

**SEC. 3504. DESIGN AND IMPLEMENTATION OF REGIONALIZED SYSTEMS FOR EMERGENCY CARE.**

(a) IN GENERAL.—Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended—

(1) in section 1203—

(A) in the section heading, by inserting “**FOR TRAUMA SYSTEMS**” after “**GRANTS**”; and

(B) in subsection (a), by striking “Administrator of the Health Resources and Services Administration” and inserting “Assistant Secretary for Preparedness and Response”;

(2) by inserting after section 1203 the following:

**“SEC. 1204 [42 U.S.C. 300d-6]. COMPETITIVE GRANTS FOR REGIONALIZED SYSTEMS FOR EMERGENCY CARE RESPONSE.**

“(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall award not fewer than 4 multiyear contracts or competitive grants to eligible entities to support pilot projects that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care and trauma systems.

“(b) ELIGIBLE ENTITY; REGION.—In this section:

“(1) ELIGIBLE ENTITY.—The term ‘eligible entity’ means—

“(A) a State or a partnership of 1 or more States and 1 or more local governments; or

“(B) an Indian tribe (as defined in section 4 of the Indian Health Care Improvement Act) or a partnership of 1 or more Indian tribes.

“(2) REGION.—The term ‘region’ means an area within a State, an area that lies within multiple States, or a similar area (such as a multicounty area), as determined by the Secretary.

“(3) EMERGENCY SERVICES.—The term ‘emergency services’ includes acute, prehospital, and trauma care.

“(c) PILOT PROJECTS.—The Secretary shall award a contract or grant under subsection (a) to an eligible entity that proposes a pilot project to design, implement, and evaluate an emergency medical and trauma system that—

“(1) coordinates with public health and safety services, emergency medical services, medical facilities, trauma centers, and other entities in a region to develop an approach to emergency medical and trauma system access throughout the region, including 9–1–1 Public Safety Answering Points and emergency medical dispatch;

“(2) includes a mechanism, such as a regional medical direction or transport communications system, that operates throughout the region to ensure that the patient is taken to the medically appropriate facility (whether an initial facility or a higher-level facility) in a timely fashion;

“(3) allows for the tracking of prehospital and hospital resources, including inpatient bed capacity, emergency department capacity, trauma center capacity, on-call specialist coverage, ambulance diversion status, and the coordination of such tracking with regional communications and hospital destination decisions; and

“(4) includes a consistent region-wide prehospital, hospital, and interfacility data management system that—

“(A) submits data to the National EMS Information System, the National Trauma Data Bank, and others;

“(B) reports data to appropriate Federal and State databanks and registries; and

“(C) contains information sufficient to evaluate key elements of prehospital care, hospital destination decisions, including initial hospital and interfacility decisions, and relevant health outcomes of hospital care.

“(d) APPLICATION.—

“(1) IN GENERAL.—An eligible entity that seeks a contract or grant described in subsection (a) shall submit to the Secretary an application at such time and in such manner as the Secretary may require.

“(2) APPLICATION INFORMATION.—Each application shall include—

“(A) an assurance from the eligible entity that the proposed system—

“(i) has been coordinated with the applicable State Office of Emergency Medical Services (or equivalent State office);

“(ii) includes consistent indirect and direct medical oversight of prehospital, hospital, and interfacility transport throughout the region;

“(iii) coordinates prehospital treatment and triage, hospital destination, and interfacility transport throughout the region;

“(iv) includes a categorization or designation system for special medical facilities throughout the region that is integrated with transport and destination protocols;

“(v) includes a regional medical direction, patient tracking, and resource allocation system that supports day-to-day emergency care and surge capacity and is integrated with other components of the national and State emergency preparedness system; and

“(vi) addresses pediatric concerns related to integration, planning, preparedness, and coordination of emergency medical services for infants, children and adolescents; and

“(B) such other information as the Secretary may require.

“(e) REQUIREMENT OF MATCHING FUNDS.—

“(1) IN GENERAL.—The Secretary may not make a grant under this section unless the State (or consortia of States) involved agrees, with respect to the costs to be incurred by the State (or consortia) in carrying out the purpose for which such grant was made, to make available non-Federal contributions (in cash or in kind under paragraph (2)) toward such costs in an amount equal to not less than \$1 for each \$3 of Federal funds provided in the grant. Such contributions may be made directly or through donations from public or private entities.

“(2) NON-FEDERAL CONTRIBUTIONS.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including equipment or services (and excluding indirect or overhead costs). Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(f) PRIORITY.—The Secretary shall give priority for the award of the contracts or grants described in subsection (a) to any eligible entity that serves a population in a medically underserved area (as defined in section 330(b)(3)).

“(g) REPORT.—Not later than 90 days after the completion of a pilot project under subsection (a), the recipient of such contract or grant described in shall submit to the Secretary a report containing the results of an evaluation of the program, including an identification of—

“(1) the impact of the regional, accountable emergency care and trauma system on patient health outcomes for various critical care categories, such as trauma, stroke, cardiac emergencies, neurological emergencies, and pediatric emergencies;

“(2) the system characteristics that contribute to the effectiveness and efficiency of the program (or lack thereof);

“(3) methods of assuring the long-term financial sustainability of the emergency care and trauma system;

“(4) the State and local legislation necessary to implement and to maintain the system;

“(5) the barriers to developing regionalized, accountable emergency care and trauma systems, as well as the methods to overcome such barriers; and

“(6) recommendations on the utilization of available funding for future regionalization efforts.

“(h) DISSEMINATION OF FINDINGS.—The Secretary shall, as appropriate, disseminate to the public and to the appropriate Committees of the Congress, the information contained in a report made under subsection (g).”; and

(3) in section 1232—

(A) in subsection (a), by striking “appropriated” and all that follows through the period at the end and inserting “appropriated \$24,000,000 for each of fiscal years 2010 through 2014.”; and

(B) by inserting after subsection (c) the following:

“(d) AUTHORITY.—For the purpose of carrying out parts A through C, beginning on the date of enactment of the Patient Protection and Affordable Care Act, the Secretary shall transfer authority in administering grants and related authorities under such parts from the Administrator of the Health Resources and Services Administration to the Assistant Secretary for Preparedness and Response.”.

(b) SUPPORT FOR EMERGENCY MEDICINE RESEARCH.—Part H of title IV of the Public Health Service Act (42 U.S.C. 289 et seq.) is amended by inserting after the section 498C the following:

**“SEC. 498D [42 U.S.C. 289g–4]. SUPPORT FOR EMERGENCY MEDICINE RESEARCH.**

“(a) EMERGENCY MEDICAL RESEARCH.—The Secretary shall support Federal programs administered by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and other agencies involved in improving the emergency care system to expand and accelerate research in emergency medical care systems and emergency medicine, including—

“(1) the basic science of emergency medicine;

“(2) the model of service delivery and the components of such models that contribute to enhanced patient health outcomes;

“(3) the translation of basic scientific research into improved practice; and

“(4) the development of timely and efficient delivery of health services.

“(b) PEDIATRIC EMERGENCY MEDICAL RESEARCH.—The Secretary shall support Federal programs administered by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and other agencies to coordinate and expand research in pediatric emergency medical care systems and pediatric emergency medicine, including—

“(1) an examination of the gaps and opportunities in pediatric emergency care research and a strategy for the optimal organization and funding of such research;

“(2) the role of pediatric emergency services as an integrated component of the overall health system;

“(3) system-wide pediatric emergency care planning, preparedness, coordination, and funding;

“(4) pediatric training in professional education; and

“(5) research in pediatric emergency care, specifically on the efficacy, safety, and health outcomes of medications used for infants, children, and adolescents in emergency care settings in order to improve patient safety.

“(c) IMPACT RESEARCH.—The Secretary shall support research to determine the estimated economic impact of, and savings that result from, the implementation of coordinated emergency care systems.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2014.”.