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BILL ANALYSIS

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House Bill 6102 (Substitute H-3 as passed by the House)  
House Bill 6103 (as passed by the House)  
House Bill 6104 (Substitute H-2 as passed by the House)  
Sponsor: Representative Gary A. Newell  
House Committee: Health Policy  
Senate Committee: Health Policy

Date Completed: 11-30-04

### **CONTENT**

**House Bills 6102 (H-3), 6103, and 6104 (H-2) would amend the Public Health Code to require the Department of Community Health (DCH) to implement a Statewide Trauma Care System, define "statewide trauma care system", and establish a Statewide Trauma Care Advisory Subcommittee, respectively.**

The bills are tie-barred to each other. They are described below in further detail.

#### **House Bill 6102 (H-3)**

The bill 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 Statewide Trauma Care System, including the rules, would be subject to approval by the EMS Coordination Committee and the Statewide Trauma Care 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**

The bill 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 (H-2)**

The bill 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.

The Subcommittee would have to consist of 10 members appointed by the DCH Director within 90 days after the bill's effective date, as follows:

- Two trauma surgeons who were trauma center directors.
- One trauma nurse coordinator.
- One trauma registrar.
- One emergency physician.
- Two administrative hospital representatives, including one who represented a hospital designated as a level I or level II trauma center by the American College of Surgeons Committee on Trauma, and one who represented a hospital that was not designated as a level I or level II trauma center.
- One life support agency manager.
- Two medical control authority directors, including one who represented a rural county and one who represented a nonrural county.

(The bill would define "rural county" as a county not located in a metropolitan statistical area or micropolitan statistical areas as those terms are defined by the Statistical Policy Office of the Office of Information and Regulatory Affairs of the U.S. Office of Management and Budget.)

The members would have to serve for a term of three years. A member who was unable to complete a term would have to be replaced for the balance of the unexpired term. The Subcommittee annually would have to select a member to serve as chairperson. Six members would constitute a quorum for the transaction of business. The Subcommittee's meetings would be subject to the Open Meetings Act.

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 (H-3)**

The fiscal impact associated with the development of rules for the implementation and operation of the proposed Statewide Trauma Care System cannot be determined at this time. It is likely that the Department of Community Health would bear increased costs associated with this implementation process and likely would need additional staff to administer the trauma network. 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**

The bill would have no fiscal impact on State or local government.

### **House Bill 6104 (H-2)**

The State would incur a small, indeterminate cost for the administration of the Statewide Trauma Care Advisory Subcommittee and reimbursement of expenses incurred by subcommittee members while performing their duties.

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.