



Senate Fiscal Agency
P.O. Box 30036
Lansing, Michigan 48909-7536

BILL ANALYSIS



Telephone: (517) 373-5383
Fax: (517) 373-1986

Senate Bill 521 (as introduced 6-8-21)
Sponsor: Senator John Bizon, MD
Committee: Health Policy and Human Services

Date Completed: 6-9-21

CONTENT

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

- **Establish the stroke and STEMI advisory subcommittees under the Emergency Medical Services Coordination Committee (EMSCC) to assist the Department of Health and Human Services (DHHS) on all matters concerning the development, implementation, and continuing operation of a statewide system of care for time-sensitive emergencies.**
- **Require the DHHS, in consultation with the subcommittees, to develop, implement, and promulgate rules for the implementation and operation of a statewide system of care for time-sensitive emergencies within one year after the bill's effective date.**
- **Require the promulgated rules to ensure that the statewide system of care for time-sensitive emergencies was integrated into the statewide trauma care system within the emergency medical services (EMS) system and require the rules to include certain requirements.**

Advisory Subcommittees

The bill would add Section 20917b to the Code to establish the stroke advisory subcommittee and the STEMI advisory subcommittee under the EMSCC to advise and assist the DHHS on all matters concerning the development, implementation, and continuing operation of a statewide system of care for time-sensitive emergencies. "STEMI" would mean ST-elevation myocardial infarction. "Statewide system of care for time-sensitive emergencies" would mean the system of care for stroke and STEMI described in Section 20910.

As applicable, each subcommittee would have to consist of members appointed by the Director of the DHHS within one year after the bill's effective date, and would have to include at least one individual who represented a rural county as that term is defined in Section 20917a: a county not located in a metropolitan statistical area or micropolitan statistical areas as those terms are defined under the "standards for defining metropolitan and micropolitan statistical areas" by the Statistical Policy Office of the Office Of Information And Regulatory Affairs of the United States Office of Management and Budget.

The stroke advisory subcommittee would have to include all of the following:

- A neurologist.
- A stroke neurointerventionalist.
- A stroke coordinator.

- A stroke data abstractor.
- An emergency medicine physician.
- A medical control authority medical director.
- A life support agency manager.
- An individual representing the Upper Peninsula.
- An individual representing a hospital designated as a level I or level II trauma center.
- An individual representing a hospital designated as a level III or level IV trauma center.

The STEMI advisory subcommittee would have to include all of the following:

- A cardiologist.
- An interventional cardiologist.
- A registered professional nurse who is a STEMI coordinator.
- A STEMI data abstractor.
- An emergency medicine physician.
- A medical control authority medical director.
- A life support agency manager.
- An individual representing the Upper Peninsula.
- An individual representing a hospital designated as a level I or level II trauma center.
- An individual representing a hospital designated as a level III or level IV trauma center.

The members appointed to a subcommittee described in the bill would serve for a term of three years. A member who was unable to complete his or her term would have to be replaced for the balance of the unexpired term. Each subcommittee would have to annually select a member to serve as chairperson. Four members would constitute a quorum for the transaction of business of each subcommittee. Meetings of each subcommittee would be subject to the Open Meetings Act.

Department Responsibilities

Under the bill, within one year after the stroke advisory subcommittee and the STEMI advisory subcommittee were established under Section 20917b, and in consultation with the subcommittees, the DHHS would have to develop, implement, and promulgate rules for the implementation and operation of a statewide system of care for time-sensitive emergencies. The implementation and operation of the statewide system of care for time-sensitive emergencies, including the rules promulgated in accordance with this provision, would be subject to review by the EMSCC and the subcommittees. The rules promulgated under this provision would have to ensure that the statewide system of care for time-sensitive emergencies was integrated into the statewide trauma care system within the EMS system and would include all of the following:

- The designation of facilities as stroke and STEMI facilities based on a verification that national certification or accreditation standards, as approved by the stroke advisory subcommittee and the STEMI advisory subcommittee, had been met.
- A requirement that a hospital would not have to be designated as providing certain levels of care for stroke or STEMI.
- The development and use of stroke and STEMI registries that utilized nationally recognized data platforms with confidentiality standards, as approved by the stroke advisory subcommittee and the STEMI advisory subcommittee.

The Code defines "statewide trauma care system" as a comprehensive and integrated arrangement of the EMS personnel, facilities, equipment, services, communications, medical control authorities, and organizations necessary to provide trauma care to all patients within a particular geographic region. Beginning on the effective date of the rules promulgated under

the bill, the statewide trauma care system would include the statewide system of care for time-sensitive emergencies.

MCL 333.20904 et al.

BACKGROUND

A myocardial infarction, or heart attack, typically occurs when blood flow to the heart decreases or stops (often as the result of plaque buildup in the coronary arteries) and causes damage to heart tissue. A STEMI is a form of myocardial infarction in which the blockage of a coronary artery is complete (as compared with an NSTEMI (non-ST elevation myocardial infarction), in which the artery is partially blocked). A STEMI is a severe form of heart attack and requires immediate medical intervention.

A stroke occurs when blood supply to a part of the brain is reduced or stopped. This prevents brain cells from receiving oxygen and nutrients, which can cause brain cell death. This can result in brain damage, long-term disabilities, and death.

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

The bill would have an indeterminate negative fiscal impact on the Department of Health and Human Services and no fiscal impact on local units of government. The DHHS would incur costs for staff or support provided to the advisory subcommittees. Members of the subcommittees would serve without compensation; however, they could be reimbursed for necessary travel and expenses consistent with current law, rules, and procedures subject to available funding.

The typical annual costs to support an advisory subcommittee can range from \$10,000 to \$200,000 depending on travel expenses and staff demands. As mentioned, the costs would be determined by demand and available funding within the DHHS; thus, there would be no anticipated need for additional funding.

The bill also would have an indeterminate negative fiscal impact on the DHHS associated with the development of rules for the implementation and operation of a proposed statewide system of care for time-sensitive emergencies. An explanation of the types of cost associated with the implementation process can be found in a white paper submitted to the State by the Bureau of EMS, Trauma & Preparedness in October 2020.¹ The fiscal year 2021-2022 Senate-passed DHHS budget included \$3.0 million for the implementation of a statewide system of care for time-sensitive emergencies. The \$3.0 million General Fund/General Purpose (GF/GP) appropriation consisted of \$1.5 million GF/GP for a stroke system of care and \$1.5 million GF/GP for a STEMI system of care.

Fiscal Analyst: Ellyn Ackerman

¹ Bureau of EMS, Trauma & Preparedness, "A Statewide System of Care for Time Sensitive Emergencies: The Integration of Stroke and STEMI Care into the Regional Trauma System", 10-7-2020, available at www.michigan.gov/documents/mdhhs/SOC_Whitepaper_Final_AB_10-7-20_EW_JS_704662_7.pdf.