

HOUSE BILL No. 5180

September 26, 1991, Introduced by Reps. Bennane, Rocca, Gire, Barns, Hunter, DeMars, Yokich, Varga and Gubow and referred to the Committee on Public Health.

A bill to amend section 22215 of Act No. 368 of the Public Acts of 1978, entitled as amended

"Public health code,"

as added by Act No. 332 of the Public Acts of 1988, being section 333.22215 of the Michigan Compiled Laws; and to add part 211.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Section 1. Section 22215 of Act No. 368 of the Public Acts
2 of 1978, as added by Act No. 332 of the Public Acts of 1988,
3 being section 333.22215 of the Michigan Compiled Laws, is amended
4 and part 211 is added to read as follows:

PART 211

5
6 SEC. 21101. (1) FOR PURPOSES OF THIS PART, THE WORDS AND
7 PHRASES DEFINED IN SECTIONS 21103 TO 21107 HAVE THE MEANINGS
8 ASCRIBED TO THEM IN THOSE SECTIONS.

1 (2) IN ADDITION, ARTICLE I CONTAINS GENERAL DEFINITIONS AND
2 PRINCIPLES OF CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS
3 CODE, AND PARTS 201 AND 209 CONTAIN DEFINITIONS APPLICABLE TO
4 THIS PART.

5 SEC. 21103. (1) "AMBULANCE OPERATION" MEANS THAT TERM AS
6 DEFINED IN SECTION 20902.

7 (2) "COMMISSION" MEANS THE CERTIFICATE OF NEED COMMISSION
8 CREATED UNDER SECTION 22211.

9 (3) "DESIGNATED" MEANS A DEPARTMENT CERTIFIED TRAUMA CARE
10 SYSTEM PARTICIPANT THAT COMPLIES WITH RULES OF THE DEPARTMENT.

11 (4) "EMS" MEANS EMERGENCY MEDICAL SYSTEMS.

12 (5) "EMS-TRAUMA CARE SYSTEMS TRUST FUND" OR "FUND" MEANS THE
13 FUND CREATED IN SECTION 21133 FOR THE ESTABLISHMENT, EXPANSION,
14 MAINTENANCE, EVALUATION, AND IMPROVEMENT OF STATE EMS AND TRAUMA
15 CARE SYSTEMS.

16 (6) "LEVEL I TRAUMA SERVICE, LEVEL II TRAUMA SERVICE, AND
17 LEVEL III TRAUMA SERVICE" MEANS THOSE TERMS AS DEFINED BY RULE OF
18 THE DEPARTMENT.

19 (7) "MEDICAL CONTROL AUTHORITY" MEANS AN ORGANIZATION DESIG-
20 NATED BY THE DEPARTMENT UNDER SECTION 20910(1)(K) TO PROVIDE MED-
21 ICAL CONTROL.

22 (8) "MEDICAL FIRST RESPONSE SERVICE" MEANS THAT TERM AS
23 DEFINED IN SECTION 20906.

24 SEC. 21105. (1) "PATIENT TRIAGE SCORE" IS THE RESULT OF A
25 DEPARTMENT APPROVED STANDARDIZED MEASURE ESTABLISHED BY DEPART-
26 MENT RULE TO EVALUATE THE SEVERITY OF THE ANATOMIC INJURIES,
27 PHYSIOLOGIC PARAMETERS, AND MECHANISM OF A TRAUMA PATIENT'S

1 INJURY FOR THE PURPOSE OF MAKING TRAUMA PATIENT TRIAGE AND
2 DESTINATION DECISIONS.

3 (2) "PERSON" MEANS THAT TERM AS DEFINED IN SECTION 20908..

4 (3) "PROTOCOL" MEANS THAT TERM AS DEFINED IN SECTION 20908.

5 (4) "REGIONAL TRAUMA CARE AUTHORITY" MEANS A MEDICAL CONTROL
6 AUTHORITY OR DESIGNATED GROUP OF MEDICAL CONTROL AUTHORITIES
7 RESPONSIBLE FOR THE PLANNING, ESTABLISHMENT, ADMINISTRATION, AND
8 MAINTENANCE OF A TRAUMA CARE SYSTEM WITHIN A REGIONAL TRAUMA CARE
9 AUTHORITY DISTRICT.

10 (5) "REGIONAL TRAUMA CARE AUTHORITY DISTRICT" OR "DISTRICT"
11 MEANS A REGION WITHIN THOSE GEOGRAPHIC BOUNDARIES ESTABLISHED BY
12 THE DEPARTMENT FOR 1 OR MORE MEDICAL CONTROL AUTHORITIES TO ACT
13 AS A REGIONAL TRAUMA CARE AUTHORITY.

14 (6) "REVIEW ENTITY" MEANS THAT TERM AS DEFINED IN SECTION 1
15 OF ACT NO. 270 OF THE PUBLIC ACTS OF 1967, BEING SECTION 331.531
16 OF THE MICHIGAN COMPILED LAWS.

17 SEC. 21107. (1) "TASK FORCE" MEANS THE STATE TRAUMA CARE
18 SYSTEMS TASK FORCE CREATED IN SECTION 21109.

19 (2) "TRAUMA CARE SYSTEM" MEANS A FORMALLY ORGANIZED NETWORK
20 OF HEALTH CARE SERVICES, PERSONNEL, AND FACILITIES, INCLUDING
21 TRAUMA SERVICES, TRAUMA SPECIALTY SERVICES, TRAUMA REHABILITATIVE
22 CENTERS, EMERGENCY MEDICAL SERVICE AGENCIES, COMMUNICATIONS, AND
23 EQUIPMENT WITHIN A REGIONAL TRAUMA CARE AUTHORITY DISTRICT THAT
24 DOES EACH OF THE FOLLOWING:

25 (A) MAINTAINS THE AVAILABILITY OF TRAUMA MEDICAL CARE ON A
26 CONTINUOUS BASIS.

1 (B) PROVIDES FOR THE TRANSPORT OF A TRAUMA PATIENT TO A
2 TRAUMA REHABILITATIVE CENTER OR TRAUMA SPECIALTY CENTER IN
3 ACCORDANCE WITH REGIONAL TRAUMA CARE AUTHORITY PROTOCOLS AND THIS
4 ACT.

5 (3) "TRAUMA DATA BASE" MEANS A REGIONAL TRAUMA CARE
6 AUTHORITY'S SYSTEMATIC COMPILATION OF TRAUMA PATIENT MEDICAL DATA
7 ESTABLISHED PURSUANT TO SECTION 21129.

8 (4) "TRAUMA PATIENT" MEANS AN INDIVIDUAL WHO HAS SUSTAINED A
9 LIFE THREATENING SINGLE OR MULTIPLE INJURY FROM BLUNT OR PENE-
10 TRATING TRAUMA AND WHOSE PATIENT TRIAGE SCORE PLACES THAT INDI-
11 VIDUAL AT IMMINENT RISK OF MORTALITY OR MORBIDITY.

12 (5) "TRAUMA REHABILITATIVE CENTER" MEANS A HEALTH FACILITY
13 OR AGENCY THAT IS FUNCTIONING UNDER A DEPARTMENT APPROVED
14 REGIONAL TRAUMA CARE AUTHORITY AND IS EQUIPPED AND STAFFED TO
15 PROVIDE PHYSICAL THERAPY, REHABILITATION SERVICES, OR CONVALES-
16 CENT CARE TO TRAUMA PATIENTS.

17 (6) "TRAUMA SERVICE" MEANS A DESIGNATED SERVICE WITHIN 1 OR
18 MORE DEPARTMENT LICENSED GENERAL ACUTE CARE HOSPITALS WITHIN A
19 REGIONAL TRAUMA CARE AUTHORITY.

20 (7) "TRAUMA SPECIALTY CENTER" MEANS A HEALTH FACILITY OR
21 AGENCY THAT IS FUNCTIONING UNDER A DEPARTMENT APPROVED REGIONAL
22 TRAUMA CARE AUTHORITY AND IS EQUIPPED AND STAFFED TO PROVIDE SPE-
23 CIALIZED PROCEDURES FOR TRAUMA PATIENT CARE AND TREATMENT
24 APPROVED BY THE DEPARTMENT.

25 (8) "VEHICLE" MEANS THAT TERM AS DEFINED IN SECTION 79 OF
26 THE MICHIGAN VEHICLE CODE, ACT NO. 300 OF THE PUBLIC ACTS OF
27 1949, BEING SECTION 257.79 OF THE MICHIGAN COMPILED LAWS.

1 SEC. 21109. (1) THE STATE TRAUMA CARE SYSTEMS TASK FORCE IS
2 CREATED WITHIN THE DEPARTMENT. WITH THE CONCURRENCE OF THE
3 DEPARTMENT, THE STATE EMERGENCY MEDICAL SERVICES COORDINATION
4 COMMITTEE, CREATED UNDER SECTION 20915, SHALL APPOINT THE
5 15 MEMBERS OF THE STATE TRAUMA CARE SYSTEMS TASK FORCE AS
6 FOLLOWS:

7 (A) TWO REPRESENTATIVES OF THE MICHIGAN CHAPTER OF THE
8 AMERICAN COLLEGE OF SURGEONS.

9 (B) TWO REPRESENTATIVES OF THE MICHIGAN CHAPTER OF THE
10 AMERICAN COLLEGE OF EMERGENCY PHYSICIANS.

11 (C) TWO REPRESENTATIVES OF THE MICHIGAN HOSPITAL
12 ASSOCIATION.

13 (D) THREE REPRESENTATIVES OF THE STATE EMERGENCY MEDICAL
14 SERVICES COORDINATION COMMITTEE, 2 OF WHOM SHALL BE EMERGENCY
15 MEDICAL TECHNICIANS AND 1 OF WHOM SHALL BE AN EMERGENCY NURSE.

16 (E) ONE REPRESENTATIVE OF THE MICHIGAN ASSOCIATION OF EMER-
17 GENCY MEDICAL TECHNICIANS.

18 (F) ONE REPRESENTATIVE OF THE MICHIGAN EMERGENCY MEDICAL
19 SERVICES TECHNICIAN-INSTRUCTOR COORDINATORS.

20 (G) ONE REPRESENTATIVE OF THE OFFICE OF HIGHWAY SAFETY AND
21 PLANNING IN THE DEPARTMENT OF STATE POLICE.

22 (H) ONE REPRESENTATIVE OF THE MICHIGAN EMERGENCY NURSES
23 ASSOCIATION.

24 (I) ONE REPRESENTATIVE OF THE MICHIGAN ASSOCIATION OF AMBU-
25 LANCE SERVICES.

26 (J) ONE REPRESENTATIVE OF THE MICHIGAN FIRE CHIEFS
27 ASSOCIATION.

1 (2) THE TASK FORCE SHALL MEET AT THE REQUEST OF THE DIRECTOR
2 AND SHALL DO EACH OF THE FOLLOWING:

3 (A) PROVIDE ADVICE TO THE DEPARTMENT ON THE IMPLEMENTATION
4 OF THIS PART.

5 (B) APPROVE OR REJECT THE TRAUMA DEMONSTRATION PROJECTS
6 IDENTIFIED IN SECTION 21113.

7 (C) APPROVE OR REJECT THE FIRST DESIGNATION OF EACH REGIONAL
8 TRAUMA CARE AUTHORITY.

9 (3) THE TASK FORCE SHALL REPORT ITS DECISIONS, FINDINGS, AND
10 RECOMMENDATIONS TO THE STATE EMERGENCY MEDICAL SERVICES COORDINA-
11 TION COMMITTEE AND TO THE DEPARTMENT.

12 SEC. 21111. (1) THE DEPARTMENT SHALL ESTABLISH REGIONAL
13 TRAUMA CARE AUTHORITY DISTRICTS THROUGHOUT THE STATE, AND BASE
14 THE ESTABLISHMENT OF EACH UPON THE FOLLOWING CRITERIA:

15 (A) MEDICAL CONTROL AUTHORITY BOUNDARIES.

16 (B) GEOGRAPHICAL CONSIDERATIONS AND THE NEED FOR RAPID
17 ACCESS TO AND TRANSPORT OF TRAUMA PATIENTS.

18 (C) HISTORICAL PATTERNS OF PATIENT REFERRAL AND TRANSFER
19 WITHIN A DEFINED AREA.

20 (D) INVENTORIES OF AVAILABLE TRAUMA CARE RESOURCES.

21 (E) POTENTIAL ECONOMIC AND POPULATION GROWTH.

22 (F) GROUND, AIR, AND WATER TRANSPORTATION CAPABILITIES.

23 (G) GROUND, AIR, AND WATER TRAVEL TIMES.

24 (H) OTHER CRITERIA THAT THE DEPARTMENT MAY DEVELOP.

25 (2) THE DEPARTMENT SHALL PROMULGATE RULES NECESSARY TO
26 IMPLEMENT THIS PART. RULES PROMULGATED PURSUANT TO THIS SECTION
27 SHALL INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1 (A) RULES FOR DESIGNATION OF A CERTIFIED TRAUMA CARE
2 PARTICIPANT, BASED UPON THOSE STANDARDS ESTABLISHED BY THE AMERI-
3 CAN COLLEGE OF SURGEONS AND THE AMERICAN COLLEGE OF EMERGENCY
4 PHYSICIANS THAT ARE APPROVED BY THE DEPARTMENT.

5 (B) RULES THAT DEFINE LEVEL I TRAUMA SERVICE, LEVEL II
6 TRAUMA SERVICE, AND LEVEL III TRAUMA SERVICE, SUBSTANTIALLY BASED
7 UPON THOSE DEFINITIONS OF THE AMERICAN COLLEGE OF SURGEONS AND
8 THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS THAT ARE APPROVED BY
9 THE DEPARTMENT.

10 (C) RULES GOVERNING STANDARDS AND PROCEDURES OF A LEVEL I
11 TRAUMA SERVICE, A LEVEL II TRAUMA SERVICE, AND A LEVEL III TRAUMA
12 SERVICE.

13 SEC. 21113. (1) BEFORE THE STATEWIDE IMPLEMENTATION OF THIS
14 ACT, THE DEPARTMENT SHALL SELECT FOR DEMONSTRATION PURPOSES NOT
15 LESS THAN 3 REGIONAL TRAUMA CARE AUTHORITY PILOT PROJECTS FROM
16 THOSE REGIONAL TRAUMA CARE AUTHORITY DISTRICTS THAT DO EACH OF
17 THE FOLLOWING:

18 (A) APPLY TO THE DEPARTMENT FOR DESIGNATION AS A REGIONAL
19 TRAUMA CARE AUTHORITY PILOT PROJECT WITHIN 6 MONTHS AFTER THE
20 EFFECTIVE DATE OF THIS PART.

21 (B) ESTABLISH THAT NOT LESS THAN 50% OF ALL LICENSED HOSPI-
22 TALS PROVIDING EMERGENCY MEDICAL SERVICES WITHIN THE APPLYING
23 DISTRICT CONSENT TO PARTICIPATION IN THE REGIONAL TRAUMA CARE
24 AUTHORITY PILOT PROJECT.

25 (2) EACH REGIONAL TRAUMA CARE AUTHORITY PILOT PROJECT PAR-
26 TICIPANT SHALL COMPLY WITH THIS PART IN THE SAME MANNER AS A

1 PERMANENT TRAUMA CARE AUTHORITY DESIGNATED BY THE DEPARTMENT AND
2 ESTABLISHED PURSUANT TO THIS PART.

3 (3) THE DEPARTMENT SHALL REPORT TO THE LEGISLATURE AND THE
4 GOVERNOR ON THE EFFECTIVENESS AND EFFICIENCY OF THE PILOT
5 PROJECTS AND PROVIDE RECOMMENDATIONS REGARDING STATEWIDE IMPL-
6 MENTATION WITHIN 24 MONTHS AFTER THE EFFECTIVE DATE OF THIS
7 PART.

8 (4) THE DEPARTMENT MAY AWARD EMS-TRAUMA CARE SYSTEMS TRUST
9 FUNDS TO SUPPORT THE PILOT PROJECTS, BUT SHALL NOT AWARD
10 EMS-TRAUMA CARE SYSTEMS TRUST FUNDS TO OFFSET INDIVIDUAL PATIENT
11 CARE ACCOUNTS.

12 SEC. 21115. (1) AFTER THE REGIONAL TRAUMA CARE AUTHORITY
13 PILOT PROJECTS CREATED PURSUANT TO SECTION 21113 ARE COMPLETED,
14 AND NO LATER THAN 24 MONTHS AFTER THE EFFECTIVE DATE OF THIS
15 PART, EACH REGIONAL TRAUMA CARE AUTHORITY MAY SUBMIT TO THE
16 DEPARTMENT AN APPLICATION FOR THE DESIGNATION OF A TRAUMA CARE
17 SYSTEM WITHIN THAT REGIONAL TRAUMA CARE AUTHORITY'S DISTRICT. AT
18 OR BEFORE THE TIME OF APPLICATION, A REGIONAL TRAUMA CARE AUTHOR-
19 ITY SHALL DO EACH OF THE FOLLOWING:

20 (A) PROVIDE FOR AN INDEPENDENT REVIEW OF THE QUALIFICATIONS
21 OF EACH HEALTH FACILITY OR AGENCY PROPOSED TO PARTICIPATE AS A
22 TRAUMA SERVICE, TRAUMA SPECIALTY CENTER, OR TRAUMA REHABILITATIVE
23 CENTER IN THE REGIONAL TRAUMA CARE DISTRICT, AND VERIFY THE QUAL-
24 IFICATIONS OF EACH.

25 (B) ESTABLISH ZONES AND COORDINATE THE DISPATCHING OF AIR
26 TRANSPORT AND AIR AMBULANCES TO EXPEDITE THE RESPONSE TO AND
27 TRANSPORT OF TRAUMA PATIENTS.

1 (2) AN APPLICATION FOR DESIGNATION OF A TRAUMA CARE SYSTEM
2 SHALL BE ON A FORM PROVIDED BY THE DEPARTMENT, AND SHALL SPECIFY
3 AT LEAST EACH OF THE FOLLOWING:

4 (A) THE ORGANIZATIONAL STRUCTURE OF THE REGIONAL TRAUMA CARE
5 AUTHORITY.

6 (B) TRAUMA CARE PROTOCOLS, PROCEDURES, AND GUIDELINES FOR
7 TRAUMA PATIENT TREATMENT, TRIAGE, AND TRANSPORTATION PRIOR TO
8 TRAUMA PATIENT HOSPITALIZATION.

9 (C) TRAUMA PATIENT FLOW PATTERNS.

10 (D) TRANSPORTATION SYSTEM DESIGN AND TRANSPORTATION
11 RESOURCES UPON WHICH THE TRAUMA CARE SYSTEM WILL RELY,
12 INCLUDING:

13 (i) DESIGN AND RESOURCES FOR AIR AND WATER TRANSPORTATION
14 SERVICES.

15 (ii) PROVISIONS FOR THE INTER-HOSPITAL TRANSFER OF TRAUMA
16 PATIENTS.

17 (E) THE MINIMUM NUMBER AND TYPE OF TRAUMA PATIENTS NECESSARY
18 TO ASSURE THAT THE TRAUMA CARE SYSTEM WILL PROVIDE QUALITY CARE.

19 (F) RESOURCES AND EQUIPMENT REQUIRED BY EACH TRAUMA SERVICE,
20 SPECIALTY TRAUMA CENTER, AND TRAUMA REHABILITATIVE SERVICE WITHIN
21 A TRAUMA CARE SYSTEM FOR THE CARE OF TRAUMA PATIENTS.

22 (G) THE AVAILABILITY AND QUALIFICATIONS OF TRAUMA CARE
23 SYSTEM PERSONNEL.

24 (H) PROCEDURES FOR EACH OF THE FOLLOWING:

25 (i) DATA BASE INFORMATION COLLECTION.

26 (ii) THE MONITORING, ANALYSIS, AND EVALUATION OF THE TRAUMA
27 CARE SYSTEM.

1 (I) PROCEDURES FOR THE DISSEMINATION OF INFORMATION TO THE
2 PUBLIC AND FOR EDUCATION ABOUT THE TRAUMA CARE SYSTEM.

3 (J) PROCEDURES FOR A COMMUNICATION SYSTEM COORDINATED WITH
4 OTHER DISPATCHING SYSTEMS WITHIN THE REGIONAL TRAUMA CARE AUTHOR-
5 ITY DISTRICT TO MEET THE NEEDS OF TRAUMA PATIENTS.

6 (K) PROCEDURES FOR THE COORDINATION AND INTEGRATION OF
7 TRAUMA SERVICES, TRAUMA SPECIALTY CENTERS, TRAUMA REHABILITATIVE
8 CENTERS, AND OTHER HEALTH CARE PROVIDERS WITHIN A TRAUMA CARE
9 SYSTEM.

10 (3) AFTER SUBMITTING AN APPLICATION FOR TRAUMA CARE SYSTEM
11 DESIGNATION TO THE DEPARTMENT, A REGIONAL TRAUMA CARE AUTHORITY
12 SHALL PROVIDE THE DEPARTMENT WITH WRITTEN NOTICE OF ANY CHANGE IN
13 OR UPDATE TO DATA CONTAINED IN THE APPLICATION WITHIN 30 DAYS
14 AFTER THE CHANGE OCCURS.

15 SEC. 21117. (1) THE DEPARTMENT SHALL REVIEW AND APPROVE OR
16 REJECT EACH TRAUMA CARE SYSTEM DESIGNATION REQUEST OF A REGIONAL
17 TRAUMA CARE AUTHORITY IN ACCORDANCE WITH THE FOLLOWING:

18 (A) WITHIN 60 DAYS AFTER RECEIVING THE APPLICATION, THE
19 DEPARTMENT SHALL NOTIFY THE REGIONAL TRAUMA CARE AUTHORITY OF ANY
20 ERROR OR OMISSION IN THE APPLICATION AND SHALL REQUEST ANY ADDI-
21 TIONAL INFORMATION NECESSARY TO ENABLE THE DEPARTMENT TO DETER-
22 MINE THE REGIONAL TRAUMA CARE AUTHORITY'S COMPLIANCE WITH THIS
23 PART.

24 (B) IF THE REGIONAL TRAUMA CARE AUTHORITY'S APPLICATION COM-
25 PLIES WITH DEPARTMENT RULES AND STANDARDS, THE DEPARTMENT SHALL
26 APPROVE THE APPLICATION, DESIGNATE THE TRAUMA CARE SYSTEM AS
27 APPROVED, AND DESIGNATE EACH APPROVED TRAUMA SERVICE, TRAUMA

1 SPECIALTY CENTER, OR TRAUMA REHABILITATIVE CENTER PARTICIPATING
2 UNDER THE REGIONAL TRAUMA CARE AUTHORITY.

3 (2) IF THE DEPARTMENT DENIES AN APPLICATION, THE REGIONAL
4 TRAUMA AUTHORITY MAY APPEAL THE DENIAL PURSUANT TO THE ADMINIS-
5 TRATIVE PROCEDURES ACT OF 1969.

6 SEC. 21119. (1) IF THE DEPARTMENT APPROVES AN APPLICATION
7 FOR TRAUMA CARE SYSTEM DESIGNATION, THE TRAUMA CARE AUTHORITY
8 THAT MADE THE APPLICATION SHALL PERFORM AN ONGOING QUALITY ASSUR-
9 ANCE REVIEW OF THE TRAUMA DATA BASE INFORMATION, PROCEEDINGS,
10 RECORDS, AND REPORTS.

11 (2) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, THIS
12 SECTION DOES NOT RESTRICT A HEALTH FACILITY OR AGENCY FROM PRO-
13 VIDING A SERVICE FOR WHICH IT HAS RECEIVED A LICENSE UNDER THIS
14 ACT. UNLESS DESIGNATED BY THE DEPARTMENT UNDER THIS PART, A
15 PERSON SHALL NOT LABEL, ADVERTISE, OR HOLD ITSELF OUT AS PROVID-
16 ING A TRAUMA SERVICE, TRAUMA SPECIALTY SERVICE, OR TRAUMA REHA-
17 BILITATIVE SERVICE. THE DEPARTMENT SHALL PROMULGATE RULES TO
18 DEFINE AND SHALL REGULATE THE USE OF THE TERMS "TRAUMA CENTER"
19 AND "TRAUMA EMERGENCY DEPARTMENT".

20 SEC. 21121. THE DEPARTMENT MAY DO ANY OF THE FOLLOWING:

21 (A) WAIVE COMPLIANCE WITH A RULE OR A PORTION OF A RULE
22 PROMULGATED UNDER THIS PART FOR A REGIONAL TRAUMA CARE AUTHORITY
23 IF, IN ACCORDANCE WITH DEPARTMENT PROCEDURES, THE REGIONAL TRAUMA
24 CARE AUTHORITY ESTABLISHES THAT COMPLIANCE WITH THE RULES WOULD
25 NOT BE IN THE BEST INTEREST OF PATIENTS SERVED WITHIN THE
26 AFFECTED REGIONAL TRAUMA DISTRICT.

1 (B) APPROVE SPECIAL STUDIES PROGRAMS BY A REGIONAL TRAUMA
2 CARE AUTHORITY FOR IMPROVING TRAUMA CARE SYSTEM PLANNING OR
3 OPERATION, TRAUMA SERVICE DELIVERY, OR PERSONNEL TRAINING, IF A
4 NEED FOR IMPROVEMENT IS DEMONSTRATED, AND CONTROLS THAT PROTECT
5 THE PUBLIC ARE IMPLEMENTED.

6 (C) WITH THE CONCURRENCE OF THE STATE TRAUMA CARE SYSTEMS
7 TASK FORCE, ESTABLISH A STANDARDIZED TRAUMA CARE DATA BASE FOR
8 USE BY ALL APPROVED REGIONAL TRAUMA CARE AUTHORITIES.

9 (D) ESTABLISH A BASE GRANT FUNDING PROGRAM FOR REGIONAL
10 TRAUMA CARE AUTHORITIES, USING EMS-TRAUMA CARE SYSTEMS TRUST FUND
11 REVENUES, AND COMPLYING WITH THE REQUIREMENTS OF THIS PART.

12 (E) ESTABLISH A GRANT PROGRAM FOR THE SUPPORT OF EMERGENCY
13 MEDICAL SERVICES, TRAUMA SERVICES, TRAUMA SPECIALTY CENTERS, AND
14 TRAUMA REHABILITATIVE CENTERS USING EMS-TRAUMA CARE SYSTEMS TRUST
15 FUND REVENUES AND REVENUES FROM ANY OTHER SOURCE.

16 (F) COORDINATE TRAUMA SERVICES WITH OTHER NATIONAL, STATE,
17 AND LOCAL GOVERNMENTS TO ENHANCE THE DELIVERY OF TRAUMA SERVICES
18 WITHIN THE STATE.

19 SEC. 21123. (1) A TRAUMA SERVICE SHALL ACCEPT AND TREAT A
20 TRIAGED TRAUMA PATIENT REGARDLESS OF THAT TRAUMA PATIENT'S RACE,
21 SEX, CREED, AGE, OR ABILITY TO PAY.

22 (2) THE DESIGNATION OF A TRAUMA SERVICE PURSUANT TO
23 SECTION 21117 SHALL BE FOR A PERIOD OF 2 YEARS, UPON THE REGIONAL
24 TRAUMA CARE AUTHORITY'S VERIFICATION OF THE TRAUMA SERVICE'S
25 QUALIFICATIONS, AND UPON RECEIPT OF 1 OF THE FOLLOWING:

26 (A) A \$5,000.00 FEE FOR LEVEL I DESIGNATED TRAUMA SERVICES.

1 (B) A \$3,000.00 FEE FOR LEVEL II DESIGNATED TRAUMA
2 SERVICES.

3 (C) A \$1,500.00 FEE FOR LEVEL III DESIGNATED TRAUMA
4 SERVICES.

5 (3) UNLESS REVOKED OR SUSPENDED BY THE DEPARTMENT, A TRAUMA
6 SERVICE DESIGNATION MAY BE RENEWED FOR AN ADDITIONAL 2 YEARS IF
7 EACH OF THE FOLLOWING REQUIREMENTS IS MET:

8 (A) THE REGIONAL TRAUMA CARE AUTHORITY SUBMITS A RENEWAL
9 APPLICATION AT LEAST 120 DAYS BEFORE EXPIRATION OF THE
10 DESIGNATION.

11 (B) THE REGIONAL TRAUMA CARE AUTHORITY REVERIFIES THE QUALI-
12 FICATIONS OF THE TRAUMA SERVICE.

13 (C) THE AUTHORITY PAYS TO THE DEPARTMENT A FEE EQUAL TO THE
14 AMOUNT SPECIFIED IN SUBSECTION (2).

15 (D) THE TRAUMA SERVICE COMPLIES WITH ALL OTHER REQUIREMENTS
16 OF THE DEPARTMENT.

17 (4) THE DEPARTMENT SHALL TRANSMIT FEES COLLECTED UNDER THIS
18 SECTION TO THE STATE TREASURER FOR DEPOSIT INTO THE EMS-TRAUMA
19 CARE SYSTEMS TRUST FUND CREATED PURSUANT TO SECTION 21133.

20 (5) A TRAUMA SERVICE SHALL FURNISH TO THE REGIONAL TRAUMA
21 AUTHORITY AND TO THE DEPARTMENT TRAUMA DATA BASE INFORMATION AS
22 PRESCRIBED BY THE REGIONAL TRAUMA CARE AUTHORITY AND THE
23 DEPARTMENT.

24 (6) A TRAUMA SERVICE SHALL PARTICIPATE IN ACTIVE EDUCATIONAL
25 EXCHANGE AND TRAINING PROGRAMS WITH HEALTH PROFESSIONALS AND
26 OTHER HEALTH FACILITIES AND AGENCIES.

1 (7) A TRAUMA SERVICE SHALL COMPLY WITH EACH RULE APPLICABLE
2 TO A TRAUMA SERVICE THAT IS PROMULGATED BY THE COMMISSION
3 PURSUANT TO SECTION 22215(1)(M), EXCEPT FOR A RULE GOVERNING
4 EQUIPMENT OR FACILITIES THAT IS WAIVED BY THE COMMISSION FOLLOW-
5 ING A REGIONAL TRAUMA CARE AUTHORITY'S DOCUMENTATION OF THE NEED
6 FOR A WAIVER.

7 SEC. 21125. (1) A TRAUMA SPECIALTY CENTER SHALL ACCEPT AND
8 TREAT A TRIAGED TRAUMA PATIENT REGARDLESS OF THAT TRAUMA
9 PATIENT'S RACE, SEX, CREED, AGE, OR ABILITY TO PAY.

10 (2) THE DEPARTMENT SHALL DESIGNATE A TRAUMA SPECIALTY CENTER
11 PURSUANT TO SECTION 21117, AND THE DESIGNATION SHALL BE FOR A
12 PERIOD OF 2 YEARS, IF THE FOLLOWING CONDITIONS ARE MET:

13 (A) THE REGIONAL TRAUMA CARE AUTHORITY VERIFIES THE TRAUMA
14 SPECIALTY CENTER'S QUALIFICATIONS.

15 (B) THE TRAUMA SPECIALTY CENTER PAYS TO THE DEPARTMENT A
16 \$1,500.00 FEE.

17 (3) UNLESS REVOKED OR SUSPENDED BY THE DEPARTMENT, A TRAUMA
18 SPECIALTY CENTER DESIGNATION MAY BE RENEWED FOR AN ADDITIONAL 2
19 YEARS IF EACH OF THE FOLLOWING REQUIREMENTS IS MET:

20 (A) THE REGIONAL TRAUMA CARE AUTHORITY SUBMITS A RENEWAL
21 APPLICATION AT LEAST 120 DAYS BEFORE EXPIRATION OF THE
22 DESIGNATION.

23 (B) THE REGIONAL TRAUMA CARE AUTHORITY REVERIFIES THE QUALI-
24 FICATIONS OF THE TRAUMA SPECIALTY CENTER'S QUALIFICATIONS.

25 (C) THE AUTHORITY PAYS TO THE DEPARTMENT A \$1,500.00 FEE.

26 (D) THE TRAUMA SPECIALTY CENTER COMPLIES WITH ALL OTHER
27 REQUIREMENTS OF THE DEPARTMENT.

1 (4) THE DEPARTMENT SHALL TRANSMIT FEES COLLECTED UNDER THIS
2 SECTION TO THE STATE TREASURER FOR DEPOSIT INTO THE EMS-TRAUMA
3 CARE SYSTEMS TRUST FUND.

4 (5) A TRAUMA SPECIALTY CENTER SHALL FURNISH TO THE REGIONAL
5 TRAUMA CARE AUTHORITY AND THE DEPARTMENT TRAUMA DATA BASE INFOR-
6 MATION AS PRESCRIBED BY THE REGIONAL TRAUMA CARE AUTHORITY AND
7 THE DEPARTMENT.

8 (6) A TRAUMA SPECIALTY CENTER SHALL COMPLY WITH EACH RULE
9 APPLICABLE TO A TRAUMA SPECIALTY CENTER THAT IS PROMULGATED BY
10 THE COMMISSION PURSUANT TO SECTION 22215(1)(M), EXCEPT FOR A RULE
11 GOVERNING EQUIPMENT OR FACILITIES THAT IS WAIVED BY THE COMMIS-
12 SION FOLLOWING A REGIONAL TRAUMA CARE AUTHORITY'S DOCUMENTATION
13 OF THE NEED FOR A WAIVER.

14 (7) A TRAUMA SPECIALTY CENTER SHALL PARTICIPATE IN ACTIVE
15 EDUCATIONAL EXCHANGE AND TRAINING PROGRAMS WITH HEALTH PROFES-
16 SIONALS AND HEALTH FACILITIES AND AGENCIES.

17 SEC. 21127. (1) A TRAUMA REHABILITATIVE CENTER SHALL ACCEPT
18 AND TREAT A TRIAGED TRAUMA PATIENT REGARDLESS OF THAT TRAUMA
19 PATIENT'S RACE, SEX, CREED, AGE, OR ABILITY TO PAY.

20 (2) THE DEPARTMENT SHALL DESIGNATE A TRAUMA REHABILITATIVE
21 CENTER PURSUANT TO SECTION 21117, AND THE DESIGNATION SHALL BE
22 FOR A PERIOD OF 2 YEARS, IF THE FOLLOWING CONDITIONS ARE MET:

23 (A) THE REGIONAL TRAUMA CARE AUTHORITY VERIFIES THE TRAUMA
24 REHABILITATIVE CENTER'S QUALIFICATIONS.

25 (B) THE TRAUMA REHABILITATIVE CENTER PAYS TO THE DEPARTMENT
26 A \$1,000.00 FEE.

1 (3) UNLESS REVOKED OR SUSPENDED BY THE DEPARTMENT, A TRAUMA
2 REHABILITATIVE CENTER DESIGNATION MAY BE RENEWED FOR AN
3 ADDITIONAL 2 YEARS, IF EACH OF THE FOLLOWING REQUIREMENTS IS
4 MET:

5 (A) THE REGIONAL TRAUMA CARE AUTHORITY SUBMITS A RENEWAL
6 APPLICATION TO THE DEPARTMENT AT LEAST 120 DAYS BEFORE EXPIRATION
7 OF THE DESIGNATION.

8 (B) THE REGIONAL TRAUMA CARE AUTHORITY REVERIFIES THE TRAUMA
9 REHABILITATIVE CENTER'S QUALIFICATIONS.

10 (C) THE AUTHORITY PAYS TO THE DEPARTMENT A \$1,000.00 FEE.

11 (D) THE TRAUMA REHABILITATIVE CENTER COMPLIES WITH ALL OTHER
12 REQUIREMENTS OF THE DEPARTMENT.

13 (4) THE DEPARTMENT SHALL TRANSMIT FEES COLLECTED UNDER THIS
14 SECTION TO THE STATE TREASURER FOR DEPOSIT INTO THE EMS-TRAUMA
15 CARE SYSTEMS TRUST FUND.

16 (5) A TRAUMA REHABILITATIVE CENTER SHALL FURNISH TO THE
17 REGIONAL TRAUMA CARE AUTHORITY AND THE DEPARTMENT TRAUMA DATA
18 BASE INFORMATION AS PRESCRIBED BY THE REGIONAL TRAUMA CARE
19 AUTHORITY OR THE DEPARTMENT.

20 (6) A TRAUMA REHABILITATIVE CENTER SHALL PARTICIPATE IN
21 ACTIVE EDUCATIONAL EXCHANGE AND TRAINING PROGRAMS WITH HEALTH
22 PROFESSIONALS AND HEALTH FACILITIES AND AGENCIES.

23 (7) A TRAUMA REHABILITATIVE CENTER SHALL COMPLY WITH EACH
24 RULE APPLICABLE TO A TRAUMA REHABILITATIVE CENTER THAT IS PROMUL-
25 GATED BY THE COMMISSION PURSUANT TO SECTION 22215(1)(M), EXCEPT
26 FOR A RULE GOVERNING EQUIPMENT OR FACILITIES THAT IS WAIVED BY

1 THE COMMISSION FOLLOWING A REGIONAL TRAUMA CARE AUTHORITY'S
2 DOCUMENTATION OF A NEED FOR A WAIVER.

3 SEC. 21129. (1) EACH TRAUMA CARE SYSTEM PARTICIPANT THAT
4 POSSESSES TRAUMA PATIENT DATA SHALL SUBMIT THAT DATA TO THE
5 REGIONAL TRAUMA CARE AUTHORITY, AND THE TRAUMA CARE AUTHORITY
6 SHALL ESTABLISH A TRAUMA DATA BASE CONTAINING, AT A MINIMUM, THE
7 FOLLOWING DATA RECEIVED FROM THE TRAUMA CARE SYSTEM
8 PARTICIPANTS:

9 (A) DEMOGRAPHIC AND CARE DATA ON TRAUMA PATIENTS WITHIN THE
10 TRAUMA CARE SYSTEM WHO HAVE A DIAGNOSIS DESCRIBED IN THE CURRENT
11 EDITION OF THE NATIONAL CENTER FOR HEALTH STATISTICS ICD-9-CM 800
12 THROUGH 959.9 OF THE WORLD HEALTH ORGANIZATION CLASSIFICATION OF
13 DISEASE IN THE UNITED STATES, IF THAT DESCRIPTION IS APPROVED BY
14 THE DEPARTMENT.

15 (B) DATA SUBMITTED BY THE PUBLIC SAFETY ANSWERING POINT,
16 MEDICAL FIRST RESPONSE SERVICE, DISPATCHING AGENCY, TRANSPORTING
17 AMBULANCE OPERATION, RECEIVING FACILITY EMERGENCY DEPARTMENT AND
18 THE ADMITTING AND DISCHARGING TRAUMA SERVICE, TRAUMA SPECIALTY
19 CENTER, AND TRAUMA REHABILITATIVE CENTER.

20 (C) DATA ON TRAUMA PATIENTS WHO ARE SUSPECTED VICTIMS OF
21 CHILD ABUSE.

22 (2) UPON REQUEST, THE DEPARTMENT MAY WAIVE A TRAUMA REGISTRY
23 DATA REQUIREMENT.

24 (3) A REGIONAL TRAUMA CARE AUTHORITY, PARTICIPATING DISPATCH
25 CENTER, AMBULANCE OPERATION, TRAUMA SERVICE, TRAUMA SPECIALTY
26 CENTER, OR TRAUMA REHABILITATIVE CENTER ACTING UNDER AN APPROVED
27 REGIONAL TRAUMA AUTHORITY SHALL NOT DO ANY OF THE FOLLOWING:

1 (A) FALSIFY TRAUMA PATIENT DATA.

2 (B) INTENTIONALLY WITHHOLD OR CONCEAL TRAUMA DATA BASE
3 INFORMATION AS PRESCRIBED BY THIS PART.

4 (C) DISCLOSE TRAUMA PATIENT DATA TO A PERSON NOT AUTHORIZED
5 BY THE DEPARTMENT TO RECEIVE TRAUMA PATIENT DATA.

6 (4) A PERSON WHO VIOLATES THIS SECTION IS SUBJECT TO AN
7 ADMINISTRATIVE FINE OF NOT MORE THAN \$1,500.00. THE PROCEEDS OF
8 ANY CIVIL FINE IMPOSED PURSUANT TO THIS ACT SHALL BE DEPOSITED IN
9 THE EMS-TRAUMA CARE SYSTEMS TRUST FUND.

10 (5) DATA COMPILED IN A TRAUMA DATA BASE IS EXEMPT FROM
11 PUBLIC DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT, ACT
12 NO. 442 OF THE PUBLIC ACTS OF 1976, BEING SECTIONS 15.231 TO
13 15.246 OF THE MICHIGAN COMPILED LAWS.

14 SEC. 21131. (1) THE FOLLOWING PERSONS ACTING UNDER A
15 REGIONAL TRAUMA CARE AUTHORITY PURSUANT TO THIS PART ARE NOT
16 SUBJECT TO TORT LIABILITY FOR AN ACT OR OMISSION OCCURRING DURING
17 THE DELIVERY OR ASSISTANCE IN DELIVERY OF EMERGENCY MEDICAL SERV-
18 ICES TO A TRAUMA PATIENT WITH WHOM THE PERSON HAD NO PRIOR HEALTH
19 PROFESSIONAL-PATIENT RELATIONSHIP, UNLESS THE ACT OR OMISSION IS
20 THE RESULT OF GROSS NEGLIGENCE OR WILLFUL MISCONDUCT:

21 (A) AN EMERGENCY PHYSICIAN.

22 (B) A TRAUMA SURGEON.

23 (C) A CONSULTING PHYSICIAN.

24 (D) AN EMERGENCY NURSE OR OTHER HEALTH PROFESSIONAL ASSIST-
25 ING IN THE DELIVERY OF EMERGENCY MEDICAL SERVICES.

26 (E) THE AUTHORIZING PHYSICIAN OR PHYSICIAN'S DESIGNEE.

1 (F) THE REGIONAL TRAUMA CARE AUTHORITY OR THE INDIVIDUAL
2 SERVING ON OR EMPLOYED BY THE REGIONAL TRAUMA CARE AUTHORITY.

3 (G) A HOSPITAL, OR AN OFFICER OR EMPLOYEE OF A HOSPITAL.

4 (H) A TRAUMA SERVICE OR TRAUMA SPECIALTY CENTER.

5 (I) MEDICAL CONTROL AUTHORITIES.

6 (2) SUBSECTION (1) DOES NOT LIMIT IMMUNITY FROM LIABILITY
7 THAT IS OTHERWISE PROVIDED BY LAW FOR ANY OF THE PERSONS LISTED
8 IN SUBSECTION (1).

9 (3) REVIEW ENTITIES APPROVED BY THE DEPARTMENT SHALL REVIEW
10 THE PERFORMANCE OF EACH PERSON IDENTIFIED IN SUBSECTION (1).

11 Sec. 22215. (1) Pursuant to the requirements of this part,
12 the commission shall do all of the following:

13 (a) Upon submission by the department and the office,
14 approve, disapprove, or revise the designation of covered clini-
15 cal services and covered medical equipment in addition to the
16 covered clinical services and covered medical equipment listed in
17 section 22203. Also, upon submission by the department and the
18 office, the commission shall approve, disapprove, or revise the
19 deletion or revision of covered clinical services and covered
20 medical equipment listed in section 22203. Before final action
21 is taken by the commission under this subdivision, the commission
22 shall seek the advice and counsel of the department and the
23 office.

24 (b) Upon submission by the department and the office,
25 approve, disapprove, or revise certificate of need review stan-
26 dards that establish, for purposes of section 22225, the need, if
27 any, for the initiation of new services, acquisition of covered

1 medical equipment, acquisition or initiation of new health
2 facilities, making changes in bed capacity, or making covered
3 capital expenditures, including conditions, standards, assur-
4 ances, or information that must be met, demonstrated, or provided
5 by a person who applies for a certificate of need. A certificate
6 of need review standard may also establish ongoing quality assur-
7 ance requirements including any or all of the requirements speci-
8 fied in section 22225(2)(c). The statewide health coordinating
9 council may perform the duties of the commission under this sub-
10 division, only until all members of the commission are appointed
11 and confirmed, or ~~5 months after the effective date of this~~
12 ~~part~~ MARCH 1, 1989, whichever is sooner. Before final action is
13 taken by the commission or the statewide health coordinating
14 council under this subdivision, the commission or the statewide
15 health coordinating council shall seek the advice and counsel of
16 the department and the office.

17 (c) Direct the department and the office to prepare and
18 submit recommendations regarding commission duties and functions
19 that are of interest to the commission including, but not limited
20 to, specific modifications of proposed actions considered under
21 this section.

22 (d) Upon submission by the department and the office,
23 approve, disapprove, or revise proposed data reporting require-
24 ments under section 22209(2) and criteria for determining health
25 facility viability under section 22225. Before final action is
26 taken by the commission under this subdivision, the commission

1 shall seek the advice and counsel of the department and the
2 office.

3 (e) Annually assess the operations and effectiveness of the
4 certificate of need program based on periodic reports from the
5 department and other information available to the commission.

6 (f) Four years following ~~the effective date of this part~~
7 OCTOBER 1, 1988, and every 5 years after that fourth year, make
8 recommendations to the standing committees in the senate and the
9 house that have jurisdiction over matters pertaining to public
10 health regarding statutory changes to improve the certificate of
11 need program, including, but not limited to, threshold levels for
12 capital expenditures, the role of the commission, certificate of
13 need review standards, and the need for the certificate of need
14 program.

15 (g) Upon submission by the department and the office,
16 approve, disapprove, or revise standards to be used by the
17 department in designating a regional certificate of need review
18 agency, pursuant to section 22226. Before final action is taken
19 by the commission under this subdivision, the commission shall
20 seek the advice and counsel of the department and the office.

21 (h) Upon submission by the department and the office,
22 approve, disapprove, or revise certificate of need review stan-
23 dards governing the acquisition of new technology. Before final
24 action is taken by the commission under this subdivision, the
25 commission shall seek the advice and counsel of the department
26 and the office.

1 (i) In accordance with section 22255, approve, disapprove,
2 or revise proposed procedural rules for the certificate of need
3 program. Before final action is taken by the commission under
4 this subdivision, the commission shall seek the advice and coun-
5 sel of the department and the office.

6 (j) If determined by the commission to be consistent with
7 the purposes of this part, modify the 100 licensed bed limitation
8 set forth in section 22210. Before final action is taken by the
9 commission under this subdivision, the commission shall seek the
10 advice and counsel of the department and the office.

11 (k) Consider the recommendations of the department and the
12 department of attorney general as to the administrative feasibil-
13 ity and legality of proposed actions under subdivisions (a), (b),
14 and (c).

15 (l) Consider the impact of a proposed restriction on the
16 acquisition of equipment or availability of services on the qual-
17 ity, availability, and cost of health services in this state.

18 (M) PROMULGATE CERTIFICATE OF NEED RULES APPLICABLE TO ALL
19 TRAUMA SERVICES IDENTIFIED IN PART 211.

20 (2) The commission shall exercise its duties under this part
21 to promote both of the following:

22 (a) The availability of quality health services at reason-
23 able cost.

24 (b) The general health objectives in the state health plan.

25 (3) Before final action is taken by the commission under
26 subsection (1)(a), (b), (d), (g), (h), or (j), the commission
27 shall conduct a public hearing on the matter. In addition, not

1 less than 30 days before final action is taken by the commission
2 under subsection (1)(a), (b), (d), (g), (h), or (j), the commis-
3 sion shall submit the proposed final action for comment to the
4 standing committees in the senate and house of representatives
5 with jurisdiction over public health matters. Before a final
6 commission approval under subsection (1)(a), (b), (d), (g), (h),
7 or (j) is effective, the commission shall submit the proposed
8 action to the governor and the standing committee of each house
9 of the legislature having jurisdiction over public health
10 matters. The governor or the legislature may disapprove the pro-
11 posed action within 45 days after the date of submission. If the
12 legislature is not in session at the time of submission of the
13 proposed action, or is in recess, the 45 days shall commence on
14 the first day the legislature reconvenes. The 45 days shall
15 include not less than 9 legislative session days. Legislative
16 disapproval shall be expressed by concurrent resolution which
17 shall be adopted by each house of the legislature. The concu-
18 rent resolution shall state specific objections to the proposed
19 action. A proposed commission action under subsection (1)(a),
20 (b), (d), (g), (h), or (j) shall not become effective if it has
21 been disapproved under this subsection. If the proposed action
22 is not disapproved under this subsection, it shall be effective
23 and binding on all persons affected by this part upon the expira-
24 tion of the 45-day period or on a later date specified in the
25 proposed action. As used in this subsection, "legislative ses-
26 sion day" means each day in which a quorum of either the house of

1 representatives or the senate, following a call to order,
2 officially convenes in Lansing to conduct legislative business.

3 (4) Every 5 years following ~~the effective date of this~~
4 ~~part~~ OCTOBER 1, 1988, the standing committees of the senate and
5 the house of representatives having jurisdiction over public
6 health matters shall make findings and recommendations regarding
7 any changes in, or the continuation of, the certificate of need
8 program established under this part considered appropriate by
9 those committees after consideration of the recommendations sub-
10 mitted by the commission pursuant to subsection (1)(f).

11 (5) If the reports received under section 22221(1)(e) indi-
12 cate that the certificate of need application fees collected
13 under section 20161(2) have not been within 10% of 1/2 the cost
14 to the department of implementing this part, the commission shall
15 make recommendations under subsection (1)(f) regarding the revi-
16 sion of those fees so that the certificate of need application
17 fees collected equal approximately 1/2 of the cost to the depart-
18 ment of implementing this part.

19 Section 2. This amendatory act shall not take effect unless
20 all of the following bills of the 86th Legislature are enacted
21 into law:

22 (a) Senate Bill No. _____ or House Bill No. 5181
23 (request no. 01291'91 a **).

24 (b) Senate Bill No. _____ or House Bill No. 5182
25 (request no. 01291'91 b **).