

TRAUMA SYSTEMS AND REGIONALIZATION OF  
EMERGENCY CARE REAUTHORIZATION ACT

MARCH 16, 2015.—Committed to the Committee of the Whole House on the State  
of the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce,  
submitted the following

R E P O R T

[To accompany H.R. 648]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred  
the bill (H.R. 648) to amend title XII of the Public Health Service  
Act to reauthorize certain trauma care programs, and for other  
purposes, having considered the same, report favorably thereon  
without amendment and recommend that the bill do pass.

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## PURPOSE AND SUMMARY

H.R. 648, Trauma Systems and Regionalization of Emergency Care Reauthorization Act was introduced on February 2, 2015, by Rep. Michael Burgess (R–TX) and Rep. Gene Green (D–TX) and referred to the Committee on Energy and Commerce. The legislation would amend the Public Health Service Act (PHSA) to reauthorize certain trauma care programs and for other purposes.

## BACKGROUND AND NEED FOR LEGISLATION

Traumatic injury is the leading cause of death for those under the age of 45.<sup>1</sup> The care received in the first hour after a traumatic injury, the “golden hour,” gives the patient the best chance for recovery and survival.<sup>2</sup> From 1990 to 2005, 30 percent of trauma centers closed, leaving 45 million Americans, including vulnerable populations, without access to rapid intervention after a traumatic injury. Without that immediate care, survival rates decrease by 25 percent.<sup>3</sup>

A trauma system is an organized, coordinated effort in a defined geographic area that delivers the full range of care to injured patients. It provides resources, supporting equipment and personnel, and a continuum of care, including pre-hospital, hospital, and rehabilitation services.<sup>4</sup> While trauma centers are known for saving lives from shootings, car accidents, or mass casualty events, most injuries are caused by falls and occur among the elderly and children. Trauma centers are designed to treat different levels of injury and are classified by levels ranging from level 1, which provides care to the most seriously injured, to level 5 for those with less serious injuries.<sup>5</sup>

The bill would reauthorize trauma care systems planning grants, which support State development of trauma systems. It also would reauthorize pilot projects to implement and assess the regionalized emergency care model, including grants for improving trauma care and access to high-quality trauma care.

## HEARINGS

The Subcommittee on Health held a hearing on H.R. 648 on January 27, 2015, and received testimony from Blaine L. Enderson, MD, Department of Surgery, University of Tennessee Medical Center.

## COMMITTEE CONSIDERATION

On February 4, 2015, the Subcommittee on Health met in open markup session to consider a Committee Print entitled “Trauma Systems and Regionalization of Emergency Care Reauthorization Act” and forwarded the Committee Print to the full Committee, without amendment, by a voice vote. On February 11 and 12, 2015, the full Committee met in open markup session to consider H.R.

<sup>1</sup> <http://www.cdc.gov/traumacare/pdfs/traumacentersfactsheet20090921-a.pdf>.

<sup>2</sup> <https://www.oumedicine.com/oumedicalcenter/medical-services-and-departments/trauma-one-center/what-is-the-golden-hour->.

<sup>3</sup> <http://www.cdc.gov/traumacare/pdfs/traumacentersfactsheet20090921-a.pdf>.

<sup>4</sup> <http://www.nhtsa.gov/People/injury/ems/emstraumasystem03/traumasystem.htm>.

<sup>5</sup> <http://www.amtrauma.org/resources/trauma-categorization/index.aspx>.

648, which was substantially similar to the Committee Print forwarded by the Subcommittee, and ordered the bill favorably reported to the House, without amendment, by a voice vote.

#### COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 648 reported. A motion by Mr. Upton to order H.R. 648 reported to the House, without amendment, was agreed to by a voice vote.

#### COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee held a and made findings that reflected throughout this report.

#### STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The goal of H.R. 648 is to reauthorize trauma care systems planning grants and regionalization of emergency care grants.

#### NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 648, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

#### EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 648 contains no earmarks, limited tax benefits, or limited tariff benefits.

#### COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

#### CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS.  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, March 11, 2015.*

Hon. FRED UPTON,  
*Chairman, Committee on Energy and Commerce,  
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 648, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Zoë Williams.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

*H.R. 648—Trauma Systems and Regionalization of Emergency Care Reauthorization Act*

Summary: H.R. 648 would amend the Public Health Service Act to authorize funding for public and private entities that provide trauma and emergency care services and for the administration of the Federal Interagency Committee on Emergency Medical Services (FICEMS). The bill also would require states that receive grant aid to comply with national standards and requirements for designating burn centers. Finally, the bill would require the Secretary of Health and Human Services to submit a report to the Congress on federal and state activities associated with trauma and emergency care services.

The bill would authorize the appropriation of \$24 million a year for each of fiscal years 2015 through 2020 for public and private entities that provide trauma and emergency care services and for the administration of FICEMS. CBO estimates that implementing the bill would cost \$126 million over the 2015–2020 period, assuming appropriation of the authorized amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

H.R. 648 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: For this estimate, CBO assumes that H.R. 648 will be enacted by the summer of 2015, the Congress will appropriate the authorized amounts for each year, and spending will follow historical patterns for similar programs. The estimated budgetary effects of H.R. 648 are shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—						
	2015	2016	2017	2018	2019	2020	2015– 2020
CHANGES IN SPENDING SUBJECT TO APPROPRIATION							
Authorization Level .....	24	24	24	24	24	24	144
Estimated Outlays .....	3	28	23	24	24	24	126

Pay-As-You-Go considerations: None.

Intergovernmental and private-sector impact: H.R. 648 contains no intergovernmental or private-sector mandates as defined in

UMRA. The bill would reauthorize grant programs that state governments could use to improve trauma care systems. Any costs to those governments for complying with grant conditions would be incurred voluntarily.

Estimate prepared by: Federal Costs: Zoë Williams; Impact on state, local, and tribal governments: J'nell Blanco Suchy; Impact on the private sector: Amy Petz.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

#### FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 648 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

#### DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 648 does not direct to be completed any rule makings within the meaning of 5 U.S.C. 551.

#### ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

#### APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

#### SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

##### *Section 1. Short title*

Section 1 provides the short title of “Trauma Systems and Regionalization of Emergency Care Reauthorization Act.”

##### *Section 2. Reauthorization of certain trauma care programs*

Section 2 would reauthorize trauma care programs through fiscal year 2019.

##### *Section 3. Improvements and clarifications to certain trauma care programs*

Section 3 would provide that States also consider the national standards of the American Burn Association for the designation of

verified burn centers in their plan for the provision of emergency medical services.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

**PUBLIC HEALTH SERVICE ACT**

\* \* \* \* \*

**TITLE XII—TRAUMA CARE**

\* \* \* \* \*

**PART B—FORMULA GRANTS WITH RESPECT TO MODIFICATIONS OF STATE PLANS**

\* \* \* \* \*

**SEC. 1213. REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF ALLOTMENTS.**

(a) **TRAUMA CARE MODIFICATIONS TO STATE PLAN FOR EMERGENCY MEDICAL SERVICES.**—With respect to the trauma care component of a State plan for the provision of emergency medical services, the modifications referred to in section 1211(b) are such modifications to the State plan as may be necessary for the State involved to ensure that the plan provides for access to the highest possible quality of trauma care, and that the plan—

(1) specifies that the modifications required pursuant to paragraphs (2) through (11) will be implemented by the principal State agency with respect to emergency medical services or by the designee of such agency;

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

(3) subject to subsection (b), contains national standards and requirements of the American College of Surgeons or another appropriate entity for the designation of level I and level II trauma centers, and in the case of rural areas level III trauma centers (including trauma centers with specified capabilities and expertise in the care of pediatric trauma patients), by such entity, *and (for a fiscal year after fiscal year 2015) contains national standards and requirements of the American Burn Association for the designation of verified burn centers, including standards and requirements for—*

(A) the number and types of trauma patients for whom such centers must provide care in order to ensure that such centers will have sufficient experience and expertise to be able to provide quality care for victims of injury;

(B) the resources and equipment needed by such centers; and

(C) the availability of rehabilitation services for trauma patients;

(4) contains standards and requirements for the implementation of regional trauma care systems, including standards and guidelines (consistent with the provisions of section 1867 of the Social Security Act) for medically directed triage and transportation of trauma patients (including patients injured in rural areas) prior to care in designated trauma centers;

(5) subject to subsection (b), contains national standards and requirements, including those of the American Academy of Pediatrics and the American College of Emergency Physicians, for medically directed triage and transport of severely injured children to designated trauma centers with specified capabilities and expertise in the care of pediatric trauma patients;

(6) utilizes a program with procedures for the evaluation of designated trauma centers (including trauma centers described in paragraph (5)) and trauma care systems;

(7) provides for the establishment and collection of data in accordance with data collection requirements developed in consultation with surgical, medical, and nursing specialty groups, State and local emergency medical services directors, and other trained professionals in trauma care, from each designated trauma center in the State of a central data reporting and analysis system—

(A) to identify the number of severely injured trauma patients and the number of deaths from trauma within trauma care systems in the State;

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

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

(D) to monitor trauma patient care (including prehospital care) in each designated trauma center within regional trauma care systems in the State (including relevant emergency-department discharges and rehabilitation information) for the purpose of evaluating the diagnosis, treatment, and treatment outcome of such trauma patients;

(E) to identify the total amount of uncompensated trauma care expenditures for each fiscal year by each designated trauma center in the State; and

(F) to identify patients transferred within a regional trauma system, including reasons for such transfer and the outcomes of such patients;

(8) provides for the use of procedures by paramedics and emergency medical technicians to assess the severity of the injuries incurred by trauma patients;

(9) provides for appropriate transportation and transfer policies to ensure the delivery of patients to designated trauma centers and other facilities within and outside of the jurisdiction of such system, including policies to ensure that only individuals appropriately identified as trauma patients are transferred to designated trauma centers, and to provide periodic reviews of the transfers and the auditing of such transfers that are determined to be appropriate;

(10) conducts public education activities concerning injury prevention and obtaining access to trauma care;

(11) coordinates planning for trauma systems with State disaster emergency planning and bioterrorism hospital preparedness planning; and

(12) with respect to the requirements established in this subsection, provides for coordination and cooperation between the State and any other State with which the State shares any standard metropolitan statistical area.

(b) CERTAIN STANDARDS WITH RESPECT TO TRAUMA CARE CENTERS AND SYSTEMS.—

(1) IN GENERAL.—The Secretary may not make payments under section 1211(a) for a fiscal year unless the State involved agrees that, in carrying out paragraphs (3) through (5) of subsection (a), the State will adopt standards for the designation of trauma centers, and for triage, transfer, and transportation policies, and that the State will, in adopting such standards—

(A) take into account national standards that outline resources for optimal care of injured patients;

(B) consult with medical, surgical, and nursing speciality groups, hospital associations, emergency medical services State and local directors, concerned advocates, and other interested parties;

(C) conduct hearings on the proposed standards after providing adequate notice to the public concerning such hearing; and

(D) beginning in fiscal year 2008, take into account the model plan described in subsection (c).

(2) QUALITY OF TRAUMA CARE.—The highest quality of trauma care shall be the primary goal of State standards adopted under this subsection.

(3) APPROVAL BY THE SECRETARY.—The Secretary may not make payments under section 1211(a) to a State if the Secretary determines that—

(A) in the case of payments for fiscal year 2008 and subsequent fiscal years, the State has not taken into account national standards, including those of the American College of Surgeons, the American College of Emergency Physicians, [and the American Academy of Pediatrics.] *the American Academy of Pediatrics, and (for a fiscal year after fiscal year 2015) the American Burn Association*, in adopting standards under this subsection; or

(B) in the case of payments for fiscal year 2008 and subsequent fiscal years, the State has not, in adopting such standards, taken into account the model plan developed under subsection (c).

(c) MODEL TRAUMA CARE PLAN.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of the Trauma Care Systems Planning and Development Act of 2007 *and not later than 1 year after the date of the enactment of the Trauma Systems and Regionalization of Emergency Care Reauthorization Act*, the Secretary shall update the model plan for the designation of trauma centers and for triage, transfer, and transportation policies that may be adopted for guidance by the State. Such plan shall—



(A) take into account national standards, including those of the American College of Surgeons, American College of Emergency Physicians, [and the American Academy of Pediatrics] *the American Academy of Pediatrics, and (with respect to the update pursuant to the Trauma Systems and Regionalization of Emergency Care Reauthorization Act) the American Burn Association;*

(B) take into account existing State plans;

(C) be developed in consultation with medical, surgical, and nursing speciality groups, hospital associations, emergency medical services State directors and associations, and other interested parties; and

(D) include standards for the designation of rural health facilities and hospitals best able to receive, stabilize, and transfer trauma patients to the nearest appropriate designated trauma center, and for triage, transfer, and transportation policies as they relate to rural areas.

(2) **APPLICABILITY.**—Standards described in paragraph (1)(D) shall be applicable to all rural areas in the State, including both non-metropolitan areas and frontier areas that have populations of less than 6,000 per square mile.

(d) **RULE OF CONSTRUCTION WITH RESPECT TO NUMBER OF DESIGNATED TRAUMA CENTERS.**—With respect to compliance with subsection (a) as a condition of the receipt of a grant under section 1211(a), such subsection may not be construed to specify the number of trauma care centers designated pursuant to such subsection.

\* \* \* \* \*

**SEC. 1218. DETERMINATION OF AMOUNT OF ALLOTMENT.**

(a) **MINIMUM ALLOTMENT.**—Subject to the extent of amounts made available in appropriations Acts, the amount of an allotment under section 1211(a) for a State for a fiscal year shall be the greater of—

(1) the amount determined under subsection (b)(1); and

(2) \$250,000 in the case of each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and \$50,000 in the case of each of the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(b) **DETERMINATION UNDER FORMULA.**—

(1) **IN GENERAL.**—The amount referred to in subsection (a)(1) for a State for a fiscal year is the sum of—

(A) an amount determined under paragraph (2); and

(B) an amount determined under paragraph (3).

(2) **AMOUNT RELATING TO POPULATION.**—The amount referred to in subparagraph (A) of paragraph (1) for a State for a fiscal year is the product of—

(A) an amount equal to 80 percent of the amounts appropriated under section 1232(a) for the fiscal year and available for allotment under section 1211(a); and

(B) a percentage equal to the quotient of—

(i) an amount equal to the population of the State; divided by

(ii) an amount equal to the population of all States.

(3) AMOUNT RELATING TO SQUARE MILEAGE.—The amount referred to in subparagraph (B) of paragraph (1) for a State for a fiscal year is the product of—

(A) an amount equal to 20 percent of the amounts appropriated under section 1232(a) for the fiscal year and available for allotment under section 1211(a); and

(B) a percentage equal to the quotient of—

(i) an amount equal to the lesser of 266,807 and the amount of the square mileage of the State; divided by

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

(c) DISPOSITION OF CERTAIN FUNDS APPROPRIATED FOR ALLOTMENTS.—

(1) IN GENERAL.—Amounts described in paragraph (2) shall, in accordance with paragraph (3), be allotted by the Secretary to States receiving payments under section 1211(a) for the fiscal year (other than any State referred to in paragraph (2)(C)).

(2) TYPE OF AMOUNTS.—The amounts referred to in paragraph (1) are any amounts made available pursuant to ~~section 1232(b)(3)~~ *section 1232(b)* that are not paid under section 1211(a) to a State as a result of—

(A) the failure of the State to submit an application under section 1217;

(B) the failure, in the determination of the Secretary, of the State to prepare within a reasonable period of time such application in compliance with such section; or

(C) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made for the State.

(3) AMOUNT.—The amount of an allotment under paragraph (1) for a State for a fiscal year shall be an amount equal to the product of—

(A) an amount equal to the amount described in paragraph (2) for the fiscal year involved; and

(B) the percentage determined under subsection (b)(2) for the State.

\* \* \* \* \*

**SEC. 1222. REPORT BY SECRETARY.**

Not later than ~~October 1, 2008~~ *October 1, 2017*, the Secretary shall report to the appropriate committees of Congress on the activities of the States carried out pursuant to section 1211. Such report shall include an assessment of the extent to which Federal and State efforts to develop systems of trauma care and to designate trauma centers have reduced the incidence of mortality, and the incidence of permanent disability, resulting from trauma. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives with respect to trauma care.

**PART C—GENERAL PROVISIONS REGARDING PARTS A AND B**

\* \* \* \* \*

**SEC. 1232. FUNDING.**

(a) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out parts A and B, subject to subsections (b) and (c), there are authorized to be appropriated \$24,000,000 for each of fiscal years 2010 through ~~2014~~ 2020.

(b) **RESERVATION OF FUNDS.**—If the amount appropriated under subsection (a) for a fiscal year is equal to or less than \$1,000,000, such appropriation is available only for the purpose of carrying out part A. If the amount so appropriated is greater than \$1,000,000, 50 percent of such appropriation shall be made available for the purpose of carrying out part A and 50 percent shall be made available for the purpose of carrying out part B.

(c) **ALLOCATION OF PART A FUNDS.**—Of the amounts appropriated under subsection (a) for a fiscal year to carry out part A—

(1) 10 percent of such amounts for such year shall be allocated for administrative purposes; ~~and~~

(2) 10 percent of such amounts for such year shall be allocated for the purpose of carrying out section 1202~~].~~; *and*

(3) *for a fiscal year after fiscal year 2015, not more than 50 percent of such amounts remaining for such fiscal year after application of paragraphs (1) and (2) shall be allocated for the purpose of carrying out section 1204.*

(d) **AUTHORITY.**—For the purpose of carrying out parts A through C, beginning on the date of enactment of the Patient Protection and Affordable Care Act, the Secretary shall transfer authority in administering grants and related authorities under such parts from the Administrator of the Health Resources and Services Administration to the Assistant Secretary for Preparedness and Response.

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