

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 8163
OFFERED BY M . _____**

Strike all after the enacting clause and insert the following:

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);

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

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

5 “(b) TRAUMA CARE READINESS AND COORDINA-
6 TION.—The Secretary, acting through the Assistant Sec-
7 retary for Preparedness and Response, shall support the
8 efforts of States and consortia of States to coordinate and
9 improve emergency medical services and trauma care dur-
10 ing a public health emergency declared by the Secretary
11 pursuant to section 319 or a major disaster or emergency
12 declared by the President under section 401 or 501, re-
13 spectively, of the Robert T. Stafford Disaster Relief and
14 Emergency Assistance Act. Such support may include—

15 “(1) developing, issuing, and updating guid-
16 ance, as appropriate, to support the coordinated
17 medical triage and evacuation to appropriate medical
18 institutions based on patient medical need, taking
19 into account regionalized systems of care;

20 “(2) disseminating, as appropriate, information
21 on evidence-based or evidence-informed trauma care
22 practices, taking into consideration emergency med-
23 ical services and trauma care systems, including
24 such practices identified through activities conducted
25 under subsection (a) and which may include the

1 identification and dissemination of performance
2 metrics, as applicable and appropriate; and

3 “(3) other activities, as appropriate, to optimize
4 a coordinated and flexible approach to the emer-
5 gency response and medical surge capacity of hos-
6 pitals, other health care facilities, critical care, and
7 emergency medical systems.”.

8 (b) GRANTS TO IMPROVE TRAUMA CARE IN RURAL
9 AREAS.—Section 1202 of the Public Health Service Act
10 (42 U.S.C. 300d–3) is amended—

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

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

16 “(a) IN GENERAL.—The Secretary shall award
17 grants to eligible entities for the purpose of carrying out
18 research and demonstration projects to support the im-
19 provement of emergency medical services and trauma care
20 in rural areas through the development of innovative uses
21 of technology, training and education, transportation of
22 seriously injured patients for the purposes of receiving
23 such emergency medical services, access to prehospital
24 care, evaluation of protocols for the purposes of improve-
25 ment of outcomes and dissemination of any related best

1 practices, activities to facilitate clinical research, as appli-
2 cable and appropriate, and increasing communication and
3 coordination with applicable State or Tribal trauma sys-
4 tems.

5 “(b) ELIGIBLE ENTITIES.—

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

10 “(2) PRIORITY.—In awarding grants under this
11 section, the Secretary shall give priority to eligible
12 entities that will provide services under the grant in
13 any rural area identified by a State under section
14 1214(d)(1).”; and

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

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

20 (c) PILOT GRANTS FOR TRAUMA CENTERS.—Section
21 1204 of the Public Health Service Act (42 U.S.C. 300d–
22 6) is amended—

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

1 (2) in subsection (a)—

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

4 (B) by striking “that design, implement,
5 and evaluate” and inserting “to design, imple-
6 ment, and evaluate new or existing”;

7 (C) by striking “emergency care” and in-
8 serting “emergency medical”; and

9 (D) by inserting “, and improve access to
10 trauma care within such systems” before the
11 period;

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

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

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

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

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

1 (4) in subsection (c)—

2 (A) in the matter preceding paragraph

3 (1)—

4 (i) by striking “that proposes a pilot
5 project”; and

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

13 (B) in paragraph (1)—

14 (i) by striking “coordinates” and in-
15 serting “Strengthening coordination and
16 communication”; and

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

25 (C) in paragraph (2)—

1 (i) by striking “includes” and insert-
2 ing “Providing”;

3 (ii) by inserting “support patient
4 movement to” after “region to”; and

5 (iii) by striking the semicolon and in-
6 serting a period;

7 (D) in paragraph (3)—

8 (i) by striking “allows for” and insert-
9 ing “Improving”; and

10 (ii) by striking “; and” and inserting
11 a period;

12 (E) in paragraph (4), by striking “includes
13 a consistent” and inserting “Supporting a con-
14 sistent”; and

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

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

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

25 (5) in subsection (d)(2)—

1 (A) in subparagraph (A)—

2 (i) in the matter preceding clause (i),
3 by striking “the proposed” and inserting
4 “the applicable emergency medical and
5 trauma system”;

6 (ii) in clause (i), by inserting “or
7 Tribal entity” after “equivalent State of-
8 fice”; and

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

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

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

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

22 (6) in subsection (f), by striking “population in
23 a medically underserved area” and inserting “medi-
24 cally underserved population”;

25 (7) in subsection (g)—

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

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

7 (C) by striking paragraph (4);

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

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

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

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

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

19 (8) by amending subsection (h) to read as fol-
20 lows:

21 “(h) DISSEMINATION OF FINDINGS.—Not later than
22 1 year after the completion of the final project under sub-
23 section (a), the Secretary shall submit to the Committee
24 on Health, Education, Labor, and Pensions of the Senate
25 and the Committee on Energy and Commerce of the

1 House of Representatives a report describing the informa-
2 tion contained in each report submitted pursuant to sub-
3 section (g) and any additional actions planned by the Sec-
4 retary related to regionalized emergency care and trauma
5 systems.”.

6 (d) PROGRAM FUNDING.—Section 1232(a) of the
7 Public Health Service Act (42 U.S.C. 300d–32(a)) is
8 amended by striking “2010 through 2014” and inserting
9 “2023 through 2027”.

