

108TH CONGRESS
1ST SESSION

S. 239

AN ACT

To amend the Public Health Service Act to add requirements regarding trauma care, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Trauma Care Systems
5 Planning and Development Act of 2003”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The Federal Government and State govern-
4 ments have established a history of cooperation in
5 the development, implementation, and monitoring of
6 integrated, comprehensive systems for the provision
7 of emergency medical services.

8 (2) Trauma is the leading cause of death of
9 Americans between the ages of 1 and 44 years and
10 is the third leading cause of death in the general
11 population of the United States.

12 (3) In 1995, the total direct and indirect cost
13 of traumatic injury in the United States was esti-
14 mated at \$260,000,000,000.

15 (4) There are 40,000 fatalities and 5,000,000
16 nonfatal injuries each year from motor vehicle-re-
17 lated trauma, resulting in an aggregate annual cost
18 of \$230,000,000,000 in medical expenses, insurance,
19 lost wages, and property damage.

20 (5) Barriers to the receipt of prompt and ap-
21 propriate emergency medical services exist in many
22 areas of the United States.

23 (6) The number of deaths from trauma can be
24 reduced by improving the systems for the provision
25 of emergency medical services in the United States.

1 (7) Trauma care systems are an important part
2 of the emergency preparedness system needed for
3 homeland defense.

4 **SEC. 3. AMENDMENTS.**

5 (a) ESTABLISHMENT.—Section 1201 of the Public
6 Health Service Act (42 U.S.C. 300d) is amended—

7 (1) in subsection (a)—

8 (A) in the matter preceding paragraph (1),
9 by inserting “, acting through the Adminis-
10 trator of the Health Resources and Services Ad-
11 ministration,” after “Secretary”;

12 (B) by redesignating paragraphs (3) and
13 (4) as paragraphs (4) and (5), respectively;

14 (C) by inserting after paragraph (2) the
15 following:

16 “(3) collect, compile, and disseminate informa-
17 tion on the achievements of, and problems experi-
18 enced by, State and local agencies and private enti-
19 ties in providing trauma care and emergency medical
20 services and, in so doing, give special consideration
21 to the unique needs of rural areas;”;

22 (D) in paragraph (4), as redesignated by
23 subparagraph (B)—

24 (i) by inserting “to enhance each
25 State’s capability to develop, implement,

1 and sustain the trauma care component of
 2 each State’s plan for the provision of emer-
 3 gency medical services” after “assistance”;
 4 and

5 (ii) by striking “and” after the semi-
 6 colon;

7 (E) in paragraph (5), as redesignated by
 8 subparagraph (B), by striking the period at the
 9 end and inserting “; and”; and

10 (F) by adding at the end the following:

11 “(6) promote the collection and categorization
 12 of trauma data in a consistent and standardized
 13 manner.”;

14 (2) in subsection (b), by inserting “, acting
 15 through the Administrator of the Health Resources
 16 and Services Administration,” after “Secretary”;
 17 and

18 (3) by striking subsection (c).

19 (b) CLEARINGHOUSE ON TRAUMA CARE AND EMER-
 20 GENCY MEDICAL SERVICES.—The Public Health Service
 21 Act (42 U.S.C. 201 et seq.) is amended—

22 (1) by striking section 1202; and

23 (2) by redesignating section 1203 as section
 24 1202.

1 (c) ESTABLISHMENT OF PROGRAMS FOR IMPROVING
2 TRAUMA CARE IN RURAL AREAS.—Section 1202(a) of the
3 Public Health Service Act, as such section was redesi-
4 gned by subsection (b), is amended—

5 (1) in paragraph (2), in the matter preceding
6 subparagraph (A), by inserting “, such as advanced
7 trauma life support,” after “model curricula”;

8 (2) in paragraph (4), by striking “and” after
9 the semicolon;

10 (3) in paragraph (5), by striking the period and
11 inserting “; and”;

12 (4) by adding at the end the following:

13 “(6) by increasing communication and coordi-
14 nation with State trauma systems.”.

15 (d) REQUIREMENT OF MATCHING FUNDS FOR FIS-
16 CAL YEARS SUBSEQUENT TO FIRST FISCAL YEAR OF
17 PAYMENTS.—Section 1212 of the Public Health Service
18 Act (42 U.S.C. 300d–12) is amended—

19 (1) in subsection (a)(1)—

20 (A) in subparagraph (A), by striking
21 “and” after the semicolon; and

22 (B) by striking subparagraph (B) and in-
23 serting the following:

24 “(B) for the third fiscal year of such pay-
25 ments to the State, not less than \$1 for each

1 \$1 of Federal funds provided in such payments
2 for such fiscal year;

3 “(C) for the fourth fiscal year of such pay-
4 ments to the State, not less than \$2 for each
5 \$1 of Federal funds provided in such payments
6 for such fiscal year; and

7 “(D) for the fifth fiscal year of such pay-
8 ments to the State, not less than \$2 for each
9 \$1 of Federal funds provided in such payments
10 for such fiscal year.”; and

11 (2) in subsection (b)—

12 (A) in paragraph (1), by adding “and”
13 after the semicolon;

14 (B) in paragraph (2), by striking “; and”
15 and inserting a period; and

16 (C) by striking paragraph (3).

17 (e) REQUIREMENTS WITH RESPECT TO CARRYING
18 OUT PURPOSE OF ALLOTMENTS.—Section 1213 of the
19 Public Health Service Act (42 U.S.C. 300d–13) is
20 amended—

21 (1) in subsection (a)—

22 (A) in paragraph (3), in the matter pre-
23 ceding subparagraph (A), by inserting “nation-
24 ally recognized” after “contains”;

1 (B) in paragraph (5), by inserting “nation-
2 ally recognized” after “contains”;

3 (C) in paragraph (6), by striking “specifies
4 procedures for the evaluation of designated”
5 and inserting “utilizes a program with proce-
6 dures for the evaluation of”;

7 (D) in paragraph (7)—

8 (i) in the matter preceding subpara-
9 graph (A), by inserting “in accordance
10 with data collection requirements developed
11 in consultation with surgical, medical, and
12 nursing specialty groups, State and local
13 emergency medical services directors, and
14 other trained professionals in trauma care”
15 after “collection of data”;

16 (ii) in subparagraph (A), by inserting
17 “and the number of deaths from trauma”
18 after “trauma patients”; and

19 (iii) in subparagraph (F), by inserting
20 “and the outcomes of such patients” after
21 “for such transfer”;

22 (E) by redesignating paragraphs (10) and
23 (11) as paragraphs (11) and (12), respectively;
24 and

1 (F) by inserting after paragraph (9) the
2 following:

3 “(10) coordinates planning for trauma systems
4 with State disaster emergency planning and bioter-
5 rorism hospital preparedness planning;”;

6 (2) in subsection (b)—

7 (A) in paragraph (1)—

8 (i) in subparagraph (A), by striking
9 “concerning such” and inserting “that out-
10 line resources for optimal care of the in-
11 jured patient”; and

12 (ii) in subparagraph (D), by striking
13 “1992” and inserting “2004”; and

14 (B) in paragraph (3)—

15 (i) in subparagraph (A), by striking
16 “1991” and inserting “2004”; and

17 (ii) in subparagraph (B), by striking
18 “1992” and inserting “2004”; and

19 (3) in subsection (c), by striking “1990, the
20 Secretary shall develop a model plan” and inserting
21 “2003, the Secretary shall update the model plan”.

22 (f) REQUIREMENT OF SUBMISSION TO SECRETARY
23 OF TRAUMA PLAN AND CERTAIN INFORMATION.—Section
24 1214(a) of the Public Health Service Act (42 U.S.C.
25 300d–14(a)) is amended—

1 (1) in paragraph (1)—

2 (A) by striking “1991” and inserting
3 “2004”; and

4 (B) by inserting “that includes changes
5 and improvements made and plans to address
6 deficiencies identified” after “medical services”;
7 and

8 (2) in paragraph (2), by striking “1991” and
9 inserting “2004”.

10 (g) RESTRICTIONS ON USE OF PAYMENTS.—Section
11 1215(a)(1) of the Public Health Service Act (42 U.S.C.
12 300d–15(a)(1)) is amended by striking the period at the
13 end and inserting a semicolon.

14 (h) REQUIREMENTS OF REPORTS BY STATES.—The
15 Public Health Service Act (42 U.S.C. 201 et seq.) is
16 amended by striking section 1216 and inserting the fol-
17 lowing:

18 **“SEC. 1216. [RESERVED].”**

19 (i) REPORT BY THE SECRETARY.—Section 1222 of
20 the Public Health Service Act (42 U.S.C. 300d–22) is
21 amended by striking “1995” and inserting “2006”.

22 (j) FUNDING.—Section 1232(a) of the Public Health
23 Service Act (42 U.S.C. 300d–32(a)) is amended to read
24 as follows:

1 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
 2 purpose of carrying out parts A and B, there are author-
 3 ized to be appropriated \$12,000,000 for fiscal year 2004,
 4 and such sums as may be necessary for each of the fiscal
 5 years 2005 through 2008.”.

6 (k) CONFORMING AMENDMENT.—Section 1232(b)(2)
 7 of the Public Health Service Act (42 U.S.C. 300d–
 8 32(b)(2)) is amended by striking “1204” and inserting
 9 “1202”.

10 (l) INSTITUTE OF MEDICINE STUDY.—Part E of title
 11 XII of the Public Health Service Act (20 U.S.C. 300d–
 12 51 et seq.) is amended—

13 (1) by striking the part heading and inserting
 14 the following:

15 “PART E—MISCELLANEOUS PROGRAMS”;

16 and

17 (2) by adding at the end the following:

18 **“SEC. 1254. INSTITUTE OF MEDICINE STUDY.**

19 “(a) IN GENERAL.—The Secretary shall enter into
 20 a contract with the Institute of Medicine of the National
 21 Academy of Sciences, or another appropriate entity, to
 22 conduct a study on the state of trauma care and trauma
 23 research.

24 “(b) CONTENT.—The study conducted under sub-
 25 section (a) shall—

1 “(1) examine and evaluate the state of trauma
2 care and trauma systems research (including the
3 role of Federal entities in trauma research) on the
4 date of enactment of this section, and identify trau-
5 ma research priorities;

6 “(2) examine and evaluate the clinical effective-
7 ness of trauma care and the impact of trauma care
8 on patient outcomes, with special attention to high-
9 risk groups, such as children, the elderly, and indi-
10 viduals in rural areas;

11 “(3) examine and evaluate trauma systems de-
12 velopment and identify obstacles that prevent or
13 hinder the effectiveness of trauma systems and trau-
14 ma systems development;

15 “(4) examine and evaluate alternative strategies
16 for the organization, financing, and delivery of trau-
17 ma care within an overall systems approach; and

18 “(5) examine and evaluate the role of trauma
19 systems and trauma centers in preparedness for
20 mass casualties.

21 “(c) REPORT.—Not later than 2 years after the date
22 of enactment of this section, the Secretary shall submit
23 to the appropriate committees of Congress a report con-
24 taining the results of the study conducted under this sec-
25 tion.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 \$750,000 for each of fiscal years 2004 and 2005.”.

4 (m) RESIDENCY TRAINING PROGRAMS IN EMER-
5 GENCY MEDICINE.—Section 1251(c) of the Public Health
6 Service Act (42 U.S.C. 300d–51(c)) is amended by strik-
7 ing “1993 through 1995” and inserting “2004 through
8 2008”.

9 (n) STATE GRANTS FOR PROJECTS REGARDING
10 TRAUMATIC BRAIN INJURY.—Section 1252 of the Public
11 Health Service Act (42 U.S.C. 300d–52) is amended in
12 the section heading by striking “**DEMONSTRATION**”.

13 (o) INTERAGENCY PROGRAM FOR TRAUMA RE-
14 SEARCH.—Section 1261 of the Public Health Service Act
15 (42 U.S.C. 300d–61) is amended—

16 (1) in subsection (a), by striking “conducting
17 basic” and all that follows through the period at the
18 end of the second sentence and inserting “basic and
19 clinical research on trauma (in this section referred
20 to as the ‘Program’), including the prevention, diag-
21 nosis, treatment, and rehabilitation of trauma-re-
22 lated injuries.”;

23 (2) by striking subsection (b) and inserting the
24 following:

1 “(b) PLAN FOR PROGRAM.—The Director shall estab-
 2 lish and implement a plan for carrying out the activities
 3 of the Program, taking into consideration the rec-
 4 ommendations contained within the report of the NIH
 5 Trauma Research Task Force. The plan shall be periodi-
 6 cally reviewed, and revised as appropriate.”;

7 (3) in subsection (d)—

8 (A) in paragraph (4)(B), by striking
 9 “acute head injury” and inserting “traumatic
 10 brain injury”; and

11 (B) in subparagraph (D), by striking
 12 “head” and inserting “traumatic”;

13 (4) by striking subsection (g);

14 (5) by redesignating subsections (h) and (i) as
 15 subsections (g) and (h), respectively; and

16 (6) in subsection (h), as redesignated by para-
 17 graph (5), by striking “2001 through 2005” and in-
 18 serting “2004 through 2008”.

Passed the Senate June 23, 2003.

Attest:

Secretary.

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