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(Original Signature of Member)

117TH CONGRESS
2D SESSION

H. R. 8163

To amend the Public Health Service Act with respect to trauma care.

IN THE HOUSE OF REPRESENTATIVES

Mr. O'HALLERAN introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Public Health Service Act with respect to trauma care.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Improving Trauma Systems and Emergency Care Act''.

SEC. 2. TRAUMA CARE REAUTHORIZATION.

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

(1) in subsection (a)—

(A) in paragraph (3)—

(i) by inserting ''analyze,'' after ''compile,''; and

(ii) by inserting ''and medically underserved areas'' before the semicolon;

(B) in paragraph (4), by adding ''and'' after the semicolon;

(C) by striking paragraph (5); and

(D) by redesignating paragraph (6) as paragraph (5);

(2) by redesignating subsection (b) as subsection (c); and

(3) by inserting after subsection (a) the following:

''(b) TRAUMA CARE READINESS AND COORDINATION.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall support the efforts of States and consortia of States to coordinate and improve emergency medical services and trauma care during a public health emergency declared by the Secretary pursuant to section 319 or a major disaster or emergency declared by the President under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act. Such support may include—

''(1) developing, issuing, and updating guidance, as appropriate, to support the coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care;

''(2) disseminating, as appropriate, information on evidence-based or evidence-informed trauma care practices, taking into consideration emergency medical services and trauma care systems, including such practices identified through activities conducted under subsection (a) and which may include the identification and dissemination of performance metrics, as applicable and appropriate; and

''(3) other activities, as appropriate, to optimize a coordinated and flexible approach to the emergency response and medical surge capacity of hospitals, other health care facilities, critical care, and emergency medical systems.''.

(b) GRANTS TO IMPROVE TRAUMA CARE IN RURAL AREAS.—Section 1202 of the Public Health Service Act (42 U.S.C. 300d–3) is amended—

(1) by amending the section heading to read as follows: ''**GRANTS TO IMPROVE TRAUMA CARE IN RURAL AREAS**'';

(2) by amending subsections (a) and (b) to read as follows:

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities for the purpose of carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in rural areas through the development of innovative uses of technology, training and education, transportation of seriously injured patients for the purposes of receiving such emergency medical services, access to prehospital care, evaluation of protocols for the purposes of improvement of outcomes and dissemination of any related best practices, activities to facilitate clinical research, as applicable and appropriate, and increasing communication and coordination with applicable State or Tribal trauma systems.

''(b) ELIGIBLE ENTITIES.—

''(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall be a public or private entity that provides trauma care in a rural area.

''(2) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities that will provide services under the grant in

any rural area identified by a State under section 1214(d)(1).''; and

(3) by adding at the end the following:

''(d) REPORTS.—An entity that receives a grant under this section shall submit to the Secretary such reports as the Secretary may require to inform administration of the program under this section.''.

(c) PILOT GRANTS FOR TRAUMA CENTERS.—Section 1204 of the Public Health Service Act (42 U.S.C. 300d–6) is amended—

(1) by amending the section heading to read as follows: ''**PILOT GRANTS FOR TRAUMA CENTERS**'';

(2) in subsection (a)—

(A) by striking ''not fewer than 4'' and inserting ''10'';

(B) by striking ''that design, implement, and evaluate'' and inserting ''to design, implement, and evaluate new or existing'';

(C) by striking ''emergency care'' and inserting ''emergency medical''; and

(D) by inserting '', and improve access to trauma care within such systems'' before the period;

(3) in subsection (b)(1), by striking subparagraphs (A) and (B) and inserting the following:

''(A) a State or consortia of States;

''(B) an Indian Tribe or Tribal organization (as defined in section 4 of the Indian Self-Determination and Education Assistance Act);

''(C) a consortium of level I, II, or III trauma centers designated by applicable State or local agencies within an applicable State or region, and, as applicable, other emergency services providers; or

''(D) a consortium or partnership of nonprofit Indian Health Service, Indian Tribal, and urban Indian trauma centers.'';

(4) in subsection (c)—

(A) in the matter preceding paragraph (1)—

(i) by striking ''that proposes a pilot project''; and

(ii) by striking ''an emergency medical and trauma system that—'' and inserting ''a new or existing emergency medical and trauma system. Such eligible entity shall use amounts awarded under this sub-

section to carry out 2 or more of the following activities:'';

(B) in paragraph (1)—

(i) by striking ''coordinates'' and inserting ''Strengthening coordination and communication''; and

(ii) by striking ''an approach to emergency medical and trauma system access throughout the region, including 9–1–1 Public Safety Answering Points and emergency medical dispatch;'' and inserting ''approaches to improve situational awareness and emergency medical and trauma system access, including distribution of patients during a mass casualty incident, throughout the region.'';

(C) in paragraph (2)—

(i) by striking ''includes'' and inserting ''Providing'';

(ii) by inserting ''support patient movement to'' after ''region to''; and

(iii) by striking the semicolon and inserting a period;

(D) in paragraph (3)—

(i) by striking ''allows for'' and inserting ''Improving''; and

(ii) by striking ''; and'' and inserting a period;

(E) in paragraph (4), by striking ''includes a consistent'' and inserting ''Supporting a consistent''; and

(F) by adding at the end the following:

''(5) Establishing, implementing, and disseminating, or utilizing existing, as applicable, evidence-based or evidence-informed practices across facilities within such emergency medical and trauma system to improve health outcomes, including such practices related to management of injuries, and the ability of such facilities to surge.

''(6) Conducting activities to facilitate clinical research, as applicable and appropriate.'';

(5) in subsection (d)(2)—

(A) in subparagraph (A)—

(i) in the matter preceding clause (i), by striking ''the proposed'' and inserting ''the applicable emergency medical and trauma system'';

(ii) in clause (i), by inserting ''or Tribal entity'' after ''equivalent State office''; and

(iii) in clause (vi), by striking ''; and'' and inserting a semicolon;

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following:

''(B) for eligible entities described in subparagraph (C) or (D) of subsection (b)(1), a description of, and evidence of, coordination with the applicable State Office of Emergency Medical Services (or equivalent State Office) or applicable such office for a Tribe or Tribal organization; and'';

(6) in subsection (e)—

(A) in paragraph (1), by striking ''$1 for each $3'' and inserting ''$1 for each $5''; and

(B) by adding at the end the following:

''(3) WAIVER.—The Secretary may waive all or part of the matching requirement described in paragraph (1) for any fiscal year for a State, consortia of States, Indian Tribe or Tribal organization, or trauma center, if the Secretary determines that ap-

plying such matching requirement would result in serious hardship or an inability to carry out the purposes of the pilot program.'';

(7) in subsection (f), by striking ''population in a medically underserved area'' and inserting ''medically underserved population'';

(8) in subsection (g)—

(A) in the matter preceding paragraph (1), by striking ''described in'';

(B) in paragraph (2), by striking ''the system characteristics that contribute to'' and inserting ''opportunities for improvement, including recommendations for how to improve'';

(C) by striking paragraph (4);

(D) by redesignating paragraphs (5) and (6) as paragraphs (4) and (5), respectively;

(E) in paragraph (4), as so redesignated, by striking ''; and'' and inserting a semicolon;

(F) in paragraph (5), as so redesignated, by striking the period and inserting ''; and''; and

(G) by adding at the end the following:

''(6) any evidence-based or evidence-informed strategies developed or utilized pursuant to subsection (c)(5).''; and

(9) by amending subsection (h) to read as follows:

''(h) DISSEMINATION OF FINDINGS.—Not later than 1 year after the completion of the final project under subsection (a), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the information contained in each report submitted pursuant to subsection (g) and any additional actions planned by the Secretary related to regionalized emergency care and trauma systems.''.

(d) PROGRAM FUNDING.—Section 1232(a) of the Public Health Service Act (42 U.S.C. 300d–32(a)) is amended by striking ''2010 through 2014'' and inserting ''2023 through 2027''.