State Budget Office
Office of Regulatory Reinvention
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REGULATORY IMPACT STATEMENT (RIS) and COST-BENEFIT ANALYSIS

PART 1: INTRODUCTION

In accordance with the Administrative Procedures Act (APA) [1969 PA 306], the department/agency responsible for promulgating the administrative rules must complete and submit this form electronically to the Office of Regulatory Reinvention (ORR) no less than (28) days before the public hearing [MCL 24.245(3)-(4)]. Submissions should be made by the department Regulatory Affairs Officer (RAO) to **orr@michigan.gov**. The ORR will review the form and send its response to the RAO (see last page). Upon review by the ORR, the agency shall make copies available to the public at the public hearing [MCL 24.245(4)].

Please place your cursor in each box, and answer the question completely.

ORR-assigned rule set number:

2016-062 HS

ORR rule set title:

Statewide Trauma System

Department:

Health and Human Services

Agency or Bureau/Division

Bureau of EMS, Trauma & Preparedness

Name and title of person completing this form; telephone number:

Eileen Worden 517.241.3020

Reviewed by Department Regulatory Affairs Officer:

Mary E. Brennan

PART 2: APPLICABLE SECTIONS OF THE APA

MCL 24.207a "Small business" defined.

Sec. 7a.
"Small business" means a business concern incorporated or doing business in this state, including the affiliates of the business concern, which is independently owned and operated and which employs fewer than 250 full-time employees or which has gross annual sales of less than $6,000,000.00."

MCL 24.240 Reducing disproportionate economic impact of rule on small business; applicability of section and MCL 24.245(3).

Sec. 40.
(1) When an agency proposes to adopt a rule that will apply to a small business and the rule will have a disproportionate impact on small businesses because of the size of those businesses, the agency shall consider exempting small businesses and, if not exempted, the agency proposing to adopt the rule shall reduce the economic impact of the rule on small businesses by doing all of the following when it is lawful and feasible in meeting the objectives of the act authorizing the promulgation of the rule:
(a) Identify and estimate the number of small businesses affected by the proposed rule and its probable effect on small businesses.
(b) Establish differing compliance or reporting requirements or timetables for small businesses under the rule after projecting the required reporting, record-keeping, and other administrative costs.
(c) Consolidate, simplify, or eliminate the compliance and reporting requirements for small businesses under the rule and identify the skills necessary to comply with the reporting requirements.
(d) Establish performance standards to replace design or operational standards required in the proposed rule.
(2) The factors described in subsection (1)(a) to (d) shall be specifically addressed in the small business impact statement required under section 45.
(3) In reducing the disproportionate economic impact on small business of a rule as provided in subsection (1), an agency shall use the following classifications of small business:
(a) 0-9 full-time employees.
(b) 10-49 full-time employees.
(c) 50-249 full-time employees.
(4) For purposes of subsection (3), an agency may include a small business with a greater number of full-time employees in a classification that applies to a business with fewer full-time employees.
(5) This section and section 45(3) do not apply to a rule that is required by federal law and that an agency promulgates without imposing standards more stringent than those required by the federal law.

MCL 24.245 (3) "Except for a rule promulgated under sections 33, 44, and 48, the agency shall prepare and include with the notice of transmittal a **regulatory impact statement** containing…" (information requested on the following pages).

[**Note**: Additional questions have been added to these statutorily-required questions to satisfy the **cost-benefit analysis** requirements of Executive Order 2011-5.]

MCL 24.245b Information to be posted on office of regulatory reinvention website.

Sec. 45b. (1) The office of regulatory reinvention shall post the following on its website within 2 business days after transmittal pursuant to section 45:
(a) The regulatory impact statement required under section 45(3).
(b) Instructions on any existing administrative remedies or appeals available to the public.
(c) Instructions regarding the method of complying with the rules, if available.
(d) Any rules filed with the secretary of state and the effective date of those rules.
(2) The office of regulatory reinvention shall facilitate linking the information posted under subsection (1) to the department or agency website.

PART 3: DEPARTMENT/AGENCY RESPONSE

Please place your cursor in each box, and provide the required information, using complete sentences. Please do not answer the question with "N/A" or "none."

Comparison of Rule(s) to Federal/State/Association Standards:

(1) Compare the proposed rule(s) to parallel federal rules or standards set by a state or national licensing agency or accreditation association, if any exist. Are these rule(s) required by state law or federal mandate? If these rule(s) exceed a federal standard, please identify the federal standard or citation, and describe why it is necessary that the proposed rule(s) exceed the federal standard or law, and specify the costs and benefits arising out of the deviation.

Although these rules are not mandated by federal law, the rules parallel standards found in the US Department of Health and Human Services document titled "Model Trauma System Planning and Evaluation". The rules also reflect national standards published by the American College of Surgeons-Committee on Trauma. These rules are mandated by the Michigan Public Health Code section 333.20910(1)(l).

(2) Compare the proposed rule(s) to standards in similarly situated states, based on geographic location, topography, natural resources, commonalities, or economic similarities. If the rule(s) exceed standards in those states, please explain why, and specify the costs and benefits arising out of the deviation.

These rules are similar to the rules of Minnesota and other states (such as Ohio and Indiana) that have adopted the American College of Surgeons – Committee on Trauma standards for the verification of hospital resources to provide trauma care for injured patients. Therefore, although similar, these rules do not exceed those of similar states and will not incur additional costs. Further, these rules provide an "in state" verification process for Level III and Level IV trauma hospitals that provide significant cost savings as compared to verification by the American College of Surgeons – Committee on Trauma. This in state verification process is especially beneficial to small hospitals and rural hospitals. This rule provides that every hospital may become a trauma facility at the level appropriate to the local community and the resources of the hospital. The rule does not require that a hospital become a trauma facility, but does require that local medical control authorities promulgate protocols to ensure that injured patients are taken to an appropriate trauma hospital whenever possible. The Rules establish a regionalized, coordinated and accountable trauma system that; makes the most efficient use of resources, establishes regional performance improvement plans to enhance patient care and outcomes, develops population based injury prevention and supports data driven decision making.

(3) Identify any laws, rules, and other legal requirements that may duplicate, overlap, or conflict with the proposed rule(s). Explain how the rule has been coordinated, to the extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter. This section should include a discussion of the efforts undertaken by the agency to avoid or minimize duplication.

This rule set was thoroughly reviewed by the Bureau, the Statewide Trauma Advisory Subcommittee and the Emergency Medical Service Coordination Committee, and has been revised to reduce overlap with the existing "Emergency Medical Services – Life Support Agency & Medical Control" rules. Unnecessary duplicative language has been removed from this rule and every effort has been made to focus the rule solely on the requirement of 333.20910(1)(l) for the current implementation and operation of a statewide trauma care system. A similar process was employed when the original version of these rules were promulgated and then adopted by the Secretary of State in 2009.

Purpose and Objectives of the Rule(s):

(4) Identify the behavior and frequency of behavior that the proposed rule(s) are designed to alter. Estimate the change in the frequency of the targeted behavior expected from the proposed rule(s). Describe the difference between current behavior/practice and desired behavior/practice. What is the desired outcome?

This rule is set forth to implement and operationalize an inclusive, regionalized, coordinated and accountable trauma system that includes all agencies and hospitals with the capability to care for an injured person. Trauma is the leading cause of death in people ages 1-44 in the nation and it accounts for 47% of all deaths in this age group. In Michigan, crash related deaths alone cost $1.04 billion per year. The overall goal of the statewide trauma system is to reduce the incidence and severity of injury as well as to improve health outcomes for those who are injured. The statewide trauma system is responsible for initiatives ranging from injury prevention, trauma response and transport, in-hospital trauma care, and rehabilitation. The goal is to reduce the incidence of traumatic injury, ensure that every injured person is taken to the most appropriate level of trauma hospital in the most timely manner possible, that the trauma facility is verified to have the appropriate resources to provide the designated level of care, to improve trauma care and system function through the analysis of data, the implementation of best practices, the commitment of performance improvement, and to support rehabilitation. The ultimate goal remains that the patient returns to his community, as closely as possible to his prior level of function and interaction in society. The current trauma system is approaching 3 years of operation and is beginning to address the goals of the trauma system, which are 1) to decrease the incidence and severity of injury; 2) to ensure optimal, equitable and accessible care for all persons sustaining traumatic injury; 3) to prevent unnecessary deaths and disabilities from trauma; 4) to contain costs while enhancing efficiency; 5) to implement quality and performance improvement of trauma care and; 6) to ensure designated hospitals have the appropriate resources to meet the needs of the injured. As the system matures, this rule will serve to reduce the variation in trauma care quality across the state and within each trauma region, and operationalizes a regionalized, coordinated and accountable system of care for the injured in Michigan.

(5) Identify the harm resulting from the behavior that the proposed rule(s) are designed to alter and the likelihood that the harm will occur in the absence of the rule. What is the rationale for changing the rule(s) and not leaving them as currently written?

Without this rule, it is likely that the number and costs of traumatic injury will increase and the number of traumatic deaths and disabilities will increase. The system would be siloed, redundancies continued, data collection inconsistent with limited or no sharing, initiatives driven by anecdote. The rule organizes a system that provides a continuum of care for injured persons that enhances the opportunity for the best outcomes, the greatest chance of survival without disability. The lack of a rule would result in unorganized and ineffective trauma care. This rule enhances the ability of the state to manage and coordinate trauma system development through collaboration with regional and local health care systems and providers to standardize trauma care. The rule supports evidence-based and data-driven quality and performance improvement through assessing, planning, coordinating, monitoring in order to ensure optimal care. The rules as currently written require evaluation of data that is unavailable within state data systems, makes reference to rules that are non-existent, duplicate performance improvement initiatives that are already required and reference out-of-date standards.

(6) Describe how the proposed rule(s) protect the health, safety, and welfare of Michigan citizens while promoting a regulatory environment in Michigan that is the least burdensome alternative for those required to comply.

This rule implements a comprehensive, all-inclusive, multi-disciplinary system of trauma care intended to

provide for a seamless system of health care delivery in which all healthcare providers function in pre-planned concert with each other. The trauma system is a partnership between public and private entities to address injury as a public health function with common interests and interdependent goals. These rules represent the minimum standards needed to implement and operationalize the trauma system. Although the system is all-inclusive, allowing each hospital to determine the resources it wants to devote to trauma care, participation is not mandatory. Those hospitals wishing to participate must only meet the minimum national standards required for verification and designation. Those hospitals that do not want to participate are not addressed in this rule and have no participatory or reporting requirements; but, these hospitals may participate in the future should they decide to dedicate the resources required.

(7) Describe any rules in the affected rule set that are obsolete, unnecessary, and can be rescinded.

All rules that were duplicative, obsolete and unnecessary were carefully eliminated in this revision after input from stakeholders and partners.

Fiscal Impact on the Agency:

Fiscal impact is an increase or decrease in expenditures from the current level of expenditures, i.e. hiring additional staff, an increase in the cost of a contract, programming costs, changes in reimbursement rates, etc. over and above what is currently expended for that function. It would not include more intangible costs or benefits, such as opportunity costs, the value of time saved or lost, etc., unless those issues result in a measurable impact on expenditures.

(8) Please provide the fiscal impact on the agency (an estimate of the cost of rule imposition or potential savings on the agency promulgating the rule).

This rule revision clarifies and removes outdated language, thus not holding MDHHS accountable to requirements that cannot be met, and thereby reducing exposure to costly corrections. The appropriated funding for the system is adequate to meet system needs.

(9) Describe whether or not an agency appropriation has been made or a funding source provided for any expenditures associated with the proposed rule(s).

The Crime Victim's Rights Services Act 196 of 1989, 780.904 (2) (3) provides funding for the trauma system

(10) Describe how the proposed rule(s) is necessary and suitable to accomplish its purpose, in relationship to the burden(s) it places on individuals. Burdens may include fiscal or administrative burdens, or duplicative acts. So despite the identified burden(s), identify how the requirements in the rule(s) are still needed and reasonable compared to the burdens.

The rule seeks to accomplish its purpose through planning, coordination, cooperation and improved performance of trauma care providers. The rule provides the necessary framework for collaboration and partnership of public and private healthcare entities. Those hospitals that choose to be state designated trauma centers incur no additional fiscal or administrative burdens than is currently required under American College of Surgeons – Committee on Trauma verification requirements. The main administrative burden for hospitals will consist of the effort it takes to assess and ensure that the facility actually has the resources required to deliver trauma care at the level described, as well as the expected quality improvement initiatives needed to improve care. As of this writing there are more than 165,000 trauma incidents in the state trauma registry and 84% of Michigan's acute care facilities are reporting data. Clearly the trauma community has embraced and is actively participating in the system. Lessons learned from trauma system and program development can be used to inform a variety of service lines.

Active engagement in performance improvement and data driven change can be used to address all aspects of healthcare delivery. Trauma healthcare professionals can lead the way by sharing best practices, thereby enhancing the healthcare delivery system in Michigan.

Impact on Other State or Local Governmental Units:

(11) Estimate any increase or decrease in revenues to other state or local governmental units (i.e. cities, counties, school districts) as a result of the rule. Estimate the cost increases or reductions on other state or local governmental units (i.e. cities, counties, school districts) as a result of the rule. Please include the cost of equipment, supplies, labor, and increased administrative costs, in both the initial imposition of the rule and any ongoing monitoring.

There are no expected increases or decreases in revenues to state or local governments resulting from this rule.

(12) Discuss any program, service, duty or responsibility imposed upon any city, county, town, village, or school district by the rule(s). Describe any actions that governmental units must take to be in compliance with the rule(s). This section should include items such as record keeping and reporting requirements or changing operational practices.

There are no programs, duties or responsibilities imposed on city, county, town, village or school district resulting from this rule.

(13) Describe whether or not an appropriation to state or local governmental units has been made or a funding source provided for any additional expenditures associated with the proposed rule(s).

See section 9 for explanation of funding of this system.

Rural Impact:

(14) In general, what impact will the rules have on rural areas? Describe the types of public or private interests in rural areas that will be affected by the rule(s).

Public and private healthcare providers in rural areas will be provided the opportunity to fully participate in the system regionally, as well as in educational opportunities provided by the department, also the formal Regional Professional Standards Review Committee provides a confidential forum to discuss patient care, follow up and mentoring. Rural residents will experience improved outcomes from standardization of trauma care, quality improvements and cooperative relationships among providers.

Environmental Impact:

(15) Do the proposed rule(s) have any impact on the environment? If yes, please explain.

This rule has no impact on the environment.

Small Business Impact Statement:

[Please refer to the discussion of "small business" on page 2 of this form.]

(16) Describe whether and how the agency considered exempting small businesses from the proposed rules.

Small businesses, small hospitals, are not required to participate in the trauma system; those not participating as trauma care facilities are exempted from this rule. Those small hospital businesses that

do participate will receive support from the state (free registry/ verification review)

(17) If small businesses are not exempt, describe (a) the manner in which the agency reduced the economic impact of the proposed rule(s) on small businesses, including a detailed recitation of the efforts of the agency to comply with the mandate to reduce the disproportionate impact of the rule(s) upon small businesses as described below (in accordance with MCL 24.240(1)(A-D)), or (b) the reasons such a reduction was not lawful or feasible.

Small hospitals (Level III and Level IV) that choose to participate in the trauma system are provided the opportunity to have their trauma care resources verified by a no cost “in state” process that is supported in part by the larger, higher level, trauma care facilities who supply content expertise. The “in state” process outlined in the rule requires that small hospitals meet the same national standards (American College of Surgeons – Committee on Trauma), but that these hospitals not be charged for the “in state” verification process.

(A) Identify and estimate the number of small businesses affected by the proposed rule(s) and the probable effect on small business.

An estimated 70-90 small hospitals may be affected by the proposed rule. The most probable effect for those hospitals that choose to participate is an improvement in the quality of trauma care they deliver within their communities.

(B) Describe how the agency established differing compliance or reporting requirements or timetables for small businesses under the rule after projecting the required reporting, record-keeping, and other administrative costs.

As a part of the rule, small hospitals can attain Level III or Level IV trauma facility designation through a no cost “in state” resource verification process that utilizes department staff and volunteer reviewers from larger Level I and Level II trauma facilities.

(C) Describe how the agency consolidated or simplified the compliance and reporting requirements and identify the skills necessary to comply with the reporting requirements.

As a part of the rule, trauma centers are only required to submit National Trauma Data Base data to the state trauma registry, data which is already required for verification by the American College of Surgeons – Committee on Trauma. In addition, the department accepts the American College of Surgeons – Committee on Trauma verification process for state designation and does not require any additional reporting.

(D) Describe how the agency established performance standards to replace design or operation standards required by the proposed rules.

The department reviewed the data available within the required reports in order to establish performance improvement standards in the rule. Performance standards that were not measurable within the reporting requirements were eliminated. All of the performance and operation standards in the rule were reviewed, revised and approved by the Statewide Trauma Advisory Subcommittee and the Emergency Medical Services Coordination Committee.

(18) Identify any disproportionate impact the proposed rule(s) may have on small businesses because of their size or geographic location.

Hospitals are not required to become trauma facilities; those that choose not to participate will not routinely receive severely injured patients, which may be perceived as a potential loss of revenue. Small hospitals that choose to participate may incur some additional expense in obtaining, maintaining and verifying the resources required to treat severely injured patients. Some of this expense is offset by the ability to recover additional reimbursements as a trauma facility.

(19) Identify the nature of any report and the estimated cost of its preparation by small business required to comply with the proposed rule(s).

All trauma facilities, large and small, are required to prepare documents that attest to the status of their trauma resources prior to the verification review every three years. The cost of preparing the attestation documents is individual to each hospital and depends on the gap between their perceived resources and the actual trauma resources they possess. The greatest cost for document preparation will be associated with initial verification period; re-verification in the subsequent three years will consist of updating the initial documents. Any small hospital that chooses to participate in the trauma system will incur some cost for patient documentation in the trauma registry; this cost is incremental and depends on the number of patients the hospital treats.

(20) Analyze the costs of compliance for all small businesses affected by the proposed rule(s), including costs of equipment, supplies, labor, and increased administrative costs.

This cost will be individual to each hospital and will reflect its current readiness status to care for severely injured patients, and is also dependent upon the number of trauma patients the hospital treats.

(21) Identify the nature and estimated cost of any legal, consulting, or accounting services that small businesses would incur in complying with the proposed rule(s).

Small hospitals need not incur any costs for legal, consultative or accounting services resulting from this rule.

(22) Estimate the ability of small businesses to absorb the costs without suffering economic harm and without adversely affecting competition in the marketplace.

There is a potential for economic harm to a small hospital that chooses not to participate in the trauma system because most trauma patients will be transported by ambulance to a designated trauma hospital. Small hospitals that choose to participate in the trauma system will incur some extra costs for compliance that are potentially offset by increased reimbursements for trauma services. Conversely, caring for an injured patient who requires resources beyond a facility’s ability to provide can be economically harmful especially if the outcome is unfavorable.

(23) Estimate the cost, if any, to the agency of administering or enforcing a rule that exempts or sets lesser standards for compliance by small businesses.

This rule does not contain exemptions or lesser standards for small hospitals. The hospital makes a self-determination of the level of resources it is able to provide and is designated at the appropriate level when those resources are independently verified.

(24) Identify the impact on the public interest of exempting or setting lesser standards of compliance for small businesses.

The purpose of the rule is to establish a standard for the required resources at each level of trauma center designation. Setting a lesser standard or exemption for small hospitals would negate the reliability of the resource standards and would jeopardize public safety and public health.

(25) Describe whether and how the agency has involved small businesses in the development of the proposed rule(s). If small business was involved in the development of the rule(s), please identify the business(es).

Both the Emergency Medical Services Coordination Committee and the Statewide Trauma Advisory Subcommittee were involved in the development of this rule. Both bodies are established in the Public

Health Code, including their representative memberships. The members include the Michigan Hospital Association; Michigan College of Emergency Physicians; the Michigan Association of Ambulance Services; the Michigan Fire Chief's Association; the Society of Michigan Emergency Medical Services Instructor-Coordinators; the Michigan Association of Emergency Medical Technicians; the Michigan Association of Air Medical Services; the Michigan Association of Emergency Medical Services Systems; Labor organizations; each of these organizations has one representative from a county with a population less than 100,000 in order to include rural populations. These rural areas are the most likely to have a small hospital affected by this rule. In addition, the committee has a consumer and a municipal representative from a government in a county with a population of less than 100,000.The representation of the Statewide Trauma Advisory Subcommittee consists of trauma surgeons that are currently trauma center directors; a trauma nurse coordinator; a trauma registrar; an emergency physician; a hospital administrator from a trauma Level I or Level II trauma center and a hospital administrator from a non-Level I or non- Level II trauma center; a life support agency manager; a medical control authority from a rural county and a medical control authority medical director from a non-rural county. These two broad-based groups representing rural and non-rural businesses were involved in the development of this rule.

Cost-Benefit Analysis of Rules (independent of statutory impact):

(26) Estimate the actual statewide compliance costs of the rule amendments on businesses or groups. Identify the businesses or groups who will be directly affected by, bear the cost of, or directly benefit from the proposed rule(s). What additional costs will be imposed on businesses and other groups as a result of these proposed rules (i.e. new equipment, supplies, labor, accounting, or recordkeeping)? Please identify the types and number of businesses and groups. Be sure to quantify how each entity will be affected.

Participation in the trauma system is voluntary, therefore there are no mandated costs. For participants, additional costs for trauma patient data entry may be incurred. Hospitals volunteering to be designated as trauma facilities will incur other equipment and staffing costs based upon gaps between existing resources and resources required for trauma center verification. These potential costs will also depend upon the chosen level of trauma center designation pursued.

(27) Estimate the actual statewide compliance costs of the proposed rule(s) on individuals (regulated individuals or the public). Please include the costs of education, training, application fees, examination fees, license fees, new equipment, supplies, labor, accounting, or recordkeeping). How many and what category of individuals will be affected by the rules? What qualitative and quantitative impact does the proposed change in rule(s) have on these individuals?

There are no individuals, only entities, regulated by the rule. The potential costs for these entities may be offset by increased rates of reimbursement for trauma care at designated trauma facilities. The public, as represented by trauma patients, will qualitatively and quantitatively benefit from being transported by ambulance to the closest, most appropriate trauma facility based upon a standardized physiological, anatomical and mechanistic assessment of injury.

(28) Quantify any cost reductions to businesses, individuals, groups of individuals, or governmental units as a result of the proposed rule(s).

Although costs may not be reduced by the rule, compliance with state trauma designation criteria may result in increased reimbursement.

(29) Estimate the primary and direct benefits and any secondary or indirect benefits of the proposed rule(s). Please provide both quantitative and qualitative information, as well as your assumptions.

Trauma is the leading cause of deaths for ages 1-44; this age group of Michigan residents has the largest loss of productive years. “In 2012, trauma related condition were the most costly for adults ages 18-64, accounting for 56.7 billion in health care expenditures; across all ages, trauma related conditions consistently ranked among the top four most costly conditions” (*A National Trauma Care System Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury, 2016 National Academies of Sciences, Engineering, Medicine*. The intended benefit of the rule is to decrease mortality and morbidity related to traumatic injury by establishing and maintaining a system of care for the injured in Michigan that is dynamic, that evolves in response to lessons learned, and that changes with shifts in population and demographics.

(30) Explain how the proposed rule(s) will impact business growth and job creation (or elimination) in Michigan.

Michigan residents, employers and visitors to the state expect to receive the kind of care that a regionalized, coordinated, and accountable trauma system can provide. While the rule is not anticipated to affect business growth or job creation, regulated trauma care is an expectation of public service. The intent is to utilize existing resources in a more effective and efficient system of trauma care with decreased redundancy.

(31) Identify any individuals or businesses who will be disproportionately affected by the rules as a result of their industrial sector, segment of the public, business size, or geographic location.

Theoretically, very small hospitals in rural areas may have more challenges assembling the required resources for trauma facility verification than larger urban hospitals. However, mergers and acquisitions have the potential to allow these facilities access to greater resources.

(32) Identify the sources the agency relied upon in compiling the regulatory impact statement, including the methodology utilized in determining the existence and extent of the impact of a proposed rule(s) and a cost-benefit analysis of the proposed rule(s). How were estimates made, and what were your assumptions? Include internal and external sources, published reports, information provided by associations or organizations, etc., which demonstrate a need for the proposed rule(s).

The Michigan Public Health Code and documents from the American College of Surgeons – Committee on Trauma and the United States Department of Health and Human Services were used to compile this statement. Estimates and assumptions were based upon the past three years of experience operationalizing the rule.

- *Resources for the Optimal Care of the Injured Patient, 2014 American College of Surgeons-Committee on Trauma*
- *Model Trauma System Planning and Evaluation, 2006 U.S. Department of Health and Human Services*
- *A National Trauma Care System Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury, 2016 National Academies of Sciences, Engineering, Medicine*
- Michigan EMS and Trauma Division 2014 Fact Sheet, Michigan Department of Community Health

Alternatives to Regulation:

(33) Identify any reasonable alternatives to the proposed rule(s) that would achieve the same or similar goals. In enumerating your alternatives, please include any statutory amendments that may be necessary to achieve such alternatives.

There are no perceived reasonable alternatives to the proposed rule.

(34) Discuss the feasibility of establishing a regulatory program similar to that proposed in the rule(s) that would operate through private market-based mechanisms. Please include a discussion of private market-based systems utilized by other states.

Private market-based business systems are not utilized by states to implement a coordinated, state-wide trauma system. Both the American College of Surgeons – Committee on Trauma and the United States Department of Health and Human Service recommend focused efforts by states to coordinate trauma systems.

(35) Discuss all significant alternatives the agency considered during rule development and why they were not incorporated into the rule(s). This section should include ideas considered both during internal discussions and discussions with stakeholders, affected parties, or advisory groups.

The Public Health Code directs the department to develop a statewide trauma system. The department, the Emergency Medical Services Coordination Committee and the Michigan Trauma Coalition participated in the discussions leading to this rule and collaborated in the development of the rule and this subsequent revision.

Additional Information

(36) As required by MCL 24.245b(1)(c), please describe any instructions regarding the method of complying with the rules, if applicable.

Initially, rule promulgation authority pursuant to MCL 333.20910(1)(l) required rules to be developed consistent with the document entitled "Michigan Trauma Systems Plan" that was prepared by the Michigan trauma coalition in November 2003. Since development and implementation of the rules pursuant to that Plan, policies and guidance documents have also been created to compliment the rule language to ensure compliance with the rules and statutory mandates.

PART 4: REVIEW BY THE ORR

Date Regulatory Impact Statement (RIS) received:

Date RIS approved:	
ORR assigned rule set number:	

Date of disapproval:	Explain:
More information needed:	Explain: