

118TH CONGRESS
1ST SESSION

S. 1653

To amend the Public Health Service Act to establish a program to award grants to State, local, and Tribal governments to purchase and distribute anti-blood loss supplies for use in a medical emergency, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 17, 2023

Mr. MENENDEZ (for himself and Mr. BOOZMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to establish a program to award grants to State, local, and Tribal governments to purchase and distribute anti-blood loss supplies for use in a medical emergency, 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 “Prevent Blood Loss
5 with Emergency Equipment Devices Act” or the “Prevent
6 BLEEDing Act”.

1 **SEC. 2. GRANTS TO DISTRIBUTE ANTI-BLOOD LOSS SUP-**
 2 **PLIES FOR USE IN A MEDICAL EMERGENCY.**

3 Part E of title XII of the Public Health Service Act
 4 (42 U.S.C. 300d–51 et seq.) is amended by adding at the
 5 end the following:

6 **“SEC. 1255. GRANTS TO DISTRIBUTE ANTI-BLOOD LOSS**
 7 **SUPPLIES FOR USE IN A MEDICAL EMER-**
 8 **GENCY.**

9 “(a) IN GENERAL.—The Secretary, acting through
 10 the Assistant Secretary for Preparedness and Response,
 11 shall establish a program to award grants to State, local,
 12 and Tribal governments to—

13 “(1) purchase and distribute anti-blood loss
 14 supplies for use in a medical emergency—

15 “(A) in high-traffic and high-density areas;

16 or

17 “(B) areas adjacent to an automated ex-
 18 ternal defibrillator; and

19 “(2) implement appropriate training courses in
 20 the proper use of anti-blood loss supplies to enhance
 21 public safety.

22 “(b) ELIGIBILITY.—To be eligible to receive a grant
 23 under this section, a State, local, or Tribal government
 24 shall prepare and submit to the Secretary an application
 25 at such time, in such manner, and containing such infor-
 26 mation as the Secretary may require, including—

1 “(1) a description of the areas the State, local,
2 or Tribal government intends to place such anti-
3 blood loss supplies for use in a medical emergency;
4 and

5 “(2) an agreement to consult with appropriate
6 public and private entities.

7 “(c) CONSIDERATION.—In awarding grants under
8 this section, the Secretary may not consider—

9 “(1) the population of the area served by a
10 State, local, or Tribal government; or

11 “(2) the rate of violent crime in an area served
12 by a State, local, or Tribal government.

13 “(d) APPORTIONMENT.—Of the amounts appro-
14 priated under subsection (f) to carry out this section, the
15 Secretary shall, for each fiscal year, apportion such
16 amounts based on the population of the area served by
17 a State, local, or Tribal government receiving grant funds.

18 “(e) ANTI-BLOOD LOSS SUPPLIES.—In this section,
19 the term ‘anti-blood loss supplies’ includes tourniquets,
20 gauze, wound-packing materials, hemostatic dressings,
21 gloves, markers, and other similar supplies.

22 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section
24 \$10,000,000 for fiscal year 2024, to remain available until
25 expended.”.

1 **SEC. 3. STUDY ON TRENDS IN ACCESS TO AND UTILIZATION**
2 **OF BLEEDING CONTROL KITS AND TRAINING.**

3 (a) IN GENERAL.—The Comptroller General of the
4 United States shall conduct a study on trends regarding
5 access to and utilization of bleeding control kits and train-
6 ing.

7 (b) REPORT.—

8 (1) SUBMISSION.—Not later than 18 months
9 after the date of enactment of this Act, the Comp-
10 troller General shall complete the study under sub-
11 section (a) and submit to the Congress a report on
12 the results of such study.

13 (2) CONTENTS.—The report under paragraph
14 (1) shall disaggregate by State and geographic area
15 (including across rural, urban, and suburban areas)
16 findings on trends in access to and utilization of
17 bleeding control kits and training.

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