

Legislative Analysis



STATEWIDE TRAUMA CARE SYSTEM

Mitchell Bean, Director
Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 6102 (Substitute H-3)
House Bill 6103 as introduced
House Bill 6104 (Substitute H-2)

Sponsor: Rep. Gary A. Newell
Committee: Health Policy

Complete to 11-8-04

A REVISED SUMMARY OF HOUSE BILL 6102 (H-3), HOUSE BILL 6103 AS INTRODUCED, AND HOUSE BILL 6104 (H-2)

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 create a statewide trauma care advisory subcommittee. The bills are tie-barred 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). Within one year after the Statewide Trauma Care Advisory Subcommittee is established (under provisions of House Bill 6104), the Department of Community Health, in consultation with the subcommittee, would have to develop, implement, and promulgate rules for the implementation and operation of a Statewide Trauma Care System within the Emergency Medical Services System consistent with the "Michigan Trauma Systems Plan" prepared by the Michigan Trauma Coalition, dated November 2003. The implementation and operation of the trauma care system would be subject to approval by the Emergency Medical Service Coordination Committee and the Statewide Trauma Care Advisory Subcommittee. The new rules could not require a hospital to be designated as providing a certain level of trauma care. In addition, the department would have to review and identify potential funding mechanisms and sources for the Statewide Trauma Care System.

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 create the Statewide Trauma Care Advisory Subcommittee under the emergency medical services coordination committee. The subcommittee would advise and assist the Department of Community Health on matters concerning the development, implementation, and promulgation of rules for the implementation and continuing operation of a statewide trauma care system.

Ten members would serve three-year terms on the subcommittee and would have to be appointed within 90 days after the bill's effective date; composition of the subcommittee is specified in the bill but would include trauma surgeons, a trauma nurse coordinator, a trauma registrar, an emergency physician, administrative hospital representatives, a life support agency manager, and medical control authority directors. Subcommittee meetings would be subject to the Open Meetings Act.

FISCAL IMPACT:

The implementation and operation of a Statewide Trauma Care System, in consultation with a Statewide Trauma Care Advisory Subcommittee, will result in an indeterminate amount of increased costs for the Department of Community Health (DCH). Upon implementation of the statewide system, proposed legislation requires the DCH to identify potential funding mechanisms and sources for the system.

A report from the Michigan Statewide Trauma Care Commission in November of 2002 indicates that funding will be needed in the following areas: to assist emergency medical services and medical contract authorities with the implementation and maintenance of a statewide trauma care system (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 a 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. Additional staff will also be required for DCH to support the administration of a Statewide Trauma Care System.

Public Act 349 of 2004 (DCH appropriations act for FY 2004-05) includes \$940,600 and 5.0 FTE positions for the Emergency Medical Services (EMS) Program State Staff line item and \$1,046,200 for the Emergency Medical Services (EMS) Grants and Services line item. Funding for the first line item supports the 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. The second line item finances contracts administered by the EMS Section that provide for continuing education, agency and vehicle inspections, and administration of licensure examinations.

Legislative Analyst: Susan Stutzky
Fiscal Analyst: Margaret Alston

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.