

Public Law 101-590
101st Congress

An Act

To amend the Public Health Service Act to improve emergency medical services and trauma care, and for other purposes.

Nov. 16, 1990
[H.R. 1602]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Trauma Care Systems Planning and Development Act of 1990".

SEC. 2. FINDINGS.

The Congress finds that—

(1) the Federal Government and the governments of the States have established a history of cooperation in the development, implementation, and monitoring of integrated, comprehensive systems for the provision of emergency medical services throughout the United States;

(2) physical trauma is the leading cause of death of Americans between the ages of 1 and 44 and is the third leading cause of death in the general population of the United States;

(3) physical trauma in the United States results in an aggregate annual cost of \$180,000,000,000 in medical expenses, insurance, lost wages, and property damage;

(4) barriers to the provision of prompt and appropriate emergency medical services exist in many areas of the United States;

(5) few States and communities have developed and implemented trauma care systems;

(6) many trauma centers have incurred substantial uncompensated costs in providing trauma care, and such costs have caused many such centers to cease participation in trauma care systems; and

(7) the number of incidents of physical trauma in the United States is a serious medical and social problem, and the number of deaths resulting from such incidents can be substantially reduced by improving the trauma-care components of the systems for the provision of emergency medical services in the United States.

SEC. 3. ESTABLISHMENT OF PROGRAMS WITH RESPECT TO TRAUMA CARE.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by inserting after title XI the following new title:

Trauma Care Systems Planning and Development Act of 1990. Inter-governmental relations. 42 USC 201 note. 42 USC 300d note.

"TITLE XII—TRAUMA CARE

"PART A—GENERAL AUTHORITY AND DUTIES OF SECRETARY

42 USC 300d. "SEC. 1201. ESTABLISHMENT.

"(a) IN GENERAL.—The Secretary shall, with respect to trauma care—

"(1) conduct and support research, training, evaluations, and demonstration projects;

"(2) foster the development of appropriate, modern systems of such care through the sharing of information among agencies and individuals involved in the study and provision of such care;

"(3) provide to State and local agencies technical assistance; and

"(4) sponsor workshops and conferences.

"(b) GRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS.—The Secretary may make grants, and enter into cooperative agreements and contracts, for the purpose of carrying out subsection (a).

42 USC 300d-1. "SEC. 1202. ADVISORY COUNCIL ON TRAUMA CARE SYSTEMS.

"(a) ESTABLISHMENT.—The Secretary shall establish an advisory council to be known as the Advisory Council on Trauma Care Systems (hereafter in this section referred to as the 'Council').

"(b) DUTIES.—The Council shall—

"(1) periodically conduct assessments of the needs in the United States with respect to trauma care and the extent to which the States are responding to such needs, including special consideration of the unique needs of rural areas;

"(2) submit to the Secretary the findings made as a result of such assessments; and

"(3) advise the Secretary with respect to activities carried out under this title, including the development of the model trauma plan described in section 1213(c).

"(c) MEMBERSHIP.—

"(1) IN GENERAL.—The Secretary shall appoint to the Council 12 appropriately qualified representatives of the public who are not officers or employees of the United States. Of such members—

"(A) 3 shall be individuals experienced or specially trained in trauma surgery (including a critical care nurse);

"(B) 3 shall be individuals experienced or specially trained in emergency medicine (including a nurse who is specially trained in emergency medicine);

"(C) 1 shall be an individual experienced or specially trained in the care of injured children;

"(D) 1 shall be an individual experienced or specially trained in physical medicine and rehabilitation; and

"(E) 4 shall be individuals experienced or specially trained in the development, administration, or financing of trauma care systems.

"(2) EX OFFICIO MEMBERS.—The Secretary may designate as ex officio members of the Council appropriately qualified representatives of the Department of Health and Human Services, the Department of Transportation, the Federal Emergency Management Agency, and such other agencies of the Federal Government as the Secretary determines to have functions affecting emergency medical services.

“(3) KNOWLEDGE CONCERNING RURAL AREAS.—Of the members described in paragraph (1), 25 percent of the members shall be knowledgeable about the unique needs of rural areas with respect to the purpose of the Council.

“(d) TERMS.—

“(1) GENERAL TERM.—Except as provided in paragraph (2), members of the Council appointed under subsection (c)(1) shall serve for a term of 4 years.

“(2) INITIAL MEMBERS.—Of the members first appointed to the Council under subsection (c)(1), the Secretary shall appoint 4 members to serve for a term of 4 years, 4 members to serve for a term of 3 years, and 4 members to serve for a term of 2 years.

“(e) VACANCIES.—

“(1) SERVICE FOR REMAINDER OF TERM.—Any member of the Council appointed under subsection (c)(1) to fill a vacancy occurring before the expiration of the term of the predecessor of the member shall be appointed for the remainder of the term of the predecessor.

“(2) CONTINUED SERVICE AFTER EXPIRATION OF TERM.—A member of the Council appointed under subsection (c)(1) may continue to serve after the expiration of the term of the member until a successor is appointed.

“(f) CHAIR.—The Secretary, or the designee of the Secretary, shall serve as the chair of the Council.

“(g) MEETINGS.—The Council shall meet at the call of the Chair and shall meet not less than once each 3 months.

“(h) COMPENSATION AND REIMBURSEMENT OF EXPENSES.—

“(1) FEDERAL OFFICIALS.—Ex officio members of the Council under subsection (c)(2) may not receive compensation for service on the Council in addition to the compensation otherwise received for duties carried out as officers or employees of the United States.

“(2) APPOINTMENT MEMBERS.—Members of the Council appointed under subsection (c)(1) may not receive compensation for service on the Council. Such members may be reimbursed for travel, subsistence, and other necessary expenses incurred in carrying out the duties of the Council.

“(i) STAFF.—The Secretary shall provide to the Council such staff, information, and other assistance as may be necessary to carry out the duties of the Council.

“(j) TERMINATION.—Notwithstanding section 14(a) of the Federal Advisory Committee Act, the Council shall continue in existence until otherwise provided by law.

“SEC. 1203. CLEARINGHOUSE ON TRAUMA CARE AND EMERGENCY MEDICAL SERVICES.

42 USC 300d-2.

“(a) ESTABLISHMENT.—The Secretary shall by contract provide for the establishment and operation of a National Clearinghouse on Trauma Care and Emergency Medical Services (hereafter in this section referred to as the ‘Clearinghouse’).

Government contracts.

“(b) DUTIES.—The Clearinghouse shall—

“(1) foster the development of appropriate, modern trauma care and emergency medical services (including the development of policies for the notification of family members of individuals involved in medical emergencies) through the sharing of information among agencies and individuals involved in planning, furnishing, and studying such services and care;

Public
information.

“(2) collect, compile, and disseminate information on the achievements of, and problems experienced by, State and local agencies and private entities in providing trauma care and emergency medical services and, in so doing, give special consideration of the unique needs of rural areas;

“(3) provide technical assistance relating to trauma care and emergency medical services to State and local agencies; and

“(4) sponsor workshops and conferences on trauma care and emergency medical services.

“(c) FEES AND ASSESSMENTS.—A contract entered into by the Secretary under this section may provide that the Clearinghouse charge fees or assessments in order to defray, and beginning with fiscal year 1992, to cover, the costs of operating the Clearinghouse.

42 USC 300d-3.

“SEC. 1204. ESTABLISHMENT OF PROGRAMS FOR IMPROVING TRAUMA CARE IN RURAL AREAS.

“(a) IN GENERAL.—The Secretary may make grants to public and nonprofit private entities for the purpose of carrying out research and demonstration projects with respect to improving the availability and quality of emergency medical services in rural areas—

“(1) by developing innovative uses of communications technologies and the use of new communications technology;

“(2) by developing model curricula for training emergency medical services personnel, including first responders, emergency medical technicians, emergency nurses and physicians, and paramedics—

“(A) in the assessment, stabilization, treatment, preparation for transport, and resuscitation of seriously injured patients, with special attention to problems that arise during long transports and to methods of minimizing delays in transport to the appropriate facility; and

“(B) in the management of the operation of the emergency medical services system;

“(3) by making training for original certification, and continuing education, in the provision and management of emergency medical services more accessible to emergency medical personnel in rural areas through telecommunications, home studies, providing teachers and training at locations accessible to such personnel, and other methods;

“(4) by developing innovative protocols and agreements to increase access to prehospital care and equipment necessary for the transportation of seriously injured patients to the appropriate facilities; and

“(5) by evaluating the effectiveness of protocols with respect to emergency medical services and systems.

Grant programs.

“(b) SPECIAL CONSIDERATION FOR CERTAIN RURAL AREAS.—In making grants under subsection (a), the Secretary shall give special consideration to any applicant for the grant that will provide services under the grant in any rural area identified by a State under section 1214(c)(1).

“(c) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary.

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

"SEC. 1211. ESTABLISHMENT OF PROGRAM.

42 USC 300d-11.

"(a) REQUIREMENT OF ALLOTMENTS FOR STATES.—The Secretary shall for each fiscal year make an allotment for each State in an amount determined in accordance with section 1218. The Secretary shall make payments, as grants, each fiscal year to each State from the allotment for the State if the Secretary approves for the fiscal year involved an application submitted by the State pursuant to section 1217.

"(b) PURPOSE.—Except as provided in section 1233, the Secretary may not make payments under this part for a fiscal year unless the State involved agrees that, with respect to the trauma care component of the State plan for the provision of emergency medical services, the payments will be expended only for the purpose of developing, implementing, and monitoring the modifications to such component described in section 1213.

"SEC. 1212. REQUIREMENT OF MATCHING FUNDS FOR FISCAL YEARS SUBSEQUENT TO FIRST FISCAL YEAR OF PAYMENTS.

42 USC 300d-12.

"(a) NON-FEDERAL CONTRIBUTIONS.—

"(1) IN GENERAL.—The Secretary may not make payments under section 1211(a) unless the State involved agrees, with respect to the costs described in paragraph (2), to make available non-Federal contributions (in cash or in kind under subsection (b)(1)) toward such costs in an amount equal to—

"(A) for the second fiscal year of such payments to the State, not less than \$1 for each \$1 of Federal funds provided in such payments for such fiscal year; and

"(B) for any subsequent fiscal year of such payments to the State, not less than \$3 for each \$1 of Federal funds provided in such payments for such fiscal year.

"(2) PROGRAM COSTS.—The costs referred to in paragraph (1) are—

"(A) the costs to be incurred by the State in carrying out the purpose described in section 1211(c); or

"(B) the costs of improving the quality and availability of emergency medical services in rural areas of the State.

"(3) INITIAL YEAR OF PAYMENTS.—The Secretary may not require a State to make non-Federal contributions as a condition of receiving payments under section 1211(a) for the first fiscal year of such payments to the State.

"(b) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—With respect to compliance with subsection (a) as a condition of receiving payments under section 1211(a)—

"(1) a State may make the non-Federal contributions required in such subsection in cash or in kind, fairly evaluated, including plant, equipment, or services;

"(2) the Secretary may not, in making a determination of the amount of non-Federal contributions, include amounts provided by the Federal Government or services assisted or subsidized to any significant extent by the Federal Government; and

"(3) the Secretary shall, in making such a determination, include only non-Federal contributions in excess of the amount of non-Federal contributions made by the State during fiscal year 1990 toward—

- “(A) the costs of providing trauma care in the State; and
- “(B) the costs of improving the quality and availability of emergency medical services in rural areas of the State.

42 USC 300d-13. “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 (10) will be implemented by the principal State agency with respect to emergency medical services or by the designee of such agency;

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

“(3) subject to subsection (b), contains standards and requirements 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 the pediatric trauma patient), by such entity, 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) subject to subsection (b), 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 standards and requirements for medically directed triage and transport of severely injured children to designated trauma centers with specified capabilities and expertise in the care of the pediatric trauma patient;

“(6) specifies 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 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 within regional 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;

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

“(9) to provide 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) to conduct public education activities concerning injury prevention and obtaining access to trauma care; and

“(11) 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 concerning such;

“(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 1992, 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 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 1991 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 Emer-

gency Physicians and the American Academy of Pediatrics, in adopting standards under this subsection; or

“(B) in the case of payments for fiscal year 1992 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.**—Not later than 1 year after the date of the enactment of the Trauma Care Systems Planning and Development Act of 1990, the Secretary shall develop a 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—

“(1) take into account national standards, including those of the American College of Surgeons, American College of Emergency Physicians and the American Academy of Pediatrics;

“(2) take into account existing State plans;

“(3) 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

“(4) 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.

Rural areas.

Standards described in paragraph (4) 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.

42 USC 300d-14.

“**SEC. 1214. REQUIREMENT OF SUBMISSION TO SECRETARY OF TRAUMA PLAN AND CERTAIN INFORMATION.**

“(a) **TRAUMA PLAN.**—

“(1) **IN GENERAL.**—For fiscal year 1991 and subsequent fiscal years, the Secretary may not make payments under section 1211(a) unless, subject to paragraph (2), the State involved submits to the Secretary the trauma care component of the State plan for the provision of emergency medical services.

“(2) **INTERIM PLAN OR DESCRIPTION OF EFFORTS.**—For fiscal year 1991, if a State has not completed the trauma care component of the State plan described in paragraph (1), the State may provide, in lieu of a completed such component, an interim component or a description of efforts made toward the completion of the component.

“(b) **INFORMATION RECEIVED BY STATE REPORTING AND ANALYSIS SYSTEM.**—The Secretary may not make payments under section 1211(a) for a fiscal year unless the State involved agrees that the State will, not less than once each year, provide to the Secretary the information received by the State pursuant to section 1213(a)(7).

“(c) **AVAILABILITY OF EMERGENCY MEDICAL SERVICES IN RURAL AREAS.**—The Secretary may not make payments under section 1211(a) for a fiscal year unless—

“(1) the State involved identifies any rural area in the State for which—

“(A) there is no system of access to emergency medical services through the telephone number 911;

“(B) there is no basic life-support system; or

“(C) there is no advanced life-support system; and

“(2) the State submits to the Secretary a list of rural areas identified pursuant to paragraph (1) or, if there are no such areas, a statement that there are no such areas.

“SEC. 1215. RESTRICTIONS ON USE OF PAYMENTS.

42 USC 300d-15.

“(a) **IN GENERAL.**—The Secretary may not, except as provided in subsection (b), make payments under section 1211(a) for a fiscal year unless the State involved agrees that the payments will not be expended—

“(1) subject to section 1233, for any purpose other than developing, implementing, and monitoring the modifications required by section 1211(b) to be made to the State plan for the provision of emergency medical services.

“(2) to make cash payments to intended recipients of services provided pursuant to such section;

“(3) to purchase or improve real property (other than minor remodeling of existing improvements to real property) or to purchase major medical or communication equipment, ambulances, or aircraft;

“(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

“(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

“(b) **EXCEPTION.**—If the Secretary finds that the purpose described in section 1211(b) cannot otherwise be carried out, the Secretary may, with respect to an otherwise qualified State, waive the restriction established in subsection (a)(3).

“SEC. 1216. REQUIREMENT OF REPORTS BY STATES.

42 USC 300d-16.

“(a) **IN GENERAL.**—The Secretary may not make payments under section 1211(a) for a fiscal year unless the State involved agrees to prepare and submit to the Secretary an annual report in such form and containing such information as the Secretary determines (after consultation with the States and the Comptroller General of the United States) to be necessary for—

“(1) securing a record and a description of the purposes for which payments received by the State pursuant to such section were expended and of the recipients of such payments; and

“(2) determining whether the payments were expended in accordance with the purpose of the program involved.

“(b) **AVAILABILITY TO PUBLIC OF REPORTS.**—The Secretary may not make payments under section 1211(a) unless the State involved agrees that the State will make copies of the report described in subsection (a) available for public inspection.

“(c) **EVALUATIONS BY COMPTROLLER GENERAL.**—The Comptroller General of the United States shall evaluate the expenditures by States of payments under section 1211(a) in order to assure that expenditures are consistent with the provisions of this part, and not later than December 1, 1993, prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the

Committee on Labor and Human Resources of the Senate a report concerning such evaluation.

42 USC 300d-17. "SEC. 1217. REQUIREMENT OF SUBMISSION OF APPLICATION CONTAINING CERTAIN AGREEMENTS AND ASSURANCES.

"The Secretary may not make payments under section 1211(a) to a State for a fiscal year unless—

"(1) the State submits to the Secretary an application for the payments containing agreements in accordance with this part;

"(2) the agreements are made through certification from the chief executive officer of the State;

"(3) with respect to such agreements, the application provides assurances of compliance satisfactory to the Secretary;

"(4) the application contains the plan provisions and the information required to be submitted to the Secretary pursuant to section 1214; and

"(5) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

42 USC 300d-18. "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 1232(b)(3) 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. 1219. FAILURE TO COMPLY WITH AGREEMENTS.

42 USC 300d-19.

“(a) REPAYMENT OF PAYMENTS.—

“(1) REQUIREMENT.—The Secretary may, in accordance with subsection (b), require a State to repay any payments received by the State pursuant to section 1211(a) that the Secretary determines were not expended by the State in accordance with the agreements required to be made by the State as a condition of the receipt of payments under such section.

“(2) OFFSET OF AMOUNTS.—If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against any amount due to be paid to the State under section 1211(a).

“(b) OPPORTUNITY FOR A HEARING.—Before requiring repayment of payments under subsection (a)(1), the Secretary shall provide to the State an opportunity for a hearing.

“SEC. 1220. PROHIBITION AGAINST CERTAIN FALSE STATEMENTS.

42 USC 300d-20.

“(a) IN GENERAL.—

“(1) FALSE STATEMENTS OR REPRESENTATIONS.—A person may not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made by a State from amounts paid to the State under section 1211(a).

“(2) CONCEALING OR FAILING TO DISCLOSE INFORMATION.—A person with knowledge of the occurrence of any event affecting the right of the person to receive any payments from amounts paid to the State under section 1211(a) may not conceal or fail to disclose any such event with the intent of fraudulently securing such amount.

“(b) **CRIMINAL PENALTY FOR VIOLATION OF PROHIBITION.**—Any person who violates a prohibition established in subsection (a) may for each violation be fined in accordance with title 18, United States Code, or imprisoned for not more than 5 years, or both.

42 USC 300d-21. “**SEC. 1221. TECHNICAL ASSISTANCE AND PROVISION BY SECRETARY OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.**

“(a) **TECHNICAL ASSISTANCE.**—The Secretary shall, without charge to a State receiving payments under section 1211(a), provide to the State (or to any public or nonprofit private entity designated by the State) technical assistance with respect to the planning, development, and operation of any program carried out pursuant to section 1211(b). The Secretary may provide such technical assistance directly, through contract, or through grants.

“(b) **PROVISION BY SECRETARY OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.**—

“(1) **IN GENERAL.**—Upon the request of a State receiving payments under section 1211(a), the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the State in carrying out section 1211(b) and, for such purpose, may detail to the State any officer or employee of the Department of Health and Human Services.

“(2) **REDUCTION IN PAYMENTS.**—With respect to a request described in paragraph (1), the Secretary shall reduce the amount of payments to the State under section 1211(a) by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

42 USC 300d-22. “**SEC. 1222. REPORT BY SECRETARY.**

“Not later than October 1, 1992, the Secretary shall report to the appropriate committees of Congress on the activities of the States carried out pursuant to section 1211. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives with respect to trauma care.

“PART C—GENERAL PROVISIONS

42 USC 300d-31. “**SEC. 1231. DEFINITIONS.**

“For purposes of this title:

“(1) **DESIGNATED TRAUMA CENTER.**—The term ‘designated trauma center’ means a trauma center designated in accordance with the modifications to the State plan described in section 1213.

“(2) **STATE PLAN REGARDING EMERGENCY MEDICAL SERVICES.**—The term ‘State plan’, with respect to the provision of emergency medical services, means a plan for a comprehensive, organized system to provide for the access, response, triage, field stabilization, transport, hospital stabilization, definitive care, and rehabilitation of patients of all ages with respect to emergency medical services.

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

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

“(5) TRAUMA CARE COMPONENT OF STATE PLAN.—The term ‘trauma care component’, with respect to components of the State plan for the provision of emergency medical services, means a plan for a comprehensive health care system, within rural and urban areas of the State, for the prompt recognition, prehospital care, emergency medical care, acute surgical and medical care, rehabilitation, and outcome evaluation of seriously injured patients.

“SEC. 1232. FUNDING.

42 USC 300d-32.

“(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this title, there are authorized to be appropriated \$60,000,000 for fiscal year 1991 and such sums as may be necessary for each of the fiscal years 1992 and 1993.

“(b) ALLOCATION OF FUNDS BY SECRETARY.—

“(1) GENERAL AUTHORITY.—For the purpose of carrying out part A, the Secretary shall make available 10 percent of the amounts appropriated for a fiscal year under subsection (a).

“(2) RURAL GRANTS.—For the purpose of carrying out section 1204, the Secretary shall make available 10 percent of the amounts appropriated for a fiscal year under subsection (a).

“(3) FORMULA GRANTS.—

“(A) For the purpose of making allotments under section 1211(a), the Secretary shall, subject to subsection (c), make available 80 percent of the amounts appropriated for a fiscal year pursuant to subsection (a).

“(B) Amounts paid to a State under section 1211(a) for a fiscal year shall, for the purposes for which the amounts were paid, remain available for obligation until the end of the fiscal year immediately following the fiscal year for which the amounts were paid.

“(c) EFFECT OF INSUFFICIENT APPROPRIATIONS FOR MINIMUM ALLOTMENTS.—

“(1) IN GENERAL.—If the amounts made available under subsection (b)(3)(A) for a fiscal year are insufficient for providing each State with an allotment under section 1211(a) of not less than the applicable amount under section 1218(a)(2), the Secretary shall, from such amounts as are made available under subsection (b)(3)(A), make grants to States described in paragraph (2) for carrying out part B.

“(2) ELIGIBLE STATES.—The States referred to in paragraph (1) are States that—

“(A) have the greatest need to develop, implement, and maintain trauma care systems; and

“(B) demonstrate in their applications under section 1217 the greatest commitment to establishing and maintaining such systems.

“(3) RULE OF CONSTRUCTION.—Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

“SEC. 1233. WAIVER OF REQUIREMENT REGARDING PURPOSE OF GRANTS.

42 USC 300d-33.

“(a) AUTHORITY FOR REIMBURSEMENTS REGARDING UNCOMPENSATED COSTS OF TRAUMA CENTERS.—Upon the request of a State described in subsection (b), the Secretary may grant a waiver to the

State of the requirement established in subsection (b) of section 1211. A State granted such a waiver may expend payments under subsection (a) of such section to provide reimbursements to 1 or more designated trauma centers described in subsection (c) for such portion of the uncompensated trauma care expenditures of such centers as the State considers appropriate. Such reimbursements may include reimbursements for expenditures for uncompensated professional services for trauma care.

“(b) ELIGIBLE STATES.—The State referred to in subsection (a) is any State that meets the requirements under part B for receiving payments under subsection (a) of section 1211 for the fiscal year involved, and that—

“(1) with respect to the State plan for the provision of emergency medical services, has fully implemented the portions of the plan developed pursuant to subsection (b) of such section; and

“(2) contains no rural area described in section 1214(c)(1).

“(c) ELIGIBLE TRAUMA CENTERS.—The designated trauma center referred to in subsection (a) is such a center that—

“(A) meets the standards and requirements established under section 1213 by the State for trauma centers;

“(B) serves an area in which the trauma care system meets the standards and requirements established under such section by the State for trauma care systems; and

“(C) maintains its designation as a designated trauma center throughout the fiscal year for which reimbursement is provided under this section.”.

SEC. 4. COOPERATION BETWEEN STATE AGENCIES.

Section 1905(c) of the Public Health Service Act (42 U.S.C. 300w-4(c)) is amended—

(1) by striking out “and” at the end of paragraph (5);

(2) by striking out the period at the end of paragraph (6) and inserting in lieu thereof “; and”; and

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

“(7) agrees to provide the officer of the State government responsible for the administration of the State highway safety program with an opportunity to—

“(A) participate in the development of any plan by the State relating to emergency medical services, as such plan relates to highway safety; and

“(B) review and comment on any proposal by any State agency to use any Federal grant or Federal payment received by the State for the provision of emergency medical services as such proposal relates to highway safety.”.

SEC. 5. EMERGENCY MEDICAL SERVICES FOR CHILDREN.

Section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is amended—

(1) in the first sentence of subsection (a)—

(A) by striking out “not more than four grants in any fiscal year” and inserting in lieu thereof “grants”; and

(B) by striking out “in such States”; and

(2) in subsection (d), by striking out “fiscal year 1991” and inserting in lieu thereof “each of the fiscal years 1991 and 1992”.

SEC. 6. GRANT REGARDING MEDICAL FACILITIES.

(a) **IN GENERAL.**—The Secretary of Health and Human Services may make a grant to the George Washington University Hospital, a nonprofit private hospital located in the District of Columbia, for the purpose of constructing or modernizing a medical facility of such Hospital.

(b) **REQUIREMENT OF MATCHING FUNDS.**—

(1) **IN GENERAL.**—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees, with respect to the costs of carrying out the purpose described in such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount that is not less than \$1 for each \$1 of Federal funds provided in the grant.

(2) **DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.**—In determining the amount of non-Federal contributions in cash that has been provided for purposes of paragraph (1), the Secretary may not include any amounts provided by the Federal Government.

(c) **OBLIGATIONS REGARDING FREE CARE AND COMMUNITY SERVICE.**—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that clauses (i) and (ii) of section 1621(b)(1)(K) of the Public Health Service Act (and regulations issued under such clauses), and section 1622 of such Act (and regulations issued under such section), will apply with respect to the medical facility constructed or modernized with the grant to the same extent and in the same manner as such sections and regulations apply with respect to medical facilities constructed or modernized with funds that have been paid under title XVI of such Act.

(d) **DEFINITION.**—For purposes of this Act, the term “Secretary” means the Secretary of Health and Human Services.

(e) **FUNDING.**—

(1) **AUTHORIZATION OF APPROPRIATIONS.**—

(A) Subject to subparagraph (B), there is authorized to be appropriated an aggregate \$50,000,000 for the fiscal years 1992 through 1995.

(B) The authorization of appropriations established in subparagraph (A) is effective only with respect to appropriations made from allocations under section 302(b) of the Congressional Budget Act of 1974—

(i) for the Subcommittee on the District of Columbia of the Committee on Appropriations of the House of Representatives, in the case of any bill, resolution, or amendment considered in the House; and

(ii) for the Subcommittee on District of Columbia of the Committee on Appropriations of the Senate, in the case of any bill, resolution, or amendment considered in the Senate.

(2) AMOUNT OF GRANT.—Subject to the extent of amounts made available in appropriations Act, the amount of a grant under subsection (a) shall be \$50,000,000.

Approved November 16, 1990.

LEGISLATIVE HISTORY—H.R. 1602 (S. 15):

HOUSE REPORTS: No. 101-346 (Comm. on Energy and Commerce) and No. 101-956 (Comm. of Conference).

SENATE REPORTS: No. 101-292 accompanying S. 15 (Comm. on Labor and Human Resources).

CONGRESSIONAL RECORD:

Vol. 135 (1989): Nov. 14, considered and passed House.

Vol. 136 (1990): Oct. 17, S. 15 considered and passed Senate.

Oct. 18, H.R. 1602 considered and passed Senate, amended, in lieu of S. 15.

Oct. 26, House agreed to conference report.

Oct. 27, Senate agreed to conference report.