

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 ST-Elevation Myocardial Infarction (STEMI) System

5. Rule numbers or rule set range of numbers:

R 330.201 - R 330.230

6. Estimated time frame:

12 months

Name of person filling out RFR:

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

The proposed rules describe the structure, organization, and components of the STEMI system and how that will integrate into the existing trauma system. The rules outline the responsibilities of the department and the participants in the system and describe the process of STEMI program verification and designation; triage and transport and transfer; system evaluation; data collection; STEMI registry establishment; and STEMI performance improvement. The proposed 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 STEMI. 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 STEMI get to the right resource in the right amount of time to salvage as much heart 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 they are intended to work synergistically and integrate with the existing Statewide Trauma System rule set in the Michigan Administrative Code, R 325.125 through R 325.138. The rules will not conflict with or duplicate similar rules, 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?

Systems of Care for ST-Segment Elevation Myocardial Infarction: A Policy Statement from the American Heart Association

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000001025>

The Joint Commission

<https://www.jointcommission.org/accreditation-and-certification/certification/certifications-by-setting/hospital-certifications/cardiac-certification/advanced-cardiac-certification/advanced-cardiac/primary-heart-attack-center>

American College of Cardiology STEMI accreditation

Accreditation: Operation STEMI Care: An Update - American College of Cardiology

Value of Registries I ST-Segment Elevation Myocardial Infarction Care in Both the Pre-Coronavirus Disease 2019 and the Coronavirus Disease 2019 Eras

<https://www.ahajournals.org/doi/epub/10.1161/JAHA.120.019958>

American College of Cardiology NCDR

<https://cvquality.acc.org/NCDR-Home/data-collection/what-each-registry-collects>

Development of Systems of Care for ST-Elevation Myocardial Infarction Patients

<https://doi.org/10.1161/CIRCULATIONAHA.107.184043>

Development of Systems of Care for ST-Elevation Myocardial Infarction Patients: Gaps, Barriers, and Implications

<https://doi.org/10.1161/CIRCULATIONAHA.107.184052>

Regionalizing Emergency Care

Institute of Medicine (US). Regionalizing Emergency Care: Workshop Summary. Washington (DC): National Academies Press (US); 2010. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK220329/> doi: 10.17226/12872

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

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 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 national standards, existing regulations, or 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, recently, 20 meetings over the past year with hundreds of stakeholders the result of which is a design for a system of care for STEMI. The stakeholders are invested in this work and have dedicated countless hours of planning to bring this concept of a system of care for STEMI 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?

These rules are needed. 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