I

111TH CONGRESS
1ST SESSION

H. R. 936

To ensure the continued and future availability of lifesaving trauma health care in the United States and to prevent further trauma center closures and downgrades by assisting trauma centers with uncompensated care costs, core mission services, emergency needs, and information technology.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 10, 2009

Mr. TOWNS (for himself, Mr. BURGESS, Ms. CASTOR of Florida, Mrs. BLACKBURN, Mr. HONDA, Mr. WU, and Mr. GRIJALVA) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

A BILL

To ensure the continued and future availability of lifesaving trauma health care in the United States and to prevent further trauma center closures and downgrades by assisting trauma centers with uncompensated care costs, core mission services, emergency needs, and information technology.

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 ''National Trauma Center Stabilization Act of 2009''.

SEC. 2. FINDINGS.

The Congress finds the following:

(1) Victims of traumatic injury should have access to lifesaving care regardless of their geographic location or ability to pay. Major multisystem trauma victims receiving care within the first hour following their injury are substantially more likely to survive.

(2) Maintaining a strong and effective trauma care system for all victims of traumatic injury requires the availability of a sufficient number of trauma centers at appropriate levels of trauma care capability in all geographic regions of the Nation.

(3) Regional trauma centers annually treat 678,000 patients, regardless of their ability to pay. When a trauma victim cannot afford treatment, the trauma center pays for care that may save the victim's life.

(4) The cost of delivering trauma care has steadily increased during the last decade. Trauma centers collectively have accrued $230,000,000 per year in losses for treating victims who are uninsured or whose care is reimbursed well below the cost of providing care, putting the Nation's trauma care system at-risk.

(5) Substantial uncompensated care costs are distressing trauma centers and threatening the avail-

ability of lifesaving trauma services in numerous areas across the Nation. Since 2000, 19 hospitals have closed their trauma centers, and 10 others have downgraded their trauma service by 1 or 2 levels.

(6) At a time when the threat of mass emergencies is high, financial pressures are placing trauma centers at serious risk. Trauma centers are required to respond to mass emergencies including natural disasters, large-scale accidents, and terrorist attacks. Trauma centers maintain a constant state of readiness to serve distressed victims. Trauma centers must also maintain additional capacity and strong health care facility connections with the local and regional emergency care community to serve their regions.

(7) Many trauma centers lack information technology that could improve the efficiency and effectiveness of trauma care delivery and decrease the costs of providing care by facilitating patient tracking and information flow, and strengthening patient information sharing within the trauma center and coordination among other health care providers. Connecting trauma care centers using health information technology is a part of the efforts to make

health information technology available especially in medically underserved communities.

SEC. 3. GRANTS FOR CERTAIN TRAUMA CENTERS.

(a) GRANTS FOR CERTAIN TRAUMA CENTERS.—Section 1241 of the Public Health Service Act (42 U.S.C. 300d–41) is amended to read as follows:

"SEC. 1241. GRANTS FOR CERTAIN TRAUMA CENTERS.

''(a) IN GENERAL.—The Secretary shall establish 4 programs to award grants to trauma centers meeting the qualifications described in subsection (b). Of the 4 programs—

''(1) one shall be for grants to assist in defraying substantial uncompensated care costs;

''(2) one shall be for grants to further the core mission of the trauma center, including by defraying costs associated with patient stabilization and transfer, trauma education and outreach, coordination with local and regional trauma systems, and essential personnel and other fixed costs;

''(3) one shall be for grants to provide emergency relief to ensure continued and future availability of trauma service by—

''(A) trauma centers at risk of closing or losing capacity to deliver trauma care;

"(B) centers operating in an area where a closing or loss of trauma service availability has occurred within their primary service area; or

"(C) centers in need of financial assistance after the area in which they are located is affected by a natural disaster or other catastrophic event, such as a terrorist attack; and

"(4) one shall be for grants to support the development and maintenance of innovative information technology systems, including through the use of electronic health records and by facilitating the interconnection of trauma care facilities (including Internet-based connectivity) with other local and regional health facilities, for the purpose of—

"(A) improving information sharing and coordination between trauma centers, ambulances, helicopters, and other health care providers, such as physician practitioners, community health centers, and rehabilitation facilities, to facilitate continuity of care for trauma patients throughout their recovery; and

"(B) improving patient tracking and information flow within trauma centers and between health facilities (including developing, updating, and maintaining databases) to improve the

overall delivery of trauma care and community health care.

''(b) MINIMUM QUALIFICATIONS OF CENTERS.—

''(1) PARTICIPATION IN TRAUMA CARE SYSTEM OPERATING UNDER CERTAIN PROFESSIONAL GUIDELINES.—Subject to paragraph (2), the Secretary may not make a grant under subsection (a) unless the trauma center involved is a participant in a system that—

''(A) provides comprehensive medical care to victims of trauma in the geographic area in which the trauma center is located;

''(B) is established by the State or political subdivision in which such center is located; and

''(C) has either adopted State guidelines for the designation of trauma centers, and for triage, transfer, and transportation policies, or adopted guidelines equivalent to (or more protective than) the applicable trauma care designated guidelines developed by the American College of Surgeons or utilized in the model plan established under section 1213(c).

''(2) EXCEPTION.—The requirements of paragraph (1) do not apply with respect to a trauma cen-

ter located in a State with no existing trauma care system described in such paragraph.

''(3) PUBLIC OR NONPROFIT STATUS.—The Secretary may not make a grant under paragraph (1), (2), or (4) of subsection (a) unless the trauma center involved is a public or nonprofit entity.

''(4) LEVELS OF CARE.—The Secretary may not make a grant under subsection (a)(1) (relating to uncompensated care costs) unless the trauma center demonstrates to the Secretary's satisfaction at least one of the following:

''(A) At least 20 percent of the visits in the emergency department of the hospital in which the trauma center is located are ones for which there is no insurance coverage or other third-party payment.

''(B) At least 40 percent of the visits in such emergency department are ones for which there either is no such coverage or payment or for which such coverage or payment is provided only under the Medicaid program under title XIX of the Social Security Act.

''(C) The average annual uncompensated care costs in such hospital that are attributable to visits for which there is no insurance cov-

erage or other third-party payment is at least $5,000,000 during each of the 3 most recent fiscal years before the first fiscal year for which the center is applying for the grant.

''(D) The trauma center qualifies for funds under a low-income pool or safety net care pool established through a waiver approved under section 1115 of the Social Security Act.

''(c) SUBMISSION AND APPROVAL OF LONG-TERM PLAN.—The Secretary may not make a grant under subsection (a)(1) of this section unless the trauma center involved—

''(1) submits to the Secretary a plan satisfactory to the Secretary that—

''(A) is developed on the assumption that the center will continue to incur substantial uncompensated care costs in providing trauma care;

''(B) provides for the long-term continued operation of the center at similar or greater levels of medical care than in prior years notwithstanding such uncompensated care costs;

''(2) agrees to implement the plan according to a schedule approved by the Secretary; and

''(3) demonstrates that such center has policies in place—

''(A) to assist patients who cannot pay for all or part of the care they received, including a sliding fee scale; and

''(B) to ensure fair billing and collection practices.''.

(b) PREFERENCES IN MAKING GRANTS.—Section 1242 of the Public Health Service Act (42 U.S.C. 300d–42) is amended to read as follows:

''SEC. 1242. PREFERENCE IN MAKING GRANTS.

''(a) SUBSTANTIAL UNCOMPENSATED CARE COSTS.—In making grants under section 1241(a)(1), the Secretary shall—

''(1) reserve 95 percent of the amounts allocated pursuant to subsections (b)(1) and (c) of section 1246 for grants to level I and level II trauma centers;

''(2) reserve 5 percent of the amounts allocated pursuant to subsections (b)(1) and (c) of section 1246 for grants to level III and level IV trauma centers;

''(3) if there are not sufficient qualifying centers to obligate the 95 percent reservation in paragraph (1) or the 5 percent reservation in paragraph

(2), reallocate the funds for grants under section 1241(a)(1) to other qualifying centers; and

''(4) subject to paragraphs (1), (2), and (3), ensure that funding for grants under section 1241(a)(1) is divided equally among qualified applicants.

''(b) CORE MISSION.—In making grants under section 1241(a)(2), the Secretary shall—

''(1) reserve 25 percent of the amount allocated pursuant to section 1246(b)(2) for grants to level III and level IV trauma centers, but shall reallocate the funds to level I and level II centers if there are not sufficient qualifying level III and IV centers to obligate the 25 percent set-aside; and

''(2) give preference to—

''(A) any application made by a trauma center in a geographic area where growth in demand for trauma services exceeds capacity, as determined by the Secretary based on such factors as local and regional population trends, loss or downgrading of neighborhood trauma centers, loss or reduction of physician trauma specialty availability, high malpractice liability costs, or the necessity to provide physician on-call pay; or

"(B) any application made by a trauma center which demonstrates State or political subdivision financial support.

For any of the purposes specified in section 1241(a)(2) for each fiscal year during which payments are made to the center from the grant, such financial support may be demonstrated by, but is not limited to, State or political subdivision funding for the trauma center's capital or operating expenses including through State trauma regional advisory coordination activities or Medicaid funding under title XIX of the Social Security Act designated for trauma services, or other governmental funding. State funding derived from Federal support provided through the Trauma Systems Planning Grants provided to States or political subdivisions does not constitute State or local financial support for purposes of preferential treatment under this section.

"(c) EMERGENCY RELIEF.—In making grants under section 1241(a)(3), the Secretary—

"(1) shall give preference to any application made by a trauma center that—

"(A) is providing trauma care in a geographic area in which the availability of trauma care has either significantly decreased as a re-

sult of a trauma center in the area permanently ceasing participation in such system as of the date on which the application is submitted, or where growth in demand for trauma services exceeds capacity, as determined by the Secretary based on such factors as local and regional population trends, loss or downgrading of neighboring trauma centers, loss or reduction of physician specialty availability, high malpractice liability costs, or the necessity to provide physician on-call pay;

''(B) will, in providing trauma care during the 1-year period beginning on the date on which the application for the grant is submitted, incur uncompensated care costs in an amount rendering the center unable to continue participation in such system, resulting in a significant decrease in the availability of trauma care in the geographic area;

''(C) operates in a rural area where trauma care availability will significantly decrease if the trauma center is forced to close or downgrade service and uncompensated care costs are contributing to a likelihood of closure or downgrade; or

"(D) the Secretary determines warrants financial assistance if the trauma center is in a geographic location substantially affected by a natural disaster or other catastrophic event such as a terrorist attack; and

"(2) shall reallocate any funds available for grants under section 1241(a)(3), but not awarded due to insufficient or a lack of qualified applications, to grants under section 1241(a)(1).

"(d) INFORMATION TECHNOLOGY.—In making grants under section 1241(a)(4), the Secretary shall—

"(1) make grants only to applicants who are eligible to receive a grant under section 1241(a)(1);

"(2) give preference to qualified applicants who—

"(A) demonstrate the greatest financial need; and

"(B) are level I or level II centers; and

"(3) not make an award less than $1,000,000 for a fiscal year unless such award would cover the full cost of an applicant's proposed project.

"(e) DESIGNATIONS OF LEVELS OF TRAUMA CENTERS IN CERTAIN STATES.—In the case of a State which has not designated 4 levels of trauma centers in the man-

ner described in this section, any reference in this section to—

''(1) a level I or level II trauma center is deemed to be a reference to a trauma center within the highest two levels of trauma centers designated under State guidelines; and

''(2) a level III or IV trauma center is deemed to be a reference to a trauma center not within such highest two levels.''.

(c) CERTAIN AGREEMENTS.—Section 1243 of the Public Health Service Act (42 U.S.C. 300d–43) is amended to read as follows:

''SEC. 1243. CERTAIN AGREEMENTS.

''(a) COMMITMENT REGARDING CONTINUED PARTICIPATION IN TRAUMA CARE SYSTEM.—The Secretary may not make a grant under section 1241(a)(1) (relating to uncompensated care costs) unless the trauma center involved agrees that—

''(1) the center will continue participation in the system described in section 1241(b)(1), except as provided in section 1241(b)(2), throughout the grant period; and

''(2) if the center violates the agreement made pursuant to paragraph (1), the center will be liable

to the United States for an amount equal to the sum of—

"(A) the amount of assistance provided to the center under section 1241(a) for the fiscal year involved; and

"(B) an amount representing interest on the amount specified in subparagraph (A).

"(b) PERIOD OF CERTAIN GRANTS.—The period of a grant under section 1241(a)(3) (relating to emergency relief) shall be 3 fiscal years, except that the Secretary may waive the application of this subsection to a trauma center and authorize the center to receive payments under such section for 1 additional fiscal year.

"(c) MAINTENANCE OF FINANCIAL SUPPORT.—With respect to activities for which a grant under section 1241 is authorized to be expended, the Secretary may not make such a grant unless the trauma center involved agrees that, during the grant period, the center will maintain access to trauma services at levels not less than the prior year, taking into account reasonable volume fluctuation not caused by—

"(1) intentional trauma boundary reduction or downgrading of level; or

"(2) diversion of services in excess of 5 percent.

''(d) SUPPLEMENT, NOT SUPPLANT.—The Secretary may not make a grant under section 1241 unless the trauma center involved agrees that funds received through the grant will be used to supplement and not supplant funding otherwise available for the activities and costs described in such section.

''(e) TRAUMA CARE REGISTRY.—The Secretary may not make a grant under section 1241(a) unless the trauma center involved agrees that—

''(1) the center will—

''(A) operate a registry of trauma cases in accordance with guidelines developed by the American College of Surgeons or similar guidelines applicable to the center in the State involved; and

''(B) begin operation of the registry not later than 6 months after the date on which the center submits to the Secretary the application for the grant; and

''(2) in carrying out paragraph (1), the center will maintain information on the number of trauma cases treated by the center and, for each such case, the extent to which the center incurs uncompensated care costs in providing trauma care.''.

(d) GENERAL PROVISIONS.—Section 1244 of the Public Health Service Act (42 U.S.C. 300d–44) is amended to read as follows:

"SEC. 1244. GENERAL PROVISIONS.

"(a) APPLICATION.—The Secretary may not make a grant under section 1241(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 determines to be necessary to carry out this part.

"(b) LIMITATION ON AMOUNT OF GRANT.—The amount of a grant under section 1241 for a fiscal year may not exceed $2,000,000.

"(c) ELIGIBILITY.—Receipt of or eligibility for a grant under any 1 of the 4 grant programs described in section 1241(a) shall not preclude a trauma center from receipt of or eligibility for a grant under any of the other programs described in such section.

"(d) NOTICE OF ELIGIBILITY.—The Secretary shall annually determine and notify trauma centers of their eligibility to receive a grant under section 1241.

"(e) REPORT.—Beginning 2 years after the date of enactment of the National Trauma Center Stabilization Act of 2009, and every 2 years thereafter, the Secretary shall—

''(1) report to the Congress on the status of the grants made pursuant to section 1241;

''(2) evaluate and report to the Congress on the overall financial stability of trauma centers in the United States;

''(3) report on the populations using trauma care centers and include aggregate patient data on income, race, ethnicity, and geography; and

''(4) evaluate the effectiveness and efficiency of trauma care center activities using standard public health measures and evaluation methodologies.''.

(e) DEFINITION.—Part D of title XII of the Public Health Service Act (42 U.S.C. 300d–41 et seq.) is amended—

(1) by redesignating section 1245 as section 1246; and

(2) by inserting after section 1244 the following:

''SEC. 1245. UNCOMPENSATED CARE COSTS DEFINED.

''In this part, the term 'uncompensated care costs' means, with respect to a hospital, unreimbursed costs of the hospital from serving patients for which there is either no insurance coverage or other third-party payment or for which such coverage or payment is provided only under the Medicaid program under title XIX of the Social Secu-

rity Act, which are attributable to emergency care and trauma care in the hospital—

''(1) including costs related to inpatient admissions to the hospital subsequent to receiving such care in the hospital; and

''(2) excluding payments under section 1923 of the Social Security Act.''.

(f) AUTHORIZATIONS OF APPROPRIATIONS.—Section 1246 of the Public Health Service Act, as redesignated by subsection (e), is amended to read as follows:

''SEC. 1246. AUTHORIZATIONS OF APPROPRIATIONS.

''(a) IN GENERAL.—For the purpose of carrying out this part, there are authorized to be appropriated—

''(1) with respect to grants under paragraphs (1), (2), and (3) of section 1241(a), $100,000,000 for each of fiscal years 2010 through 2015; and

''(2) with respect to grants under paragraph (4) of section 1241(a), $25,000,000 for each of fiscal years 2010 through 2015.

Authorizations of appropriations pursuant to this section are in addition to any other authorizations of appropriations available for carrying out this part.

''(b) FUNDING DISTRIBUTION.—Of the amount appropriated pursuant to subsection (a)(1) for a fiscal year, the Secretary shall reserve—

''(1) 70 percent for grants under section 1241(a)(1) (relating to substantial uncompensated care costs);

''(2) 20 percent for grants under section 1241(a)(2) (relating to the core mission of a trauma center); and

''(3) 10 percent for grants under section 1241(a)(3) (relating to emergency relief).

''(c) MINIMUM AMOUNT FOR SUBSTANTIAL UNCOMPENSATED CARE COSTS.—Notwithstanding subsection (b), if the amount appropriated pursuant to subsection (a)(1) for a fiscal year is less than $25,000,000, such amount shall be used exclusively for grants under section 1241(a)(1).''.

(g) CONFORMING AMENDMENT.—The heading of part D of title XII of the Public Health Service Act (42 U.S.C. 300d–41 et seq.) is amended to read as follows: ''PART D—GRANTS FOR CERTAIN TRAUMA CENTERS''.

○