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Senate Bill 617 (Substitute S-1 as reported)
Sponsor: Senator Jim Marleau
Committee: Health Policy

Date Completed: 2-11-14

RATIONALE

The Department of Community Health (DCH) created the Michigan Traumatic Brain Injury (TBI) Services and Prevention Council in 2005 following issuance of a report summarizing a five-year study of the State's TBI needs and making recommendations for the improvement of services. The recommendations included the creation of the Council "to monitor and advise regarding the implementation of services for persons with TBI and the promotion of prevention efforts, which would lessen the incidence and cost of TBI in Michigan". (According to the report, a TBI is an injury to the head arising from blunt or penetrating trauma or from acceleration-deceleration forces, such as from a fall, car crash, or being shaken.) Now that the Council has been functioning for a number of years, it has been suggested that the scope of its concern should include all acquired brain injuries (which occur after birth and include TBIs as well as other brain injuries, such as those resulting from stroke, brain cancer, or loss of oxygen), and that the Council should be established in statute.

CONTENT

The bill would create the "Michigan Brain Injury Law" as Part 52A of the Public Health Code to do the following:

- Create the Michigan Brain Injury Services and Prevention Council, and abolish the TBI Services and Prevention Council.**
- Require the proposed Council to collaborate with the DCH to develop a comprehensive statewide plan to address the needs of individuals with acquired brain injuries (ABI).**
- Require the Council to submit to the DCH Director and the Legislature an annual report that included recommendations to address the needs of individuals with ABI.**
- Require the DCH to encourage and facilitate coordination of services to individuals with ABI and collaboration among entities that provide those services.**

The bill would define "acquired brain injury" as an injury to the brain that occurs after birth and is not hereditary, congenital, or degenerative. The term would include TBI and injuries caused by an internal insult to the brain. It would not include a brain injury induced by birth trauma. The bill states, "An ABI commonly results in a change in neuronal activity, which affects the physical integrity, metabolic activity, or functional ability of the cell."

"Traumatic brain injury" would mean an insult to the brain that is not of a degenerative or congenital nature but is caused by an external physical force that may produce a diminished or altered state of consciousness and that results in an impairment of cognitive abilities or physical functioning. "Such an injury also can result in the disturbance of behavioral or emotional functioning, and the impairments caused by TBI may be either temporary or permanent and may cause partial or total functional disability or psychosocial maladjustment."

Brain Injury Services & Prevention Council

The bill would abolish the Michigan TBI Services and Prevention Council established by the DCH in 2005. In its place, the bill would establish the Michigan Brain Injury Services and Prevention Council within the DCH as an advisory council to the DCH Director.

The proposed Council would have to include at least 15 but not more than 21 voting members appointed by the DCH Director for three-year terms. These members would have to represent all of the following stakeholder groups:

- ABI survivors and their families.
- Providers of treatment and rehabilitation.
- Local human services agencies.
- Consumer advocacy organizations.
- State brain injury associations.
- The Michigan National Guard or other organizations serving veterans.
- Rural and urban interest groups.
- Minority and Native American interest groups.
- Children's services.
- The agency designated under Section 931 of the Mental Health Code (i.e., Michigan Protection and Advocacy Service) to implement programs for the protection and advocacy of the rights of people with developmental disabilities and mental illness.

In addition, the Council would have to include as ex officio voting members the DCH Director or his or her designee, as well as one representative of each of the following, appointed by the DCH Director:

- The Mental Health and Substance Abuse Administration.
- The Children's Special Health Care Services Division.
- The Medical Services Administration.
- The Injury and Violence Prevention Section.

The Council also would have to include as ex officio voting members the Director of the Department of Human Services (DHS) or his or her designee, and one representative each of Adult Protective Services and the Field Services Administration, appointed by the DHS Director.

Other ex officio voting members would have to include the following:

- The Director of the Michigan Office of Services to the Aging or his or her designee.
- A representative of the Office of Special Education and Early Intervention Services appointed by the Director of the Department of Education.
- The Director and Adjutant General of the Department of Military and Veterans Affairs or his or her designee.
- The Director of the Department of Licensing and Regulatory Affairs (LARA) or his or her designee.
- A representative of Michigan Rehabilitation Services appointed by the LARA Director.

A member of the TBI Services and Prevention Council on the day before proposed Part 52A took effect could continue as a member of the proposed Council at the DCH Director's discretion. The Council would have to make additional appointment recommendations to the Director.

Every two years, the Council would have to elect a chairperson, who would have to act as the presiding officer. The Council also would have to create bylaws for operational governance.

Council Responsibilities

The Council would have to collaborate with the DCH to develop a comprehensive statewide plan to address the needs of individuals with ABI.

Additionally, the Council would have to submit to the DCH Director and the Legislature an annual report that included all of the following:

- An update on the development of a comprehensive statewide information and referral network for individuals with ABI.
- The incidence of ABI in Michigan.
- Recommendations to address the needs of individuals with ABI, including the use of public-private partnerships.

In developing the recommendations, the Council would have to consider building provider capacity and training, improving the coordination of services, and other areas the Council considered appropriate.

DCH Responsibilities

The bill would require the DCH to designate Department staff who would be responsible for all the coordination of policies, programs, and services for individuals with ABI and the provision of staff support to the Council. The DCH also would have to collaborate with the Brain Injury Association during its annual campaign, and encourage and facilitate the following:

- Collaboration among State agencies that provide services to individuals with ABI.
- Collaboration among private organizations and entities that provide services to individuals with ABI.
- Community participation in program implementation.

The DCH would have to promulgate rules it considered necessary to implement and administer its powers and duties under Part 52A.

MCL 333.5231-333.5239

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

According to the Brain Injury Association of Michigan, every year, more than 58,000 people in the State sustain a TBI, and more than 15,000 die as a result. Over 98,000 Michiganders currently are living with TBI-related disabilities. The organization estimates the direct and indirect costs of TBI in Michigan to be \$2.4 billion. Additionally, these figures are likely to be conservative estimates as it is believed that TBI is underreported. In light of the widespread impact of brain injuries, both in financial terms and with regard to quality of life, it is important that the State takes steps to prevent them from occurring and ensure that the proper supports are in place for affected people and their families. The bill would facilitate this by codifying the Council, ensuring that it could continue to fulfill its valuable mission, and encouraging collaborative efforts to maximize access to the full array of brain injury treatment services in Michigan.

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bill would create a new council within the DCH and would require the DCH to facilitate coordination of services. These requirements would result in a small indeterminate administrative fiscal impact.

Fiscal Analyst: Steve Angelotti

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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.