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House Bill 6102 (Substitute S-1 as reported)
House Bill 6103 (as reported without amendment)
House Bill 6104 (Substitute S-1 as reported by the Committee of the Whole)
Sponsor: Representative Gary A. Newell
House Committee: Health Policy
Senate Committee: Health Policy

CONTENT

The bills would amend the Public Health Code to do the following:

- Require the Department of Community Health (DCH) to implement a Statewide Trauma Care System.
- Define "statewide trauma care system".
- Establish a Statewide Trauma Care Advisory Subcommittee.

The bills are tie-barred to each other.

House Bill 6102 (S-1) would require the DCH, within one year after the Statewide Trauma Care Advisory Subcommittee was established and in consultation with the Subcommittee, to develop, implement, and promulgate rules for the implementation and operation of a Statewide Trauma Care System within the Emergency Medical Services (EMS) System consistent with the November 2003 document entitled, "Michigan Trauma Systems Plan", prepared by the Michigan Trauma Coalition.

The implementation and operation of the Trauma Care System, including the rules, would be subject to review by the EMS Coordination Committee and the Advisory Subcommittee. The rules could not require a hospital to be designated as providing a certain level of trauma care. Upon implementation, the DCH would have to review and identify potential funding mechanisms and sources for the statewide system.

House Bill 6103 would define "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 area.

House Bill 6104 (S-1) would establish the Statewide Trauma Care Advisory Subcommittee under the EMS Coordination Committee to advise and assist the DCH on all matters concerning the development, implementation, and promulgation of rules for the implementation and continuing operation of a Statewide Trauma Care System. Recommendations regarding potential funding mechanisms and sources for the system could be submitted to the DCH for consideration only after a unanimous vote of subcommittee members in support of the recommendations.

MCL 333.20910 (H.B. 6102)
333.20908 (H.B. 6103)
Proposed MCL 333.20917a (H.B. 6104)

Legislative Analyst: Julie Koval

FISCAL IMPACT

House Bill 6102 (S-1) would have an indeterminate fiscal impact on the Department of Community Health associated with the development of rules for the implementation and operation of the proposed Statewide Trauma Care System. It is likely that the DCH would bear increased costs associated with this implementation process and would need additional staff to administer the trauma care system. An explanation of the types of cost associated with the implementation process can be found in the report submitted to the State by the Michigan State Trauma Care Commission in November 2002. In this document, the Commission recommended increased funding to State medical control authorities for the design and implementation of the organization of the trauma system and data collection. This report also recommended increased responsibility for the Division of Emergency Services in certifying a portion of the trauma facilities in the system.

A factor that would affect the final fiscal impact of creating the Statewide Trauma Care System would be the result of the Department of Community Health review of potential funding sources for the system. The bill would require this review as part of the implementation process.

House Bill 6103 would have no fiscal impact on State or local government.

House Bill 6104 (S-1) would result in a small, indeterminate cost to the State for the administration of the Statewide Trauma Care Advisory Subcommittee and reimbursement of expenses incurred by subcommittee members while performing their duties.

Date Completed: 12-7-04

Fiscal Analyst: David Fosdick

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.