or purchase from another life support agency shall comply with both of the following:

(a) Submit an application for the vehicle in accordance with R 325.22190(2) or (3).

(b) Comply with R 325.22181.

(4) A life support agency that gives, leases, transfers, or sells a vehicle to another life support agency shall comply with subrule (1) of this rule.

R 325.22120 Life support agencies licensed in other states or dominion of Canada. Rule 120. (1) A life support agency licensed in another state or the dominion of Canada that responds to emergencies in this state shall be licensed by the department unless specific intergovernmental agreements exist between the department, the dominion of Canada, or the other state.

(2) A life support agency licensed in another state or in the dominion of Canada that responds to emergencies shall be is accountable to the medical control authority in whose geographical boundaries initial patient contact is made.

R 325.22122 Misleading information concerning emergency response.

Rule 122. A life support agency shall not knowingly provide a person with false or misleading information concerning the time at which an emergency **is** will be initiated or the location from which the response is being initiated. The department or medical control authority may investigate any allegation of wrongdoing submitted under this rule. If a violation of this rule occurs, the department or medical control authority may take any corrective action authorized under the code and these rules.

R 325.22123 Spontaneous use of vehicle under exceptional circumstances; written report.

Rule 123. (1) If an ambulance operation is unable to respond to an emergency patient within a reasonable time, the ambulance operation may use a vehicle **may be used** 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 shall file a written report describing the incident with the medical control authority.

(2) A life support agency that transports Emergency medical personnel who transport, or who make the decision to transport, an emergency patient-under subrule (1) of this rule shall file a written report within 7 days with the medical control authority describing the incident within 7 days.

R 325.22124 Enforcement.

Rule 124. (1) The department may take any action authorized by sections 20162, 20165, and 20168 of the code, MCL 333.20162, 333.20165, and 333.20168, or other provisions of the code in response to a violation of the code or these rules. Enforcement actions include

any of the following:

(a) Denial, suspension, limitation, or revocation of a life support agency license.

(b) The issuance of a nonrenewable conditional license effective for not more than 1 year.

8

(c) The issuance of an administrative order to correct deficiencies and prescribing the actions the department determines to be necessary to obtain compliance with the code or to protect the public health, safety, and welfare.

(d) Imposition of an administrative fine.

#### (e) The issuance of an emergency order limiting, suspending, or revoking license.

(2) A life support agency that is granted a 1-year nonrenewable conditional license by the department shall comply with, at least a minimum, all of the following:

(a) Provide at least 1 vehicle for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with its licensure level.

(b) Submit a statement of the reasons for the life support agency's inability to comply with the code for licensure.

(c) Develop a plan of action to meet all licensure requirements. The plan shall **must** be submitted to the medical control authority and the department.

(d) Submit a monthly report to the medical control authority that outlines the progress made on the plan.

(e) Report all out-of-service time to each involved medical control authority.

(3) A life support agency that is granted a 1-year nonrenewable conditional license shall comply with all licensure fee requirements in the code.

R 325.22125 Life support agency; licensure at higher level of care; requirements.

Rule 125. (1) A life support agency seeking licensure at a higher level shall qualify **qualifies** for that license only if the life support agency meets the following requirements:

(a) Under the provisions of the code, a life support agency that is licensed to provide medical first response life support may apply for licensure at the basic, limited advanced, or advanced life support level. A life support agency that is licensed to provide basic life support may apply for licensure at the limited advanced or advanced life support level. In the same manner, a life support agency that is licensed to provide limited advanced life support may apply for licensure at the advanced to provide limited advanced life support level.

(b) Each life support agency that meets the requirements of subdivision (a) of this subrule shall apply for a higher level of licensure on forms applications provided by the department and shall-meet the requirements of the code and these rules. Included with the application shall be the The application must include the required fee and identification of level of life support of the operation.

(2) A life support agency that obtains licensure at a higher level shall provide that level of care 24-hours-a-day, 7-days-a-week.

(3) If a life support agency applies to the department for licensure at a higher level than that of its current level, then the department shall conduct an inspection of the agency and its vehicles. Verification of compliance with this subrule shall must be included with the application for licensure for each ground ambulance or non-transport, prehospital life support vehicle by both of the following methods:

(a) Provide, as part of the application, the name and address of the medical control authority or authorities under which the life support agency is operating. The agency shall complete an application for licensure, as prescribed by the department, for each medical

control authority under which it operates. The signature on the application of the emergency medical services medical director, from each medical control authority, shall **must** verify that the medical control authority agrees to provide medical control to the life support agency.

(b) Attest, by signing the application, to all the following:

(i) **T**the radio communication system for each ambulance or non-transport, prehospital life support vehicle complies with the medcom requirements.

(ii) Eeach vehicle meets minimum equipment requirements.,

(iii) and that Mminimum staff requirements are being met in order to operate at least 1 vehicle on a 24 hour-a-day, 7 day-a-week basis.

(iv) In addition, the agency shall document that each Each ground ambulance licensed by the department has a manufacturer certificate of compliance.

(4) Verification of compliance with this subrule shall **must** be available to the department upon request.

R 325.22126 Life support agency; medical control; disciplinary action.

Rule 126. (1) A medical control authority may exercise disciplinary action against a life support agency and its emergency medical services personnel that may result in the life support agency, or its personnel not being permitted allowed to provide prehospital emergency care. The basis for these actions shall must be for noncompliance with protocols established by the medical control authority and approved by the department. Disciplinary action may include the suspension, limitation, or removal of medical control for the life support agency of a medical control authority providing medical control, orits personnel to provide from an individual providing emergency medical services care, or any other action authorized by the code.

(2) If disciplinary action against an agency or individual under subrule (1) of this rule results in the suspension, limitation, or removal of medical control, then the medical control authority shall advise the department, in writing, of such action within 1 business day of the removal.

(32) If a suspension or removal of medical control for a life support agency or individual occurs, the life support agency or individual shall may not operate or practice in that medical control authority region until medical control is restored by the medical control authority.

(43) If a suspension or removal of medical control for a life support agency or individual occurs, the life support agency or individual may appeal the decision to the medical control authority. After appeals to the medical control authority have been exhausted, the life support agency or individual may appeal the medical control authority's decision to the statewide emergency medical services coordination committee. An appeal to the emergency medical services coordination committee shall-must be filed with the department in writing not more than 30 calendar days following notification to the agency or individual of the final determination of the medical control authority.

(54) The emergency medical services coordination committee shall review the appeal of a life support agency or individual and make a recommendation to the department. The department will shall consider the emergency medical services coordination committee recommendation and conduct its own review of the appeal. If the department determines that licensure action is required, the department shall provide for a hearing in accordance

with the code and **chapter 4 of** <u>Chapter 4 of</u> the <u>Administrative Procedures Act</u> **administrative procedures act** of 1969, **1969 PA 369**, MCL 24.271 **to 24.288**. et seq. The hearing officer shall issue a determination that constitutes a final disposition of the proceedings to each party within 30 days after the conclusion of the haring. The determination of the hearings officer shall become the final agency order upon receipt by the parties.

R 325.22127 Life support agency; life support vehicle; inspection; contractor requirements.

Rule 127. (1) The department shall, at least annually, inspect or provide for the inspection of each life support agency. The department shall conduct random inspections of life support vehicles during the agency licensure period.

(2) A life support agency that receives accreditation from the commission on accreditation of ambulance services Commission on Accreditation of Ambulance Services or other another department-approved national accrediting organizations approved by the department as having equivalent expertise and competency in the accreditation of life support agencies, may not be subject to an agency inspection by the department if the life support agency meets both of the following requirements:

(a) Submits verification of accreditation described in this rule.

(b) Maintains accreditation as described in this rule.

(3) Accreditation of a life support agency does not prevent the department from conducting a life support agency inspection.

(4) Pursuant to section 20910(2)(b) of the code, MCL **333.20910**, if emergency medical services activities apply to contracts with agencies or individuals for purposes of providing life support agency and life support vehicle inspections, the department shall notify each life support agency and medical control authority of the existence of the contracts, including the roles and responsibilities of those agencies or individuals having been awarded contracts.

#### PART 3. AMBULANCE OPERATIONS-LIFE SUPPORT AGENCIES

R 325.22131 Ambulance operation; Life support agency; initial application.; ground; rotary.

Rule 131. An ambulance operation life support agency and its ambulances life support vehicles shall be licensed by the department in accordance with sections 20920, 20926, 20931, and 20941 of the code, MCL 333.20920, 333.20926, 333.20931, and 333.20941. The application for initial licensureshall must include all of the following:

(a) Be on forms an application provided by the department and include the required fees and identification of level of life support of the operation agency.

(b) Specify each ambulance life support vehicle to be operated, the level of life support being provided by that ambulance life support vehicle, and include a certificate of insurance covering each ambulance life support vehicle as identified in subrule (6e) this rule.

(c) Provide as part of the application, the name and address of each medical control authority under which the life support agency is operating. The agency shall complete an application for licensure, as prescribed by the department, for each medical control

authority under which it operates. A signature on the application by the emergency medical services medical director, from each medical control authority, shall be is proof that the medical control authority agrees to provide medical control to the life support agency.

(d) **Provide an** An attestation, as evidenced by signing the application, of all of the following:

(i) Radio communications for each ambulance life support vehicle comply with the medcom requirements.

(ii) Each vehicle meets minimum equipment requirements.

(iii) Minimum staff requirements **must** will be met in order to operate at least 1 vehicle on a 24 hour-a-day, 7 day-a-week basis, consistent with section 20921(3) and (4), 20927(3), 20932(2), or 20941(6) of the code, MCL 333.20921, 333.20927, 333.20932, and 333.20941, as appropriate.

(iv) A manufacturer certificate of compliance for each ground ambulance licensed by the department.

(e) Verification of compliance with subrules (3) and (4) of this rule is available to the department upon request.

(fe) Include evidence that the operation possesses not less than \$1,000,000.00 insurance coverage or is under a self-insurance program authorized under 1951 PA 35, MCL 124.1 to 124.13 et seq. for property damage and personal injury, except for rotary winged aircraft. An application for rotary winged aircraft shall-must include evidence that the operation possesses not less than \$5,000,000.00 insurance coverage or is under a self-insurance program authorized under 1951 PA 35, MCL 124.1 to 124.13, et seq. for property damage and personal injury, except under section 20934(6) of the code, MCL 333.20934.

(gf) Include full disclosure of the operation ownership, including all of the following:

(i) Copies of documents relating to the official type of legal organization of the operation, stating whether it is an individual proprietorship, partnership, corporation, or subsidiary of <del>any other another</del> corporation or unit of government. These documents <del>shall</del> **must** be maintained by the operation and made available to the department upon request.

(ii) Copies of registration of the operation with the secretary of state or other designated official in each state that the agency is chartered, incorporated, or authorized to do business. These documents shall must be maintained by the operation and made available to the department upon request.

(iii) Disclose all legally responsible individuals, owners, or officers of the ambulanceoperation life support agency the time of license application when submitting an application, including any trade names under which the organization operates. These shall must include, but are not limited to, the name or names by which the ambulance operation life support agency is known to the public.

(iv) Disclose all parent organizations and any person, as **that term is** defined in **section 20908 of** the code, MCL **333.20908**, that have at least not less than a 10% interest in the applicant operation life support agency.

(hg) Identify 1 individual who will serve as the primary contact person for the operation agency licensure administrator for the life support agency. The agency licensure administrator is the point of contact for licensing and inspection activities.

R 325.22132 Ambulance operation Life support agency; operating requirements. Rule 132. In addition to requirements prescribed in the code and these rules, an ambulance operation shall life support agency shall do all of the following:

(a) Establish and maintain a written procedure that explains the steps that will **must** be followed when a complaint is received by the operation **agency**. This procedure shall **must** be maintained by the operation **agency** and shallmade available to the department upon request.

(b) Maintain evidence of participation in the county, local, or regional disaster plan. Approved protocols may be used to meet this requirement. These documents shall **must** be maintained by the operation and shall be made available to the department upon request.

(c) Comply with medical record keeping requirements in accordance with rule **R** 325.22117.

(d) Maintain written policies and procedures that address safety and accident reduction and comply with all applicable state and federal health and safety laws as prescribed on the department-approved agency inspection form. These procedures shall **must** be maintained by the operation and shall be available to the department upon request.

(e) Require that each individual staffing an ambulance a licensed life support agency is in compliance complies with the code and complies with applicable medical control authority protocols.

(f) Require that an ambulance life support vehicle is not operated while transporting a patient unless the ambulance is staffed in accordance with section 20921(3), (4), and (5) of the code, MCL 333.20921.

(g) Require that a non-transport prehospital life support vehicle is not operated unless it is staffed in accordance with sections 20927(3) and 20941(6) of the code, MCL 333.20927 and 333.20941.

(h) Require that an aircraft transport vehicle is not operated unless it is staffed in accordance with section 20932(2) of the code, MCL 333.20932.

(gi) Maintain evidence of an orientation process of emergency medical services personnel that familiarizes them with the agency's policies and procedures and are trained trains them in the use and application of all the equipment carried in the ambulance-licensed life support vehicle. Included, Aat a minimum, the orientation process must shall be include an introduction to personnel duties and responsibilities, in addition to medical control authority protocols.

(hj) Maintain access to the current version a copy of all applicable protocols for each medical control authority under which the agency operates.

(k) Complete and submit patient care records according to department-approved medical control authority protocols.

(il) Participate in data collection and quality improvement activities authorized under medical control authority protocols.

(jm) Ensure that each licensed ambulance life support vehicle meets all applicable vehicle standards and state minimum equipment requirements prescribed by the department and department-approved medical control authority protocols.

(kn) Require compliance with medcom requirements.

(10) Not knowingly respond to, or advertise its services for, prehospital emergency patients from outside its service area, except for mutual aide requests.

(mp) Require that each individual operating a licensed **ground** life support vehicle during an emergency response or patient transport has completed a **department-approved** vehicle operation education and competency assessment.

R 325.22133 Ambulance operation Life support agency; ground; rotary licensure requirements.

Rule 133. An ambulance operation shall comply with all of the following:

(a) Provide not less than 1 staffed ambulance as defined in section 20921(3) of the code, at the agency level of licensure, available for response to requests for emergency

assistance 24-hours-a-day, 7-days-a-week.

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

(ea) Ensure compliance with the code and these rules.

(**db**) Advise the department immediately of any changes that would alter the information contained on its licensure application, including any of the following:

(i) Change of ownership.

(ii) Change of facility name.

(iii) Change in vehicle status.

(iv) Circumstances which preclude the ambulance operation from complying with subrule (1) of this rule or minimum equipment requirements. Change in agency licensure administrator contact information.

(v) Circumstances that preclude the life support agency from complying with staffing or minimum equipment requirements.

(vi) Change in communication ability to comply with medcom requirements.

(vii) Change in service area.

(e) While transporting a patient, require compliance with minimum staffing requirementsprescribed in section 20921 (3)(4) and (5) of the code.

(cf) Require that an individual whose An ambulance operation shall require that an individual whose license is at least equal to the level of vehicle license is in the patient compartment when transporting an emergency patient, or consistent with department-approved medical control authority protocols.

(g) Ensure that patient care and safety equipment carried on an ambulance meet the minimum requirements prescribed by the department and approved medical control authority protocols.

(h) Ensure that each ambulance is equipped with a communications system consistent with the medcom requirements developed by the department.

R 325.22134 Additional licensure requirements for limited advanced life support agencies and advanced life support ambulance operations approved to administer medications.

Rule 134. In addition to meeting the other licensure requirements of the code and these rules, an ambulance operation life support agency licensed at the limited advanced and advanced life support level shall do approved to administer medications by their local medical control authority shall do both of the following: all of the following:

(a) Comply with the procedures of drug acquisition, storage, security, dispensing, and accountability in accordance with the criteria established by the medical control authority, in compliance with federal and state law and approved by the department and R-325.22207(1)(k) and R 325.22207(3) department-approved medical control authority protocols and federal and state law.

(b) If licensed at the limited advanced or advanced life support level, C comply with

the acquisition, storage, security, dispensing, and accountability procedures for intravenous solutions, tubing, and related apparatus in accordance with **department-approved** medical control authority protocols and in compliance with the federal and state law.

(c) Lock and secure storage as required by federal and state law.

R 325.22135 Rotary aircraft ambulance operations; additional licensure requirements. Rule 135. (1) In addition to meeting other licensure requirements of the code and these rules, an ambulance operation providing rotary aircraft transport shall do all of the following:

(a) Meet all equipment requirements of the Federal Aviation Administration for the specific type of aircraft and flying conditions under which the aircraft will operate, as specified by the air taxi certificate of operation of the aircraft transport provider.

(b) Maintain accurate medical flight records concerning the transportation of each emergency patient in intrastate flights or interstate flights originating in this state. The records shall **must** be available to the department and the medical control authority of the originating scene, when requested.

(c) Meet department licensure requirements and <del>certificate of need requirements</del> follow **department-approved medical control authority protocols** when providing on-scene emergency care.

(d) Meet department licensure requirements and certificate of need requirements when providing interfacility transfers.

(e) Provide verification of Medicaid participation. A new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation is provided to the department within 6 months after the new provider begins offering services.

(2) An ambulance operation licensed in Michigan that provides rotary aircraft services and has entered into a mutual aid agreement with a rotary aircraft service outside of Michigan shall meet both of the following requirements.

(a) A rotary aircraft service outside of Michigan that has an agreement to assist with scene emergency care is not required to have a certificate of need.

(b) A rotary aircraft service outside of Michigan that has an agreement to assist with patient transfers from 1 in-state health facility is required to have a certificate of need

(32) An ambulance operation licensed in this state that provides rotary aircraft services or fixed wing ambulance service shall be accredited by a department-approved national accrediting organization within 2 years after beginning operation. During the provisional period between licensing and accreditation, the air ambulance operation must provide all the following:

(a) Written policies and procedures specifying the levels of patient care to be provided. The level of patient care provided must be commensurate with the education and experience of the staff and the capabilities of the base hospitals.

(b) Written patient care protocols including provisions for continuity of care.

(c) Written policies and procedures that define the roles and responsibilities of all staff members.

(d) Written policies and procedures addressing the appropriate use of air

ambulance'services in accordance with section 20932a of the code, MCL 333.20932a.

(e) A written communicable disease and infection control program.

(f) A written plan for dealing with situations involving hazardous materials.

(g) A planned and structured program for initial and continuing education and training, including didactic, clinical, and in-flight, for all scheduled staff members appropriate for the respective duties and responsibilities.

(h) Written policies and procedures addressing the integration of the air ambulance service with public safety agencies governing the base hospitals including, but not limited to, the federal aviation administration, medical control authorities, life support vehicles and disaster planning.

(i) A quality management program.

(j) A clinical database for utilization review and professional standards review organization.

(k) Procedures to screen patients to ensure appropriate utilization of the air ambulance service.

R 325.22136 Ambulance operation; issuance of ground and rotary ambulance license; life support agency; issuance of license.

Rule 136. Receipt of the completed application by the department serves as attestation by the operation life support agency that the operation and ambulances agency and life support vehicles being licensed are in compliance comply with the minimum standards required by the department. Upon approval of the application, the department shall issue a license to the ambulance operation life support agency. The license shall identify each ambulance being licensed.

R 325.22137 Ambulance operation; false advertising; conflict of interest.

Rule 137. An ambulance operation shall may not do any of the following:

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

(b) Advertise, or **allow** 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, then 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 or within or on an ambulance.

(c) 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, <del>or</del> or the trade, or assumed name of the ambulance operation.

(d) Use the terms "ambulance" or "ambulance operation" or a similar term to describe or refer to the person unless the department **licenses the person** under section 20920 of the code, **MCL 333.20920**, licenses the person.

(e) 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 is licensed by the department.

R 325.22138 Ambulance operation; relicensure Life support agency; renewal.

Rule 138. (1) An ambulance operation life support agency shall complete an application for relicensure renewal and shall return the completed application to the department before the date of license expiration. Failure to receive a notice for relicensure renewal from the

department does not relieve the licensee of the responsibility to apply for relicensure renewal.

(2) The license of an ambulance operation life support agency and its ambulances life support vehicles shall expire on the same date.

(3) An application for licensure renewal received by the department after the license expiration date, but within 60 calendar days after the expiration date of the license, shall requires the ambulance operation life support agency to comply with section 20936 of the code, MCL 333.20936.

(4) An ambulance operation life support agency may provide emergency medical services during the 60 days following its license expiration date, whether or not the department has received an application for renewal.

(5) An application for licensure renewal not received by the department within 60 calendar days after the license shall expires **must** be considered revoked,

(6) Reinstatement of the ambulance operation life support agency and life support vehicle licenses shall require completion of a new application for licensure, including all fees prescribed in section 20936 (1) and (2) of the code, MCL 333.20936.

R 325.22139 Aircraft transport operations; additional licensure requirements.

Rule 139. (1) In addition to meeting other licensure requirements of the code and these rules, an aircraft transport operation shall do all the following:

(a) Meet all equipment requirements of the Federal Aviation Administration for the specific type of aircraft and flying conditions under which the aircraft will operate, as specified by the air taxi certificate of operation of the aircraft transport provider.

(b) Maintain accurate medical flight records concerning the transportation of each emergency patient in intrastate flights or interstate flights originating in this state. The records must be available to the department and the medical control authority of the originating scene, when requested.

(c) Meet department licensure requirements when providing interfacility transfers.

(d) Provide verification of Medicaid participation. A new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation is provided to the department within 6 months after the new provider begins offering services.

(2) An aircraft transport operation licensed in this state shall be accredited by a department-approved national accrediting organization within 2 years of beginning operation. During the provisional period between licensing and accreditation, the aircraft transport operation shall provide all the following:

(a) Written policies and procedures specifying the levels of patient care to be provided. The level of patient care provided must be commensurate with the education and experience of the staff and the capabilities of the base hospitals.

(b) Written patient care protocols including provisions for continuity of care.

(c) Written policies and procedures that define the roles and responsibilities of all staff members.

(d) Written policies and procedures addressing the appropriate use of aircraft transport in accordance with section 20932a of the code, MCL 333.20932a.

(e) A written communicable disease and infection control program.

(f) A written plan for dealing with situations involving hazardous materials.

(g) A planned and structured program for initial and continuing education and training, including didactic, clinical, and in-flight, for all scheduled staff members appropriate for

the respective duties and responsibilities.

(h) Written policies and procedures addressing the integration of the air ambulance service with public safety agencies governing the base hospitals including, but not limited to, the Federal Aviation Administration, medical control authorities, life support vehicles and disaster planning.

(i) A quality management program.

(j) A clinical data base for utilization review and professional standards review organization.

(k) Procedures to screen patients to ensure appropriate utilization of the aircraft transport operation.

(3) An air ambulance service may operate a back-up air ambulance the primary air ambulance or ambulances are not available or for a designated event with prior notification and approval from the local medical control authority.

(4) A back-up air ambulance must not be operated at the same time as the primary aircraft for the provision of air ambulance services except for a designated event or disaster.

# PART 6. MEDICAL FIRST RESPONSE SERVICES

R 325.22165 Medical first response service; law enforcement; fire suppression agency.

Rule 165. (1) A 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 the ambulance. This includes a fire suppression agency only if it is dispatched for medical first response life support.

(2) A fire suppression agency shall be licensed as a medical first response service life **support agency**, in accordance with R 325.2216**3**1, and provide medical first response life support as described in the code and these rules if it is dispatched to provide any care a medical first responder is qualified to provide under section 20906(8) of the code, MCL **333.20906**.

(3) A law enforcement agency shall be licensed as a medical first response service life support agency, in accordance with R 325.221631, and provide medical first response life support as described in the code and these rules if both of the following conditions are met:

(a) "Holds itself out" as a medical first response service.

(b) Be Is dispatched to provide medical first response life support.

(4) A law enforcement agency holds itself out as a medical first response service if it advertises or announces that it will provide patient care that may include any care a medical first responder is qualified to provide under section 20906(8) of the code, MCL 333.20906, or charges for those services.

#### PART 8. LIFE SUPPORT VEHICLES

R 325.22181 Ground ambulance; requirements.

Rule 181. (1) An ambulance operation shall maintain the manufacturer's certificate of compliance on file at the time of application to the department for licensure of each ground ambulance. The certificate of compliance shall **must** be executed by the final manufacturer of each ground ambulance and be on a form prescribed by the department.

(2) The manufacturer of a ground ambulance executing a certificate of compliance shall comply with the ambulance structural and mechanical specifications with  $\frac{1}{1}$  of the following standards that was in effect at the time of manufacture:

(a) Federal KKK-A-1822 standards, excluding the paint scheme.

(b) The Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances (GVSA) in its entirety.

(c) The National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances in its entirety.

(3) The manufacturer shall maintain test data demonstrating compliance.

(4) Once licensed for service, an ambulance shall **must** not be required to meet later modified state vehicle standards during its use by the ambulance operation that obtained the license.

(5) A ground ambulance referred to in subrule (2) of this rule shall **must** not be modified to alter its original design upon which the certificate of compliance was based, unless a new certificate is issued verifying that the modifications have not altered the integrity of the vehicle.

(6) The patient compartment of a ground ambulance that has met applicable standards at the time of manufacture may be remounted on to a different chassis. by a qualified vehiclemodifier as designated by the chassis manufacturer. The remounter may be a member of 1 or more of the following: Ford Qualified Vehicle Modifier, Mercedes Benz Sprinter Preferred Upfitter, Ram Q Pro Programs, or the National Truck Equipment Association Member Verification Program. A new manufacturer's certificate of compliance must be issued that identifies the new vehicle identification number and demonstrates compliance with either KKK, GVSA, or NFPA standards in accordance with subrule (2) of this rule.

(7) A new manufacturer's certificate of compliance must be issued that identifies the new vehicle identification number and demonstrates compliance with either KKK, GVSA, or NFPA standards in accordance with subrule (2) of this rule.

R 325.22182 Non-qualifying vehicles for licensure.

Rule 182. (1) A ground ambulance that was originally manufactured before January 1, 1982 shall **may** not qualify for licensure by the department and shall **must** not be sold or donated in this state for use as a ground ambulance. This subrule shall **does** not apply to a ground ambulance that has been licensed and is currently licensed by the department and has been in continuous service before January 1, 1982.

(2) A ground ambulance manufactured after January 1, 1982, whose age from the date of manufacture exceeds 2 years, shall-must have a safety inspection by a certified mechanic being sold to provide ground ambulance services. The inspection shall must be documented on a form developed by the department and shall include a notarized statement by the previous owner attesting that the ground ambulance has not been involved in a vehicular accident altering its safety. The documents required by this subrule shall must be submitted to the department by the purchaser as part of the application for licensure by the new owner.

R 325.22183 Ground ambulance sanitation.

Rule 183. A ground ambulance operation shall require that equipment, linen, and supplies shall be cleaned or exchanged following each patient care use.

R 325.22184 Life support vehicles; displaying of name.

Rule 184. (1) A life support agency name shall **must** be prominently displayed on the left and right side of all licensed life support vehicles.

(2) If the life support agency is operated by or advertised with a name different than the company life support agency name, then the name may be displayed on the left and right side of the life support vehicle below the name of the company life support agency. The advertised name must be smaller than the life support agency name.

(3) A life support agency that identifies a level of licensure in its name or brand that is higher than the level of life support provided by a specific licensed vehicle, shall prominently display the actual level of licensure of the vehicle on the sides of the vehicle.

R 325.22186 Life support vehicles; patient care and safety equipment; review.

Rule 186. (1) The department shall, with the advice of the emergency medical services coordination committee, annually review and modify, as necessary, the patient care and safety **minimum** equipment standards for life support vehicles.

(2) The department shall, with the advice of the emergency medical services coordination committee, review and modify, as necessary, the patient care critical equipment items.

R 325.22187 Rotary ambulance; requirements.

Rule 187. A rotary ambulance shall-must meet all of the following standards:

(a) Be capable of on-scene response and transportation of emergency patients.

(b) Be staffed in accordance with section 20921(3), (4), and (5) of the code, MCL **333.20921**.

(c) Allow for patient access and treatment to the patient by the rotary ambulance personnel.

(d) Possess access that allows for safe loading and unloading of a patient without excessive maneuvering of the patient.

(e) Be temperature controlled for the comfort of the patient.

(f) Have adequate lighting for patient care and observation.

(g) Be equipped with communication capability with hospitals, ground -units life support vehicles, and medical control in accordance with the medcom requirements.

(h) Be capable of carrying a minimum of 1 patient in a horizontal position. <del>on a litter located so as not to obstruct the pilot's vision or interfere with the performance of any member of the flight crew or required air medical personnel.</del>

(i) Securely store equipment and make the equipment readily accessible.

(j) Operate under the medical control authority. for the geographic area where on-scenepatient care is being provided.

R 325.22189 Fixed wing vehicle Aircraft transport vehicle; requirements.

Rule 189. An fixed wing aircraft transport vehicle shall must comply with all of the following:

(a) Be authorized as part of a licensed aircraft transport operation.

(b) Be capable of carrying a minimum of 1 patient in a horizontal position. <del>on a litter located so as not to obstruct the pilot's vision or interfere with the performance of any member of the flight crew or air medical personnel.</del>

(c) Provide a means of securing the litter while supporting a patient to the floor, walls, seats, specific litter rack, or any combination thereof.

(d) If transporting more than 1 patient, there shall be a minimum vertical spacing of 30-

inches between each patient's litter.

<del>(e) Ensure that the upper surface of the single or upper litter is not less than 30 inches from the ceiling of the aircraft.</del>

(f) Ensure that the head and thorax of a patient secured to a litter is accessible to air medical personnel from at least 1 side of the litter without obstruction.

(gd) Ensure that the patient compartment has adequate lighting available for patient observation.

(he) Require that equipment is secured to the aircraft, readily accessible, and when not in use, securely stored.

(if) Ensure that the interior of each vehicle affords an adequate patient care and treatment area.

(jg) Ensure that each vehicle is equipped with a cargo door or other entry that allows for loading and unloading of the patient without excessive maneuvering of the patient.

(**kh**) Ensure that the interior of each vehicle is equipped with temperature control for the comfort of the patient.

R 325.22190 Life support vehicles; licensure and relicensure inspections; new and replacement vehicles; licensure at higher level of care.

Rule 190. Life support vehicles shall must be inspected as follows:

(a) The department may conduct random renewal inspections of life support vehicles, including medical first response vehicles. Inspections shall be are unannounced unless circumstances warrant notifying a life support agency in advance that an inspection of its life support vehicles will be conducted. The department shall determine if prior notification of an inspection is warranted. A vehicle license may be renewed without an inspection.

(b) Submission of a licensure renewal application shall be is considered an attestation by the life support agency that the vehicle meets all licensure requirements.

(c) A life support agency that is adding a new or higher licensure level for a life support vehicle shall submit an application, on forms provided by the department, and include the required fee. New and higher level of care vehicles shall **must** be inspected before being placed into service. Upon receipt of the application and required fee, the department shall inspect new or upgrade vehicles within 15 days **after** of receipt of the application.

(d) A life support agency that is replacing a life support vehicle shall submit an application, on forms provided by the department, and include the required fee. A replacement vehicle means a life support agency has removed a vehicle from service and has replaced the vehicle with another.

(e) Replacement vehicles may be placed into service upon submission of an application and the required fee to the department. Upon receipt of the application and required fee, the department shall inspect the replacement vehicle within 15 days **after** of receipt of the application.

(f) With written notification in a format specified by the department, a rotary ambulance back-up vehicle may be put into service for 30 days before it must comply with subdivisions (a) to (e) of this rule.

R 325.22191 Life support vehicles inspected; non-compliance; corrective measures. Rule 191. If the department determines that a life support vehicle is **does** not in compliance **comply** with the requirements of the code and these rules, then the following shall apply

## applies:

(a) If an agency has a vehicle determined to be noncompliant <del>on critical</del> with minimum equipment items as identified on the inspection form, the agency shall have has 24 hours to bring the vehicle into compliance and to notify the department in writing of the corrections made. The vehicle may be returned to service before a reinspection with approval of the department. A reinspection shall **must** occur within 15 days **after** <del>of</del> notification by the life support agency.

(b) If an agency fails to bring a vehicle into compliance within An agency has 24 hours, to bring a vehicle into compliance from the time it is determined to be out of compliance due to missing critical equipment items. The agency shall remove the vehicle from service until the life support agency submits a written explanation of corrective action to the department and the department reinspects the vehicle. A vehicle taken out of service shall may not function as an ambulance or life support vehicle until the vehicle passes the department reinspection.

(c) If a vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then its license shall be is automatically revoked. Reinstatement of the life support vehicle license shall requires reapplication for licensure, payment of the licensure fee prescribed in the code, and a reinspection of the vehicle.

(d) If an agency has a vehicle determined to be noncompliant, but not missing critical equipment items, the agency shall be allowed 15 calendar days from the date of inspection to provide the department with a written explanation of corrective action. The life support vehicle may remain in service during the 15 day period unless the department has ord ered that the vehicle be taken out of service pursuant to subdivision of this rule.

(ed) The department may immediately order a life support vehicle out of service if it determines that the health and welfare of a patient may be in jeopardy due to noncompliance with eritical minimum equipment standards or defective and nonfunctional eritical minimum equipment. A notice of such that action shall must be immediately provided to the life support agency by the department based upon the deficiencies found.

(fe) A life support agency that takes corrective measures to bring a life support vehicle into compliance during the time of a department inspection shall will not receive notice of noncompliance. The inspection report shall must reflect that the corrective action and compliance have been met.

#### PART 9. COMMUNICATIONS REQUIREMENT

R 325.22193 Medcom requirements.

Rule 193. Medcom requirements shall **must** be reviewed annually and updated, if necessary, with the advice and recommendations of the emergency medical services coordination committee.

R 325.22194 Illegal interception of radio communications.

Rule 194. A person that receives any radio communication not intended for the general public shall may not use the contents of the communication for initiating an emergency medical service response as described in section 20963(2) of the code, MCL 333.20963.

#### PART 10. MEDICAL CONTROL AUTHORITY

R 325.22201 Medical control authorities; designation.

Rule 201. (1) The department shall designated a medical control authority to provide medical control for emergency medical services for a particular geographic area. The Medical Control Authority medical control authority shall operate in accordance with the code. terms and level of its designation within its medical control authority region.

(2) Level of designation shall be basic life support, limited advanced life support, or advanced life support. Basic designation includes medical first responder. Limited advanced life support designation includes medical first responder and basic life support. Advanced life support designation includes medical first responder, basic and limited life support.

(3) The department shall designate medical control authorities to cover a 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 determines that the available resources would be better utilized under 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 following:** the participating hospitals of the designated medical control authority region.

(5a) Each hospital licensed under part 215 of the code, MCL 333.21501 to 333.21571, that operates a service for treating emergency patients 24-hours-a-day, 7-days-a-week, may participate and serve on the medical control authority board in the ongoing planning and development activities of the medical control authority designated by the department.

(6b) Each freestanding surgical outpatient facility licensed under part 208 of the code, MCL 333.20801 to 333.20821, that operates a service for treating emergency patients 24-hours-aday, 7-days-a-week and meets standards established by the medical control authority may participate and serve on the medical control authority board in the ongoing planning and development activities of the medical control authority designated by the department. If a freestanding surgical outpatient facility participates in the medical control authority as described in this rule, the facility shall meet all applicable standards established by the medical control authority.

(73) Each hospital, off-campus emergency department with provider-based status, as described in R 325.22112(1)(c), and freestanding surgical outpatient facility shall comply with protocols for providing services to a patient before care of the patient is transferred to hospital personnel.

R 325.22202 Medical control authorities; authority board; advisory body; medical director; responsibilities; approval.

Rule 202. (1) A medical control authority, as defined in the code, shall be approved by the department and do all of the following:

(a) Develop bylaws that define the medical control authority organizational structure.

(b) Appoint a medical control authority board to administer the medical control authority. The majority of the board shall be comprised, at a minimum, of members of the hospitals and, when applicable, freestanding surgical outpatient facilities and off-campus emergency department with provider-based status, as described in R 325.22112(1)(c). The board may include representation of life support agencies other entities as determined by the medical control authority bylaws.

(c) If the board also functions as the advisory body to the medical control authority as described in this rule, then the board shall include a representative of each type of life support agency and emergency medical services personnel functioning within the medical control **authority's** region.

(d) Appoint an advisory body, as **that term is** defined in section 20918(2) and (4) of the code, **MCL 333.20918**. The advisory body shall meet at least quarterly.

(e) Appoint a medical director, with the advice of the advisory body, in accordance with section 20918(3) of the code, MCL 333.20918. The medical director is responsible for medical control for the emergency medical services system served by the medical control authority. The medical control authority, with the advice of the advisory body, may appoint more than 1 physician to serve as medical director provided the individual meets all applicable criteria, and or is approved by the department.

(f) Appoint a professional standards review organization **to monitor and** improve the quality of medical care.

(g) Make Hold each licensed life support agency and individual accountable to the medical control authority in the provision of emergency medical services, as **that term is** defined in department-approved protocols.

(h) Establish written Provide protocols for the practice of life support agencies and emergency medical services personnel as prescribed or approved by the department. Protocols shall be provided to all affected life support agencies.

(i) Collect data as necessary to assess the quality and needs of emergency medical services throughout its medical control authority region area.

(2) Each participating and nonparticipating hospital, off-campus emergency department with provider-based status, as described in R 325.22112(1)(c), and freestanding surgical outpatient facility within a medical control authority region shall follow all standards, policies, procedures, and protocols established by the medical control authority as approved by the department.

(3) Each medical control authority shall submit to the department current protocols for department review and approval. Department approval shall be on a 3-year cycle, **or** as defined by the department.

(4) The medical control authority shall notify the department if a life support agency is consistently unable to provide at least 1 life support vehicle 24-hours-a-day, 7-days-a-week.

R 325.22203 Medical control authority; denial, revocation, or suspension of designation.

Rule 203. (1) The department may deny, revoke, limit, or suspend designation of a medical control authority upon finding that the medical control authority meets 1 or more of the following:

(a) Is guilty of fraud or deceit in securing its medical control designation.

(b) Has failed to perform in accordance with the terms of its designation and its departmentapproved protocols.

(c) Has not maintained minimum criteria for medical control authorities, as established by the department.

(d) Has failed to develop protocols as identified in the code to protect the public health.

(2) If the department denies, revokes, limits, or suspends a medical control authority designation, then the department shall designate a medical control authority to serve that medical control authority region area.

(3) The department shall provide notice of intent to deny, revoke, limit, or suspend medical control authority designation and shall provide for a hearing in accordance with the code and Chapter 4 of the Administrative Procedures Act administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328. et seq. The hearing officer shall issue a determination that constitutes a final disposition of the proceedings to each party within 30 days after the conclusion of the hearing. The determination of the hearings officer shall become the final agency order upon receipt by the parties.

R 325.22204 Medical control authority; advisory body.

Rule 204. A medical control authority shall appoint an advisory body, as **that term is** defined in section 20918(2) and (4) of the code, **MCL 333.20918**. The advisory body shall, at a minimum, do all <del>of</del> the following:

(a) Advise the medical control authority on the appointment of a medical director.

(b) Advise the medical control authority on the development of protocols.

(c) Meet at least quarterly.

R 325.22205 Medical control authority; medical director; responsibilities.

Rule 205. (1) The medical director is an agent of the medical control authority and is responsible for medical control for the emergency medical services system.

(2) The medical director shall ensure the provision of medical control. The medical director's signature on a life support agency's application for licensure or relicensure affirms that the medical control authority intends to provide medical control to the life support agency. If the medical director refuses to sign the life support agency application for licensure or relicensure, then the medical director shall notify the department in writing, within 5 business days, providing justification for denial **based on a department-approved protocol**. Refusal of a medical director to sign a life support agency application <del>shall</del> will result in denial justification review by the department.

(3) The medical director shall do all of the following:

(a) Participate every 2 years in not less than 1 department-approved educational program relating to medical control issues.

(b) Be responsible for the supervision, coordination, implementation, and compliance with protocols of the medical control authority.

(c) Receive input from, and be responsive to, the advisory body.

(d) Complete, within 1 year of initial appointment, a medical director's educational programprovided by the department.

R 325.22206 Medical control authority; region.

Rule 206. (1) Not more than 1 medical control authority shall may be approved in each designated region.

(2) A medical control authority shall obtain approval from the department to change or combine medical control authority regions **areas**, or to assume a temporary contractual responsibility for a portion of another medical control authority's region.

R 325.22207 Medical control authority; protocol development; promulgation of protocols; emergency protocol.

Rule 207. (1) Each medical control authority shall establish written protocols, as **that term** is defined in section 20919 of the code, MCL **333.20919**, which shall must include, but are not be limited to, all the following:

(a) The acts, tasks, or functions that may be performed by each level of emergency medical services personnel licensed under this part. Emergency medical services personnel shall not provide life support at a level that exceeds the life support agency license and approved medical control authority protocols.

(b) Procedures to assure ensure that life support agencies are providing clinical competency assessments to emergency medical services personnel before the individual provides emergency medical services within the medical control authority region area.

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

(d) A do-not-resuscitate protocol consistent with section 20919(1)(c) of the code, MCL 333.20919.

#### (e) A protocol consistent with part 56B of the code, MCL 333.5671 to 333.5685.

(ef) Protocols defining the process, actions, and sanctions a medical control authority may use in holding life support agency or personnel accountable. This shall must include disciplinary action against a life support agency or emergency medical services personnel.

(fg) Protocols defining the process to immediately remove medical control if the medical control authority determines that an immediate threat to the public health, safety, or welfare exists. These protocols shall must specify that a medical control authority has 3 business days to hold a hearing and make a determination.

(gh) Protocols that ensure establishing that if medical control has been removed or suspended from a participant, that the participant shall not provide prehospital services in that within their medical control authority area, then the participant shall not provide prehospital care until medical control is reinstated. If medical control is removed or suspended from a participant in the medical control authority, then the department and life support agency shall be notified within 1 business day of the removal. Medical control shall inform the department when medical control is reinstated.

(hi) Protocols that ensure a quality improvement program is in place as follows:-

(i) The quality improvement program shall **must** include a requirement that each life support agency collects and submits data to the medical control authority.

(ii) Data shall **must** be reviewed by the medical control authority professional standards review organization.

(iii) Data shall must be protected in accordance with section 20919(1)(g) of the code, MCL 333.20919.

(ij) Protocols that ensure an appeals process of a medical control decision is in effect.

(jk) Protocols that delineate specify that if life support agencies routinely transport prehospital patients to hospitals outside of their originating medical control authority regionarea, they will comply with their own medical control authority protocols.

(k) Written procedures for the security, control, dispensing, and exchange of pharmaceuticals, intravenous solutions, tubing, and related apparatus. Life support agency-medication exchange shall only take place with a participating hospital or freestanding

surgical outpatient facility.

(2) Each medical control authority shall develop standards for the withdrawal or restoration of a hospital or free-standing surgical outpatient facility, or off-campus emergency department with provider-based status, as described in R 325.22112(1)(c), from to a medical control authority. Or the restoration of a hospital or free standing surgical outpatient facility to a medical control authority The protocol must include a provision to notify the regional trauma network of the withdrawal or restoration of a facility.

(3) Each medical control authority shall develop specific protocols applicable to the acquisition, storage, and use of drugs, intravenous fluids, and medical devices. **Protocols must include all of the following:** 

(a) All drugs and intravenous fluids shall must be under the control of a pharmacist licensed in this state affiliated with a participating medical control authority hospital, or free-standing surgical outpatient facility, or off-campus emergency department with provider-based status, as described in R 325.22112(1)(c).

(b) The medical control authority participating pharmacy shall provide medication and intravenous fluid exchange services in accordance with the protocols developed by the individual medical control authority and approved by the medical control authority medical control director and the department.

(c) In the instance of a recall relating to medical control authority participating pharmacy supplied medications or devices, the pharmacy shall notify the medical control authorities.

(d) All medication storage containers must be numbered. Each medication storage container must be inspected and inventoried by a medical control authority-approved pharmacy at least annually.

(e) All medication storage containers must have at least the following information affixed to the outside of the container:

(i) The name of the medical control approved pharmacy that most recently restocked the container.

(ii) The date of the most recent restock.

(iii) The name and date of the medications with the earliest expiration dates.

(iv) Notation of the licensed pharmacy personnel who completed and sealed the medication container.

(f) The medical control authority participating facility or agency in possession of intravenous fluids, tubing, and supplies shall have a method for verifying and tracking that the supplies are within their expiration date and do not have any active recall notices.

(g) The medication containers must be stored in a method that maintains the stability, integrity, and effectiveness of the medication contained therein.

(4) Each medical control authority considering the adoption of protocols shall comply with section 20919 (3) (a) of the code.

(4) Each medical control authority may establish an emergency protocol necessary topreserve the health or safety of individuals within its region in response to a presentmedical emergency or disaster in accordance with section 20919 (3)(a) of the code.

Emergency protocols developed in accordance with section 20919(3)(e) of the code, MCL **333.20919**, shall **must** be submitted to the department, within 5 business days, for review and shall **must** remain in effect for not more than 60 days unless approved by the department.

R 325.22208 Medical control authority protocols; department review; approval; adoption by medical control authority.

Rule 208. (1) A medical control authority shall circulate, **not less than** at least 60 days before adoption, a draft of proposed protocols to all affected life support agencies within the emergency medical services system under the medical control authority.

(2) A medical control authority shall submit a written draft of proposed protocols to the department for review by the quality assurance task force not later than the tenth day of any given month. A protocol received not later than the tenth day of a given month will must be reviewed that month. A protocol received after the tenth day of a given month will must be reviewed the next month following the date of receipt by the department.

(3) The department shall consider any written comments received from persons within the medical control authority when reviewing a protocol.

(4) The department shall provide written recommendations to the medical control authority within 60 days of **after** receipt of a protocol in compliance with this rule, and comments, suggested changes, deletions, denial, or approval on the proposed protocol. Protocols resubmitted with changes or modifications by the medical control authority fall under the 60-day response deadline as prescribed in this rule.

(5) Following department approval of a protocol, the medical control authority may formally adopt the protocol.

R 325.22209 Medical control authority; additional standards.

Rule 209. A medical control authority may adopt protocols that require additional or more stringent standards for life support agencies, equipment, and personnel than those already required by the department to enhance its system in the interest of prehospital emergency care. If a life support agency or emergency medical services personnel within the medical control authority disagree with the proposed protocol, then the medical control authority shall provide the department with the medical and economic considerations such enhancements may have on the local community. The quality assurance task force shall review and make recommendations to the department before department approval.

R 325.22210 Medical control authority; life support agencies and personnel; compliance with protocols.

Rule 210. (1) Each life support agency and emergency medical services personnel licensed under this part is accountable to the medical control authority in the provision of emergency medical services within the medical control authority region, as defined in departmentapproved protocols.

(21) A medical control authority shall establish written procedures protocols for the process, actions, and sanctions a medical control authority may use in holding a life support agency or personnel accountable. These procedures protocols shall must include disciplinary action against a life support agency or emergency medical services personnel to assure ensure compliance with standards of medical care, all protocols, and operational procedures or to protect the public health, safety, or welfare.

(32) A medical control authority may exercise disciplinary action against a life support agency and its emergency medical services personnel that may result in the life support agency or its personnel not being permitted **allowed** to provide emergency medical services <del>care</del>. The

basis for these actions shall must be for noncompliance with policies, procedures, or protocols established by the medical control authority. The Such-disciplinary action may include the suspension, limitation, or removal of a life support agency or its personnel to provide emergency medical services within the medical control authority region area.

(43) If disciplinary action against an agency or individual under subrule (1) of this rule results in the suspension, limitation, or removal of medical control, the medical control authority shall advise the department, in writing, of the such action within 1 business day.

(54) If a suspension or removal of medical control to a life support agency or individual occurs by the medical control authority, the life support agency or individual shall may not operate or practice in that medical control authority region until medical control is restored by the medical control authority.

(65) If a suspension or removal of medical control to a life support agency or individual occurs, then the by the medical control authority, the life support agency or individual shall not operate or practice in that medical control authority area until medical control is restored by the medical control authority. life support agency or individual may appeal the decision to the medical control authority. After appeals to the medical control authority have been exhausted, the life support agency or individual may appeal the medical control authority's decision to the statewide emergency medical services coordination committee. An appeal to the emergency medical services coordination committee shall be filed with the department in writing not more than 30 calendar days following notification to the agency or individual of the final determination of the medical control authority.

(76) In cases of malfeasance, misfeasance, or nonfeasance on the part of the medical control authority, the department shall implement take action that to preserve medical control in a medical control authority region.

R 325.22211 Medical control authority; quality improvement.

Rule 211. (1) A medical control authority shall establish a quality improvement protocol to ensure a quality improvement program is in place and functional.

(2) Data submitted by the life support agencies within the medical control authority region area shall must be reviewed by the medical control authority professional standards review organization for the purpose of improving the quality of medical care within the medical control authority region area.

(3) A quality improvement program shall comply with section 20919(1)(g) of the code.

R 325.22212 Medical control authority; appeals.

Rule 212. (1) A medical control authority shall incorporate procedures for the appeal of decisions made by the authority against a life support agency and emergency medical services personnel. Once appeals to the medical control authority have been exhausted, the decision made by the medical control authority may be appealed to the statewide emergency medical services coordination committee. An appeal to the emergency medical services coordination committee shall must be filed with the department in writing not more than 30 calendar days following notification to the agency or individual of the final determination of the medical control authority. The emergency medical services coordination committee shall issue an opinion on whether the actions or decisions of the medical control authority are in accordance comply with the department-approved protocols of the medical control authority and the code. (2) If a decision of the medical control authority is appealed to the emergency medical

services coordination committee, then the medical control authority shall document their decision to the statewide emergency medical services coordination committee for their review.

(3) If the statewide emergency medical services coordination committee determines that the actions or decisions of the medical control authority are not in accordance with department-approved protocols or the code, then the emergency medical services coordination committee shall recommend to the department that it not take enforcement action under the emergency.

(4) If the statewide emergency medical services coordination committee determines that the actions or decisions of the medical control authority are in accordance with department approved protocols or the code, then the emergency medical services coordination committee shall recommend to the department that it take enforcement action a under the code.

R 325.22213 Medical control authority; data collection; data confidentiality.

Rule 213. (1) A medical control authority shall collect data under the department-approved quality improvement protocol from each life support agency within the medical control authority region area. Data collected shall must be reviewed by the medical control authority professional standards review organization to improve the quality of medical care within the medical control authority region and shall comply with section 20919(1)(g) of the code, MCL 333.20919. All data collected under section20919(1)(g) of the code, MCL 333.20919, are confidential, not public record, not discoverable, and shall may not be used as evidence in a civil action or administrative proceeding.

(2) A medical control authority shall submit data to the department as prescribed by the department and approved by the emergency medical services coordination committee.

(3) Medical control authorities shall have access to quality data residing within the Michigan Emergency Medical System Information System for incidents that occur within the medical control authority's geographic area.

#### R 325.22214 Medical control authority; special studies.

Rule 214. (1) A medical control authority that intends to establish a protocol involving skills, techniques, procedures, or equipment that is not included in this or national state's approved curriculum, but are consistent with the emergency medical services personnel licensure is not may need to establish the practice as a special study. This skill, technique, procedure, or equipment is not a special study if it complies with the following: Determination that a proposed protocol is acceptable under current practice or requires a special study is decided by the quality assurance task force. A protocol may be approved as a medical control authority protocol under the following conditions:

(a) The medical control authority Pprovides documentation that the skill, technique, procedure, or equipment complies with either 1 of the following:

(i) The practice I is recognized by a national organization as an acceptable. guideline.

(ii) Published studies that support the safety and efficacy in its application within the emergency setting. The practice has existing precedent in Emergency Medical System outside of this state.

(iii) There are Ppublished studies that support the safety and efficacy in its application of the practice within the emergency setting.

(b) **The medical authority Pp**rovides the educational outline that will be implemented to instruct the emergency medical services personnel in the new skill, technique, procedure, or

equipment, as well as the verification of competency that will be utilized.

(c) A letter of support, justifying the need for the practice, signed by the medical director for the medical control authority participating in the practice implementation.

(d) The medical control authority submits protocols that will be used for the practice.

(e) The quality assurance task force may require data submission to this state for approval of the practice. If data is required for approval, the approval must be indicated as approval of the practice as a special study.

(2) A medical control authority that intends to establish a protocol involving skills, techniques, procedures, or equipment that is not included in this state's approved curriculum, and is not consistent with its level of licensure shall requires a special study and **must** comply with all of the following:

(a) The department shall support the study. Provide any available studies or supporting documentation indicating the practice has been studied. Published studies supporting the safety and efficacy of its applications within the emergency setting must also be submitted.

(b) Submit endorsements by the medical control authority and medical director. The medical control authority provides an educational outline that will be implemented to instruct the emergency medical services personnel in the new skill, technique, procedure, or equipment, as well as the verification of competency that will be utilized and the plan for continued competency assurance, such as a continuing education plan.

(c) Obtain and submit a hospital institutional review board approval. If a hospital does not have an institutional review board, then all of the following are acceptable alternatives:

(i) Hospital risk management or equivalent.

(ii) Hospital quality review committee or equivalent.

(iii) A clinical department involved with emergency medical services that has an ongoing quality review process.

(c) Provide a letter of support, justifying the need for the practice, signed by the medical director for the medical control authority participating in the special study.

(d) Submit a time line clarifying the duration of study. The timeline shall include the number of cases to reach conclusion of the study with an estimated date to reach requirement. The medical control authority shall submit protocols that will be used for the practice.

(e) Submit initial and refresher education requirements. Refresher education requirementsshall include frequency and content of refresher to maintain proficiency in skill, technique, procedure, or equipment. Education requirements shall include minimum proficiencyrequirements.

(e) Identify life support agencies involved in the special study, their licensure level, the number of emergency medical services personnel to be trained, and their respective licensure levels.

(gf) If providing mutual aid outside its medical control authority region, the medical control authority shall have a written agreement with another medical control authority to continue to utilize its protocols. Submit a timeline indicating the proposed duration of the study.

(hg) Identify a special study coordinator. Describe the proposed data to be submitted to this state during the study. Generally, data submission is required quarterly.

(ih) Identify data parameters to be collected and the quality review process that shall be implemented. The medical control authority shall submit quarterly reports, and upon completion of a special study, submit a final report to the department. If the medical control

authority intends to publish the results of the study, they shall also submit Institutional Review Board approval or the letter of exemption status for the study.

(j) Submit protocols that shall be included in the special study.

(3) A medical control authority that intends to establish a protocol involving skills, techniques, procedures, or equipment that is not included in this state's approved curriculum, but is consistent with generally accepted practices at their level of licensure shall not require a special study. Those skills, techniques, procedures, or types of equipment shall and is not consistent with either the level of licensure or scope of practice, involves human subject research under 45 CFR part 46, or intends the human subject research to be published, shall not require a special study if it complies with all of the following:

(a) The department shall support the protocol. Provide any available studies or supporting documentation indicating the practice has been studied. Published studies supporting the safety or efficacy of its application within the emergency setting must also be submitted.

(b) Submit endorsements by the medical control authority and medical director.

(eb) Submit initial and refresher education requirements and provide an educational outline to be implemented to instruct the emergency medical services personnel in the new skill, technique, procedure, or equipment, as well as verification of competency that will be utilized. Refresher education requirements shall must include frequency and content of refresher to maintain proficiency in skill, technique, procedure, or equipment. Education-requirements shall include minimum proficiency requirements.

(dc) Identify life support agencies involved, their licensure level, the number of emergency medical services personnel to be trained, and their respective licensure levels.

(ed) If providing mutual aid outside its medical control authority region, the medical control authority shall have a written agreement with another medical control authority to continue to utilize its protocols.

(fe) Identify the quality review process that will be implemented.

(gf) Submit protocols that will be included in the special study.

(g) Identify data parameters to be collected and the quality review process that will be implemented. The medical control authority shall submit quarterly reports, and upon completion of the study, submit a final report to the department.

(h) Obtain and submit an institutional review board approval or an institutional review board official exemption. If the medical control authority used a randomized study, include the consent form, method of institutional review board approval, and institutional review board approval letter.

(4) A special study may be terminated by the department, with the advice of the <del>emergency</del>medical services coordination committee quality assurance task force, for any of the following reasons:

(a) The special study jeopardizes the health, safety, or welfare of the citizens of this state.

- (b) There is evidence of failure to follow study parameters.
- (c) There is evidence of failure to submit reports.
- (d) The medical control authority or medical director requests termination.

(e) There is not sufficient data to support continuation.

(5) A special study may be considered complete when outcomes have been met, the timeline has been completed, or the study has been terminated by the department with the advice of the quality assurance task force. A final report must be submitted to the

department by the medical control authority when the study is complete, unless the study is terminated by the department. The medical control authority may request any of the following for the protocol being studied:

(a) That it become a standard protocol for the requesting medical control authority.

- (b) That it become a standard protocol for this state.
- (c) That it be extended.
- (d) That it be terminated.

# (6) Disposition of the protocol is determined by the quality assurance task force.

R 325.22215 Medical control authority; communication requirements.

Rule 215. (1) A medical control authority shall comply with the ambulance-to-hospital radio communications system approval process, as prescribed by the medcom requirements.<del>, under any of the following conditions:</del>

(a) A medical control authority upgrades to provide limited advanced or advanced lifesupport oversight.

(b) An existing medical control authority changes the infrastructure of its communicationsystem affecting ambulance-to-hospital communications.

(c) A change is made in an existing communications system that results in the inability of an agency or hospital to communicate with each other.

(2) Each medical control authority shall designate an individual or organization to be responsible for maintaining records of the telecommunications activities in support of medical control. The records shall must be in the form of electronic recordings and shall be keptmaintained for 60 days.

(3) The department may add additional frequencies or other methods of communications to the medcom requirements. The department, before implementation, shall approve new requirements and technologies for ambulance-to-hospital communication.

(4) A medical control authority shall comply with all of the following:

(a) Operate under a department-approved radio communications system plan applicable to each level of care proposed by each life support agency and its geographic service area. The plan shall be consistent with the medcom requirements, established by the department, for radio conservation, regional compatibility, channel utilization, and medical control.

(b) Utilize medcom channel assignments and operating procedures as established by the department under the code.

(c) Develop protocols to assure all components of the communications system comply with medcom requirements.

R 325.22216 Medical control authority; interface with public safety agencies; authority for management of patient.

Rule 216. A medical control authority shall establish protocols that do all <del>of</del> the following: (a) Clarify **that** the 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.

(b) Identify **that** when a life support agency is present at the scene of an 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 an emergency.

(c) Specify that the appropriate public safety agency shall manage the scene of an emergency.

(d) Specify **that** if an emergency is declared, the declaration that an emergency no longer exists shall **may** be made only by an individual licensed under the code or a health professional licensed under the code who has training specific to the provision of emergency medical services in accordance with department-approved protocols.

R 325.22217 Medical control authority; interfacility transfers.

Rule 217. (1) A medical control authority may adopt a protocol that governs the transport of a patient from 1 health facility to another. If a medical control authority has not established department-approved protocols for the interfacility transport of a patient, then patient care shall **must** be determined according to written orders of the transferring physician within the scope of practice of the emergency medical services personnel.

(2) A life support agency shall be is accountable to a medical control authority in which it has been approved to operate.

R 325.22218 Medical control authority; stretcher transport of nonemergency patients. Rule 218. With department approval, a medical control authority may implement a protocol that governs the treatment and stretcher transport of nonemergency patients. From:Kerr, Sabrina (DHHS)To:Brennan, Mary (DHHS); Bergquist, Emily (DHHS)Subject:FW: Reules comments from DEMCADate:Friday, August 19, 2022 3:03:35 PMAttachments:image001.pngImportance:High

Please see comments below and attached. I have not reviewed these yet and will go through and provide a response

Sabrina Kerr, BA, MPA, EMS Section Manager Bureau of EMS, Trauma, & Preparedness Michigan Department of Health & Human Services 1001 Terminal Road P.O. Box 30207 Lansing, Michigan 48909-0207 Cell Phone: 517-243-9976 Fax: 517-335-9434 Website: www.michigan.gov/ems



Save Michigan Lives.

Due to the COVID-19 response there may be a delay in responding to emails and phone calls. We ask for your patience as we make every effort to reply as soon as we possibly can. Updates about the response can be found at:

<u>https://www.michigan.gov/coronavirus</u>. More specific information as it pertains to EMS can be found at: <u>https://www.michigan.gov/EMSCOVID</u>

# **Division of EMS and Trauma Mission Statement:**

To support the Michigan EMS System in protecting the public health and providing safe and effective patient care.

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Sent: Friday, August 19, 2022 2:41 PM
To: Babb, Nicole (DHHS) <BabbN@michigan.gov>; Kerr, Sabrina (DHHS) <KerrS3@michigan.gov>
Subject: Reules comments from DEMCA

# CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Comments Below and in the attachment as MS word comments (some are just our agreement and emphasis, some are not clear and should be proof read, some are concerns).

Thanks.

# Rob Dunne on Behalf or DEMCA.

- The part where they get rid of requiring X number of ambulance available to the 911 system 24/7/365 is a problem if implemented. I could see agencies (particularly private) financially justifying not providing ambulance service on certain days/times as not cost effective.
- pg 13 sec A and B are covered twice already in the code and should be removed.
- pg 23 sec E- "provided the individual meets all applicable criteria, and or is approved by the department." Has this come up before (no qualified individuals available to serve as medical director, unqualified individual approved by the department)? If it isn't a huge problem somewhere, is it wise to change the "and" to an "or"?
- pg 29 sec "Published studies supporting the safety and efficacy of its applications within the emergency setting must also be submitted." This could potentially prevent an MCA from studying an established intervention commonly performed outside of the emergency setting if there are no previous data. It might be worthwhile to add teh caveat that these should be provided if available, as with the previous sentence in the section.
  - As far as removing the IRB section on pg 29, with the addition of section H, it looks like they are trying to exempt nonpublished special studies from IRB requirements such as unpublished QA/QI or investigation of a new established intervention outside of research. It is a bit weird that publishing or not is the standard for IRB approval or not- in general the standard for IRB approval is whether or not human subject research is taking place. This could be modified to "If the study amounts to human subjects resarch as defined by the common rule, Institutional Review

# Board approval or the letter of exemption status shall be submitted for the study."

- On page 21, the last sentence of the highlighted causes confusion and no one can really explain what it means.
- On page 27 the appeals section being removed is covered on page 28.
- On page 28 the appeals sections that they want to remove are covered in the paragraph above.
- Section d on page 20 needs to be removed. This caused massive issues with an agency that was found to be non-compliant and had major compliance issues. The state had to wait 15 days before acting, knowing the agency was a risk to the welfare of the public.
- On page 19, the section about aircraft litter layout, I do not know enough about why it is there or why people want it removed to have an opinion either way. Same thing with sections on page 14. On page 12, the two sections being removed are part of the public health code. I do not see why they need to be part of the rules as well.

EMS LIFE CONTROL PUBLIC COMMENT	ORGANIZATION	RULE NUMBER	COMMENT	DHHS' RESPONSE
Robert Olkowski		General Comment	Administrative Rules and Statutes should never include the word may. Why codify into law that possibility that something maybe done	DHHS opposes this comment. Statutes and rules are either mandatory or permissive. "May" is used frequently in many statutes and rule sets depending on the intent of the statute or rule and
Robert Olkowski	Detroit Fire Department-	General Comment		subject matter. However, there were some instances in this rule set that have been identified as incorrect and will be reflected in the JCAR report as changed.
Robert Olkowski	Detroit Fire Department- EMS	General Comment	Language needs to be consistent throughout the document. In several instances ambulance operation is used even though life support agency is the new terminology.	DHHS partially agrees/opposes this comment. There were some instances in this rule set where "ambulance operation" should have been "life support agency". Those have been identified and changed. Section 20902(5)of the Public Health Code defines "Ambulance Operation" as a person
				defines "Ambulance Operation" as a person licensed under this part to provide EMS and patient transport, for profit or otherwise. Section 20906(1) of the Public Health Code defines "Life Support Agency" as an ambulance operation, nontransport prehospital life support operation, aircraft
Robert Olkowski	Detroit Fire Department- EMS	General Comment	All MCL citations throughout the document should be in parenthesis.	prehospital life support operation, aircraft transport operation, or medical first response service. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative
Robert Olkowski	Detroit Fire Department- EMS	R 325.22101(b)	Does this definition include helicopters?	Administrative Rules Division and the Legislative Service Bureau. The statute citations are not required to be in parantheses. See LSB and Admin Rule style guides.E8 Yes. Section 20902(4) of the Public Health Code defines "Ambulance" as 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. The definiton in this rule also includes ambulance - which I do not think was
Robert Olkowski	Detroit Fire Department- EMS	R 325.22111(3)	If I am reading this right it means the state may override the MCA and allow	the intent of this rule. The definition has been amended for further clarity. DHHS agrees with this comment. This should say "shall" instead of "may". "shall' reinstated and
Robert Olkowski	Detroit Fire Department-	R 325.22111(5)	an agency to be licenses even if they do not meet a;; MCA requirements. Should be changed to will not. Needs to specify the same MCA.	"may" deleted. DHHS agrees. Section 5 has been rewritten with an
	Detroit Fire Department- EMS	()	Needs to specify the same MCA. According to what I read as long as I have a MA agreement with any licensed agency I am good.	additional subrule 6 to end confusion: (5) All life support agencies shall have a mutual aid agreement with another life support agency to ensure a response within the bounds of its service area.
				(6) If no other life support agency is licensed in the medical control authority that meets this criteria, a mutual aid agreement may be with a life support agency in an adjacent medical control authority. This does not preclude a life support agency from
Robert Olkowski	Detroit Fire Department-	R 325.22111(6)(a)	Wouldn't this be done by the State,	entering into additional mutual aid agreements with other life support agencies that is at a level of licensure that is less than their level of licensure. DHHS response: Each life support agency is
	EMS		since they are the ones taking actions against agencies?	accountable to their respected MCA and therefore the MCA has the authority to take action to suspend, limit, or remove privileges of a life support agency within their MCA. The MCA is required to notify the department if the MCA takes
Robert Olkowski	Detroit Fire Department- EMS	R 325.22112(2)	Why codify something in law that is not permanent. The name field study implies an end.	any such action as outlined in Rule 325.22210(3). DHHS opposes this comment. Rules are guidelines for the laws, which are codified in the Public Health Code. This rule specifically allows MCAs the ability
Robert Olkowski	Detroit Fire Department-	R 325.22113(1)	Once again should be will not	to do a field study for an alternate destination if they choose to do so, based on local needs of its citizens. Special studies is covered in more depth under Rule 214. DHHS agrees. "Shall" reinstated in document and
Robert Olkowski	EMS Detroit Fire Department- EMS		The use of organization implies it is a separate entity should be changed to committee, section or division	"may" deleted. DHHS opposes this comment. A PSRO is a group of healthcare professionals that monitor the quality of medical care that is provided in a particular geographical area.
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department-		The use of organization implies it is a separate entity should be changed to committee, section or division A minimum of	DHHS opposes this comment. A PSRO is a group of healthcare professionals that monitor the quality of medical care that is provided in a particular geographical area. DHHS agrees. "A minimum of" has been added to
Robert Olkowski	EMS Detroit Fire Department- EMS		Should read via the application prescribed by the department no later than 30 days after removal.	the rule language for those facilities keeping records longer. DHHS opposes this comment. This statement is already included in this rule.
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS		Is responsible for the removal of Define	DHHS opposes this comment. This statement is already included in this rule. DHHS agrees. "exceptional circumstances" will be defined by DHHS in policy. "within a reasonable time" has been reinstated due to error.
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department-		Provider transports	DHHS opposes this comment. The definition of emergency medical servies personnel is in Section 20904(5) of PA 368 of 1968 DHHS opposes this comment. The Rule is clear and
Robert Olkowski Robert Olkowski	EMS Detroit Fire Department- EMS Detroit Fire Department- EMS	R. 325.22126(1)	makes /or	this is a preference of wording. DHHS opposes this comment. DHHS opposed this comment. The current proposed rule has "or" in the rule.
Robert Olkowski Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department-	R. 325.22126(1)	And/ Actions taken Why is this removed?	DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. The Rule is clear and this is a preference of wording. DHHS opposes this comment. This language was
Robert Olkowski Robert Olkowski	EMS Detroit Fire Department- EMS Detroit Fire Department- EMS	R 325.22126(2)	And must	moved to R 325.22210(4) DHHS opposes this comment. This is an "or" statement. DHHS agrees with this comment. "Shall" has been reinstated and "must" deleted.
Robert Olkowski Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department-	R 325.22126(3)	and/ and/ and/	DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. This is an "or"
Robert Olkowski	EMS Detroit Fire Department- EMS		language should be consistent throughout the rules it should either be will or shall when discussing actions, not both.	statement. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative Service Bureau. See LSB and Admin Rule style
Robert Olkowski	Detroit Fire Department- EMS	R 325.22127(2)	other	guides. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative Service Bureau. See LSB and Admin Rule style
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS	R 325.22131(a)	exercising its rights to conduct a	guides. DHHS opposes this comment. This is a wording preference. DHHS opposes this comment. This is a wording preference.
Robert Olkowski Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department-	R 325.22132(a)	MFR's not required to have hospital communication Once again need consistent language throughout the document. Needs to remain consistent	DHHS opposes this comment. See Section 3 of the State EMS MEDCOM plan. DHHS opposes this comment. "will" is the correct phrase. DHHS agrees with this comment. "ambulance
Robert Olkowski	EMS Detroit Fire Department- EMS		Looks like this was added to R325.22132(G)	operation" should be "life support agency" Replaced "life support agency" for "ambulance operation" twice in the subrule. DHHS opposes this comment. 22133(a) was duplicate language from Section 20921(1)(a) of the
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department-		Why was this removed Consistency	public health code. DHHS opposes this comment. 22133(b) was duplicate language from Section 20921(1(b) of the public health code. DHHS opposes this comment. All mention of "shall"
Robert Olkowski	EMS Detroit Fire Department- EMS	R 325.22133(g) STRIKE	Why was this removed	was replaced with "must" or "may" depending on usage throughout the document. DHHS opposes this comment. This was duplicate language from Section 20923(6) of the public health code.
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS		language appears to put the	DHHS points out that in the public hearing document, "criteria" was already removed and replaced with "protocol". DHHS opposes this comment. It is the responsibility of the life support agency to comply
Robert Olkowski	Detroit Fire Department-	R 325.22134(b)	responsibility on agency to follow all three. Previous language states that protocols need to be in compliance with the law. Why wasn't this changed to reflect the	with approved MCA protocols. MCA protocols are vetted and approved through the emergency medical services coordination committee quality assurance task force. DHHS opposes this comment. Both 134a and 134b
Robert Olkowski Robert Olkowski	EMS Detroit Fire Department- EMS Detroit Fire Department- EMS	R 325.22135 Title R 325.22135 Title	language in previous point. Should be for all air ambulances not just rotary Consistency	have simliar language now. DHHS opposes this comment. Aircraft transport operations is covered under R 325.22139. DHHS opposes this comment. Rotary aircraft can be a part of an ambulance operation.
Robert Olkowski Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department-	R 325.22135(1)(e)	Consistency Is this legal? Why was this section removed	DHHS opposes this comment. Rotary aircraft can be a part of an ambulance operation. DHHS opposes this comment. Was a requirement of certificate of need in the past. DHHS opposes this comment. Certificate of need
Robert Olkowski Robert Olkowski	EMS Detroit Fire Department- EMS Detroit Fire Department- EMS	R 325.22135(2) R 325.22136 TITLE	consistency consistency	not in existance anymore DHHS opposes this comment. Language is correct in the rule. No change needed. Life support agency and vehicle in LSB edits before public hearing.
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS		consistency Will not	DHHS opposes. Language is correct in the title. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative
Robert Olkowski	Detroit Fire Department- EMS	R 325.22137(e)	consistency	Service Bureau. See LSB and Admin Rule style guides. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department-		Most covered in R325.22135. Why is it needed twice The initial	Service Bureau. See LSB and Admin Rule style guides. DHHS opposes this comment. This section is specifically for aircraft transport operations DHHS opposes this comment. The certificate of
Robert Olkowski	EMS Detroit Fire Department- EMS		will	compliance can change when the vehicle is remounted. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative
Robert Olkowski	Detroit Fire Department- EMS	R 325.22181(6)	Why codify something in law that may only occur. What is remounter is not part of these organization or an	Service Bureau. See LSB and Admin Rule style guides. DHHS opposes this coment. Some patient compartments are remounted multiple times. These organizatizations recognize eligible
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department-		organization that may not be "approved" by the state yet. created Language would be better suited in	companies in the work truck industry for quality business practices and standards. DHHS opposes this comment. Word preference. DHHS opposes this comment.
Robert Olkowski	EMS Detroit Fire Department- EMS	R 325.22184(2)	Agency requirements through a written policy. A separate rule is not necessary. must	DHHS agrees. Replaced with "shall".
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS		Need to define both	DHHS opposes this comment. The word "prominently" is defined in the dictionary. No further clarification needed. DHHS agrees. "Both" added to rule language.
Robert Olkowski Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department-	R 325.22191(b)	Helicopters are also aircraft does this mean them as well? must will	This is for fixed wing only. Helicopters are not fixed wing. DHHS agrees. "Shall" reinstated and "may" deleted. DHHS opposes this comment. The rules have been
Robert Olkowski	EMS Detroit Fire Department-		will be	vetted and approved by both the LARA- Administrative Rules Division and the Legislative Service Bureau. See LSB and Admin Rule style guides. DHHS opposes this comment. The rules have been
	EMS			vetted and approved by both the LARA- Administrative Rules Division and the Legislative Service Bureau. See LSB and Admin Rule style guides.
Robert Olkowski Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department-	R 325.22194	Medical Control Authority may What code is being referred to PHC,	DHHS opposes this comment. DHHS provides for inspections of life support vehicles, not MCA's. DHHS agrees. "Shall" reinstated in rule and "may" deleted. DHHS opposes this comment. The word "Code" is
Robert Olkowski Robert Olkowski	EMS Detroit Fire Department- EMS Detroit Fire Department-		Code of Ethics. Ambiguous language does not belong in law. And/ Why is this removed	definedin Rule 101. DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. This is duplicate of
Robert Olkowski Robert Olkowski	EMS Detroit Fire Department- EMS Detroit Fire Department-		And/ And/	language already in Section 20918(6) of the public health code. DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. This is an "or"
Robert Olkowski Robert Olkowski Robert Olkowski	EMS Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department-	R 325.22210(3)	and and and	statement. DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. This is an "or"
Robert Olkowski Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department- FMS	R 325.22210(5)	and and/ Need an appeals process why was this removed.	DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. This is an "or" statement. DHHS opposes this comment. This is a duplicate. The MCA appeals process is covered under B
Robert Olkowski	EMS Detroit Fire Department- EMS	R 325.22213(3)	removed.	The MCA appeals process is covered under R 325.22126. DHHS opposes this comment. The intent is to ensure that "quality data" is available to the MCA's. Having access to that data, will allow them to seek improvements to the EMS system.
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS Detroit Fire Department-	R 325.22214(1)(e)	the will	improvements to the EMS system. DHHS agrees to replace "this" with "the". DHHS opposes this comment. This is a "may" statement.
Robert Olkowski Robert Olkowski	Detroit Fire Department- EMS Detroit Fire Department- EMS		remove Remove not necessary based upon location of duty under paragraph 2	DHHS opposes this comment. "Study" is the correct word usage. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative Service Bureau. See LSB and Admin Bule style
Robert Olkowski	Detroit Fire Department- EMS	R 325.22214(2)(d)	Remove not necessary based upon location of duty under paragraph 2	Service Bureau. See LSB and Admin Rule style guides. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative
Robert Olkowski	Detroit Fire Department- EMS	R 325.22214(2)(h)	Remove not necessary based upon location of duty under paragraph 2	Service Bureau. See LSB and Admin Rule style guides. DHHS opposes this comment. The rules have been vetted and approved by both the LARA- Administrative Rules Division and the Legislative
Robert Olkowski	Detroit Fire Department- EMS	R 325.22216(c)	Non medical care related aspects	Service Bureau. See LSB and Admin Rule style guides. DHHS opposes this comment. The MCA protocol outlines who is responsible for the particular type of scene. Also located in Section 333.209967 of the
Robert Olkowski	Detroit Fire Department- EMS		Why is this necessary? The word may makes it sound optional.	Public Health Code. DHHS opposes this comment. This Rule gives the MCA the ability to implement a protocol for non- emergent patients. Currently, MCA's do not currently have this authority.
Robert Dunne	Medical Director for Detroit East MCA (DEMCA)	R 325.22111(4)	X number of ambulance available to the 911 system 24/7/365 is a problem if implemented. I could see agencies (particularly private) financially	DHHA opposes this comment. This was not part of the rule change
Robert Dunne	Medical Director for	325.22133	justifying not providing ambulance service on certain days/times as not cost effective. pg 13 sec A and B are covered twice	DHHS opposes this comment. No duplication.
Robert Dunne	Medical Director for Medical Director for Detroit East MCA (DEMCA)	R 325.22202(1)(e)	already in the code and should be removed. pg 23 sec E- "provided the individual meets all applicable criteria, and or is approved by the department." Has this	DHHS opposes this rule. In rural areas, some Medical Directors are retired from practice and an exception may need to be made by the
			approved by the department." Has this come up before (no qualified individuals available to serve as medical director, unqualified individual approved by the department)? If it isn't a huge problem	exception may need to be made by the Department.
Robert Dunne	Medical Director for Detroit East MCA (DEMCA)	R 325.22214(1)(a)(iii)	somewhere, is it wise to change the "and" to an "or"? pg 29 sec "Published studies	DHHS opposes this comment. The MCA only needs to provide 1 of the 3 criteria listed in I, ii, and iii.
			applications within the emergency setting must also be submitted." This could potentially prevent an MCA from studying an established intervention commonly performed outside of the emergency setting if there are no	
			emergency setting if there are no previous data. It might be worthwhile to add teh caveat that these should be provided if available, as with the previous sentence in the section.	
Robert Dunne	Medical Director for Detroit East MCA (DEMCA)	R 325.22214	As far as removing the IRB section on pg 29, with the addition of section H, it looks like they are trying to exempt nonpublished special studies from IRB requirements such as unpublished	DHHS Agrees. After reviewing the language with DHHS Institutional Review Board staff, the language has been changed to the following: (2) A medical control authority that intends to establish a protocol involving skills, techniques, procedures, or
			requirements such as unpublished QA/QI or investigation of a new established intervention outside of research. It is a bit weird that publishing or not is the standard for IRB approval or not-in general the	
			not human subject research is taking place. This could be modified to "If the study amounts to human subjects	(a) Provide any available studies or supporting documentation indicating the practice has been studied. Published studies supporting the safety and efficacy of its applications within the emergency setting must also be submitted. (b) The medical control authority provides an
			resarch as defined by the common rule, Institutional Review Board approval or the letter of exemption status shall be submitted for the study."	(b) The medical control authority provides an educational outline that will be implemented to instruct the emergency medical services personnel in the new skill, technique, procedure, or equipment, as well as the verification of
				competency that will be utilized and the plan for continued competency assurance, such as a continuing education plan. (c) Provide a letter of support, justifying the need for the practice, signed by the medical director for the medical control authority participating in the
		R 325.22210(5)	On page 27 the appeals section being	the medical control authority participating in the special study. (d) The medical control authority shall submit protocols that will be used for the practice.
Robert Dunne	Medical Director for		removed is covered on page 28.	Response to Robert Olkowski's comment. No changes needed. Response to Robert Olkowski's comment. No
Robert Dunne Robert Dunne	Medical Director for Detroit East MCA (DEMCA) Medical Director for Detroit East MCA (DEMCA)	R 325.22212	On page 28 the appeals sections that they want to remove are covered in the paragraph above.	
	Detroit East MCA (DEMCA) Medical Director for	R 325.22212 R 325.22191(d)	they want to remove are covered in the	
Robert Dunne	Detroit East MCA (DEMCA) Medical Director for Detroit East MCA (DEMCA) Medical Director for Detroit East MCA (DEMCA) Medical Director for	R 325.22212 R 325.22191(d) R 325.22189?	they want to remove are covered in the paragraph above. Section d on page 20 needs to be removed. This caused massive issues with an agency that was found to be non-compliant and had major compliance issues. The state had to wait 15 days before acting, knowing the agency was a risk to the welfare of the public. On page 19, the section about aircraft	changes needed. This was already removed in the draft rules Response to Robert Olkowski's comment. No
Robert Dunne Robert Dunne	Detroit East MCA (DEMCA) Medical Director for Detroit East MCA (DEMCA) Medical Director for Detroit East MCA (DEMCA)	R 325.22212 R 325.22191(d) R 325.22189?	they want to remove are covered in the paragraph above. Section d on page 20 needs to be removed. This caused massive issues with an agency that was found to be non-compliant and had major compliance issues. The state had to wait 15 days before acting, knowing the agency was a risk to the welfare of the public.	changes needed. This was already removed in the draft rules