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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

MARCH 29, 2007

Reported by Mr. KENNEDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

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~~”.

1 **SEC. 2. ESTABLISHMENT.**

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

4 **“SEC. 1201. ESTABLISHMENT.**

5 **“(a) IN GENERAL.—**The Secretary shall, with respect
6 to trauma care—

7 **“(1)** conduct and support research, training,
8 evaluations, and demonstration projects;

9 **“(2)** foster the development of appropriate,
10 modern systems of such care through the sharing of
11 information among agencies and individuals involved
12 in the study and provision of such care;

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

24 **“(5)** sponsor workshops and conferences; and

1 “(6) promote the collection and categorization
2 of trauma data in a consistent and standardized
3 manner.

4 “(b) GRANTS, COOPERATIVE AGREEMENTS, AND
5 CONTRACTS.—The Secretary may make grants, and enter
6 into cooperative agreements and contracts, for the purpose
7 of carrying out subsection (a).”.

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

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

12 (1) by striking section 1202; and

13 (2) by redesignating section 1203 as section
14 1202.

15 **SEC. 4. ESTABLISHMENT OF PROGRAMS FOR IMPROVING**
16 **TRAUMA CARE IN RURAL AREAS.**

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

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

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

1 “(1) by developing innovative uses of commu-
2 nications technologies and the use of new commu-
3 nications technology;

4 “(2) by developing model curricula, such as ad-
5 vanced trauma life support, for training emergency
6 medical services personnel, including first respond-
7 ers, emergency medical technicians, emergency
8 nurses and physicians, and paramedics—

9 “(A) in the assessment, stabilization, treat-
10 ment, preparation for transport, and resuscita-
11 tion of seriously injured patients, with special
12 attention to problems that arise during long
13 transports and to methods of minimizing delays
14 in transport to the appropriate facility; and

15 “(B) in the management of the operation
16 of the emergency medical services system;

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

24 “(4) by developing innovative protocols and
25 agreements to increase access to prehospital care

1 and equipment necessary for the transportation of
2 seriously injured patients to the appropriate facili-
3 ties;

4 “(5) by evaluating the effectiveness of protocols
5 with respect to emergency medical services and sys-
6 tems; and

7 “(6) by increasing communication and coordi-
8 nation with State trauma systems.

9 “(b) SPECIAL CONSIDERATION FOR CERTAIN RURAL
10 AREAS.—In making grants under subsection (a), the Sec-
11 retary shall give special consideration to any applicant for
12 the grant that will provide services under the grant in any
13 rural area identified by a State under section 1214(d)(1).

14 “(c) REQUIREMENT OF APPLICATION.—The Sec-
15 retary may not make a grant under subsection (a) unless
16 an application for the grant is submitted to the Secretary
17 and the application is in such form, is made in such man-
18 ner, and contains such agreements, assurances, and infor-
19 mation as the Secretary determines to be necessary to
20 carry out this section.”.

21 **SEC. 5. COMPETITIVE GRANTS.**

22 Part A of title XII of the Public Health Service Act,
23 as amended by section 3, is amended by adding at the
24 end the following:

1 **“SEC. 1203. COMPETITIVE GRANTS FOR THE IMPROVEMENT**
2 **OF TRAUMA CARE.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Administrator of the Health Resources and Services
5 Administration, may make grants to States, political sub-
6 divisions, or consortia of States or political subdivisions
7 for the purpose of improving access to and enhancing the
8 development of trauma care systems.

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

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

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

17 “(3) to expand communications between the
18 trauma care system and emergency medical services
19 through improved equipment or a telemedicine sys-
20 tem;

21 “(4) to improve data collection and retention;
22 or

23 “(5) to increase education, training, and tech-
24 nical assistance opportunities, such as training and
25 continuing education in the management of emer-
26 gency medical services accessible to emergency med-

1 ical personnel in rural areas through telehealth,
2 home studies, and other methods.

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

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

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

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

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

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

21 “(e) SPECIAL CONSIDERATION.—In awarding grants
22 under this section, the Secretary shall give special consid-
23 eration to projects that demonstrate strong State or local
24 support, including availability of non-Federal contribu-
25 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 ear-
 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 ear-
 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 trauma
7 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 trauma
16 systems development;

17 “(4) examine and evaluate alternative strategies
18 for the organization, financing, and delivery of trauma
19 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**”.

5 **SECTION 1. SHORT TITLE.**

6 *This Act may be cited as the “Trauma Care Systems*
7 *Planning and Development Act of 2007”.*

8 **SEC. 2. ESTABLISHMENT.**

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

11 **“SEC. 1201. ESTABLISHMENT.**

12 *“(a) IN GENERAL.—The Secretary shall, with respect*
13 *to trauma care—*

14 *“(1) conduct and support research, training,*
15 *evaluations, and demonstration projects;*

16 *“(2) foster the development of appropriate, mod-*
17 *ern systems of such care through the sharing of infor-*
18 *mation among agencies and individuals involved in*
19 *the study and provision of such care;*

20 *“(3) collect, compile, and disseminate informa-*
21 *tion on the achievements of, and problems experienced*
22 *by, State and local agencies and private entities in*
23 *providing trauma care and emergency medical serv-*
24 *ices and, in so doing, give special consideration to the*
25 *unique needs of rural areas;*

1 “(4) provide to State and local agencies technical
2 assistance to enhance each State’s capability to de-
3 velop, implement, and sustain the trauma care com-
4 ponent of each State’s plan for the provision of emer-
5 gency medical services;

6 “(5) sponsor workshops and conferences; and

7 “(6) promote the collection and categorization of
8 trauma data in a consistent and standardized man-
9 ner.

10 “(b) *GRANTS, COOPERATIVE AGREEMENTS, AND CON-*
11 *TRACTS.*—*The Secretary may make grants, and enter into*
12 *cooperative agreements and contracts, for the purpose of*
13 *carrying out subsection (a).”.*

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

16 *The Public Health Service Act (42 U.S.C. 201 et seq.)*
17 *is amended—*

18 (1) *by striking section 1202; and*

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

21 **SEC. 4. ESTABLISHMENT OF PROGRAMS FOR IMPROVING**
22 **TRAUMA CARE IN RURAL AREAS.**

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

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

3 *“(a) IN GENERAL.—The Secretary may make grants*
4 *to public and nonprofit private entities for the purpose of*
5 *carrying out research and demonstration projects with re-*
6 *spect to improving the availability and quality of emer-*
7 *gency medical services in rural areas—*

8 *“(1) by developing innovative uses of commu-*
9 *nications technologies and the use of new communica-*
10 *tions technology;*

11 *“(2) by developing model curricula, such as ad-*
12 *vanced trauma life support, for training emergency*
13 *medical services personnel, including first responders,*
14 *emergency medical technicians, emergency nurses and*
15 *physicians, and paramedics—*

16 *“(A) in the assessment, stabilization, treat-*
17 *ment, preparation for transport, and resuscita-*
18 *tion of seriously injured patients, with special*
19 *attention to problems that arise during long*
20 *transports and to methods of minimizing delays*
21 *in transport to the appropriate facility; and*

22 *“(B) in the management of the operation of*
23 *the emergency medical services system;*

24 *“(3) by making training for original certifi-*
25 *cation, and continuing education, in the provision*
26 *and management of emergency medical services more*

1 *accessible to emergency medical personnel in rural*
2 *areas through telecommunications, home studies, pro-*
3 *viding teachers and training at locations accessible to*
4 *such personnel, and other methods;*

5 *“(4) by developing innovative protocols and*
6 *agreements to increase access to prehospital care and*
7 *equipment necessary for the transportation of seri-*
8 *ously injured patients to the appropriate facilities;*

9 *“(5) by evaluating the effectiveness of protocols*
10 *with respect to emergency medical services and sys-*
11 *tems; and*

12 *“(6) by increasing communication and coordina-*
13 *tion with State trauma systems.*

14 *“(b) SPECIAL CONSIDERATION FOR CERTAIN RURAL*
15 *AREAS.—In making grants under subsection (a), the Sec-*
16 *retary shall give special consideration to any applicant for*
17 *the grant that will provide services under the grant in any*
18 *rural area identified by a State under section 1214(d)(1).*

19 *“(c) REQUIREMENT OF APPLICATION.—The Secretary*
20 *may not make a grant under subsection (a) unless an appli-*
21 *cation for the grant is submitted to the Secretary and the*
22 *application is in such form, is made in such manner, and*
23 *contains such agreements, assurances, and information as*
24 *the Secretary determines to be necessary to carry out this*
25 *section.”.*

1 **SEC. 5. COMPETITIVE GRANTS.**

2 *Part A of title XII of the Public Health Service Act,*
3 *as amended by section 3, is amended by adding at the end*
4 *the following:*

5 **“SEC. 1203. COMPETITIVE GRANTS FOR THE IMPROVEMENT**
6 **OF TRAUMA CARE.**

7 *“(a) IN GENERAL.—The Secretary, acting through the*
8 *Administrator of the Health Resources and Services Admin-*
9 *istration, may make grants to States, political subdivisions,*
10 *or consortia of States or political subdivisions for the pur-*
11 *pose of improving access to and enhancing the development*
12 *of trauma care systems.*

13 *“(b) USE OF FUNDS.—The Secretary may make a*
14 *grant under this section only if the applicant agrees to use*
15 *the grant—*

16 *“(1) to integrate and broaden the reach of a*
17 *trauma care system, such as by developing innovative*
18 *protocols to increase access to prehospital care;*

19 *“(2) to strengthen, develop, and improve an ex-*
20 *isting trauma care system;*

21 *“(3) to expand communications between the*
22 *trauma care system and emergency medical services*
23 *through improved equipment or a telemedicine sys-*
24 *tem;*

25 *“(4) to improve data collection and retention; or*

1 “(5) to increase education, training, and tech-
2 nical assistance opportunities, such as training and
3 continuing education in the management of emer-
4 gency medical services accessible to emergency medical
5 personnel in rural areas through telehealth, home
6 studies, and other methods.

7 “(c) *PREFERENCE*.—In selecting among States, polit-
8 ical subdivisions, and consortia of States or political sub-
9 divisions for purposes of making grants under this section,
10 the Secretary shall give preference to applicants that—

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

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

15 “(3) implement a process for evaluating the per-
16 formance of the trauma system; and

17 “(4) agree to participate in information systems
18 described in section 1202 by collecting, providing, and
19 sharing information.

20 “(d) *PRIORITY*.—In making grants under this section,
21 the Secretary shall give priority to applicants that will use
22 the grants to focus on improving access to trauma care sys-
23 tems.

24 “(e) *SPECIAL CONSIDERATION*.—In awarding grants
25 under this section, the Secretary shall give special consider-

1 *ation to projects that demonstrate strong State or local sup-*
 2 *port, including availability of non-Federal contributions.”.*

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

6 *Section 1212 of the Public Health Service Act (42*
 7 *U.S.C. 300d–12) is amended to read as follows:*

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

11 *“(a) NON-FEDERAL CONTRIBUTIONS.—*

12 *“(1) IN GENERAL.—The Secretary may not make*
 13 *payments under section 1211(a) unless the State in-*
 14 *volved agrees, with respect to the costs described in*
 15 *paragraph (2), to make available non-Federal con-*
 16 *tributions (in cash or in kind under subsection (b)(1))*
 17 *toward such costs in an amount that—*

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

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

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

3 “(A) *the costs to be incurred by the State in*
4 *carrying out the purpose described in section*
5 *1211(b); or*

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

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

14 “(b) *DETERMINATION OF AMOUNT OF NON-FEDERAL*
15 *CONTRIBUTION.*—*With respect to compliance with sub-*
16 *section (a) as a condition of receiving payments under sec-*
17 *tion 1211(a)—*

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

22 “(2) *the Secretary may not, in making a deter-*
23 *mination of the amount of non-Federal contributions,*
24 *include amounts provided by the Federal Government*

1 “(3) subject to subsection (b), contains national
2 standards and requirements of the American College
3 of Surgeons or another appropriate entity for the des-
4 ignation of level I and level II trauma centers, and
5 in the case of rural areas level III trauma centers (in-
6 cluding trauma centers with specified capabilities
7 and expertise in the care of pediatric trauma pa-
8 tient), by such entity, including standards and re-
9 quirements for—

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

15 “(B) the resources and equipment needed by
16 such centers; and

17 “(C) the availability of rehabilitation serv-
18 ices for trauma patients;

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

1 “(5) subject to subsection (b), contains national
2 standards and requirements, including those of the
3 American Academy of Pediatrics and the American
4 College of Emergency Physicians, for medically di-
5 rected triage and transport of severely injured chil-
6 dren to designated trauma centers with specified ca-
7 pabilities and expertise in the care of the pediatric
8 trauma patient;

9 “(6) utilizes a program with procedures for the
10 evaluation of designated trauma centers (including
11 trauma centers described in paragraph (5)) and trau-
12 ma care systems;

13 “(7) provides for the establishment and collection
14 of data in accordance with data collection require-
15 ments developed in consultation with surgical, med-
16 ical, and nursing specialty groups, State and local
17 emergency medical services directors, and other
18 trained professionals in trauma care, from each des-
19 ignated trauma center in the State of a central data
20 reporting and analysis system—

21 “(A) to identify the number of severely in-
22 jured trauma patients and the number of deaths
23 from trauma within trauma care systems in the
24 State;

1 “(B) to identify the cause of the injury and
2 any factors contributing to the injury;

3 “(C) to identify the nature and severity of
4 the injury;

5 “(D) to monitor trauma patient care (in-
6 cluding prehospital care) in each designated
7 trauma center within regional trauma care sys-
8 tems in the State (including relevant emergency-
9 department discharges and rehabilitation infor-
10 mation) for the purpose of evaluating the diag-
11 nosis, treatment, and treatment outcome of such
12 trauma patients;

13 “(E) to identify the total amount of uncom-
14 pensated trauma care expenditures for each fis-
15 cal year by each designated trauma center in the
16 State; and

17 “(F) to identify patients transferred within
18 a regional trauma system, including reasons for
19 such transfer and the outcomes of such patients;

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

24 “(9) provides for appropriate transportation and
25 transfer policies to ensure the delivery of patients to

1 *designated trauma centers and other facilities within*
2 *and outside of the jurisdiction of such system, includ-*
3 *ing policies to ensure that only individuals appro-*
4 *priately identified as trauma patients are transferred*
5 *to designated trauma centers, and to provide periodic*
6 *reviews of the transfers and the auditing of such*
7 *transfers that are determined to be appropriate;*

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

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

14 *“(12) with respect to the requirements established*
15 *in this subsection, provides for coordination and co-*
16 *operation between the State and any other State with*
17 *which the State shares any standard metropolitan*
18 *statistical area.*

19 *“(b) CERTAIN STANDARDS WITH RESPECT TO TRAUMA*
20 *CARE CENTERS AND SYSTEMS.—*

21 *“(1) IN GENERAL.—The Secretary may not make*
22 *payments under section 1211(a) for a fiscal year un-*
23 *less the State involved agrees that, in carrying out*
24 *paragraphs (3) through (5) of subsection (a), the*
25 *State will adopt standards for the designation of*

1 *trauma centers, and for triage, transfer, and trans-*
2 *portation policies, and that the State will, in adopt-*
3 *ing such standards—*

4 “(A) *take into account national standards*
5 *that outline resources for optimal care of the in-*
6 *jured patient;*

7 “(B) *consult with medical, surgical, and*
8 *nursing speciality groups, hospital associations,*
9 *emergency medical services State and local direc-*
10 *tors, concerned advocates and other interested*
11 *parties;*

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

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

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

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

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

1 *not taken into account national standards, in-*
2 *cluding those of the American College of Sur-*
3 *geons, the American College of Emergency Physi-*
4 *cians, and the American Academy of Pediatrics,*
5 *in adopting standards under this subsection; or*

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

11 “(c) *MODEL TRAUMA CARE PLAN.—*

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

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

23 “(B) *take into account existing State plans;*

24 “(C) *be developed in consultation with med-*
25 *ical, surgical, and nursing speciality groups,*

1 **“SEC. 1214. REQUIREMENT OF SUBMISSION TO SECRETARY**
2 **OF TRAUMA PLAN AND CERTAIN INFORMA-**
3 **TION.**

4 *“(a) IN GENERAL.—For each fiscal year, the Secretary*
5 *may not make payments to a State under section 1211(a)*
6 *unless, subject to subsection (b), the State submits to the*
7 *Secretary the trauma care component of the State plan for*
8 *the provision of emergency medical services, including any*
9 *changes to the trauma care component and any plans to*
10 *address deficiencies in the trauma care component.*

11 *“(b) INTERIM PLAN OR DESCRIPTION OF EFFORTS.—*
12 *For each fiscal year, if a State has not completed the trau-*
13 *ma care component of the State plan described in subsection*
14 *(a), the State may provide, in lieu of such completed compo-*
15 *nent, an interim component or a description of efforts made*
16 *toward the completion of the component.*

17 *“(c) INFORMATION RECEIVED BY STATE REPORTING*
18 *AND ANALYSIS SYSTEM.—The Secretary may not make*
19 *payments to a State under section 1211(a) unless the State*
20 *agrees that the State will, not less than once each year, pro-*
21 *vide to the Secretary the information received by the State*
22 *pursuant to section 1213(a)(7).*

23 *“(d) AVAILABILITY OF EMERGENCY MEDICAL SERV-*
24 *ICES IN RURAL AREAS.—The Secretary may not make pay-*
25 *ments to a State under section 1211(a) unless—*

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

3 “(A) there is no system of access to emer-
4 gency medical services through the telephone
5 number 911;

6 “(B) there is no basic life-support system;
7 or

8 “(C) there is no advanced life-support sys-
9 tem; and

10 “(2) the State submits to the Secretary a list of
11 rural areas identified pursuant to paragraph (1) or,
12 if there are no such areas, a statement that there are
13 no such areas.”.

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

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

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

18 “(a) *IN GENERAL.*—The Secretary may not, except as
19 provided in subsection (b), make payments under section
20 1211(a) for a fiscal year unless the State involved agrees
21 that the payments will not be expended—

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

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

3 “(3) to purchase or improve real property (other
4 than minor remodeling of existing improvements to
5 real property);

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

9 “(5) to provide financial assistance to any entity
10 other than a public or nonprofit private entity.

11 “(b) WAIVER.—The Secretary may waive a restriction
12 under subsection (a) only if the Secretary determines that
13 the activities outlined by the State plan submitted under
14 section 1213(a)(1) by the State involved cannot otherwise
15 be carried out.”.

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

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

19 **SEC. 11. REPORT BY SECRETARY.**

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

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

23 *“Not later than October 1, 2008, the Secretary shall*
24 *report to the appropriate committees of Congress on the ac-*
25 *tivities of the States carried out pursuant to section 1211.*

1 *Such report shall include an assessment of the extent to*
2 *which Federal and State efforts to develop systems of trau-*
3 *ma care and to designate trauma centers have reduced the*
4 *incidence of mortality, and the incidence of permanent dis-*
5 *ability, resulting from trauma. Such report may include*
6 *any recommendations of the Secretary for appropriate ad-*
7 *ministrative and legislative initiatives with respect to trau-*
8 *ma care.”.*

9 **SEC. 12. FUNDING.**

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

12 **“SEC. 1232. FUNDING.**

13 *“(a) AUTHORIZATION OF APPROPRIATIONS.—For the*
14 *purpose of carrying out parts A and B, there are authorized*
15 *to be appropriated \$12,000,000 for fiscal year 2008,*
16 *\$10,000,000 for fiscal year 2009, and \$8,000,000 for each*
17 *of the fiscal years 2010 through 2012.*

18 *“(b) RESERVATION OF FUNDS.—If the amount appro-*
19 *priated under subsection (a) for a fiscal year is equal to*
20 *or less than \$1,000,000, such appropriation is available*
21 *only for making grants under part A. If the amount so ap-*
22 *propriated is greater than \$1,000,000, 50 percent of such*
23 *appropriation shall be made available for grants under part*
24 *A and 50 percent shall be made available for grants under*
25 *part B.*

1 “(c) *ALLOCATION OF FUNDS BY SECRETARY.*—

2 “(1) *GENERAL AUTHORITY.*—*For the purpose of*
3 *carrying out part A, the Secretary shall make avail-*
4 *able 10 percent of the amounts appropriated for a fis-*
5 *cal year under subsection (a).*”

6 “(2) *RURAL GRANTS.*—*For the purpose of car-*
7 *rying out section 1202, the Secretary shall make*
8 *available 10 percent of the amounts appropriated for*
9 *a fiscal year under subsection (a).*”.

10 **SEC. 13. RESIDENCY TRAINING PROGRAMS IN EMERGENCY**
11 **MEDICINE.**

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

14 **“SEC. 1251. RESIDENCY TRAINING PROGRAMS IN EMER-**
15 **GENCY MEDICINE.**

16 “(a) *IN GENERAL.*—*The Secretary may make grants*
17 *to public and nonprofit private entities for the purpose of*
18 *planning and developing approved residency training pro-*
19 *grams in emergency medicine.*

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

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

5 **SEC. 14. STATE GRANTS FOR CERTAIN PROJECTS.**

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

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110TH CONGRESS
1ST Session

S. 657

A BILL

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

MARCH 29, 2007

Reported with an amendment