

TRAUMA SYSTEMS AND REGIONALIZATION OF
EMERGENCY CARE REAUTHORIZATION ACT

MAY 20, 2014.—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. 4080]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred
the bill (H.R. 4080) 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
with an amendment and recommend that the bill as amended do
pass.

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AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Trauma Systems and Regionalization of Emergency Care Reauthorization Act”.

SEC. 2. REAUTHORIZATION OF CERTAIN TRAUMA CARE PROGRAMS.

Section 1232(a) of the Public Health Service Act (42 U.S.C. 300d–32(a)) is amended by striking “2014” and inserting “2019”.

SEC. 3. IMPROVEMENTS AND CLARIFICATIONS TO CERTAIN TRAUMA CARE PROGRAMS.

(a) **ALLOCATION OF FUNDS FOR COMPETITIVE GRANTS FOR REGIONALIZED SYSTEMS FOR EMERGENCY CARE RESPONSE.**—Section 1232(c) of the Public Health Service Act (42 U.S.C. 300d–31(c)) is amended—

- (1) in paragraph (1), by striking “and” at the end;
- (2) in paragraph (2), by striking the period at the end and inserting “; and”;

and

- (3) by adding at the end the following new paragraph:

“(3) for a fiscal year after fiscal year 2014, 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.”.

(b) **CLARIFICATIONS UNDER TRAUMA SYSTEMS FORMULA GRANTS REQUIREMENTS RELATING TO THE AMERICAN BURN ASSOCIATION.**—Section 1213 of the Public Health Service Act (42 U.S.C. 300d–13) is amended—

- (1) in subsection (a)(3), by inserting “and (for a fiscal year after fiscal year 2014) contains national standards and requirements of the American Burn Association for the designation of verified burn centers,” after “such entity,”;
- (2) in subsection (b)(3)(A), by striking “and the American Academy of Pediatrics,” and inserting “the American Academy of Pediatrics, and (for a fiscal year after fiscal year 2014) the American Burn Association,”; and
- (3) in subsection (c)(1)—

(A) in the matter preceding subparagraph (A), by inserting “and not later than 1 year after the date of the enactment of the Trauma Systems and Regionalization of Emergency Care Reauthorization Act” after “Act of 2007”; and

(B) in subparagraph (A), by striking “and the American Academy of Pediatrics” and inserting “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”.

(c) **CONFORMING AMENDMENTS.**—Part B of title XII of the Public Health Service Act is amended—

- (1) in section 1218(c)(2) (42 U.S.C. 300d–18(c)(2)), in the matter preceding subparagraph (A), by striking “1232(b)(3)” and inserting “section 1232(b)”; and
- (2) in section 1222 (42 U.S.C. 300d–22), by striking “October 1, 2008” and inserting “October 1, 2016”.

PURPOSE AND SUMMARY

H.R. 4080, “Trauma Systems and Regionalization of Emergency Care Reauthorization Act” was introduced on February 25, 2014, 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 45.¹ The care received in the first hour or the “golden hour” after a traumatic injury presents the highest likelihood that

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

the patient will survive.² 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, their survival rates decrease by 25 percent.³

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, along a continuum of care, including pre-hospital, hospital, and rehabilitation services.⁴ 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 classified by levels ranging from level 1, which provides care to the most seriously injured, to level 5, for those with less serious injuries.⁵

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 Committee on Energy and Commerce has not held hearings on the legislation.

COMMITTEE CONSIDERATION

On February 27, 2014, the Subcommittee on Health met in open markup session and favorably forwarded H.R. 4080 to the full Committee, as amended, by a voice vote. On April 3, 2014, the Energy and Commerce Committee met in open markup session and approved H.R. 4080, as amended, by unanimous consent.

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. 4080 reported. A motion by Mr. Upton to order H.R. 4080 reported to the House, as amended, was agreed to by unanimous consent.

COMMITTEE OVERSIGHT FINDINGS

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

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

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

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

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

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(1) of rule XIII of the House of Representatives, the goal of the legislation is to reauthorize trauma and emergency care systems grants established in the (PHSA).

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. 4080 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, the Committee finds that H.R. 4080 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, April 16, 2014.

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. 4080, 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 Lisa Ramirez-Branum.

Sincerely,

ROBERT A. SUNSHINE
(For Douglas W. Elmendorf, Director).

Enclosure.

*H.R. 4080—Trauma Systems and Regionalization of Emergency
Care Reauthorization Act*

Summary: H.R. 4080 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 would authorize the appropriation of \$24 million a year for each of fiscal years 2015 through 2019. CBO estimates that implementing the bill would cost \$101 million over the 2015–2019 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.

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

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 4080 is 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	2015–2019
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	24	24	24	24	24	120
Estimated Outlays	10	21	23	23	24	101

Basis of estimate: For this estimate, CBO assumes that H.R. 4080 will be enacted before the end of fiscal year 2014, that the Congress will appropriate the authorized amounts, and that spending will follow historical patterns for similar programs. In fiscal year 2014, no funds were appropriated for the programs that would be authorized by this bill.

H.R. 4080 would authorize the appropriation of \$24 million a year for 2015 through 2019 for public and private entities that provide trauma and emergency care services and for the administration of FICEMS. The bill also would require states that receive grant aid to comply with national standards and requirements for designating verified 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.

Based on historical patterns of spending for similar activities, CBO estimates that implementing the bill would cost \$101 million over the 2015–2019 period, assuming appropriation of the specified amounts.

Pay-As-You-Go considerations: None.

Intergovernmental and private-sector impact: H.R. 4080 contains no intergovernmental or private-sector mandates as defined in UMRA.

Estimate prepared by: Federal Costs: Lisa Ramirez-Branum; Impact on state, local, and tribal governments: J'nell L. Blanco; Impact on the private sector: Alexia Diorio.

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. 4080 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. 4080 would not specifically direct a rulemaking 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 amend Section 1232(a) of the PHSA by striking “2014” and inserting “2019”.

Section 3. Improvements and clarifications to certain trauma care programs

Section 3 would amend Section 1232(c) of the PHSA to clarify the division of remaining funds and for States to 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) * * *

* * * * *

(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 2014) contains national standards and requirements of the American Burn Association for the designation of verified burn centers*, including standards and requirements for—

(A) * * *

* * * * *

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

(1) * * *

* * * * *

(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 2014) the American Burn Association*, in adopting standards under this subsection; or

* * * * *

(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;*

* * * * *

SEC. 1218. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) * * *

* * * * *

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

(1) * * *

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

(A) * * *

* * * * *

SEC. 1222. REPORT BY SECRETARY.

Not later than [October 1, 2008] *October 1, 2016*, 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] *2019*.

* * * * *

(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 2014, not more than 50 percent of such amounts remaining for such fiscal year after ap-*

plication of paragraphs (1) and (2) shall be allocated for the purpose of carrying out section 1204.

* * * * *

