

EXTEND ELIGIBILITY FOR CRITICAL INCIDENT STRESS MANAGEMENT SERVICES

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House Bill 4862 (H-1) as reported from committee

Sponsor: Rep. Douglas Wozniak

1st Committee: Health Policy

2nd Committee: Ways and Means

Complete to 10-15-19

Analysis available at
<http://www.legislature.mi.gov>

(Enacted as Public Act 48 of 2020)

BRIEF SUMMARY: House Bill 4862 would amend Part 209A (Critical Incident Stress Management Services) of the Public Health Code to expand the definition of *emergency service providers* eligible for the critical incident stress management (CISM) services, and would reorganize definitions within the bill.

FISCAL IMPACT: The bill would not have a significant state or local fiscal impact.

THE APPARENT PROBLEM:

CISM is intended to provide individuals with particularly high-stress professions with the tools to return to their daily routine more quickly following a traumatic incident, with less likelihood of experiencing post-traumatic stress disorder. 2016 PA 40 (Senate Bill 444)¹ added the section on CISM to the Public Health Code, codifying the existing practice of providing support to emergency service providers. Legislation has been offered to extend those services to a greater number of individuals.

THE CONTENT OF THE BILL:

Currently, the CISM services are available to individuals who provide emergency response services, including law enforcement officers, corrections officers, firefighters, emergency medical services providers, dispatchers, emergency response communication employees, or rescue service providers.

The bill would expand that list to include individuals employed by or under contract with health facilities or agencies.

Additionally, the bill would create a new definition for *stress or trauma*, which would mean an emotional, cognitive, behavioral, or physical reaction that may interfere with normal functioning, including one or more of the following:

- Physical and mental illness.
- Failure of usual coping mechanisms.
- Loss of interest in the job or normal life activities.
- Personality changes.
- Loss of ability to function.
- Psychological disruption of personal life, including a relationship with a spouse, child, or friend.

¹ House Fiscal Agency analysis of PA 40/SB 444 of 2016. <http://www.legislature.mi.gov/documents/2015-2016/billanalysis/House/pdf/2015-HLA-0444-8AA8A77D.pdf>

Currently, “acute or cumulative psychological stress or trauma” and the symptoms that indicate it are included in the definition of *critical incident stress*. The bill would broaden the applicability by removing the descriptors and listing merely “stress or trauma” and allow a qualifying incident to be “a series of critical incidents” in addition to “a critical incident.”

The bill would take effect 90 days after enactment.

MCL 333.20981

BACKGROUND:

The Michigan Crisis Response Association, which trains CISM teams, was founded in 1988 in response to the 1987 Flight 255 plane crash at Detroit Metropolitan Wayne County Airport. There are approximately 56 registered teams in Michigan, whose membership is composed of individuals from law enforcement, fire and emergency medical services, hospital staff, clergy, educators, and mental health professionals. Teams provide local assistance, but also travel throughout the state and nation, as needed, including to New York City to provide critical incident stress management services after the September 11, 2001, terrorist attacks.

For more information about critical incident stress management, please refer to the sources listed below:

- Website of the Michigan Crisis Response Association: <http://www.mcrainc.net/>
- United States Occupational Health and Human Services Administration guide to critical incident stress: <https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>

POSITIONS:

The following entities indicated support for the bill:

Michigan Department of Health and Human Services (10-15-19)
Michigan Council of Nurse Practitioners (10-15-19)
Trinity Health (10-10-19)
American Nurses’ Association of Michigan (10-15-19)
Michigan Health and Hospital Association (10-15-19)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.