

110TH CONGRESS
1ST SESSION

S. 657

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

IN THE SENATE OF THE UNITED STATES

FEBRUARY 16, 2007

Mr. REED (for himself, Mr. ROBERTS, Mr. KENNEDY, Mr. BURR, Mrs. MURRAY, Mr. HATCH, Mr. BROWN, Mrs. CLINTON, Mr. ISAKSON, Mr. BINGAMAN, Ms. COLLINS, and Mr. BIDEN) 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 2007”.

6 **SEC. 2. ESTABLISHMENT.**

7 Section 1201 of the Public Health Service Act (42
8 U.S.C. 300d) is amended to read as follows:

1 **“SEC. 1201. ESTABLISHMENT.**

2 “(a) IN GENERAL.—The Secretary shall, with respect
3 to trauma care—

4 “(1) conduct and support research, training,
5 evaluations, and demonstration projects;

6 “(2) foster the development of appropriate,
7 modern systems of such care through the sharing of
8 information among agencies and individuals involved
9 in the study and provision of such care;

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

16 “(4) provide to State and local agencies tech-
17 nical assistance to enhance each State’s capability to
18 develop, implement, and sustain the trauma care
19 component of each State’s plan for the provision of
20 emergency medical services;

21 “(5) sponsor workshops and conferences; and

22 “(6) promote the collection and categorization
23 of trauma data in a consistent and standardized
24 manner.

25 “(b) GRANTS, COOPERATIVE AGREEMENTS, AND
26 CONTRACTS.—The Secretary may make grants, and enter

1 into cooperative agreements and contracts, for the purpose
2 of carrying out subsection (a).”.

3 **SEC. 3. CLEARINGHOUSE ON TRAUMA CARE AND EMER-**
4 **GENCY MEDICAL SERVICES.**

5 The Public Health Service Act (42 U.S.C. 201 et
6 seq.) is amended—

7 (1) by striking section 1202; and

8 (2) by redesignating section 1203 as section
9 1202.

10 **SEC. 4. ESTABLISHMENT OF PROGRAMS FOR IMPROVING**
11 **TRAUMA CARE IN RURAL AREAS.**

12 Section 1202 of the Public Health Service Act, as re-
13 designated by section 3(2), is amended to read as follows:

14 **“SEC. 1202. ESTABLISHMENT OF PROGRAMS FOR IMPROV-**
15 **ING TRAUMA CARE IN RURAL AREAS.**

16 “(a) IN GENERAL.—The Secretary may make grants
17 to public and nonprofit private entities for the purpose of
18 carrying out research and demonstration projects with re-
19 spect to improving the availability and quality of emer-
20 gency medical services in rural areas—

21 “(1) by developing innovative uses of commu-
22 nications technologies and the use of new commu-
23 nications technology;

24 “(2) by developing model curricula, such as ad-
25 vanced trauma life support, for training emergency

1 medical services personnel, including first respond-
2 ers, emergency medical technicians, emergency
3 nurses and physicians, and paramedics—

4 “(A) in the assessment, stabilization, treat-
5 ment, preparation for transport, and resuscita-
6 tion of seriously injured patients, with special
7 attention to problems that arise during long
8 transports and to methods of minimizing delays
9 in transport to the appropriate facility; and

10 “(B) in the management of the operation
11 of the emergency medical services system;

12 “(3) by making training for original certifi-
13 cation, and continuing education, in the provision
14 and management of emergency medical services
15 more accessible to emergency medical personnel in
16 rural areas through telecommunications, home stud-
17 ies, providing teachers and training at locations ac-
18 cessible to such personnel, and other methods;

19 “(4) by developing innovative protocols and
20 agreements to increase access to prehospital care
21 and equipment necessary for the transportation of
22 seriously injured patients to the appropriate facili-
23 ties;

1 Administration, may make grants to States, political sub-
2 divisions, or consortia of States or political subdivisions
3 for the purpose of improving access to and enhancing the
4 development of trauma care systems.

5 “(b) USE OF FUNDS.—The Secretary may make a
6 grant under this section only if the applicant agrees to
7 use the grant—

8 “(1) to integrate and broaden the reach of a
9 trauma care system, such as by developing innova-
10 tive protocols to increase access to prehospital care;

11 “(2) to strengthen, develop, and improve an ex-
12 isting trauma care system;

13 “(3) to expand communications between the
14 trauma care system and emergency medical services
15 through improved equipment or a telemedicine sys-
16 tem;

17 “(4) to improve data collection and retention;
18 or

19 “(5) to increase education, training, and tech-
20 nical assistance opportunities, such as training and
21 continuing education in the management of emer-
22 gency medical services accessible to emergency med-
23 ical personnel in rural areas through telehealth,
24 home studies, and other methods.

1 “(c) PREFERENCE.—In selecting among States, po-
2 litical subdivisions, and consortia of States or political
3 subdivisions for purposes of making grants under this sec-
4 tion, the Secretary shall give preference to applicants
5 that—

6 “(1) have developed a process, using national
7 standards, for designating trauma centers;

8 “(2) recognize protocols for the delivery of seri-
9 ously injured patients to trauma centers;

10 “(3) implement a process for evaluating the
11 performance of the trauma system; and

12 “(4) agree to participate in information systems
13 described in section 1202 by collecting, providing,
14 and sharing information.

15 “(d) PRIORITY.—In making grants under this sec-
16 tion, the Secretary shall give priority to applicants that
17 will use the grants to focus on improving access to trauma
18 care systems.

19 “(e) SPECIAL CONSIDERATION.—In awarding grants
20 under this section, the Secretary shall give special consid-
21 eration to projects that demonstrate strong State or local
22 support, including availability of non-Federal contribu-
23 tions.”.

1 **SEC. 6. REQUIREMENT OF MATCHING FUNDS FOR FISCAL**
2 **YEARS SUBSEQUENT TO FIRST FISCAL YEAR**
3 **OF PAYMENTS.**

4 Section 1212 of the Public Health Service Act (42
5 U.S.C. 300d-12) is amended to read as follows:

6 **“SEC. 1212. REQUIREMENT OF MATCHING FUNDS FOR FIS-**
7 **CAL YEARS SUBSEQUENT TO FIRST FISCAL**
8 **YEAR OF PAYMENTS.**

9 “(a) NON-FEDERAL CONTRIBUTIONS.—

10 “(1) IN GENERAL.—The Secretary may not
11 make payments under section 1211(a) unless the
12 State involved agrees, with respect to the costs de-
13 scribed in paragraph (2), to make available non-Fed-
14 eral contributions (in cash or in kind under sub-
15 section (b)(1)) toward such costs in an amount
16 that—

17 “(A) for the second and third fiscal years
18 of such payments to the State, is not less than
19 \$1 for each \$1 of Federal funds provided in
20 such payments for such fiscal years; and

21 “(B) for the fourth and subsequent fiscal
22 years of such payments to the State, is not less
23 than \$2 for each \$1 of Federal funds provided
24 in such payments for such fiscal years.

25 “(2) PROGRAM COSTS.—The costs referred to
26 in paragraph (1) are—

1 “(A) the costs to be incurred by the State
2 in carrying out the purpose described in section
3 1211(b); or

4 “(B) the costs of improving the quality
5 and availability of emergency medical services
6 in rural areas of the State.

7 “(3) INITIAL YEAR OF PAYMENTS.—The Sec-
8 retary may not require a State to make non-Federal
9 contributions as a condition of receiving payments
10 under section 1211(a) for the first fiscal year of
11 such payments to the State.

12 “(b) DETERMINATION OF AMOUNT OF NON-FED-
13 ERAL CONTRIBUTION.—With respect to compliance with
14 subsection (a) as a condition of receiving payments under
15 section 1211(a)—

16 “(1) a State may make the non-Federal con-
17 tributions required in such subsection in cash or in
18 kind, fairly evaluated, including plant, equipment, or
19 services; and

20 “(2) the Secretary may not, in making a deter-
21 mination of the amount of non-Federal contribu-
22 tions, include amounts provided by the Federal Gov-
23 ernment or services assisted or subsidized to any sig-
24 nificant extent by the Federal Government.”.

1 **SEC. 7. REQUIREMENTS WITH RESPECT TO CARRYING OUT**
2 **PURPOSE OF ALLOTMENTS.**

3 Section 1213 of the Public Health Service Act (42
4 U.S.C. 300d–13) is amended to read as follows:

5 **“SEC. 1213. REQUIREMENTS WITH RESPECT TO CARRYING**
6 **OUT PURPOSE OF ALLOTMENTS.**

7 “(a) **TRAUMA CARE MODIFICATIONS TO STATE PLAN**
8 **FOR EMERGENCY MEDICAL SERVICES.**—With respect to
9 the trauma care component of a State plan for the provi-
10 sion of emergency medical services, the modifications re-
11 ferred to in section 1211(b) are such modifications to the
12 State plan as may be necessary for the State involved to
13 ensure that the plan provides for access to the highest pos-
14 sible quality of trauma care, and that the plan—

15 “(1) specifies that the modifications required
16 pursuant to paragraphs (2) through (11) will be im-
17 plemented by the principal State agency with respect
18 to emergency medical services or by the designee of
19 such agency;

20 “(2) specifies a public or private entity that will
21 designate trauma care regions and trauma centers in
22 the State;

23 “(3) subject to subsection (b), contains national
24 standards and requirements of the American College
25 of Surgeons or another appropriate entity for the
26 designation of level I and level II trauma centers,

1 and in the case of rural areas level III trauma cen-
2 ters (including trauma centers with specified capa-
3 bilities and expertise in the care of pediatric trauma
4 patient), by such entity, including standards and re-
5 quirements for—

6 “(A) the number and types of trauma pa-
7 tients for whom such centers must provide care
8 in order to ensure that such centers will have
9 sufficient experience and expertise to be able to
10 provide quality care for victims of injury;

11 “(B) the resources and equipment needed
12 by such centers; and

13 “(C) the availability of rehabilitation serv-
14 ices for trauma patients;

15 “(4) contains standards and requirements for
16 the implementation of regional trauma care systems,
17 including standards and guidelines (consistent with
18 the provisions of section 1867 of the Social Security
19 Act) for medically directed triage and transportation
20 of trauma patients (including patients injured in
21 rural areas) prior to care in designated trauma cen-
22 ters;

23 “(5) subject to subsection (b), contains national
24 standards and requirements, including those of the
25 American Academy of Pediatrics and the American

1 College of Emergency Physicians, for medically di-
2 rected triage and transport of severely injured chil-
3 dren to designated trauma centers with specified ca-
4 pabilities and expertise in the care of the pediatric
5 trauma patient;

6 “(6) utilizes a program with procedures for the
7 evaluation of designated trauma centers (including
8 trauma centers described in paragraph (5)) and
9 trauma care systems;

10 “(7) provides for the establishment and collec-
11 tion of data in accordance with data collection re-
12 quirements developed in consultation with surgical,
13 medical, and nursing specialty groups, State and
14 local emergency medical services directors, and other
15 trained professionals in trauma care, from each des-
16 ignated trauma center in the State of a central data
17 reporting and analysis system—

18 “(A) to identify the number of severely in-
19 jured trauma patients and the number of
20 deaths from trauma within trauma care sys-
21 tems in the State;

22 “(B) to identify the cause of the injury
23 and any factors contributing to the injury;

24 “(C) to identify the nature and severity of
25 the injury;

1 “(D) to monitor trauma patient care (in-
2 cluding prehospital care) in each designated
3 trauma center within regional trauma care sys-
4 tems in the State (including relevant emer-
5 gency-department discharges and rehabilitation
6 information) for the purpose of evaluating the
7 diagnosis, treatment, and treatment outcome of
8 such trauma patients;

9 “(E) to identify the total amount of un-
10 compensated trauma care expenditures for each
11 fiscal year by each designated trauma center in
12 the State; and

13 “(F) to identify patients transferred within
14 a regional trauma system, including reasons for
15 such transfer and the outcomes of such pa-
16 tients;

17 “(8) provides for the use of procedures by para-
18 medics and emergency medical technicians to assess
19 the severity of the injuries incurred by trauma pa-
20 tients;

21 “(9) provides for appropriate transportation
22 and transfer policies to ensure the delivery of pa-
23 tients to designated trauma centers and other facili-
24 ties within and outside of the jurisdiction of such
25 system, including policies to ensure that only indi-

1 viduals appropriately identified as trauma patients
2 are transferred to designated trauma centers, and to
3 provide periodic reviews of the transfers and the au-
4 diting of such transfers that are determined to be
5 appropriate;

6 “(10) conducts public education activities con-
7 cerning injury prevention and obtaining access to
8 trauma care;

9 “(11) coordinates planning for trauma systems
10 with State disaster emergency planning and bioter-
11 rorism hospital preparedness planning; and

12 “(12) with respect to the requirements estab-
13 lished in this subsection, provides for coordination
14 and cooperation between the State and any other
15 State with which the State shares any standard met-
16 ropolitan statistical area.

17 “(b) CERTAIN STANDARDS WITH RESPECT TO TRAU-
18 MA CARE CENTERS AND SYSTEMS.—

19 “(1) IN GENERAL.—The Secretary may not
20 make payments under section 1211(a) for a fiscal
21 year unless the State involved agrees that, in car-
22 rying out paragraphs (3) through (5) of subsection
23 (a), the State will adopt standards for the designa-
24 tion of trauma centers, and for triage, transfer, and

1 transportation policies, and that the State will, in
2 adopting such standards—

3 “(A) take into account national standards
4 concerning that outline resources for optimal
5 care of the injured patient;

6 “(B) consult with medical, surgical, and
7 nursing speciality groups, hospital associations,
8 emergency medical services State and local di-
9 rectors, concerned advocates and other inter-
10 ested parties;

11 “(C) conduct hearings on the proposed
12 standards after providing adequate notice to the
13 public concerning such hearing; and

14 “(D) beginning in fiscal year 2008, take
15 into account the model plan described in sub-
16 section (c).

17 “(2) QUALITY OF TRAUMA CARE.—The highest
18 quality of trauma care shall be the primary goal of
19 State standards adopted under this subsection.

20 “(3) APPROVAL BY THE SECRETARY.—The Sec-
21 retary may not make payments under section
22 1211(a) to a State if the Secretary determines
23 that—

24 “(A) in the case of payments for fiscal
25 year 2008 and subsequent fiscal years, the

1 State has not taken into account national
2 standards, including those of the American Col-
3 lege of Surgeons, the American College of
4 Emergency Physicians, and the American Acad-
5 emy of Pediatrics, in adopting standards under
6 this subsection; or

7 “(B) in the case of payments for fiscal
8 year 2008 and subsequent fiscal years, the
9 State has not, in adopting such standards,
10 taken into account the model plan developed
11 under subsection (c).

12 “(c) MODEL TRAUMA CARE PLAN.—

13 “(1) IN GENERAL.—Not later than 1 year after
14 the date of the enactment of the Trauma Care Sys-
15 tems Planning and Development Act of 2007, the
16 Secretary shall update the model plan for the des-
17 ignation of trauma centers and for triage, transfer,
18 and transportation policies that may be adopted for
19 guidance by the State. Such plan shall—

20 “(A) take into account national standards,
21 including those of the American College of Sur-
22 geons, American College of Emergency Physi-
23 cians, and the American Academy of Pediatrics;

24 “(B) take into account existing State
25 plans;

1 “(C) be developed in consultation with
2 medical, surgical, and nursing speciality groups,
3 hospital associations, emergency medical serv-
4 ices State directors and associations, and other
5 interested parties; and

6 “(D) include standards for the designation
7 of rural health facilities and hospitals best able
8 to receive, stabilize, and transfer trauma pa-
9 tients to the nearest appropriate designated
10 trauma center, and for triage, transfer, and
11 transportation policies as they relate to rural
12 areas.

13 “(2) APPLICABILITY.—Standards described in
14 paragraph (1)(D) shall be applicable to all rural
15 areas in the State, including both non-metropolitan
16 areas and frontier areas that have populations of
17 less than 6,000 per square mile.

18 “(d) RULE OF CONSTRUCTION WITH RESPECT TO
19 NUMBER OF DESIGNATED TRAUMA CENTERS.—With re-
20 spect to compliance with subsection (a) as a condition of
21 the receipt of a grant under section 1211(a), such sub-
22 section may not be construed to specify the number of
23 trauma care centers designated pursuant to such sub-
24 section.”.

1 **SEC. 8. REQUIREMENT OF SUBMISSION TO SECRETARY OF**
2 **TRAUMA PLAN AND CERTAIN INFORMATION.**

3 Section 1214 of the Public Health Service Act (42
4 U.S.C. 300d–14) is amended to read as follows:

5 **“SEC. 1214. REQUIREMENT OF SUBMISSION TO SECRETARY**
6 **OF TRAUMA PLAN AND CERTAIN INFORMA-**
7 **TION.**

8 “(a) IN GENERAL.—For each fiscal year, the Sec-
9 retary may not make payments to a State under section
10 1211(a) unless, subject to subsection (b), the State sub-
11 mits to the Secretary the trauma care component of the
12 State plan for the provision of emergency medical services,
13 including any changes to the trauma care component and
14 any plans to address deficiencies in the trauma care com-
15 ponent.

16 “(b) INTERIM PLAN OR DESCRIPTION OF EF-
17 FORTS.—For each fiscal year, if a State has not completed
18 the trauma care component of the State plan described
19 in subsection (a), the State may provide, in lieu of such
20 completed component, an interim component or a descrip-
21 tion of efforts made toward the completion of the compo-
22 nent.

23 “(c) INFORMATION RECEIVED BY STATE REPORTING
24 AND ANALYSIS SYSTEM.—The Secretary may not make
25 payments to a State under section 1211(a) unless the
26 State agrees that the State will, not less than once each

1 year, provide to the Secretary the information received by
 2 the State pursuant to section 1213(a)(7).

3 “(d) AVAILABILITY OF EMERGENCY MEDICAL SERV-
 4 ICES IN RURAL AREAS.—The Secretary may not make
 5 payments to a State under section 1211(a) unless—

6 “(1) the State identifies any rural area in the
 7 State for which—

8 “(A) there is no system of access to emer-
 9 gency medical services through the telephone
 10 number 911;

11 “(B) there is no basic life-support system;
 12 or

13 “(C) there is no advanced life-support sys-
 14 tem; and

15 “(2) the State submits to the Secretary a list
 16 of rural areas identified pursuant to subparagraph
 17 (A) or, if there are no such areas, a statement that
 18 there are no such areas.”.

19 **SEC. 9. RESTRICTIONS ON USE OF PAYMENTS.**

20 Section 1215 of the Public Health Service Act (42
 21 U.S.C. 300d–15) is amended to read as follows:

22 **“SEC. 1215. RESTRICTIONS ON USE OF PAYMENTS.**

23 “(a) IN GENERAL.—The Secretary may not, except
 24 as provided in subsection (b), make payments under sec-

1 tion 1211(a) for a fiscal year unless the State involved
2 agrees that the payments will not be expended—

3 “(1) for any purpose other than developing, im-
4 plementing, and monitoring the modifications re-
5 quired by section 1211(b) to be made to the State
6 plan for the provision of emergency medical services;

7 “(2) to make cash payments to intended recipi-
8 ents of services provided pursuant to this section;

9 “(3) to purchase or improve real property
10 (other than minor remodeling of existing improve-
11 ments to real property);

12 “(4) to satisfy any requirement for the expendi-
13 ture of non-Federal funds as a condition for the re-
14 ceipt of Federal funds; or

15 “(5) to provide financial assistance to any enti-
16 ty other than a public or nonprofit private entity.

17 “(b) WAIVER.—The Secretary may waive a restric-
18 tion under subsection (a) only if the Secretary determines
19 that the activities outlined by the State plan submitted
20 under section 1214(a)(1) by the State involved cannot oth-
21 erwise be carried out.”.

22 **SEC. 10. REQUIREMENTS OF REPORTS BY STATES.**

23 The Public Health Service Act (42 U.S.C. 201 et
24 seq.) is amended by striking section 1216.

1 **SEC. 11. REPORT BY SECRETARY.**

2 Section 1222 of the Public Health Service Act (42
3 U.S.C. 300d–22) is amended to read as follows:

4 **“SEC. 1222. REPORT BY SECRETARY.**

5 “Not later than October 1, 2008, the Secretary shall
6 report to the appropriate committees of Congress on the
7 activities of the States carried out pursuant to section
8 1211. Such report shall include an assessment of the ex-
9 tent to which Federal and State efforts to develop systems
10 of trauma care and to designate trauma centers have re-
11 duced the incidence of mortality, and the incidence of per-
12 manent disability, resulting from trauma. Such report
13 may include any recommendations of the Secretary for ap-
14 propriate administrative and legislative initiatives with re-
15 spect to trauma care.”.

16 **SEC. 12. FUNDING.**

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

19 **“SEC. 1232. FUNDING.**

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 2008,
23 \$10,000,000 for fiscal year 2009, and \$8,000,000 for each
24 of the fiscal years 2010 through 2012.

25 “(b) RESERVATION OF FUNDS.—If the amount ap-
26 propriated under subsection (a) for a fiscal year is equal

1 to or less than \$1,000,000, such appropriation is available
2 only for making grants under part A. If the amount so
3 appropriated is greater than \$1,000,000, 50 percent of
4 such appropriation shall be made available for grants
5 under part A and 50 percent shall be made available for
6 grants under part B.

7 “(c) ALLOCATION OF FUNDS BY SECRETARY.—

8 “(1) GENERAL AUTHORITY.—For the purpose
9 of carrying out part A, the Secretary shall make
10 available 10 percent of the amounts appropriated for
11 a fiscal year under subsection (a).

12 “(2) RURAL GRANTS.—For the purpose of car-
13 rying out section 1202, the Secretary shall make
14 available 10 percent of the amounts appropriated for
15 a fiscal year under subsection (a).”.

16 **SEC. 13. INSTITUTE OF MEDICINE STUDY.**

17 Part E of title XII of the Public Health Service Act
18 (20 U.S.C. 300d–51 et seq.) is amended by adding at the
19 end the following:

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

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

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

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

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

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

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

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

23 “(c) REPORT.—Not later than 2 years after the date
24 of enactment of this section, the Secretary shall submit
25 to the appropriate committees of Congress a report con-

1 taining the results of the study conducted under this sec-
2 tion.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section
5 \$750,000 for fiscal year 2008.”.

6 **SEC. 14. RESIDENCY TRAINING PROGRAMS IN EMERGENCY**
7 **MEDICINE.**

8 Section 1251 of the Public Health Service Act (42
9 U.S.C. 300d–51) is amended to read as follows:

10 **“SEC. 1251. RESIDENCY TRAINING PROGRAMS IN EMER-**
11 **GENCY MEDICINE.**

12 “(a) IN GENERAL.—The Secretary may make grants
13 to public and nonprofit private entities for the purpose of
14 planning and developing approved residency training pro-
15 grams in emergency medicine.

16 “(b) IDENTIFICATION AND REFERRAL OF DOMESTIC
17 VIOLENCE.—The Secretary may make a grant under sub-
18 section (a) only in the applicant involved agrees that the
19 training programs under subsection (a) will provide edu-
20 cation and training in identifying and referring cases of
21 domestic violence.

22 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out this section, there is authorized
24 to be appropriated \$400,000 for each of the fiscal years
25 2008 through 2012.”.

1 **SEC. 15. STATE GRANTS FOR CERTAIN PROJECTS.**

2 Section 1252 of the Public Health Service Act (42
3 U.S.C. 300d–52) is amended in the section heading by
4 striking “**DEMONSTRATION**” .

○