

117TH CONGRESS
2D SESSION

H. R. 8163

IN THE SENATE OF THE UNITED STATES

OCTOBER 11, 2022

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

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

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 “Improving Trauma
3 Systems and Emergency Care Act”.

4 **SEC. 2. TRAUMA CARE REAUTHORIZATION.**

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

7 (1) in subsection (a)—

8 (A) in paragraph (3)—

9 (i) by inserting “analyze,” after “com-
10 pile,”; and

11 (ii) by inserting “and medically under-
12 served areas” before the semicolon;

13 (B) in paragraph (4), by adding “and”
14 after the semicolon;

15 (C) by striking paragraph (5); and

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

18 (2) by redesignating subsection (b) as sub-
19 section (c); and

20 (3) by inserting after subsection (a) the fol-
21 lowing:

22 “(b) TRAUMA CARE READINESS AND COORDINA-
23 TION.—The Secretary, acting through the Assistant Sec-
24 retary for Preparedness and Response, shall support the
25 efforts of States and consortia of States to coordinate and
26 improve emergency medical services and trauma care dur-

1 ing a public health emergency declared by the Secretary
2 pursuant to section 319 or a major disaster or emergency
3 declared by the President under section 401 or 501, re-
4 spectively, of the Robert T. Stafford Disaster Relief and
5 Emergency Assistance Act. Such support may include—

6 “(1) developing, issuing, and updating guid-
7 ance, as appropriate, to support the coordinated
8 medical triage and evacuation to appropriate medical
9 institutions based on patient medical need, taking
10 into account regionalized systems of care;

11 “(2) disseminating, as appropriate, information
12 on evidence-based or evidence-informed trauma care
13 practices, taking into consideration emergency med-
14 ical services and trauma care systems, including
15 such practices identified through activities conducted
16 under subsection (a) and which may include the
17 identification and dissemination of performance
18 metrics, as applicable and appropriate; and

19 “(3) other activities, as appropriate, to optimize
20 a coordinated and flexible approach to the emer-
21 gency response and medical surge capacity of hos-
22 pitals, other health care facilities, critical care, and
23 emergency medical systems.”.

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

4 (1) by amending the section heading to read as
5 follows: “**GRANTS TO IMPROVE TRAUMA CARE**
6 **IN RURAL AREAS**”;

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

9 “(a) IN GENERAL.—The Secretary shall award
10 grants to eligible entities for the purpose of carrying out
11 research and demonstration projects to support the im-
12 provement of emergency medical services and trauma care
13 in rural areas through the development of innovative uses
14 of technology, training and education, transportation of
15 seriously injured patients for the purposes of receiving
16 such emergency medical services, access to prehospital
17 care, evaluation of protocols for the purposes of improve-
18 ment of outcomes and dissemination of any related best
19 practices, activities to facilitate clinical research, as appli-
20 cable and appropriate, and increasing communication and
21 coordination with applicable State or Tribal trauma sys-
22 tems.

23 “(b) ELIGIBLE ENTITIES.—

24 “(1) IN GENERAL.—To be eligible to receive a
25 grant under this section, an entity shall be a public

1 or private entity that provides trauma care in a
2 rural area.

3 “(2) PRIORITY.—In awarding grants under this
4 section, the Secretary shall give priority to eligible
5 entities that will provide services under the grant in
6 any rural area identified by a State under section
7 1214(d)(1).”; and

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

9 “(d) REPORTS.—An entity that receives a grant
10 under this section shall submit to the Secretary such re-
11 ports as the Secretary may require to inform administra-
12 tion of the program under this section.”.

13 (c) PILOT GRANTS FOR TRAUMA CENTERS.—Section
14 1204 of the Public Health Service Act (42 U.S.C. 300d-
15 6) is amended—

16 (1) by amending the section heading to read as
17 follows: “**PILOT GRANTS FOR TRAUMA CEN-**
18 **TERS**”;

19 (2) in subsection (a)—

20 (A) by striking “not fewer than 4” and in-
21 serting “10”;

22 (B) by striking “that design, implement,
23 and evaluate” and inserting “to design, imple-
24 ment, and evaluate new or existing”;

1 (C) by striking “emergency care” and in-
2 serting “emergency medical”; and

3 (D) by inserting “, and improve access to
4 trauma care within such systems” before the
5 period;

6 (3) in subsection (b)(1), by striking subpara-
7 graphs (A) and (B) and inserting the following:

8 “(A) a State or consortia of States;

9 “(B) an Indian Tribe or Tribal organiza-
10 tion (as defined in section 4 of the Indian Self-
11 Determination and Education Assistance Act);

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

17 “(D) a consortium or partnership of non-
18 profit Indian Health Service, Indian Tribal, and
19 urban Indian trauma centers.”;

20 (4) in subsection (c)—

21 (A) in the matter preceding paragraph

22 (1)—

23 (i) by striking “that proposes a pilot
24 project”; and

1 (ii) by striking “an emergency medical
2 and trauma system that—” and inserting
3 “a new or existing emergency medical and
4 trauma system. Such eligible entity shall
5 use amounts awarded under this sub-
6 section to carry out 2 or more of the fol-
7 lowing activities.”;

8 (B) in paragraph (1)—

9 (i) by striking “coordinates” and in-
10 serting “Strengthening coordination and
11 communication”; and

12 (ii) by striking “an approach to emer-
13 gency medical and trauma system access
14 throughout the region, including 9–1–1
15 Public Safety Answering Points and emer-
16 gency medical dispatch;” and inserting
17 “approaches to improve situational aware-
18 ness and emergency medical and trauma
19 system access.”;

20 (C) in paragraph (2)—

21 (i) by striking “includes” and insert-
22 ing “Providing”;

23 (ii) by inserting “support patient
24 movement to” after “region to”; and

1 (iii) by striking the semicolon and in-
2 serting a period;

3 (D) in paragraph (3)—

4 (i) by striking “allows for” and insert-
5 ing “Improving”; and

6 (ii) by striking “; and” and inserting
7 a period;

8 (E) in paragraph (4), by striking “includes
9 a consistent” and inserting “Supporting a con-
10 sistent”; and

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

12 “(5) Establishing, implementing, and dissemi-
13 nating, or utilizing existing, as applicable, evidence-
14 based or evidence-informed practices across facilities
15 within such emergency medical and trauma system
16 to improve health outcomes, including such practices
17 related to management of injuries, and the ability of
18 such facilities to surge.

19 “(6) Conducting activities to facilitate clinical
20 research, as applicable and appropriate.”;

21 (5) in subsection (d)(2)—

22 (A) in subparagraph (A)—

23 (i) in the matter preceding clause (i),
24 by striking “the proposed” and inserting

1 “the applicable emergency medical and
2 trauma system”;

3 (ii) in clause (i), by inserting “or
4 Tribal entity” after “equivalent State of-
5 fice”; and

6 (iii) in clause (vi), by striking “; and”
7 and inserting a semicolon;

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

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

12 “(B) for eligible entities described in sub-
13 paragraph (C) or (D) of subsection (b)(1), a de-
14 scription of, and evidence of, coordination with
15 the applicable State Office of Emergency Med-
16 ical Services (or equivalent State Office) or ap-
17 plicable such office for a Tribe or Tribal organi-
18 zation; and”;

19 (6) in subsection (f), by striking “population in
20 a medically underserved area” and inserting “medi-
21 cally underserved population”;

22 (7) in subsection (g)—

23 (A) in the matter preceding paragraph (1),
24 by striking “described in”;

1 (B) in paragraph (2), by striking “the sys-
2 tem characteristics that contribute to” and in-
3 serting “opportunities for improvement, includ-
4 ing recommendations for how to improve”;

5 (C) by striking paragraph (4);

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

8 (E) in paragraph (4), as so redesignated,
9 by striking “; and” and inserting a semicolon;

10 (F) in paragraph (5), as so redesignated,
11 by striking the period and inserting “; and”;
12 and

13 (G) by adding at the end the following:

14 “(6) any evidence-based or evidence-informed
15 strategies developed or utilized pursuant to sub-
16 section (c)(5).”; and

17 (8) by amending subsection (h) to read as fol-
18 lows:

19 “(h) DISSEMINATION OF FINDINGS.—Not later than
20 1 year after the completion of the final project under sub-
21 section (a), the Secretary shall submit to the Committee
22 on Health, Education, Labor, and Pensions of the Senate
23 and the Committee on Energy and Commerce of the
24 House of Representatives a report describing the informa-
25 tion contained in each report submitted pursuant to sub-

1 section (g) and any additional actions planned by the Sec-
2 retary related to regionalized emergency care and trauma
3 systems.”.

4 (d) PROGRAM FUNDING.—Section 1232(a) of the
5 Public Health Service Act (42 U.S.C. 300d–32(a)) is
6 amended by striking “2010 through 2014” and inserting
7 “2023 through 2027”.

Passed the House of Representatives September 29,
2022.

Attest: CHERYL L. JOHNSON,
Clerk.