

Trauma Care/EMS Legislation Introduced During the 101st Congressional Session

S.15—Emergency Medical Services and Trauma Care Improvement Act of 1989 (C101) 01/25/89

Sen. Cranston (Cosp=23)
Senate Labor and Human Resources

DIGEST AS INTRODUCED:

Emergency Medical Services and Trauma Care Improvement Act of 1989—Amends the Public Health Service Act to create a new title on trauma care. Directs the Secretary of Health and Human Services to provide for the establishment and operation of a National Clearinghouse on Emergency Medical Services and Trauma Care. Authorizes appropriations for FY 1990 through 1992 or for the first three fiscal years for which funds are appropriated. Authorizes the Secretary to make grants and enter into cooperative agreements and contracts with respect to emergency medical services and trauma care systems to: (1) conduct and support research, training, evaluations, and demonstration projects; (2) provide technical assistance to State and local agencies; and (3) establish guidelines for the development of uniform State data reporting systems.

Directs the Secretary to make an allotment for each State for each fiscal year, mandating that at least 35 percent, subject to adjustment, be used for planning, implementing, monitoring, and evaluating the operation of county, regional, or State trauma care systems. Sets forth requirements for such systems. Requires States to use at least 35 percent of the amount available to them for a fiscal year to reimburse designated trauma centers for uncompensated trauma care expenditures. Requires non-Federal matching contributions (in cash or in kind) in a specified ratio for fiscal years after FY 1990. Requires each State, for each fiscal year beginning with FY 1990, to submit the trauma care component of the State emergency medical services plan (State plan) to the Secretary. Sets forth requirements for the State plan. Requires that hospital emergency departments, within their capability, if an individual appears and requests examination and treatment: (1) examine for the existence of an emergency medical condition or active labor and, if such a condition or labor exists, treat the individual until stable, subject to exception; and (2) transfer such individual to other facilities only according to stated criteria. Requires States to adopt guidelines for the designation of

trauma centers, and for triage, transfer, and transportation policies, at least as stringent as the applicable guidelines developed by the American College of Surgeons and by the American College of Emergency Physicians. Mandates that States: (1) require each trauma center to provide information to the State central data reporting system annually; (2) submit, to the Secretary at least annually, the information it receives from its data reporting and analysis system; and (3) identify and submit to the Secretary a list of rural areas lacking certain emergency medical services. Sets forth restrictions on the use of State allotments. Requires an annual report from each State to the Secretary. Sets forth a formula for determination of the amount of allotments. Provides for: (1) repayment and offset for failure to use funds as agreed; (2) criminal penalties for certain false statements; (3) technical assistance and provision of supplies and services by the Secretary in lieu of grant funds; and (4) a report by the Secretary to the Congress.

Authorizes appropriations for FY 1990 through 1992. Directs the Secretary of Health and Human Services to conduct studies: (1) to determine the adequacy and appropriateness of the reimbursements provided to trauma centers under Title XIX (Medicaid) of the Social Security Act; and (2) of the long-term economic effects of trauma. Amends the Public Health Service Act to revise the application procedure for Preventive Health and Health Services Block Grants to provide the State officer responsible for the administration of the State highway safety program an opportunity to participate in the development of any plan relating to emergency medical services as such plan relates to high way safety. Allows the State official responsible for the provision of emergency medical services the opportunity to participate in the development of the State highway safety program as such program relates to emergency medical services.

Amends the Public Health Service Act and the Consolidated Farm and Rural Development Act to allow certain grant allotments to be used for the purchase of communications equipment. Requires the Federal Communications Commission to: (1) study the availability of radio frequency channels for emergency medical services communications; (2) establish a plan to ensure that the needs of emergency medical services communications are provided for in the allocations of frequencies for public safety; and (3) submit a report to Committees of the Congress containing such study and plan.

***S. Amdt. No. 378—Amendment to S.15
(C101) 07/20/89***

Sen. Cranston (Acosp=9)
Senate Labor and Human Resources

CONG REC S8521

AMENDMENT DIGEST: FROM HOUSE OR
SENATE

To provide funding to support emergency medical services in rural areas.

***S.1274-Comprehensive and Uniform
Remedy for the Health Care System Act of
1989 (C101) 06/23/89***

Sen. Hatch
Senate Labor and Human Resources

DIGEST AS INTRODUCED:

Limited to provisions pertaining to EMS Comprehensive and Uniform Remedy for the Health Care System Act of 1989—Title V: Improving the Trauma Care System—Subtitle A: General Federal Emergency Medical Services Programs—Amends the Public Health Service Act to create a new title on emergency medical services. Directs the Secretary of Health and Human Services, by contract, to provide for the establishment and operation of a National Clearinghouse on Emergency Medical Services and Trauma Care. Sets forth the duties of the Clearinghouse. Allows the Clearinghouse to charge fees to defray and, starting with FY 1991, to cover its costs of operating. Authorizes appropriations for FY 1990 through 1992 or for the first through the third fiscal year after FY 1990 for which funds are appropriated under these provisions.

Directs the Secretary to promulgate regulations that require States that receive grants under provisions added by this Act relating to emergency medical services block grants to provide the Secretary with certain data and information concerning the use of the grants.

Authorizes the Secretary to make grants for research and demonstration projects concerning ways to improve the availability and quality of prehospital emergency medical services in rural areas by: (1) developing innovative uses of communications technologies; (2) making continuing education more accessible to emergency medical services personnel; (3) developing and refining training curricula; (4) undertaking outcome studies; and (5) developing innovative financing mechanisms. Authorizes appropriations for FY 1990 through 1992.

Requires the Federal Communications Commission, within one year of enactment of this Act, to: (1) complete a study of the availability of radio channels for emergency

medical services; (2) establish a plan to ensure that the needs of such services shall be adequately provided for in the allocation of frequencies; and (3) submit a report containing the study and the plan to the appropriate Committees of the Congress,

Subtitle B: Emergency Medical Services Block Grant—Amends the Public Health Service Act to authorize appropriations for allotments to States for FY 1990 through 1992. Directs the Secretary, for each such fiscal year, to: (1) allot to each State an amount under a specified formula related to the population and land area of the State; and (2) make payments to each State. Prohibits the Secretary from making payments unless the State identifies any rural area for which there is no: (1) emergency medical services access through a 911 telephone number; (2) basic life-support system; or (3) advanced life-support system.

Sets forth application requirements.

Requires that amounts paid to a State under the allotments be used for: (1) accident prevention programs; (2) feasibility studies and planning activities for emergency medical services systems; (3) emergency medical services; (4) uncompensated trauma care as specified in this Act; and (5) other activities as determined by the Secretary.

Allows a State that receives a grant under the allotment to use not more than 25 percent of the grant to pay the expenses of certain uncompensated trauma care that has been provided.

Allows a State to use a limited amount to carry out emergency medical services activities under these provisions.

Removes provisions of the Public Health Service Act which allow States to use block grant allotment sums for feasibility studies and planning for emergency medical services systems and the establishment, expansion, and improvement of such systems.

***H.R.911—Volunteer Protection Act of 1989
(C101) 02107/89***

Rep. Porter (Cosp=200)

DIGEST AS INTRODUCED:

Volunteer Protection Act of 1989—Prescribes circumstances under which volunteers working for nonprofit organizations or government entities shall be immune from personal financial liability for acts on behalf of the organization or entity. Sets forth exceptions to and conditions on the granting of such immunity that a State may impose. Requires the Secretary of Health and Human Services to increase by one percent the fiscal year allotment which would otherwise be made to a State to

carry out the Social Services Block Grant Program under Title XX of the Social Security Act if such State has, within two years, certified to the Secretary that it has enacted a State law which provides such immunity. Provides for the continuation of such increase based on an annual recertification.

H.R.950—National Rural Health Care Act of 1989 (C101) 02/09/89

Rep. Roybal (Cosp=30)

DIGEST AS INTRODUCED:

Limited to provisions pertaining to EMS—Amends the Public Health Service Act to authorize the Secretary to make grants to States which have submitted fiscal year plans for comprehensive State rural health access planning to assist States in such planning. Authorizes appropriations for such grant program through FY 1992. Requires each State to submit a comprehensive rural emergency medical services plan to the Secretary for each fiscal year, beginning with FY 1990. Authorizes appropriations through FY 1992 for payments to States, which vary among States on the basis of the proportion of the nation's rural population which reside in each State, to cover the costs of planning, implementing, and monitoring the operation of trauma care systems in rural areas.

Authorizes the Secretary to make grants to public and nonprofit entities for planning, constructing, equipping, supplying, and operating a rural health clinic and training the personnel at such clinic. Authorizes the Secretary to make grants to solo and small group medical practices which provide primary health services to medically underserved rural populations to assist such practices in purchasing equipment and supplies and training personnel. Sets forth grant conditions, including the requirement that such clinics and practices accept as patients Medicare and Medicaid recipients residing in their service area, and provide 24-hour-a-day emergency medical services.

Authorizes appropriations through FY 1992.

H.R.1587—Rural Emergency Medical Services Improvement Act of 1989 (C101) 03/23/89

Rep. Cooper (Cosp=51)
House Energy and Commerce

DIGEST AS INTRODUCED:

Rural Emergency Medical Services Improvement Act of 1989—Amends the Public Health Service Act to create a new title on emergency medical services for rural areas. Directs the Secretary of Health and Human Services to make an allotment for each State each fiscal year for improving the availability and quality, in rural areas, of

emergency medical services and emergency medical services systems provided to victims of emergencies prior to the arrival of the victims at medical facilities. Requires, after FY 1990, non-Federal matching contributions in a specified ratio.

Allows a State to expend payments received for: (1) recruitment, training, and retention of personnel; (2) purchase, upgrading, and maintenance of equipment; (3) planning, coordination, and support of local emergency medical services and systems; and (4) public education.

Requires that the State plan for emergency services provide for adequate services in rural areas. Sets forth a formula for determination of the amount of allotments. Authorizes appropriations for FY 1990 through 1992. Authorizes the Secretary to make grants for research into and demonstration projects concerning ways to improve the availability and quality of prehospital emergency medical services in rural areas by using communications technologies, making continuing education more accessible, improving curricula, undertaking outcome studies, and developing innovative financing mechanisms.

Authorizes the Secretary to make grants for pilot projects to develop community-based centers to coordinate and deliver comprehensive occupational health and safety services to rural communities.

Authorizes appropriations for FY 1990 through 1992 for improving rural prehospital emergency services and for centers for rural occupational health and safety services.

H.R.1586—A Bill To Require a Study on Medicare Reimbursement for Ambulance Services (C101) 03/23/89

Rep. Cooper (Cosp=48)

DIGEST AS INTRODUCED:

Directs the Secretary of Health and Human Services to conduct a study into the adequacy and appropriateness of Medicare (Title XVIII of the Social Security Act) payments for ambulance services and report the results of such study to the Congress within one year of this Act's enactment.

H.R.1602—Trauma Care Systems Planning and Development Act of 1989 (C101) 03/23/89

Rep. Bates (Cosp=37)
House Energy and Commerce

DIGEST AS INTRODUCED:

Trauma Care Systems Planning and Development Act of 1989—Amends the Public Health Service Act to create a new title on trauma care.

Authorizes the Secretary of Health and Human Services to make grants and enter into cooperative agreements and contracts with respect to trauma care to: (1) conduct and support research, training, evaluations, and demonstration projects; (2) foster development of trauma care systems; (3) collect and disseminate information; (4) provide technical assistance to State and local agencies; and (5) sponsor workshops and conferences.

Directs the Secretary to establish the Advisory Council on Trauma Care Systems. Declares that, notwithstanding provisions of the Federal Advisory Committee Act, the Council shall continue in existence until otherwise provided by law,

Directs the Secretary to make an allotment for each State for each fiscal year for developing, implementing, and monitoring the modifications to the trauma-care component of the State plan for the provision of emergency medical services. Requires non-Federal matching contributions (in cash or in kind) in specified ratios for fiscal years after the first fiscal year of payments. States that such component of the State plan will be modified with regard to: (1) trauma care regions, centers, and systems; (2) triage and transport of children; (3) accreditation and evaluation; (4) data reporting and analysis systems; (5) procedures for paramedical personnel to assess the severity of injuries; (6) transportation and transfer policies; (7) public education; (8) coordination and cooperation; and (9) other matters.

Requires States to adopt guidelines for the designation of trauma centers, and for triage, transfer, and transportation policies, equivalent to the applicable guidelines developed by the American College of Surgeons and by the American College of Emergency Physicians. Author-

izes the Secretary, after public notice and an opportunity for comment, to waive the requirement of adoption of such guidelines.

Mandates that States: (1) require each trauma center to provide certain information to the State emergency medical system annually; (2) submit to the Secretary, at least annually, the information it receives from its data reporting and analysis system; and (3) identify and submit to the Secretary a list of rural areas lacking certain emergency medical services.

Sets forth restrictions on the use of State allotments. Requires an annual report from each State to the Secretary. Sets forth a formula for determination of the amount of allotments. Provides for: (1) repayment and offset for failure to use funds as agreed; (2) criminal penalties for certain false statements; (3) technical assistance and provision of supplies and services by the Secretary in lieu of grant funds; and (4) a report by the Secretary to the Congress.

Authorizes appropriations for FY 1990 through 1992.

Directs the Secretary of Health and Human Services to conduct studies to: (1) identify programs established by States in order to reimburse trauma care centers and other health care providers for the uncompensated provision of health care; and (2) determine the adequacy and appropriateness of the reimbursements provided to trauma centers and ambulance service providers under Title XIX (Medicaid) of the Social Security Act.

SOURCE: Congressional Research Service, Bill Digest Files, SCORPIO, October 1989.