

Senate Fiscal Agency
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SFA**BILL ANALYSIS**

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House Bill 4596 (Substitute H-5 as passed by the House)
Sponsor: Representative Paul N. DeWeese
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 11-9-99

CONTENT

The bill would amend the Public Health Code to create the Statewide Trauma Care Commission in the Department of Consumer and Industry Services (DCIS), and require the Commission to assess and report on the status of trauma cases in the State. The bill would be repealed January 1, 2006.

The Commission would be required to do the following:

- Hold public hearings throughout the State to gather public opinion about the status of trauma care in Michigan. The Commission would have to hold at least one public hearing in each of the State's eight health planning areas.
- Obtain information on trauma care systems in other states.
- By January 1, 2001, file a report with the Governor, the Legislature, the DCIS, and the Emergency Medical Services (EMS) Coordinating Committee, that made recommendations regarding statewide trauma care delivery and regarding the operational and administrative structure of statewide trauma care delivery. After the report was filed, it would have to be made available to the public, upon request, at no charge.

The Governor would have to appoint the 16 members of the Commission by January 1, 2000, for terms of two years. A member of the Commission who was unable to complete a full two-year term would have to be replaced by the Governor, from the same category, for the balance of the unexpired term. The Commission would have to consist of the following members:

- Eight health professionals who were experts in trauma and emergency services, from any health profession. One of the health professionals would have to be a registered professional nurse with training in emergency and trauma services.
- Two representatives of hospitals.
- Two representatives of health care purchasers or payers, including, but not limited to, insurers, self-insured employers, and Taft-Hartley health and welfare funds.
- One representative from ambulance service providers.
- Two consumers of health care services.
- The chair of the EMS Coordinating Committee.

At least three of the 16 members would have to be residents of rural counties (including one from a rural county in the Upper Peninsula). A "rural county" would be a county not in a "metropolitan area", as defined in Federal regulations.

The Governor would have to designate a chairperson for the Commission, who would have to convene the Commission's first meeting within 30 days after the Governor finished appointing members.

The DCIS would have to provide office space and administrative support, including clerical and professional staff for the Commission. The per diem compensation for the members, and a schedule of reimbursement expenses, would have to be as established by the Legislature.

The Commission would be subject to the Open Meetings Act and the Freedom of Information Act.

Proposed MCL 333.20917

Legislative Analyst: G. Towne

FISCAL IMPACT

According to the Department, the cost of administering this study and supporting the Commission would be approximately \$150,000 annually. The bill does not include a fund source that would be directed to cover this cost or the cost of the per diem that would be paid to the commissioners.

Fiscal Analyst: M. Tyszkiewicz