

117TH CONGRESS  
2D SESSION

# H. R. 8163

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

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IN THE HOUSE OF REPRESENTATIVES

JUNE 21, 2022

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

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## A BILL

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,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Improving Trauma  
5       Systems and Emergency Care Act”.

6       **SEC. 2. TRAUMA CARE REAUTHORIZATION.**

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

9               (1) in subsection (a)—

10                       (A) in paragraph (3)—

1 (i) by inserting “analyze,” after “com-  
2 pile,”; and

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

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

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

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

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

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

14 “(b) TRAUMA CARE READINESS AND COORDINA-  
15 TION.—The Secretary, acting through the Assistant Sec-  
16 retary for Preparedness and Response, shall support the  
17 efforts of States and consortia of States to coordinate and  
18 improve emergency medical services and trauma care dur-  
19 ing a public health emergency declared by the Secretary  
20 pursuant to section 319 or a major disaster or emergency  
21 declared by the President under section 401 or 501, re-  
22 spectively, of the Robert T. Stafford Disaster Relief and  
23 Emergency Assistance Act. Such support may include—

24 “(1) developing, issuing, and updating guid-  
25 ance, as appropriate, to support the coordinated

1 medical triage and evacuation to appropriate medical  
2 institutions based on patient medical need, taking  
3 into account regionalized systems of care;

4 “(2) disseminating, as appropriate, information  
5 on evidence-based or evidence-informed trauma care  
6 practices, taking into consideration emergency med-  
7 ical services and trauma care systems, including  
8 such practices identified through activities conducted  
9 under subsection (a) and which may include the  
10 identification and dissemination of performance  
11 metrics, as applicable and appropriate; and

12 “(3) other activities, as appropriate, to optimize  
13 a coordinated and flexible approach to the emer-  
14 gency response and medical surge capacity of hos-  
15 pitals, other health care facilities, critical care, and  
16 emergency medical systems.”.

17 (b) GRANTS TO IMPROVE TRAUMA CARE IN RURAL  
18 AREAS.—Section 1202 of the Public Health Service Act  
19 (42 U.S.C. 300d–3) is amended—

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

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

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

15       “(b) ELIGIBLE ENTITIES.—

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

20               “(2) PRIORITY.—In awarding grants under this  
21 section, the Secretary shall give priority to eligible  
22 entities that will provide services under the grant in  
23 any rural area identified by a State under section  
24 1214(d)(1).”; and

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

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

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

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

11           (2) in subsection (a)—

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

14               (B) by striking “that design, implement,  
15 and evaluate” and inserting “to design, imple-  
16 ment, and evaluate new or existing”;

17               (C) by striking “emergency care” and in-  
18 serting “emergency medical”; and

19               (D) by inserting “, and improve access to  
20 trauma care within such systems” before the  
21 period;

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

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

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

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

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

12          (4) in subsection (c)—

13                 (A) in the matter preceding paragraph  
14                 (1)—

15                         (i) by striking “that proposes a pilot  
16                         project”; and

17                         (ii) by striking “an emergency medical  
18                         and trauma system that—” and inserting  
19                         “a new or existing emergency medical and  
20                         trauma system. Such eligible entity shall  
21                         use amounts awarded under this sub-  
22                         section to carry out 2 or more of the fol-  
23                         lowing activities.”;

24                 (B) in paragraph (1)—

1 (i) by striking “coordinates” and in-  
2 serting “Strengthening coordination and  
3 communication”; and

4 (ii) by striking “an approach to emer-  
5 gency medical and trauma system access  
6 throughout the region, including 9–1–1  
7 Public Safety Answering Points and emer-  
8 gency medical dispatch;” and inserting  
9 “approaches to improve situational aware-  
10 ness and emergency medical and trauma  
11 system access, including distribution of pa-  
12 tients during a mass casualty incident,  
13 throughout the region.”;

14 (C) in paragraph (2)—

15 (i) by striking “includes” and insert-  
16 ing “Providing”;

17 (ii) by inserting “support patient  
18 movement to” after “region to”; and

19 (iii) by striking the semicolon and in-  
20 serting a period;

21 (D) in paragraph (3)—

22 (i) by striking “allows for” and insert-  
23 ing “Improving”; and

24 (ii) by striking “; and” and inserting  
25 a period;

1           (E) in paragraph (4), by striking “includes  
2           a consistent” and inserting “Supporting a con-  
3           sistent”; and

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

5           “(5) Establishing, implementing, and dissemi-  
6           nating, or utilizing existing, as applicable, evidence-  
7           based or evidence-informed practices across facilities  
8           within such emergency medical and trauma system  
9           to improve health outcomes, including such practices  
10          related to management of injuries, and the ability of  
11          such facilities to surge.

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

14          (5) in subsection (d)(2)—

15               (A) in subparagraph (A)—

16                   (i) in the matter preceding clause (i),  
17                   by striking “the proposed” and inserting  
18                   “the applicable emergency medical and  
19                   trauma system”;

20                   (ii) in clause (i), by inserting “or  
21                   Tribal entity” after “equivalent State of-  
22                   fice”; and

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

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

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

5 “(B) for eligible entities described in sub-  
6 paragraph (C) or (D) of subsection (b)(1), a de-  
7 scription of, and evidence of, coordination with  
8 the applicable State Office of Emergency Med-  
9 ical Services (or equivalent State Office) or ap-  
10 plicable such office for a Tribe or Tribal organi-  
11 zation; and”;

12 (6) in subsection (e)—

13 (A) in paragraph (1), by striking “\$1 for  
14 each \$3” and inserting “\$1 for each \$5”; and

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

16 “(3) WAIVER.—The Secretary may waive all or  
17 part of the matching requirement described in para-  
18 graph (1) for any fiscal year for a State, consortia  
19 of States, Indian Tribe or Tribal organization, or  
20 trauma center, if the Secretary determines that ap-  
21 plying such matching requirement would result in  
22 serious hardship or an inability to carry out the pur-  
23 poses of the pilot program.”;

1 (7) in subsection (f), by striking “population in  
2 a medically underserved area” and inserting “medi-  
3 cally underserved population”;

4 (8) in subsection (g)—

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

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

11 (C) by striking paragraph (4);

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

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

16 (F) in paragraph (5), as so redesignated,  
17 by striking the period and inserting “; and”;

18 and

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

20 “(6) any evidence-based or evidence-informed  
21 strategies developed or utilized pursuant to sub-  
22 section (c)(5).”; and

23 (9) by amending subsection (h) to read as fol-  
24 lows:

1       “(h) DISSEMINATION OF FINDINGS.—Not later than  
2 1 year after the completion of the final project under sub-  
3 section (a), the Secretary shall submit to the Committee  
4 on Health, Education, Labor, and Pensions of the Senate  
5 and the Committee on Energy and Commerce of the  
6 House of Representatives a report describing the informa-  
7 tion contained in each report submitted pursuant to sub-  
8 section (g) and any additional actions planned by the Sec-  
9 retary related to regionalized emergency care and trauma  
10 systems.”.

11       (d) PROGRAM FUNDING.—Section 1232(a) of the  
12 Public Health Service Act (42 U.S.C. 300d–32(a)) is  
13 amended by striking “2010 through 2014” and inserting  
14 “2023 through 2027”.

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