

108TH CONGRESS
2D SESSION

H. R. 3999

To amend the Public Health Service Act with respect to trauma care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 18, 2004

Mr. GREENWOOD (for himself, Mr. GREEN of Texas, Mr. BILIRAKIS, and Mr. BROWN of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to trauma care, 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 “Trauma Research and
5 Access to Urgent Medical Attention Act of 2004” or the
6 “TRAUMA Act of 2004”.

7 **SEC. 2. AMENDMENT TO TITLE XII OF PUBLIC HEALTH**
8 **SERVICE ACT.**

9 Title XII of the Public Health Service Act (42 U.S.C.
10 300d et seq.) is amended—

1 (1) by striking part D; and

2 (2) by amending parts A, B, and C to read as
3 follows:

4 **“PART A—GENERAL AUTHORITY**

5 **“SEC. 1201. GENERAL AUTHORITY AND DUTIES OF THE SEC-**
6 **RETARY.**

7 “(a) IN GENERAL.—The Secretary may, with respect
8 to trauma care—

9 “(1) conduct and support research, training,
10 evaluations, and demonstration projects;

11 “(2) foster the development of appropriate,
12 modern systems of trauma care through the sharing
13 of information among agencies and individuals in-
14 volved in the study and provision of such care;

15 “(3) provide to State and local agencies tech-
16 nical assistance, including the development of a
17 model plan for the designation of trauma centers
18 and for triage, transfer, and transportation policies;
19 and

20 “(4) sponsor workshops and conferences.

21 “(b) CONSULTATION.—In carrying out this section,
22 the Secretary shall consult with appropriate State and
23 professional organizations.

1 **“SEC. 1202. DATA COLLECTION.**

2 “(a) IN GENERAL.—The Director of the Centers for
3 Disease Control and Prevention, directly or through
4 grants or contracts, may establish and provide for the op-
5 eration of information systems and provide for the collec-
6 tion, coordination, and exchange of information related to
7 trauma system development or operation.

8 “(b) CONSULTATION.—In carrying out this section,
9 the Director of the Centers for Disease Control and Pre-
10 vention shall consult with the Administrator of the Health
11 Resources and Services Administration and such other
12 persons outside of the Centers as the Director deems ap-
13 propriate.

14 **“SEC. 1203. GRANTS TO STATES TO IMPROVE TRAUMA CARE**
15 **SYSTEMS.**

16 “(a) IN GENERAL.—The Secretary, acting through
17 the Administrator of the Health Resources and Services
18 Administration, shall make a grant, in the amount re-
19 ferred to in section 1208(c), to each State that submits
20 an application and agrees to comply with the requirements
21 of this section, for the purpose of improving access to and
22 enhancing the development of trauma care systems.

23 “(b) REQUIREMENTS.—The Secretary may make a
24 grant to a State under this section only if the State has
25 developed a plan that—

1 “(1) specifies a public or private entity that will
2 designate trauma care regions and trauma centers in
3 the State;

4 “(2) contains, for the designation of level I,
5 level II, and level III trauma centers, standards and
6 requirements developed by—

7 “(A) taking into account standards devel-
8 oped by professional organizations and any
9 guidelines or model plans developed by the Sec-
10 retary with the goal of ensuring the greatest
11 possible access to trauma care and providing
12 the highest quality of trauma care;

13 “(B) consulting with medical, surgical, and
14 nursing speciality groups, hospital associations,
15 emergency medical services State and local di-
16 rectors, concerned advocates, and other inter-
17 ested parties; and

18 “(C) conducting public hearings on the
19 proposed standards after providing adequate
20 notice to the public concerning such hearings;

21 “(3) contains standards and requirements for
22 the implementation of regional trauma care systems,
23 including standards and guidelines (consistent with
24 the provisions of section 1867 of the Social Security
25 Act) for medically directed triage and transportation

1 of trauma patients (including patients injured in
2 rural areas) prior to care in designated trauma cen-
3 ters;

4 “(4) contains standards and requirements for
5 medically directed triage and transport of severely
6 injured children to designated trauma centers with
7 specified capabilities and expertise in the care of the
8 pediatric trauma patient;

9 “(5) utilizes a program with procedures for the
10 evaluation of designated trauma centers (including
11 trauma centers described in paragraph (4)) and
12 trauma care systems;

13 “(6) provides for the establishment and collec-
14 tion of data from each designated trauma center in
15 the State of a central data reporting and analysis
16 system (to be transmitted to the Secretary in ac-
17 cordance with section 1202)—

18 “(A) to identify the number of severely in-
19 jured trauma patients and the number of
20 deaths from trauma within trauma care sys-
21 tems in the State;

22 “(B) to identify the cause of the injury
23 and any factors contributing to the injury;

24 “(C) to identify the nature and severity of
25 the injury;

1 “(D) to monitor trauma patient care (in-
2 cluding prehospital care) in each designated
3 trauma center within regional trauma care sys-
4 tems in the State (including relevant emer-
5 gency-department discharges and rehabilitation
6 information) for the purpose of evaluating the
7 diagnosis, treatment, and treatment outcome of
8 such trauma patients;

9 “(E) to identify the total amount of un-
10 compensated trauma care expenditures for each
11 fiscal year by each designated trauma center in
12 the State; and

13 “(F) to identify patients transferred within
14 a regional trauma system, including reasons for
15 such transfer and the outcomes of such pa-
16 tients;

17 “(7) provides for the use of procedures by para-
18 medics and emergency medical technicians to assess
19 the severity of the injuries incurred by trauma pa-
20 tients;

21 “(8) provides for appropriate transportation
22 and transfer policies to ensure the delivery of pa-
23 tients to designated trauma centers and other facili-
24 ties within and outside of the jurisdiction of such
25 system, including policies to ensure that only indi-

1 viduals appropriately identified as trauma patients
2 are transferred to designated trauma centers, and to
3 provide periodic reviews of the transfers and the au-
4 diting of such transfers that are determined to be
5 appropriate;

6 “(9) conducts public education activities con-
7 cerning injury prevention and obtaining access to
8 trauma care;

9 “(10) with respect to the requirements estab-
10 lished in this subsection, provides for coordination
11 and cooperation between the State and any other
12 State with which the State shares any standard met-
13 ropolitan statistical area; and

14 “(11) coordinates planning for trauma systems
15 with State disaster emergency planning and bioter-
16 rorism hospital preparedness planning.

17 “(c) TRAUMA PLAN.—

18 “(1) IN GENERAL.—For each fiscal year, the
19 Secretary may not make payments to a State under
20 this section unless, subject to paragraph (2), the
21 State submits to the Secretary the trauma care com-
22 ponent of the State plan for the provision of emer-
23 gency medical services, including any changes to the
24 trauma care component and any plans to address
25 deficiencies in the trauma care component.

1 “(2) INTERIM PLAN OR DESCRIPTION OF EF-
2 FORTS.—For each fiscal year, if a State has not
3 completed the trauma care component of the State
4 plan described in paragraph (1), the State may pro-
5 vide, in lieu of such completed component, an in-
6 terim component or a description of efforts made to-
7 ward the completion of the component.

8 “(3) INFORMATION RECEIVED BY STATE RE-
9 PORTING AND ANALYSIS SYSTEM.—The Secretary
10 may not make payments to a State under this sec-
11 tion unless the State agrees that the State will, not
12 less than once each year, provide to the Secretary
13 the information received by the State pursuant to
14 subsection (b)(6).

15 “(4) AVAILABILITY OF EMERGENCY MEDICAL
16 SERVICES IN RURAL AREAS.—The Secretary may not
17 make payments to a State under this section un-
18 less—

19 “(A) the State identifies any rural area in
20 the State for which—

21 “(i) there is no system of access to
22 emergency medical services through the
23 telephone number 911;

24 “(ii) there is no basic life-support sys-
25 tem; or

1 “(iii) there is no advanced life-support
2 system; and

3 “(B) the State submits to the Secretary a
4 list of rural areas identified pursuant to sub-
5 paragraph (A) or, if there are no such areas, a
6 statement that there are no such areas.

7 “(d) REQUIREMENT OF MATCHING FUNDS.—

8 “(1) NON-FEDERAL CONTRIBUTIONS.—

9 “(A) IN GENERAL.—The Secretary may
10 not make a grant to a State under this section
11 unless the State agrees, with respect to the
12 costs of carrying out the grant, to make avail-
13 able non-Federal contributions (in cash or in
14 kind under paragraph (2)(A)) toward such
15 costs in an amount equal to—

16 “(i) for the first and second fiscal
17 year of payments under this section to the
18 State after the date of the enactment of
19 the Trauma Research and Access to Ur-
20 gent Medical Attention Act of 2004, not
21 less than \$1 for each \$1 of Federal funds
22 provided in such payments for such fiscal
23 year; and

24 “(ii) for any subsequent fiscal year of
25 such payments to the State, not less than

1 \$2 for each \$1 of Federal funds provided
2 in such payments for such fiscal year.

3 “(2) DETERMINATION OF AMOUNT OF NON-
4 FEDERAL CONTRIBUTION.—With respect to compli-
5 ance with paragraph (1)—

6 “(A) a State may make the non-Federal
7 contributions in cash or in kind, fairly evalu-
8 ated, including plant, equipment, or staff serv-
9 ices; and

10 “(B) the Secretary may not, in making a
11 determination of the amount of non-Federal
12 contributions, include amounts provided by the
13 Federal Government or services assisted or sub-
14 sidized to any significant extent by the Federal
15 Government.

16 “(e) RESTRICTIONS.—

17 “(1) IN GENERAL.—The Secretary may not
18 make payments to a State under this section unless
19 the State agrees that the payments will not be ex-
20 pended—

21 “(A) to make cash payments to intended
22 recipients of services provided pursuant to this
23 section;

1 Administration, may make grants to States, political sub-
2 divisions, consortia of States or political subdivisions, and
3 accredited schools of medicine for the purpose of improv-
4 ing access to and enhancing the development of trauma
5 care systems.

6 “(b) USE OF FUNDS.—The Secretary may make a
7 grant under this section only if—

8 “(1) in the case of an application by a State,
9 political subdivision, or consortium, the applicant
10 agrees to use the grant—

11 “(A) to integrate and broaden the reach of
12 a trauma care system, such as by developing in-
13 novative protocols to increase access to
14 prehospital care and equipment necessary for
15 the transportation of seriously injured patients
16 to the appropriate facilities;

17 “(B) to strengthen, develop, and improve
18 an existing trauma care system;

19 “(C) to expand and improve emergency
20 medical services for children who need treat-
21 ment for trauma or critical care;

22 “(D) to expand communications between
23 the trauma care system and emergency medical
24 services through improved equipment or a tele-
25 medicine system;

1 “(E) to improve data collection and reten-
2 tion; or

3 “(F) to increase education, training, and
4 technical assistance opportunities, such as
5 training and continuing education in the man-
6 agement of emergency medical services acces-
7 sible to emergency medical personnel in rural
8 areas through telehealth, home studies, and
9 other methods; or

10 “(2) in the case of an application by an accred-
11 ited school of medicine, the applicant agrees to use
12 the grant to expand and improve emergency medical
13 services for children who need treatment for trauma
14 or critical care.

15 “(c) PREFERENCE.—In selecting among States, po-
16 litical subdivisions, and consortia of States or political
17 subdivisions (but not accredited schools of medicine) for
18 purposes of making grants under this section, the Sec-
19 retary shall give preference to applicants that—

20 “(A) have developed a process and adopted
21 standards for designating trauma centers;

22 “(B) recognize protocols for the delivery of seri-
23 ously injured patients to trauma centers;

24 “(C) implement a process for evaluating the
25 performance of the trauma system; and

1 “(D) agree to participate in information sys-
2 tems described in section 1202 by collecting, pro-
3 viding, and sharing information.

4 “(d) PRIORITY.—In making grants under this sec-
5 tion, the Secretary shall give priority to applicants that
6 will use the grants to focus on improving access to trauma
7 care systems.

8 “(e) DEFINITIONS.—For purposes of this section, the
9 terms ‘accredited’ and ‘school of medicine’ have the mean-
10 ings given to those terms in section 799B.

11 **“SEC. 1205. REPORTS.**

12 “(a) REPORT BY SECRETARY.—Not later than the
13 end of fiscal year 2006, the Secretary shall submit a re-
14 port to the appropriate committees of the Congress on the
15 activities of the States carried out with assistance under
16 this part. Such report—

17 “(1) shall include an assessment of the extent
18 to which Federal and State efforts to develop sys-
19 tems of trauma care and to designate trauma cen-
20 ters have reduced the incidence of mortality, and the
21 incidence of permanent disability, resulting from
22 trauma;

23 “(2) shall include an assessment of the grants
24 awarded under section 1204; and

1 “(3) may include any recommendations of the
2 Secretary to improve trauma care.

3 “(b) EVALUATIONS BY COMPTROLLER GENERAL.—
4 The Comptroller General of the United States—

5 “(1) shall evaluate the expenditures by grantees
6 of payments under section 1203 and section 1204 to
7 assure that such expenditures are consistent with
8 the provisions of such sections; and

9 “(2) not later than December 1, 2006, shall
10 submit to the Committee on Energy and Commerce
11 of the House of Representatives and the Committee
12 on Health, Education, Labor, and Pensions of the
13 Senate a report concerning such evaluation.

14 **“SEC. 1206. RULE OF CONSTRUCTION.**

15 “Nothing in this title authorizes the Secretary to es-
16 tablish Federal standards for the treatment of patients or
17 the licensure of health care professionals.

18 **“SEC. 1207. DEFINITIONS.**

19 “For purposes of this part:

20 “(1) DESIGNATED TRAUMA CENTER.—The term
21 ‘designated trauma center’ means a trauma center
22 designated in accordance with the provisions of the
23 State plan described in section 1203(b).

24 “(2) STATE PLAN REGARDING EMERGENCY
25 MEDICAL SERVICES.—The term ‘State plan’, with re-

1 spect to the provision of emergency medical services,
2 means a plan for a comprehensive, organized system
3 to provide for the access, response, triage, field sta-
4 bilization, transport, hospital stabilization, definitive
5 care, and rehabilitation of patients of all ages with
6 respect to emergency medical services.

7 “(3) STATE.—The term ‘State’ means each of
8 the several States, the District of Columbia, the
9 Commonwealth of Puerto Rico, the Virgin Islands,
10 Guam, American Samoa, and the Commonwealth of
11 the Northern Mariana Islands.

12 “(4) TRAUMA.—The term ‘trauma’ means an
13 injury resulting from exposure to a mechanical force.

14 “(5) TRAUMA CARE COMPONENT OF STATE
15 PLAN.—The term ‘trauma care component’, with re-
16 spect to components of the State plan for the provi-
17 sion of emergency medical services, means a plan for
18 a comprehensive health care system, within rural
19 and urban areas of the State, for the prompt rec-
20 ognition, prehospital care, emergency medical care,
21 acute surgical and medical care, rehabilitation, and
22 outcome evaluation of seriously injured patients.

23 **“SEC. 1208. AUTHORIZATION OF APPROPRIATIONS.**

24 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
25 purpose of carrying out sections 1201, 1202, 1203, and

1 1204, there is authorized to be appropriated \$31,000,000
2 for each of fiscal years 2005 through 2009.

3 “(b) ALLOCATION OF FUNDS.—Of the amount appro-
4 priated for each of fiscal years 2005 through 2009 under
5 subsection (a)—

6 “(1) if such amount is \$12,000,000 or less, the
7 Secretary shall make available 100 percent of such
8 amount for the purpose of carrying out sections
9 1201, 1202, and 1204; or

10 “(2) if such amount is greater than
11 \$12,000,000, the Secretary shall make available 50
12 percent of such amount for the purpose of carrying
13 out sections 1201, 1202, and 1204 and 50 percent
14 of such amount for the purpose of carrying out sec-
15 tion 1203.

16 “(c) DETERMINATION OF AMOUNT OF ALLOT-
17 MENT.—

18 “(1) IN GENERAL.—For purposes of section
19 1203(a), the amount referred to in this subsection
20 for a State for a fiscal year is the sum of—

21 “(A) an amount determined under para-
22 graph (2);

23 “(B) an amount determined under para-
24 graph (3); and

1 “(C) any amount allotted to the State
2 under paragraph (4).

3 “(2) AMOUNT RELATING TO POPULATION.—The
4 amount referred to in subparagraph (A) of para-
5 graph (1) for a State for a fiscal year is the product
6 of—

7 “(A) an amount equal to 80 percent of the
8 amounts appropriated under this section to
9 carry out section 1203 for the fiscal year; and

10 “(B) a percentage equal to the quotient
11 of—

12 “(i) an amount equal to the popu-
13 lation of the State; divided by

14 “(ii) an amount equal to the popu-
15 lation of all States.

16 “(3) AMOUNT RELATING TO SQUARE MILE-
17 AGE.—The amount referred to in subparagraph (B)
18 of paragraph (1) for a State for a fiscal year is the
19 product of—

20 “(A) an amount equal to 20 percent of the
21 amounts appropriated under this section to
22 carry out section 1203 for the fiscal year; and

23 “(B) a percentage equal to the quotient
24 of—

1 “(i) an amount equal to the lesser of
2 266,807 or the amount of the square mile-
3 age of the State; divided by

4 “(ii) an amount equal to the sum of
5 the respective amounts determined for the
6 States under clause (i).

7 “(4) DISPOSITION OF CERTAIN FUNDS APPRO-
8 PRIATED FOR ALLOTMENTS.—

9 “(A) IN GENERAL.—Amounts described in
10 subparagraph (B) shall, in accordance with sub-
11 paragraph (C), be allotted by the Secretary to
12 States receiving payments under section 1203
13 for the fiscal year (other than any State re-
14 ferred to in subparagraph (B)(iii)).

15 “(B) TYPE OF AMOUNTS.—The amounts
16 referred to in subparagraph (A) are any
17 amounts that are made available pursuant to
18 this section to carry out section 1203, but are
19 not paid to a State as a result of—

20 “(i) the failure of the State to submit
21 an application under section 1203;

22 “(ii) the failure, in the determination
23 of the Secretary, of the State to prepare
24 within a reasonable period of time such ap-

1 plication in compliance with such section;
2 or

3 “(iii) the State informing the Sec-
4 retary that the State does not intend to ex-
5 pend the full amount of the allotment
6 made for the State.

7 “(C) AMOUNT.—The amount of an allot-
8 ment under subparagraph (A) for a State for a
9 fiscal year shall be an amount equal to the
10 product of—

11 “(i) an amount equal to the amounts
12 described in subparagraph (B) for the fis-
13 cal year involved; and

14 “(ii) the percentage equal to the
15 quotient of an amount equal to the popu-
16 lation of the State, divided by an amount
17 equal to the population of all States (other
18 than any State referred to in subparagraph
19 (B)(iii)).

20 “(d) FAILURE TO COMPLY WITH AGREEMENTS.—

21 “(1) REPAYMENT OF PAYMENTS.—

22 “(A) REQUIREMENT.—The Secretary may,
23 in accordance with paragraph (2), require a
24 State to repay any payments received by the
25 State under section 1203 that the Secretary de-

1 termines were not expended by the State in ac-
2 cordance with the agreements required to be
3 made by the State as a condition of the receipt
4 of payments under such section.

5 “(B) OFFSET OF AMOUNTS.—If a State
6 fails to make a repayment required in subpara-
7 graph (A), the Secretary may offset the amount
8 of the repayment against any amount due to be
9 paid to the State under section 1203.

10 “(2) OPPORTUNITY FOR A HEARING.—Before
11 requiring repayment of payments under paragraph
12 (1)(A), the Secretary shall provide to the State an
13 opportunity for a hearing.”.

14 **SEC. 3. INTERAGENCY PROGRAM FOR TRAUMA RESEARCH.**

15 Title IV of the Public Health Service Act (42 U.S.C.
16 281 et seq.) is amended by inserting after section 494A
17 the following:

18 “INTERAGENCY PROGRAM FOR TRAUMA RESEARCH

19 “SEC. 494B. (a) IN GENERAL.—The Secretary, act-
20 ing through the Director of NIH, shall establish a com-
21 prehensive program of basic and clinical research on trau-
22 ma (in this section referred to as the ‘Program’), including
23 the prevention, diagnosis, treatment, and rehabilitation of
24 trauma-related injuries.

25 “(b) PLAN FOR PROGRAM.—The Director of NIH
26 shall establish and implement a plan for carrying out the

1 activities of the Program, taking into consideration the
2 recommendations contained in the report of the NIH
3 Trauma Research Taskforce. The plan shall be periodi-
4 cally reviewed, and revised as appropriate.

5 “(c) PARTICIPATING AGENCIES; COORDINATION AND
6 COLLABORATION.—The Director of NIH—

7 “(1) shall provide for the conduct of activities
8 under the Program by the directors of the agencies
9 of the National Institutes of Health involved in re-
10 search with respect to trauma;

11 “(2) shall ensure that the activities of the Pro-
12 gram are coordinated among such agencies; and

13 “(3) shall, as appropriate, provide for collabora-
14 tion among such agencies in carrying out such ac-
15 tivities.

16 “(d) CERTAIN ACTIVITIES OF PROGRAM.—The Pro-
17 gram shall include—

18 “(1) studies with respect to all phases of trau-
19 ma care, including prehospital, resuscitation, sur-
20 gical intervention, critical care, infection control,
21 wound healing, nutritional care and support, and
22 medical rehabilitation care;

23 “(2) basic and clinical research regarding the
24 response of the body to trauma and the acute treat-

1 ment and medical rehabilitation of individuals who
2 are the victims of trauma;

3 “(3) basic and clinical research regarding trau-
4 ma care for pediatric and geriatric patients; and

5 “(4) the authority to make awards of grants or
6 contracts to public or nonprofit private entities for
7 the conduct of basic and applied research regarding
8 traumatic brain injury, which research may in-
9 clude—

10 “(A) the development of new methods and
11 modalities for the more effective diagnosis,
12 measurement of degree of brain injury, post-in-
13 jury monitoring, and prognostic assessment of
14 head injury for acute, subacute, and later
15 phases of care;

16 “(B) the development, modification, and
17 evaluation of therapies that retard, prevent, or
18 reverse brain damage after traumatic brain in-
19 jury, that arrest further deterioration following
20 injury, and that provide the restitution of func-
21 tion for individuals with long-term injuries;

22 “(C) the development of research on a con-
23 tinuum of care from acute care through reha-
24 bilitation, designed, to the extent practicable, to

1 integrate rehabilitation and long-term outcome
2 evaluation with acute care research;

3 “(D) the development of programs that in-
4 crease the participation of academic centers of
5 excellence in traumatic brain injury treatment
6 and rehabilitation research and training; and

7 “(E) carrying out subparagraphs (A)
8 through (D) with respect to cognitive disorders
9 and neurobehavioral consequences arising from
10 traumatic brain injury, including the develop-
11 ment, modification, and evaluation of therapies
12 and programs of rehabilitation toward reaching
13 or restoring normal capabilities in areas such as
14 reading, comprehension, speech, reasoning, and
15 deduction.

16 “(e) MECHANISMS OF SUPPORT.—In carrying out the
17 Program, the Director of NIH, acting through the direc-
18 tors of the agencies referred to in subsection (c)(1), may
19 make grants to public and nonprofit entities, including
20 designated trauma centers.

21 “(f) RESOURCES.—The Director of NIH shall assure
22 the availability of appropriate resources to carry out the
23 Program, including the plan established under subsection
24 (b) and the activities described in subsection (d).

25 “(g) DEFINITIONS.—For purposes of this section:

1 “(1) The term ‘designated trauma center’ has
2 the meaning given such term in section 1207.

3 “(2) The term ‘trauma’ means any serious in-
4 jury that could result in loss of life or in significant
5 disability and that would meet prehospital triage cri-
6 teria for transport to a designated trauma center.

7 “(3) The term ‘traumatic brain injury’ means
8 an acquired injury to the brain. Such term does not
9 include brain dysfunction caused by congenital or
10 degenerative disorders, nor birth trauma, but may
11 include brain injuries caused by anoxia due to trau-
12 ma. The Secretary may revise the definition of such
13 term as the Secretary determines necessary, after
14 consultation with States and other appropriate pub-
15 lic or nonprofit private entities.

16 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated such sums as may be necessary for
19 each of the fiscal years 2005 through 2009.”.

20 **SEC. 4. CONFORMING AMENDMENTS.**

21 (a) TITLE XII OF PUBLIC HEALTH SERVICE ACT.—
22 Title XII of the Public Health Service Act (42 U.S.C.
23 300d et seq.) is amended—

1 (1) in part E, by redesignating sections 1251
2 through 1253 as sections 1221 through 1223, re-
3 spectively;

4 (2) by redesignating part E as part B;

5 (3) by striking part F;

6 (4) in part G, by redesignating sections 1271
7 through 1274 as sections 1231 through 1234, re-
8 spectively; and

9 (5) by redesignating part G as part C.

10 (b) TITLE XIX OF PUBLIC HEALTH SERVICE ACT.—
11 Title XIX of the Public Health Service Act (42 U.S.C.
12 300w et seq.) is amended—

13 (1) in subparagraph (C) of section 1904(a)(1),
14 by striking “section 1213(a)” and inserting “section
15 1203”; and

16 (2) by striking section 1910.

○