

## STATEWIDE TRAUMA CARE SYSTEM

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### House Bills 6102-6104

**Sponsor: Rep. Gary A. Newell**

**Committee: Health Policy**

**Complete to 9-21-04**

### A SUMMARY OF HOUSE BILLS 6102-6104 AS INTRODUCED 8-4-04

Together, the bills would amend the Public Health Code to require the development of a statewide trauma care system, define “statewide trauma care system”, and require certain components to be incorporated into the statewide trauma care system. The bills are tied to each other, meaning that none of the bills could take effect unless all were enacted.

House Bill 6102 would amend Part 209 of the code entitled “Emergency Medical Service” (MCL 333.20910) to require the Department of Community Health to develop, implement, and promulgate rules for the implementation and operation of a statewide trauma care system within the emergency medical services system. The rules would have to include, at a minimum, a method to classify and designate each hospital in accordance with its trauma care capabilities. The classification system would have to be based upon standards developed by the American College of Surgeons professional association or its successor organization.

House Bill 6103 would amend the code (MCL 333.20908) to define the term “statewide trauma care system” as a comprehensive and integrated arrangement of the emergency services personnel, facilities, equipment, services, communications, medical control authorities, and organizations necessary to provide trauma care to all patients within a particular geographic region.

House Bill 6104 would add a new section to the code (MCL 333.20917a) to require certain components to be incorporated into the statewide trauma care system within one year of the bill’s effective date. Under the bill, the Department of Community Health would have to develop and incorporate the following components into the system implemented under the provisions of House Bill 6102:

- Minimum services in rendering patient care, including triage and destination protocols.
- Classification and designation of hospitals according to their trauma care capabilities.
- Communication systems between hospitals and prehospital elements of the statewide trauma care system.
- A statewide trauma data system.
- Interfacility transfers.

- Training and education of health care personnel and emergency medical services personnel who provide trauma care services.
- A statewide trauma care advisory subcommittee.
- A regional trauma network consistent with the state's emergency preparedness plan.
- Trauma injury prevention planning.

## **FISCAL IMPACT:**

The implementation and operation of a statewide trauma care system will result in an indeterminate amount of increased costs for the Department of Community Health. Based on a November 2002 report from the Michigan Statewide Trauma Care Commission, funding will be needed for the following: to assist emergency medical services personnel and medical control authorities with the implementation and maintenance of a statewide trauma care system (a system which includes development of destination protocols, establishment of interfacility transfer agreements, statewide data system to measure effectiveness of trauma care, and regionalization of trauma networks); to assist in communications between hospitals and prehospital elements of the statewide trauma care system; to assist in the classification and designation of hospitals' trauma care capabilities; and to assist in the training and education of health care and emergency medical services in the provision of trauma care services. Furthermore, additional staff will be required for DCH to support the administration of a statewide trauma care system.

On September 1, 2003, \$40,000 was awarded to Michigan by the U.S. Department of Health and Human Services to complete a trauma care system plan, to develop a database for all trauma centers and non-trauma centers, to develop a statewide listserv, and describe the incidence and prevalence of trauma in the state.

The enrolled appropriations bill for the Department of Community Health for FY 2004-05 includes \$940,600 and 5.0 FTE positions for Emergency Medical Services Program State Staff line item and \$1,046,200 for Emergency Medical Services Grants and Services line item. Funds for the first line item support the Emergency Medical Services (EMS) Section which is responsible for the licensure of approximately 750 medical first responder and life support agencies, and 1,600 life support vehicles. The EMS Section also approves 65 local medical control authorities' pre-hospital care policies, procedures, and protocols prior to implementation. Funds for the second line item support contracts administered by the EMS Section to provide for continuing education, agency and vehicle inspections, and administration of licensure examinations.

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