

103<sup>D</sup> CONGRESS  
1<sup>ST</sup> SESSION

**H. R. 2205**

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**AMENDMENT**

***In the Senate of the United States,***

*June 29 (legislative day, June 22), 1993.*

*Resolved*, That the bill from the House of Representatives (H.R. 2205) entitled “An Act to amend the Public Health Service Act to revise and extend programs relating to trauma care”, do pass with the following

**AMENDMENT:**

Strike out all after the enacting clause and insert:

1 ***SECTION 1. SHORT TITLE.***

2 *This title may be cited as the “Trauma Care Amend-*  
3 *ments Act of 1993”.*

4 ***SEC. 2. ADVISORY COUNCIL ON TRAUMA CARE SYSTEMS.***

5 *(a) MEMBERSHIP.—Section 1202(c) of the Public*  
6 *Health Service Act (42 U.S.C. 300d–1(c)) is amended—*

7 *(1) in paragraph (1)—*

8 *(A) in the matter preceding subparagraph*

9 *(A), by striking “12” and inserting “13”;*

10 *(B) in subparagraph (D), by striking “and”*  
11 *at the end thereof;*

12 *(C) in subparagraph (E), by striking the*  
13 *period and inserting “; and”; and*

14 *(D) by adding at the end thereof the follow-*  
15 *ing new subparagraph:*

1           “(F) 1 shall be an individual who has been  
2           a trauma patient at a designated trauma cen-  
3           ter.”; and

4           (2) in paragraphs (3), by striking “25 percent”  
5           and inserting “at least 4”.

6           (b) *TERMS.*—Section 1202(d) of such Act (42 U.S.C.  
7           300d–1(d)) is amended by adding at the end thereof the  
8           following new paragraph:

9           “(3) *TRAUMA PATIENT.*—A member appointed to  
10          serve on the Council under subsection (c)(1)(F), in-  
11          cluding the initial member appointed under such sub-  
12          section, shall be appointed for a term of 4 years.”.

13          (c) *MEETINGS.*—Section 1202(g) of such Act (42  
14          U.S.C. 300d–1(g)) is amended to read as follows:

15          “(g) *MEETINGS.*—The Council shall meet not less than  
16          once each year, and if the Chair determines necessary, up  
17          to four times each year.”.

18       **SEC. 3. REQUIREMENTS.**

19          Section 1213(a)(11) of the Public Health Service Act  
20          (42 U.S.C. 300d–13(a)(11)) is amended by striking “any  
21          standard metropolitan statistical area” and inserting “a  
22          border, with respect to State areas in which logical geo-  
23          graphic groupings across State borders would be appro-  
24          priate to carry out the purposes of this title”.

1 **SEC. 4. FUNDING.**

2 *Section 1232(a) of the Public Health Service Act (42*  
3 *U.S.C. 300d-32(a)) is amended—*

4 *(1) by striking “\$60,000,000 for fiscal year*  
5 *1991” and inserting “\$25,000,000 for fiscal year*  
6 *1994”; and*

7 *(2) by striking “1992 and 1993” and inserting*  
8 *“1995, 1996, and 1997.”.*

9 **SEC. 5. TECHNICAL AMENDMENTS.**

10 *Title XII of the Public Health Service Act is amend-*  
11 *ed—*

12 *(1) in section 1212(a)(2)(A) (42 U.S.C. 300d-*  
13 *12(a)(2)(A)), by striking “1211(c)” and inserting*  
14 *“1211(b)”;*

15 *(2) in section 1213(a) (42 U.S.C. 300d-13(a))—*

16 *(A) by striking “to provide” in paragraphs*  
17 *(8) and (9) and inserting “provides”; and*

18 *(B) by striking “to conduct” in paragraph*  
19 *(10) and inserting “conducts”;*

20 *(3) in section 1213(c) (42 U.S.C. 300d-13(c)), by*  
21 *striking “6,000” in the matter following paragraph*  
22 *(4) and inserting “6”; and*

23 *(4) in section 1231(3) (42 U.S.C. 300d-31), by*  
24 *striking “Puerto Rico;” and inserting “Puerto Rico,”.*

1 **SEC. 6. STUDY CONCERNING FEDERAL DUPLICATION OF**  
2 **EMS AND TRAUMA CARE ACTIVITIES.**

3 (a) *STUDY.*—*The General Accounting Office shall con-*  
4 *duct a study to determine the extent and desirability of the*  
5 *duplication of Federal emergency medical services and*  
6 *trauma care activities. Within such study the General Ac-*  
7 *counting Office shall—*

8 (1) *describe existing emergency medical service*  
9 *and trauma care programs located within—*

10 (A) *the Federal Emergency Management*  
11 *Agency;*

12 (B) *the General Services Administration;*

13 (C) *the Department of Agriculture;*

14 (D) *the Department of Defense;*

15 (E) *the Department of Health and Human*  
16 *Services;*

17 (F) *the Department of Transportation;*

18 (G) *the Department of Veterans Affairs;*

19 (H) *the Federal Interagency Committee on*  
20 *Emergency Medical Services; or*

21 (I) *any other relevant entities;*

22 *with respect to the purpose of each program, the*  
23 *amount of resources allocated for each program and*  
24 *its respective grant or contract programs for State,*  
25 *local, or nonprofit entities;*

1           (2) examine each program described in para-  
2 graph (1) to determine if there is a duplication of  
3 emergency medical service and trauma care programs  
4 resulting in economic and service inefficiencies;

5           (3) develop recommendations on the feasibility of  
6 consolidating all programs described in paragraph  
7 (1) into one Federal department or a smaller number  
8 of entities to limit the duplication of such programs  
9 and enhance financial and service efficiency for Fed-  
10 eral emergency medical service and trauma care pro-  
11 grams;

12           (4) develop recommendations, if a consolidation  
13 described in paragraph (3) is warranted, concerning  
14 which emergency medical service and trauma care  
15 programs should continue and the appropriate entity  
16 or entities to administer each such program based  
17 upon the mission and expertise of such entity or  
18 entities;

19           (5) develop recommendations concerning which  
20 Federal entity should be the lead agency for emer-  
21 gency medical service and trauma care programs in  
22 the Federal Government, to be responsible for—

23                   (A) administering programs for emergency  
24 medical service and trauma care programs;

1           (B) acting as the first point of Federal con-  
2 tact for all local, nonprofit and State entities in  
3 regard to all Federal emergency medical service  
4 and trauma care programs;

5           (C) administering the emergency medical  
6 service and trauma care information clearing-  
7 house for the use of all Federal, State, local, and  
8 nonprofit entities;

9           (D) coordinating all Federal emergency  
10 medical service and trauma care programs;

11           (E) serving as the Chair of an interagency  
12 committee on emergency medical service, in the  
13 event such an entity is recommended to exist for  
14 the consolidated emergency medical service and  
15 trauma care programs; and

16           (F) assuming other roles relevant to a lead  
17 agency as determined appropriate by the General  
18 Accounting Office; and

19           (6) develop recommendations for mechanisms to  
20 ensure that the lead Federal entity described in para-  
21 graph (5) has power sufficient to coordinate and pre-  
22 vent the duplication of Federal emergency medical  
23 service and trauma care programs.

24           (b) REPORT.—Not later than 1 year after the date of  
25 enactment of this Act, the General Accounting Office shall

1 *prepare and submit to the appropriate committees of Con-*  
2 *gress a report concerning the study conducted under sub-*  
3 *section (a) and the recommendations made under such*  
4 *study.*

Attest:

*Secretary.*