



**Senate Fiscal Agency**  
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**BILL ANALYSIS**



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House Bill 5676 (as reported without amendment)  
 Sponsor: Representative John Jamian  
 House Committee: Health Policy  
 Senate Committee: Health Policy and Senior Citizens

Date Completed: 3-25-96

**RATIONALE**

Several thousand traumatic spinal cord and brain injuries occur in the United States each year. Spinal cord injuries affect public health through the high cost of acute care; the relatively young age of the victims--primarily 15 to 24 years; the causes of these injuries, such as car accidents, falls, diving accidents, gunshot wounds, and sports; and the permanence of the disability. In fact, injuries, in large part injuries to the spine and head, are one of the leading causes of death and disability among individuals between one and 44 years old. In response to this situation, with the passage of Public Act 122 of 1988 Michigan joined several other states in establishing a registry of spinal cord and traumatic brain injuries. (Currently 34 states have a similar registry.) It was argued at the time that Michigan needed a registry of these debilitating conditions, rather than simply extrapolating numbers from national statistics, in order to study and understand where and how these injuries occur, whether they can be prevented, and how victims and their families can be helped. The Act carried a sunset date of April 1, 1992, but was extended by Public Act 25 of 1992. It has been pointed out that those provisions of the Act that provide for the establishment and funding of the registry, require hospitals to report to the registry, and created the Spinal Cord Injury and Traumatic Brain Injury Committee, are due to be repealed on March 30, 1995. Some people feel that the date should be extended in order to allow these activities to continue.

**CONTENT**

The bill would amend the Public Health Code to extend for four years, until March 30, 2000, provisions that require the Department of Community 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 Traumatic Brain Injury Committee in the Department; and require the Legislature to appropriate sufficient funds to implement the registry and the Committee.

Currently, under the Code, there are 16 members on the Spinal Cord Injury and Traumatic Brain Injury Committee. The bill would reduce membership to 15 members, by removing from the Committee the Director of the Department of Mental Health. (Executive Order No. 1996-1 merged the Departments of Mental Health and Public Health into the Department of Community Health.)

MCL 333.5413-333.5415

**ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

**Supporting Argument**

Spinal cord injuries and traumatic brain injuries are usually catastrophic, not just in economic terms but also in terms of pain and suffering and loss of physical and mental abilities. The State should do whatever it can to help prevent such injuries, and assist those who have become victims. The bill simply would extend for four years the requirement that data be collected on spinal cord and traumatic brain injuries, and thus would continue an important basic research tool. The costs of spinal

cord and traumatic brain injuries in Michigan are borne by insurance carriers, workers' compensation, Medicaid, rehabilitation services, and the State, as well as the victims and their families. Local school districts, hospitals, and State agencies need a sound basis of information on which to plan for programs and services. The registry provides a base for developing incidence and prevalence data, allows studies of regions of the State where traumatic brain and spinal cord injuries occur most frequently, and aids in developing preventive and educational services to these areas.

In addition to the spinal cord and brain injury registry, the State maintains registries on cancer, birth defects, and the effects of Agent Orange exposure, and supports a kidney registry maintained by the University of Michigan. Registries usually are established to collect data on diseases and health conditions of sufficient importance to the public health that their occurrence must be reported to public health officials. Spinal cord and traumatic brain injuries have an impact on the public health of the State because of the costs associated with treatment, the relatively young age of the victims, and the disabilities that result. The registry of these injuries may lead to a better understanding of the nature of the injuries and preventive measures that can be taken to reduce their impact on the public health.

### **Supporting Argument**

Disability that results from spinal cord or traumatic brain injuries imposes costs on the individual, his or her family, and society. Families of injured persons need to know what type of rehabilitation services and support groups are available. A large number of people with spinal cord and traumatic brain injuries are relatively young in age. Rehabilitation could help these people to lead long and productive lives. The Act requires that the Spinal Cord and Traumatic Brain Injury Committee provide interested parties with a comprehensive and annually updated list of health care providers and facilities that specialize in treatment of these injuries. The bill would allow this and other services performed by the Committee to be continued.

Legislative Analyst: G. Towne

### **FISCAL IMPACT**

The bill would have no fiscal impact on State or local units of government. The level of funding for

the spinal cord and traumatic brain injury registry required under the Code is subject to annual appropriation. The FY 1995-96 and proposed FY 1996-97 level of funding for the registry is \$50,000, all of which is supported with Federal Preventive Health and Health Services Block Grant dollars.

Fiscal Analyst: P. Graham

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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.