

108TH CONGRESS  
2D SESSION

# H. R. 3999

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

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## 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

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## 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;

“(C) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

“(f) APPLICATION.—To seek a grant under this section, a State shall submit to the Secretary an application in such form, in such manner, and containing such information and assurances as the Secretary may require.

“(g) REPORTS BY STATES.—A grant may be made to a State under this section only if the State agrees that, promptly after the end of the fiscal year for which the grant is made, the State will submit to the Secretary a report that describes the activities of the State under the grant.

22 "SEC. 1204. GRANTS FOR THE IMPROVEMENT OF TRAUMA  
23 CARE.

24           “(a) IN GENERAL.—The Secretary, acting through  
25 the Administrator of the Health Resources and Services

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.

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