

110TH CONGRESS  
1ST SESSION

# H. R. 727

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IN THE SENATE OF THE UNITED STATES

MARCH 28, 2007

Received

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## AN ACT

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

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Trauma Care Systems  
3 Planning and Development Act of 2007”.

4 **SEC. 2. ESTABLISHMENT.**

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

7 **“SEC. 1201. ESTABLISHMENT.**

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

10 “(1) conduct and support research, training,  
11 evaluations, and demonstration projects;

12 “(2) foster the development of appropriate,  
13 modern systems of such care through the sharing of  
14 information among agencies and individuals involved  
15 in the study and provision of such care;

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

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

1 “(5) sponsor workshops and conferences; and

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

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

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

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

13 (1) by striking section 1202; and

14 (2) by redesignating section 1203 as section  
15 1202.

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

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

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

22 “(a) IN GENERAL.—The Secretary may make grants  
23 to public and nonprofit private entities for the purpose of  
24 carrying out research and demonstration projects with re-

1 spect to improving the availability and quality of emer-  
2 gency medical services in rural areas—

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

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

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

17 “(B) in the management of the operation  
18 of the emergency medical services system;

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

1           “(4) by developing innovative protocols and  
2           agreements to increase access to prehospital care  
3           and equipment necessary for the transportation of  
4           seriously injured patients to the appropriate facili-  
5           ties;

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

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

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

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

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

7 “(a) IN GENERAL.—The Secretary, acting through  
8 the Administrator of the Health Resources and Services  
9 Administration, may make grants to States, political sub-  
10 divisions, or consortia of States or political subdivisions  
11 for the purpose of improving access to and enhancing the  
12 development 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  
15 use the grant—

16 “(1) to integrate and broaden the reach of a  
17 trauma care system, such as by developing innova-  
18 tive 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;

26 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 med-  
5           ical personnel in rural areas through telehealth,  
6           home studies, and other methods.

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

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

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

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

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

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

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

6 **SEC. 6. REQUIREMENT OF MATCHING FUNDS FOR FISCAL**  
 7                   **YEARS SUBSEQUENT TO FIRST FISCAL YEAR**  
 8                   **OF PAYMENTS.**

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

11 **“SEC. 1212. REQUIREMENT OF MATCHING FUNDS FOR FIS-**  
 12                   **CAL YEARS SUBSEQUENT TO FIRST FISCAL**  
 13                   **YEAR OF PAYMENTS.**

14       “(a) NON-FEDERAL CONTRIBUTIONS.—

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

22                   “(A) for the second and third fiscal years  
 23 of such payments to the State, is not less than  
 24 \$1 for each \$1 of Federal funds provided in  
 25 such payments for such fiscal years; and

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

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

7           “(A) the costs to be incurred by the State  
8           in carrying out the purpose described in section  
9           1211(b); or

10           “(B) the costs of improving the quality  
11           and availability of emergency medical services  
12           in rural areas of the State.

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

18           “(b) DETERMINATION OF AMOUNT OF NON-FED-  
19           ERAL CONTRIBUTION.—With respect to compliance with  
20           subsection (a) as a condition of receiving payments under  
21           section 1211(a)—

22           “(1) a State may make the non-Federal con-  
23           tributions required in such subsection in cash or in  
24           kind, fairly evaluated, including plant, equipment, or  
25           services; and



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

4           “(3) subject to subsection (b), contains national  
5 standards and requirements of the American College  
6 of Surgeons or another appropriate entity for the  
7 designation of level I and level II trauma centers,  
8 and in the case of rural areas level III trauma cen-  
9 ters (including trauma centers with specified capa-  
10 bilities and expertise in the care of pediatric trauma  
11 patients), by such entity, including standards and  
12 requirements for—

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

18           “(B) the resources and equipment needed  
19 by such centers; and

20           “(C) the availability of rehabilitation serv-  
21 ices for trauma patients;

22           “(4) contains standards and requirements for  
23 the implementation of regional trauma care systems,  
24 including standards and guidelines (consistent with  
25 the provisions of section 1867 of the Social Security

1 Act) for medically directed triage and transportation  
2 of trauma patients (including patients injured in  
3 rural areas) prior to care in designated trauma cen-  
4 ters;

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

13 “(6) utilizes a program with procedures for the  
14 evaluation of designated trauma centers (including  
15 trauma centers described in paragraph (5)) and  
16 trauma care systems;

17 “(7) provides for the establishment and collec-  
18 tion of data in accordance with data collection re-  
19 quirements developed in consultation with surgical,  
20 medical, and nursing specialty groups, State and  
21 local emergency medical services directors, and other  
22 trained professionals in trauma care, from each des-  
23 ignated trauma center in the State of a central data  
24 reporting and analysis system—

1           “(A) to identify the number of severely in-  
2           jured trauma patients and the number of  
3           deaths from trauma within trauma care sys-  
4           tems in the State;

5           “(B) to identify the cause of the injury  
6           and any factors contributing to the injury;

7           “(C) to identify the nature and severity of  
8           the injury;

9           “(D) to monitor trauma patient care (in-  
10          cluding prehospital care) in each designated  
11          trauma center within regional trauma care sys-  
12          tems in the State (including relevant emer-  
13          gency-department discharges and rehabilitation  
14          information) for the purpose of evaluating the  
15          diagnosis, treatment, and treatment outcome of  
16          such trauma patients;

17          “(E) to identify the total amount of un-  
18          compensated trauma care expenditures for each  
19          fiscal year by each designated trauma center in  
20          the State; and

21          “(F) to identify patients transferred within  
22          a regional trauma system, including reasons for  
23          such transfer and the outcomes of such pa-  
24          tients;

1           “(8) provides for the use of procedures by para-  
2           medics and emergency medical technicians to assess  
3           the severity of the injuries incurred by trauma pa-  
4           tients;

5           “(9) provides for appropriate transportation  
6           and transfer policies to ensure the delivery of pa-  
7           tients to designated trauma centers and other facili-  
8           ties within and outside of the jurisdiction of such  
9           system, including policies to ensure that only indi-  
10          viduals appropriately identified as trauma patients  
11          are transferred to designated trauma centers, and to  
12          provide periodic reviews of the transfers and the au-  
13          diting of such transfers that are determined to be  
14          appropriate;

15          “(10) conducts public education activities con-  
16          cerning injury prevention and obtaining access to  
17          trauma care;

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

21          “(12) with respect to the requirements estab-  
22          lished in this subsection, provides for coordination  
23          and cooperation between the State and any other  
24          State with which the State shares any standard met-  
25          ropolitan statistical area.

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

3           “(1) IN GENERAL.—The Secretary may not  
4 make payments under section 1211(a) for a fiscal  
5 year unless the State involved agrees that, in car-  
6 rying out paragraphs (3) through (5) of subsection  
7 (a), the State will adopt standards for the designa-  
8 tion of trauma centers, and for triage, transfer, and  
9 transportation policies, and that the State will, in  
10 adopting such standards—

11           “(A) take into account national standards  
12 that outline resources for optimal care of in-  
13 jured patients;

14           “(B) consult with medical, surgical, and  
15 nursing speciality groups, hospital associations,  
16 emergency medical services State and local di-  
17 rectors, concerned advocates, and other inter-  
18 ested parties;

19           “(C) conduct hearings on the proposed  
20 standards after providing adequate notice to the  
21 public concerning such hearing; and

22           “(D) beginning in fiscal year 2008, take  
23 into account the model plan described in sub-  
24 section (c).

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

4           “(3) APPROVAL BY THE SECRETARY.—The Sec-  
5           retary may not make payments under section  
6           1211(a) to a State if the Secretary determines  
7           that—

8                   “(A) in the case of payments for fiscal  
9                   year 2008 and subsequent fiscal years, the  
10                  State has not taken into account national  
11                  standards, including those of the American Col-  
12                  lege of Surgeons, the American College of  
13                  Emergency Physicians, and the American Acad-  
14                  emy of Pediatrics, in adopting standards under  
15                  this subsection; or

16                   “(B) in the case of payments for fiscal  
17                   year 2008 and subsequent fiscal years, the  
18                   State has not, in adopting such standards,  
19                   taken into account the model plan developed  
20                   under subsection (c).

21           “(c) MODEL TRAUMA CARE PLAN.—

22                   “(1) IN GENERAL.—Not later than 1 year after  
23                   the date of the enactment of the Trauma Care Sys-  
24                   tems Planning and Development Act of 2007, the  
25                   Secretary shall update the model plan for the des-

1       ignation of trauma centers and for triage, transfer,  
2       and transportation policies that may be adopted for  
3       guidance by the State. Such plan shall—

4               “(A) take into account national standards,  
5               including those of the American College of Sur-  
6               geons, American College of Emergency Physi-  
7               cians, and the American Academy of Pediatrics;

8               “(B) take into account existing State  
9               plans;

10              “(C) be developed in consultation with  
11              medical, surgical, and nursing speciality groups,  
12              hospital associations, emergency medical serv-  
13              ices State directors and associations, and other  
14              interested parties; and

15              “(D) include standards for the designation  
16              of rural health facilities and hospitals best able  
17              to receive, stabilize, and transfer trauma pa-  
18              tients to the nearest appropriate designated  
19              trauma center, and for triage, transfer, and  
20              transportation policies as they relate to rural  
21              areas.

22              “(2) APPLICABILITY.—Standards described in  
23              paragraph (1)(D) shall be applicable to all rural  
24              areas in the State, including both non-metropolitan

1 areas and frontier areas that have populations of  
2 less than 6,000 per square mile.

3 “(d) **RULE OF CONSTRUCTION WITH RESPECT TO**  
4 **NUMBER OF DESIGNATED TRAUMA CENTERS.**—With re-  
5 spect to compliance with subsection (a) as a condition of  
6 the receipt of a grant under section 1211(a), such sub-  
7 section may not be construed to specify the number of  
8 trauma care centers designated pursuant to such sub-  
9 section.”.

10 **SEC. 8. REQUIREMENT OF SUBMISSION TO SECRETARY OF**  
11 **TRAUMA PLAN AND CERTAIN INFORMATION.**

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

14 **“SEC. 1214. REQUIREMENT OF SUBMISSION TO SECRETARY**  
15 **OF TRAUMA PLAN AND CERTAIN INFORMA-**  
16 **TION.**

17 “(a) **IN GENERAL.**—For each fiscal year, the Sec-  
18 retary may not make payments to a State under section  
19 1211(a) unless, subject to subsection (b), the State sub-  
20 mits to the Secretary the trauma care component of the  
21 State plan for the provision of emergency medical services,  
22 including any changes to the trauma care component and  
23 any plans to address deficiencies in the trauma care com-  
24 ponent.

1       “(b) INTERIM PLAN OR DESCRIPTION OF EF-  
2 FORTS.—For each fiscal year, if a State has not completed  
3 the trauma care component of the State plan described  
4 in subsection (a), the State may provide, in lieu of such  
5 completed component, an interim component or a descrip-  
6 tion of efforts made toward the completion of the compo-  
7 nent.

8       “(c) INFORMATION RECEIVED BY STATE REPORTING  
9 AND ANALYSIS SYSTEM.—The Secretary may not make  
10 payments to a State under section 1211(a) unless the  
11 State agrees that the State will, not less than once each  
12 year, provide to the Secretary the information received by  
13 the State pursuant to section 1213(a)(7).

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

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

19                       “(A) there is no system of access to emer-  
20 gency medical services through the telephone  
21 number 911;

22                       “(B) there is no basic life-support system;  
23 or

24                       “(C) there is no advanced life-support sys-  
25 tem; and

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

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

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

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

9           “(a) IN GENERAL.—The Secretary may not, except  
10 as provided in subsection (b), make payments under sec-  
11 tion 1211(a) for a fiscal year unless the State involved  
12 agrees that the payments will not be expended—

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

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

19           “(3) to purchase or improve real property  
20 (other than minor remodeling of existing improve-  
21 ments to real property);

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

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

3           “(b) WAIVER.—The Secretary may waive a restric-  
4           tion under subsection (a) only if the Secretary determines  
5           that the activities outlined by the State plan submitted  
6           under section 1214(a) by the State involved cannot other-  
7           wise be carried out.”.

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

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

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

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

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

15          “Not later than October 1, 2008, the Secretary shall  
16          report to the appropriate committees of Congress on the  
17          activities of the States carried out pursuant to section  
18          1211. Such report shall include an assessment of the ex-  
19          tent to which Federal and State efforts to develop systems  
20          of trauma care and to designate trauma centers have re-  
21          duced the incidence of mortality, and the incidence of per-  
22          manent disability, resulting from trauma. Such report  
23          may include any recommendations of the Secretary for ap-  
24          propriate administrative and legislative initiatives with re-  
25          spect to trauma care.”.

1 **SEC. 12. FUNDING.**

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

4 **“SEC. 1232. FUNDING.**

5 “(a) **AUTHORIZATION OF APPROPRIATIONS.**—For the  
6 purpose of carrying out parts A and B, subject to sub-  
7 sections (b) and (c), there are authorized to be appro-  
8 priated \$12,000,000 for fiscal year 2008, \$10,000,000 for  
9 fiscal year 2009, and \$8,000,000 for each of the fiscal  
10 years 2010 through 2012.

11 “(b) **RESERVATION OF FUNDS.**—If the amount ap-  
12 propriated under subsection (a) for a fiscal year is equal  
13 to or less than \$1,000,000, such appropriation is available  
14 only for the purpose of carrying out part A. If the amount  
15 so appropriated is greater than \$1,000,000, 50 percent  
16 of such appropriation shall be made available for the pur-  
17 pose of carrying out part A and 50 percent shall be made  
18 available for the purpose of carrying out part B.

19 “(c) **ALLOCATION OF PART A FUNDS.**—Of the  
20 amounts appropriated under subsection (a) for a fiscal  
21 year to carry out part A—

22 “(1) 10 percent of such amounts for such year  
23 shall be allocated for administrative purposes; and

24 “(2) 10 percent of such amounts for such year  
25 shall be allocated for the purpose of carrying out  
26 section 1202.”.

1 **SEC. 13. RESIDENCY TRAINING PROGRAMS IN EMERGENCY**  
2 **MEDICINE.**

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

5 **“SEC. 1251. RESIDENCY TRAINING PROGRAMS IN EMER-**  
6 **GENCY MEDICINE.**

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

11 “(b) **IDENTIFICATION AND REFERRAL OF DOMESTIC**  
12 **VIOLENCE.**—The Secretary may make a grant under sub-  
13 section (a) only if the applicant involved agrees that the  
14 training programs under subsection (a) will provide edu-  
15 cation and training in identifying and referring cases of  
16 domestic violence.

17 “(c) **AUTHORIZATION OF APPROPRIATIONS.**—For the  
18 purpose of carrying out this section, there is authorized  
19 to be appropriated \$400,000 for each of the fiscal years  
20 2008 through 2012.”.

1 **SEC. 14. 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**”.

Passed the House of Representatives March 27,  
2007.

Attest: LORRAINE C. MILLER,  
*Clerk.*