

108TH CONGRESS
1ST SESSION

S. 239

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

IN THE SENATE OF THE UNITED STATES

JANUARY 29, 2003

Mr. FRIST (for himself, Mr. KENNEDY, Mr. ENZI, Mrs. MURRAY, Mr. ROBERTS, and Mr. GRAHAM of South Carolina) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The Federal Government and State govern-
9 ments have established a history of cooperation in

1 the development, implementation, and monitoring of
2 integrated, comprehensive systems for the provision
3 of emergency medical services.

4 (2) Trauma is the leading cause of death of
5 Americans between the ages of 1 and 44 years and
6 is the third leading cause of death in the general
7 population of the United States.

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

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

16 (5) Barriers to the receipt of prompt and ap-
17 propriate emergency medical services exist in many
18 areas of the United States.

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

22 (7) Trauma care systems are an important part
23 of the emergency preparedness system needed for
24 homeland defense.

1 **SEC. 3. AMENDMENTS.**

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

4 (1) in subsection (a)—

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

9 (B) by redesignating paragraphs (3) and
10 (4) as paragraphs (4) and (5), respectively;

11 (C) by inserting after paragraph (2) the
12 following:

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

19 (D) in paragraph (4), as redesignated by
20 subparagraph (B)—

21 (i) by inserting “to enhance each
22 State’s capability to develop, implement,
23 and sustain the trauma care component of
24 each State’s plan for the provision of emer-
25 gency medical services” after “assistance”;
26 and

1 (ii) by striking “and” after the semi-
2 colon;

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

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

7 “(6) promote the collection and categorization
8 of trauma data in a consistent and standardized
9 manner.”;

10 (2) in subsection (b), by inserting “, acting
11 through the Administrator of the Health Resources
12 and Services Administration,” after “Secretary”;
13 and

14 (3) by striking subsection (c).

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

18 (1) by striking section 1202; and

19 (2) by redesignating section 1203 as section
20 1202.

21 (c) ESTABLISHMENT OF PROGRAMS FOR IMPROVING
22 TRAUMA CARE IN RURAL AREAS.—Section 1202(a) of the
23 Public Health Service Act, as such section was redesign-
24 nated by subsection (b), is amended—

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

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

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

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

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

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

15 (1) in subsection (a)(1)—

16 (A) in subparagraph (A), by striking
17 “and” after the semicolon; and

18 (B) by striking subparagraph (B) and in-
19 serting the following:

20 “(B) for the third fiscal year of such pay-
21 ments to the State, not less than \$1 for each
22 \$1 of Federal funds provided in such payments
23 for such fiscal year;

24 “(C) for the fourth fiscal year of such pay-
25 ments to the State, not less than \$2 for each

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

3 “(D) for the fifth 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 (2) in subsection (b)—

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

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

12 (C) by striking paragraph (3).

13 (e) REQUIREMENTS WITH RESPECT TO CARRYING
14 OUT PURPOSE OF ALLOTMENTS.—Section 1213 of the
15 Public Health Service Act (42 U.S.C. 300d–13) is amend-
16 ed—

17 (1) in subsection (a)—

18 (A) in paragraph (3), in the matter pre-
19 ceding subparagraph (A), by inserting “nation-
20 ally recognized” after “contains”;

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

23 (C) in paragraph (6), by striking “specifies
24 procedures for the evaluation of designated”

1 and inserting “utilizes a program with proce-
2 dures for the evaluation of”;

3 (D) in paragraph (7)—

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

12 (ii) in subparagraph (A), by inserting
13 “and the number of deaths from trauma”
14 after “trauma patients”; and

15 (iii) in subparagraph (F), by inserting
16 “and the outcomes of such patients” after
17 “for such transfer”;

18 (E) by redesignating paragraphs (10) and
19 (11) as paragraphs (11) and (12), respectively;
20 and

21 (F) by inserting after paragraph (9) the
22 following:

23 “(10) coordinates planning for trauma systems
24 with State disaster emergency planning and bioter-
25 rorism hospital preparedness planning.”;

1 (2) in subsection (b)—

2 (A) in paragraph (1)—

3 (i) in subparagraph (A), by striking
4 “concerning such” and inserting “that out-
5 line resources for optimal care of the in-
6 jured patient”; and

7 (ii) in subparagraph (D), by striking
8 “1992” and inserting “2004”; and

9 (B) in paragraph (3)—

10 (i) in subparagraph (A), by striking
11 “1991” and inserting “2004”; and

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

14 (3) in subsection (c), by striking “1990, the
15 Secretary shall develop a model plan” and inserting
16 “2003, the Secretary shall update the model plan”.

17 (f) REQUIREMENT OF SUBMISSION TO SECRETARY
18 OF TRAUMA PLAN AND CERTAIN INFORMATION.—Section
19 1214(a) of the Public Health Service Act (42 U.S.C.
20 300d–14(a)) is amended—

21 (1) in paragraph (1)—

22 (A) by striking “1991” and inserting
23 “2004”; and

24 (B) by inserting “that includes changes
25 and improvements made and plans to address

1 deficiencies identified” after “medical services”;
2 and

3 (2) in paragraph (2), by striking “1991” and
4 inserting “2004”.

5 (g) RESTRICTIONS ON USE OF PAYMENTS.—Section
6 1215(a)(1) of the Public Health Service Act (42 U.S.C.
7 300d–15(a)(1)) is amended by striking the period at the
8 end and inserting a semicolon.

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

13 **“SEC. 1216. [RESERVED].”.**

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

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

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

1 (k) CONFORMING AMENDMENT.—Section 1232(b)(2)
2 of the Public Health Service Act (42 U.S.C. 300d–
3 32(b)(2)) is amended by striking “1204” and inserting
4 “1202”.

5 (l) INSTITUTE OF MEDICINE STUDY.—Part E of title
6 XII of the Public Health Service Act (20 U.S.C. 300d–
7 51 et seq.) is amended—

8 (1) by striking the part heading and inserting
9 the following:

10 “PART E—MISCELLANEOUS PROGRAMS”;

11 and

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

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

14 “(a) IN GENERAL.—The Secretary shall enter into
15 a contract with the Institute of Medicine of the National
16 Academy of Sciences, or another appropriate entity, to
17 conduct a study on the state of trauma care and trauma
18 research.

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

21 “(1) examine and evaluate the state of trauma
22 care and trauma systems research (including the
23 role of Federal entities in trauma research) on the
24 date of enactment of this section, and identify trau-
25 ma research priorities;

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

6 “(3) examine and evaluate trauma systems de-
7 velopment and identify obstacles that prevent or
8 hinder the effectiveness of trauma systems and trau-
9 ma systems development;

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

13 “(5) examine and evaluate the role of trauma
14 systems and trauma centers in preparedness for
15 mass casualties.

16 “(c) REPORT.—Not later than 2 years after the date
17 of enactment of this section, the Secretary shall submit
18 to the appropriate committees of Congress a report con-
19 taining the results of the study conducted under this sec-
20 tion.

21 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 \$750,000 for each of fiscal years 2004 and 2005.”.

24 (m) RESIDENCY TRAINING PROGRAMS IN EMER-
25 GENCY MEDICINE.—Section 1251(c) of the Public Health

1 Service Act (42 U.S.C. 300d–51(c)) is amended by strik-
2 ing “1993 through 1995” and inserting “2004 through
3 2008”.

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

8 (o) INTERAGENCY PROGRAM FOR TRAUMA RE-
9 SEARCH.—Section 1261 of the Public Health Service Act
10 (42 U.S.C. 300d–61) is amended—

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

18 (2) by striking subsection (b) and inserting the
19 following:

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

1 (3) in subsection (d)—

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

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

7 (4) by striking subsection (g);

8 (5) by redesignating subsections (h) and (i) as
9 subsections (g) and (h), respectively; and

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

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