



**House
Legislative
Analysis
Section**

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**SPINAL CORD/TRAUMATIC BRAIN
INJURY REGISTRY: EXTEND SUNSET**

**House Bill 5676 as passed by the House
Second Analysis (5-2-96)**

**Sponsor: Rep. John Jamian
Committee: Health Policy**

THE APPARENT PROBLEM:

Nationwide, injuries occur to one out of four persons and are the fourth leading cause of death behind heart disease, cancer, and stroke. Eighty percent of injuries happen to people under 45 years of age. Reportedly, the most catastrophic injuries are those involving the spinal cord or brain. The impact in terms of numbers, severity, human suffering, and economic loss, and associated health care and related costs, is staggering. According to information provided by the Michigan Spinal Cord/Traumatic Brain Injury Advisory committee, past data revealed that direct costs for a person with a spinal cord injury (SCI) for the initial post-injury hospitalization were, in 1988 dollars, \$95,203 with average annual care costs of \$14,046. The per person lifetime costs for a person with a mild to moderate traumatic brain injury (TBI) were approximately \$80,000 in 1985 dollars. A more severe TBI ranged from over \$92,000 to over \$324,000 per person. Since many insurance policies have a specified cap on benefits paid out per injury, many individuals are left without insurance benefits within a few years after the injury has occurred. When insurance benefits run out, many are forced to seek public assistance. As medical costs continue to rise and the ranks of the uninsured grow, the burden on already strained state and federal budgets is apparent.

However, most spinal cord and traumatic brain injuries are viewed by the medical community as preventable. To this end, over half of the states have established SCI and/or TBI registries to collect and analyze data as a means to develop effective preventative strategies, assess health care needs for the injured, and develop appropriate health care services. In Michigan, Public Act 122 of 1988 amended the Public Health Code to create a SCI/TBI registry and advisory committee within the Department of Public Health. The act carried a sunset date of April 1, 1992. Public Act 25 of 1992 extended the sunset date to March 30, 1996. The SCI/TBI registry records information that is necessary for the recognition, prevention, and control of these debilitating injuries. The advisory committee has met quarterly since 1989, and has formed three subcommittees: a services subcommittee, which

provides interested parties with a comprehensive list updated annually of health care providers and facilities in the state specializing in SCI and TBI treatment and related services; a scientific/research subcommittee, which establishes injury definitions, registry content, reporting rules and forms, and quality control, and also makes recommendations for SCI/TBI prevention and control; and an advocacy/policy subcommittee, which is responsible for advocacy activities and policy recommendations.

According to unofficial, preliminary data, statistics for 1994 gathered by the SCI/TBI registry include 334 cases of SCI and 5,468 TBI severe enough to require hospitalization or result in death in a hospital emergency department. Major causes of these injuries were attributed to, in descending order, motor vehicles, falls, and assaults. The majority of the cases involved persons between the ages of 10 and 49 years of age, with males accounting for three-quarters of the SCI and two-thirds of the TBI. The study of these data and comparisons with future data is seen as crucial in determining causes, developing preventative strategies, and determining the level of medical services needed and the geographic areas in which the services are needed. Such studies should serve to lower medical costs and human suffering through better service delivery and decreased incidences of injuries. However, the sections of the Public Health Code pertaining to the SCI/TBI registry and advisory committee will be repealed on March 30, 1996. Legislation has been proposed to extend the sunset date for another four years.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to extend a March 30, 1996 sunset date to March 30, 2000 for sections of the code requiring the Department of Public Health to establish a registry to record cases of spinal cord and traumatic brain injuries that occur in the state; require hospitals to report these cases, as well as information on the recognition, prevention, and control of these injuries; create the Spinal Cord Injury and

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Traumatic Brain Injury Committee in the department; and require the legislature to appropriate sufficient funds to implement the registry and the advisory committee. Further, the code requires that the directors of the Departments of Public Health and Mental Health appointed to the spinal cord injury and traumatic brain injury committee, for a total board membership of 16 members. The bill would decrease the membership requirement by one position and would make several technical changes to eliminate references to the Departments of Public Health and Mental Health to reflect the merging of the two departments into the Department of Community Health by Executive Order No. 1996 - 1, which took effect on April 1, 1996, and to change an incorrect reference to the Michigan Rehabilitation Services [MRS] being within the Department of Education. (Note: Executive Order No. 1993 - 20 transferred MRS to the Jobs Commission.)

MCL 333.5413 et al.

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, the fiscal year 1995-96 budget for the Department of Public Health includes a \$50,000 appropriation for a spinal cord and traumatic brain injury registry. The funding for this line item is the federal Preventive Health Block Grant. No additional funding is required. Therefore, the bill would have no state or local fiscal impact. (4-25-96)

ARGUMENTS:

For:

Spinal cord injuries and traumatic brain injuries are indeed catastrophic, not just in economic terms but also in pain and suffering and loss of physical, mental, and emotional abilities. The tragic accident that recently paralyzed actor Christopher Reeves has focused national attention on the trauma associated with these types of injuries and their costs - both financial and personal. Reportedly, Reeves' medical costs are in excess of \$400,000 yearly, and his medical insurance has a per injury cap of approximately \$1 million. Further scrutiny of data on SCI/TBI serves only to underscore the tremendous toll that these injuries take on individuals and society alike.

It is estimated that incidences of SCI range from 6,700 to 12,000 new injuries a year and TBI accounts for about 500,000 new injuries per year in the U.S. With over 300 new SCI and 5,000 new TBI cases in Michigan in 1994, the impact on the economy through lost productivity and on health care costs through long-term chronic care is easy to see. If the collection and study of data on SCI/TBI can lead to decreased

incidences through effective prevention programs and decreased medical costs through more effective treatment developments, then the registry needs to be continued.

In addition, the SCI/TBI advisory committee has already accomplished a number of important tasks including developing injury definitions, creating a directory of local and regional treatment resources, implementing a state-wide reporting system, development of a training manual for standardized reporting of data, production of a preliminary demographic data summary for research use and legislative purposes, establishment of Michigan as a national leader in research, receipt of a federal grant for SCI/TBI investigation, and implementation of various prevention programs such as the use of child safety helmets and the use of car seat belts. The advisory committee and the registry should be maintained for an additional four years to continue this important work.

POSITIONS:

The Brain Injury Association of Michigan supports the bill. (4-30-96)

The Foundation for Spinal Cord Injury Prevention supports the bill. (5-2-96)

The Michigan Health and Hospital Association supports the bill. (4-30-96)

The Department of Community Health (formerly the Department of Public Health) does not have a position on the bill at this time. (4-30-96)

■ 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.