

Michigan Office of Administrative Hearings and Rules
Administrative Rules Division (ARD)

MOAHR-Rules@michigan.gov

REQUEST FOR RULEMAKING (RFR)

1. Department:

Health and Human Services

2. Bureau:

Public Health Administration

3. Promulgation type:

Full Process

4. Title of proposed rule set:

Statewide Stroke System

5. Rule numbers or rule set range of numbers:

R 330.251 – R 330.280

6. Estimated time frame:

12 months

Name of person filling out RFR:

Jennifer Warner

E-mail of person filling out RFR:

WarnerJ19@michigan.gov

Phone number of person filling out RFR:

517-243-7645

Address of person filling out RFR:

1001 Terminal Rd. Lansing, Michigan 48906

7. Describe the general purpose of these rules, including any problems the changes are intended to address.

The rules describe the structure, organization, and components of the stroke system and how it will integrate into the existing trauma system. They outline the responsibilities of the department and the participants in the system. The rules describe the process of stroke program verification and designation; triage, transport, and transfer; system evaluation; data collection; stroke registry establishment; and stroke performance improvement.

The requested rules will provide structure, clarity, and detail to operationalize the existing boilerplate language that briefly outlines the system. The Rules represent a stakeholder supported approach to system development that is practical, needed, and designed to optimize quality care and positive outcomes for Michigan residents who have had a stroke.

Outside of this rule set there is not an organized effort in the state to ensure that those encountering a time intensive event like a stroke get to the right resource in the right amount of time to salvage as much brain tissue as possible.

8. Please cite the specific promulgation authority for the rules (i.e. department director, commission, board, etc.).

Department Director.

A. Please list all applicable statutory references (MCLs, Executive Orders, etc.).

By authority conferred on the director of the department of health and human services by sections 2233, 9227, and 20910 of the public health code, 1978 PA 368, MCL 333.2233, 333.9227 and 333.20910, and 2022 PA 0166, section 1186 of the Omnibus Appropriations Bill.

B. Are the rules mandated by any applicable constitutional or statutory provision? If so, please explain.

The rules are not mandated by any applicable constitutional or statutory provision.

9. Please describe the extent to which the rules conflict with or duplicate similar rules, compliance requirements, or other standards adopted at the state, regional, or federal level.

The rules will not conflict with existing rules, as they are intended to work synergistically and integrate with the existing Statewide Trauma System rule set, Mich Admin Code R 325.125 through 325.138. The rules do not duplicate or conflict with any compliance requirements, or other standards adopted at the state, regional, or federal level.

10. Is the subject matter of the rules currently contained in any guideline, handbook, manual, instructional bulletin, form with instructions, or operational memoranda?

Recommendations for the Establishment of Stroke Systems of Care
<https://www.ahajournals.org/doi/10.1161/STR.0000000000000173>

The Joint Commission Stroke Certification
<https://www.jointcommission.org/accreditation-and-certification/certification/certifications-by-setting/hospital-certifications/stroke-certification/>

Accreditation Commission for Health Care (ACHA)
<https://www.achc.org/stroke-certification/>

Get With the Guidelines Stroke Registry <https://www.clinicaltrials.gov/ct2/show/NCT02693223>

Recommendations for the establishment of stroke systems of care: recommendations from the American Stroke Association's Task Force on the Development of Stroke Systems - PubMed (nih.gov)

Improving Systems of Care in Time-Sensitive Emergencies - JEMS: EMS, Emergency Medical Services - Training, Paramedic, EMT News

Stroke Systems of Care Framework | cdc.gov

National Stroke Registries: What can we learn from them?
David Tanne, Silvia Koton, Natan M. Bornstein
Neurology Oct 2013, 81 (14) 1257-1259; DOI: 10.1212/WNL.0b013e3182a6ca52

Sustaining A Coordinated, Regional Approach To Trauma And Emergency Care Is Critical To Patient Health Care Needs | Health Affairs

11. Are the rules listed on the department's annual regulatory plan as rules to be processed for the current year?

The rules were listed on the department's annual regulatory plan as rules to be processed for the current year.

12. Will the proposed rules be promulgated under Section 44 of the Administrative Procedures Act, 1969 PA 306, MCL 24.244, or under the full rulemaking process?

Full Process

13. Please describe the extent to which the rules exceed similar regulations, compliance requirements, or other standards adopted at the state, regional, or federal level.

The proposed rules do not exceed similar regulations, compliance requirements, or other standards adopted at the state, regional, or federal level.

14. Do the rules incorporate the recommendations received from the public regarding any complaints or comments regarding the rules? If yes, please explain.

The draft rules represent eleven years of discussion and, more recently, 20 meetings over the past year with hundreds of stakeholders, the result of which is a design for a system of care for stroke. The stakeholders are invested in this work and have dedicated countless hours of planning to bring this concept of a system of care for stroke patients to this point. The rules also reflect recommendations from the trauma stakeholders regarding their recent and ongoing experience operationalizing the trauma system.

15. If amending an existing rule set, please provide the date of the last evaluation of the rules and the degree, if any, to which technology, economic conditions, or other factors have changed the regulatory activity covered by the rules since the last evaluation.

This is a new rule set.

16. Are there any changes or developments since implementation that demonstrate there is no continued need for the rules, or any portion of the rules?

This is a new rule set. The healthcare challenges in the current pandemic environment make it imperative that the system capitalize on efficiencies, use resources judiciously, and reduce gaps.

17. Is there an applicable decision record (as defined in MCL 24.203(6) and required by MCL 24.239(2))? If so, please attach the decision record.

No