

Calendar No. 93

103D CONGRESS
1ST SESSION

S. 1113

A BILL

To amend title XII of the Public Health Service Act to revise and extend trauma care programs, and for other purposes.

JUNE 15, 1993

Read twice and ordered placed on the calendar

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IN THE SENATE OF THE UNITED STATES

JUNE 15, 1993

Mr. KENNEDY (for himself, Mrs. KASSEBAUM, Mr. RIEGLE, and Mr. LEVIN) introduced the following bill; which was read twice and ordered placed on the calendar

A BILL

To amend title XII of the Public Health Service Act to revise and extend trauma care programs, 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 title may be cited as the “Trauma Care Amend-
5 ments Act of 1993”.

6 **SEC. 2. ADVISORY COUNCIL ON TRAUMA CARE SYSTEMS.**

7 (a) MEMBERSHIP.—Section 1202(c) of the Public
8 Health Service Act (42 U.S.C. 300d-1(c)) is amended—

1 (1) in paragraph (1)—

2 (A) in the matter preceding subparagraph

3 (A), by striking “12” and inserting “13”;

4 (B) in subparagraph (D), by striking
5 “and” at the end thereof;

6 (C) in subparagraph (E), by striking the
7 period and inserting “; and”; and

8 (D) by adding at the end thereof the fol-
9 lowing new subparagraph:

10 “(F) 1 shall be an individual who has been
11 a trauma patient at a designated trauma cen-
12 ter.”; and

13 (2) in paragraphs (3), by striking “25 percent”
14 and inserting “at least 4”.

15 (b) TERMS.—Section 1202(d) of such Act (42 U.S.C.
16 300d-1(d)) is amended by adding at the end thereof the
17 following new paragraph:

18 “(3) TRAUMA PATIENT.—A member appointed
19 to serve on the Council under subsection (c)(1)(F),
20 including the initial member appointed under such
21 subsection, shall be appointed for a term of 4
22 years.”.

23 (c) MEETINGS.—Section 1202(g) of such Act (42
24 U.S.C. 300d-1(g)) is amended to read as follows:

1 “(g) MEETINGS.—The Council shall meet not less
2 than once each year, and if the Chair determines nec-
3 essary, up to four times each year.”.

4 **SEC. 3. REQUIREMENTS.**

5 Section 1213(a)(11) of the Public Health Service Act
6 (42 U.S.C. 300d–13(a)(11)) is amended by striking “any
7 standard metropolitan statistical area” and inserting “a
8 border, with respect to State areas in which logical geo-
9 graphic groupings across State borders would be appro-
10 priate to carry out the purposes of this title”.

11 **SEC. 4. FUNDING.**

12 Section 1232(a) of the Public Health Service Act (42
13 U.S.C. 300d–32(a)) is amended—

14 (1) by striking “\$60,000,000 for fiscal year
15 1991” and inserting “\$25,000,000 for fiscal year
16 1994”; and

17 (2) by striking “1992 and 1993” and inserting
18 “1995, 1996, and 1997.”.

19 **SEC. 5. TECHNICAL AMENDMENTS.**

20 Title XII of the Public Health Service Act is amend-
21 ed—

22 (1) in section 1212(a)(2)(A) (42 U.S.C. 300d–
23 12(a)(2)(A)), by striking “1211(c)” and inserting
24 “1211(b)”;

1 (2) in section 1213(a) (42 U.S.C. 300d–
2 13(a))—

3 (A) by striking “to provide” in paragraphs
4 (8) and (9) and inserting “provides”; and

5 (B) by striking “to conduct” in paragraph
6 (10) and inserting “conducts”;

7 (3) in section 1213(c) (42 U.S.C. 300d–13(c)),
8 by striking “6,000” in the matter following para-
9 graph (4) and inserting “6”; and

10 (4) in section 1231(3) (42 U.S.C. 300d–31), by
11 striking “Puerto Rico;” and inserting “Puerto
12 Rico,”.

13 **SEC. 6. STUDY CONCERNING FEDERAL DUPLICATION OF**
14 **EMS AND TRAUMA CARE ACTIVITIES.**

15 (a) STUDY.—The General Accounting Office shall
16 conduct a study to determine the extent and desirability
17 of the duplication of Federal emergency medical services
18 and trauma care activities. Within such study the General
19 Accounting Office shall—

20 (1) describe existing emergency medical service
21 and trauma care programs located within—

22 (A) the Federal Emergency Management
23 Agency;

24 (B) the General Services Administration;

25 (C) the Department of Agriculture;

1 (D) the Department of Defense;

2 (E) the Department of Health and Human
3 Services;

4 (F) the Department of Transportation;

5 (G) the Department of Veterans Affairs;

6 (H) the Federal Interagency Committee on
7 Emergency Medical Services; or

8 (I) any other relevant entities;

9 with respect to the purpose of each program, the
10 amount of resources allocated for each program and
11 its respective grant or contract programs for State,
12 local, or nonprofit entities;

13 (2) examine each program described in para-
14 graph (1) to determine if there is a duplication of
15 emergency medical service and trauma care pro-
16 grams resulting in economic and service inefficien-
17 cies;

18 (3) develop recommendations on the feasibility
19 of consolidating all programs described in paragraph
20 (1) into one Federal department or a smaller num-
21 ber of entities to limit the duplication of such pro-
22 grams and enhance financial and service efficiency
23 for Federal emergency medical service and trauma
24 care programs;

1 (4) develop recommendations, if a consolidation
2 described in paragraph (3) is warranted, concerning
3 which emergency medical service and trauma care
4 programs should continue and the appropriate entity
5 or entities to administer each such program based
6 upon the mission and expertise of such entity or
7 entities;

8 (5) develop recommendations concerning which
9 Federal entity should be the lead agency for emer-
10 gency medical service and trauma care programs in
11 the Federal Government, to be responsible for—

12 (A) administering programs for emergency
13 medical service and trauma care programs;

14 (B) acting as the first point of Federal
15 contact for all local, nonprofit and State entities
16 in regard to all Federal emergency medical
17 service and trauma care programs;

18 (C) administering the emergency medical
19 service and trauma care information clearing-
20 house for the use of all Federal, State, local,
21 and nonprofit entities;

22 (D) coordinating all Federal emergency
23 medical service and trauma care programs;

24 (E) serving as the Chair of an interagency
25 committee on emergency medical service, in the

1 event such an entity is recommended to exist
2 for the consolidated emergency medical service
3 and trauma care programs; and

4 (F) assuming other roles relevant to a lead
5 agency as determined appropriate by the Gen-
6 eral Accounting Office; and

7 (6) develop recommendations for mechanisms to
8 ensure that the lead Federal entity described in
9 paragraph (5) has power sufficient to coordinate and
10 prevent the duplication of Federal emergency medi-
11 cal service and trauma care programs.

12 (b) REPORT.—Not later than 1 year after the date
13 of enactment of this Act, the General Accounting Office
14 shall prepare and submit to the appropriate committees
15 of Congress a report concerning the study conducted
16 under subsection (a) and the recommendations made
17 under such study.