

SEC. 3505. TRAUMA CARE CENTERS AND SERVICE AVAILABILITY.

(a) TRAUMA CARE CENTERS.—

(1) GRANTS FOR TRAUMA CARE CENTERS.—Section 1241 of the Public Health Service Act (42 U.S.C. 300d–41) is amended by striking subsections (a) and (b) and inserting the following:

“(a) IN GENERAL.—The Secretary shall establish 3 programs to award grants to qualified public, nonprofit Indian Health Service, Indian tribal, and urban Indian trauma centers—

“(1) to assist in defraying substantial uncompensated care costs;

“(2) to further the core missions of such trauma centers, including by addressing costs associated with patient stabilization and transfer, trauma education and outreach, coordination with local and regional trauma systems, essential personnel and other fixed costs, and expenses associated with employee and non-employee physician services; and

“(3) to provide emergency relief to ensure the continued and future availability of trauma services.

“(b) MINIMUM QUALIFICATIONS OF TRAUMA CENTERS.—

“(1) PARTICIPATION IN TRAUMA CARE SYSTEM OPERATING UNDER CERTAIN PROFESSIONAL GUIDELINES.—Except as provided in paragraph (2), the Secretary may not award a grant to a trauma center under subsection (a) unless the trauma center is a participant in a trauma system that substantially complies with section 1213.

“(2) EXEMPTION.—Paragraph (1) shall not apply to trauma centers that are located in States with no existing trauma care system.

“(3) QUALIFICATION FOR SUBSTANTIAL UNCOMPENSATED CARE COSTS.—The Secretary shall award substantial uncompensated care grants under subsection (a)(1) only to trauma centers meeting at least 1 of the criteria in 1 of the following 3 categories:

“(A) CATEGORY A.—The criteria for category A are as follows:

“(i) At least 40 percent of the visits in the emergency department of the hospital in which the trauma center is located were charity or self-pay patients.

“(ii) At least 50 percent of the visits in such emergency department were Medicaid (under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)) and charity and self-pay patients combined.

“(B) CATEGORY B.—The criteria for category B are as follows:

“(i) At least 35 percent of the visits in the emergency department were charity or self-pay patients.

“(ii) At least 50 percent of the visits in the emergency department were Medicaid and charity and self-pay patients combined.

“(C) CATEGORY C.—The criteria for category C are as follows:

“(i) At least 20 percent of the visits in the emergency department were charity or self-pay patients.

“(ii) At least 30 percent of the visits in the emergency department were Medicaid and charity and self-pay patients combined.

“(4) TRAUMA CENTERS IN 1115 WAIVER STATES.—Notwithstanding paragraph (3), the Secretary may award a substantial uncompensated care grant to a trauma center under subsection (a)(1) if 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 (42 U.S.C. 1315).

“(5) DESIGNATION.—The Secretary may not award a grant to a trauma center unless such trauma center is verified by the American College of Surgeons or designated by an equivalent State or local agency.

“(c) ADDITIONAL REQUIREMENTS.—The Secretary may not award a grant to a trauma center under subsection (a)(1) unless such trauma center—

“(1) submits to the Secretary a plan satisfactory to the Secretary that demonstrates a continued commitment to serving trauma patients regardless of their ability to pay; and

“(2) has policies in place to assist patients who cannot pay for part or all of the care they receive, including a sliding fee scale, and to ensure fair billing and collection practices.”.

(2) CONSIDERATIONS IN MAKING GRANTS.—Section 1242 of the Public Health Service Act (42 U.S.C. 300d–42) is amended by striking subsections (a) and (b) and inserting the following:

“(a) SUBSTANTIAL UNCOMPENSATED CARE AWARDS.—

“(1) IN GENERAL.—The Secretary shall establish an award basis for each eligible trauma center for grants under section 1241(a)(1) according to the percentage described in paragraph (2), subject to the requirements of section 1241(b)(3).

“(2) PERCENTAGES.—The applicable percentages are as follows:

- “(A) With respect to a category A trauma center, 100 percent of the uncompensated care costs.
- “(B) With respect to a category B trauma center, not more than 75 percent of the uncompensated care costs.
- “(C) With respect to a category C trauma center, not more than 50 percent of the uncompensated care costs.
- “(b) CORE MISSION AWARDS.—
- “(1) IN GENERAL.—In awarding grants under section 1241(a)(2), the Secretary shall—
- “(A) reserve 25 percent of the amount allocated for core mission awards for Level III and Level IV trauma centers; and
- “(B) reserve 25 percent of the amount allocated for core mission awards for large urban Level I and II trauma centers—
- “(i) that have at least 1 graduate medical education fellowship in trauma or trauma related specialties for which demand is exceeding supply;
- “(ii) for which—
- “(I) annual uncompensated care costs exceed \$10,000,000; or
- “(II) at least 20 percent of emergency department visits are charity or self-pay or Medicaid patients; and
- “(iii) that are not eligible for substantial uncompensated care awards under section 1241(a)(1).
- “(c) EMERGENCY AWARDS.—In awarding grants under section 1241(a)(3), the Secretary shall—
- “(1) give preference to any application submitted by a trauma center that provides trauma care in a geographic area in which the availability of trauma care has significantly decreased or will significantly decrease if the center is forced to close or downgrade service or growth in demand for trauma services exceeds capacity; and
- “(2) reallocate any emergency awards funds not obligated due to insufficient, or a lack of qualified, applications to the significant uncompensated care award program.”.
- (3) CERTAIN AGREEMENTS.—Section 1243 of the Public Health Service Act (42 U.S.C. 300d–43) is amended by striking subsections (a), (b), and (c) and inserting the following:
- “(a) MAINTENANCE OF FINANCIAL SUPPORT.—The Secretary may require a trauma center receiving a grant under section 1241(a) to maintain access to trauma services at comparable levels to the prior year during the grant period.
- “(b) TRAUMA CARE REGISTRY.—The Secretary may require the trauma center receiving a grant under section 1241(a) to provide data to a national and centralized registry of trauma cases, in accordance with guidelines developed by the American College of Surgeons, and as the Secretary may otherwise require.”.
- (4) GENERAL PROVISIONS.—Section 1244 of the Public Health Service Act (42 U.S.C. 300d–44) is amended by striking subsections (a), (b), and (c) and inserting the following:
- “(a) APPLICATION.—The Secretary may not award a grant to a trauma center under section 1241(a) unless such center submits an

application for the grant 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 DURATION OF SUPPORT.—The period during which a trauma center receives payments under a grant under section 1241(a)(3) shall be for 3 fiscal years, except that the Secretary may waive such requirement for a center and authorize such center to receive such payments for 1 additional fiscal year.

“(c) LIMITATION ON AMOUNT OF GRANT.—Notwithstanding section 1242(a), a grant under section 1241 may not be made in an amount exceeding \$2,000,000 for each fiscal year.

“(d) ELIGIBILITY.—Except as provided in section 1242(b)(1)(B)(iii), acquisition of, or eligibility for, a grant under section 1241(a) shall not preclude a trauma center from being eligible for other grants described in such section.

“(e) FUNDING DISTRIBUTION.—Of the total amount appropriated for a fiscal year under section 1245, 70 percent shall be used for substantial uncompensated care awards under section 1241(a)(1), 20 percent shall be used for core mission awards under section 1241(a)(2), and 10 percent shall be used for emergency awards under section 1241(a)(3).

“(f) MINIMUM ALLOWANCE.—Notwithstanding subsection (e), if the amount appropriated for a fiscal year under section 1245 is less than \$25,000,000, all available funding for such fiscal year shall be used for substantial uncompensated care awards under section 1241(a)(1).

“(g) SUBSTANTIAL UNCOMPENSATED CARE AWARD DISTRIBUTION AND PROPORTIONAL SHARE.—Notwithstanding section 1242(a), of the amount appropriated for substantial uncompensated care grants for a fiscal year, the Secretary shall—

“(1) make available—

“(A) 50 percent of such funds for category A trauma center grantees;

“(B) 35 percent of such funds for category B trauma center grantees; and

“(C) 15 percent of such funds for category C trauma center grantees; and

“(2) provide available funds within each category in a manner proportional to the award basis specified in section 1242(a)(2) to each eligible trauma center.

“(h) REPORT.—Beginning 2 years after the date of enactment of the Patient Protection and Affordable Care Act, and every 2 years thereafter, the Secretary shall biennially report to Congress regarding the status of the grants made under section 1241 and on the overall financial stability of trauma centers.”.

(5) AUTHORIZATION OF APPROPRIATIONS.—Section 1245 of the Public Health Service Act (42 U.S.C. 300d–45) is amended to read as follows:

“SEC. 1245. AUTHORIZATION OF APPROPRIATIONS.

“For the purpose of carrying out this part, there are authorized to be appropriated \$100,000,000 for fiscal year 2009, and such sums as may be necessary for each of fiscal years 2010 through

2015. Such authorization of appropriations is in addition to any other authorization of appropriations or amounts that are available for such purpose.”.

(6) DEFINITION.—Part D of title XII of the Public Health Service Act (42 U.S.C. 300d–41 et seq.) is amended by adding at the end the following:

“SEC. 1246 [42 U.S.C. 300d–46] . DEFINITION.

“In this part, the term ‘uncompensated care costs’ means unreimbursed costs from serving self-pay, charity, or Medicaid patients, without regard to payment under section 1923 of the Social Security Act, all of which are attributable to emergency care and trauma care, including costs related to subsequent inpatient admissions to the hospital.”.

(b) TRAUMA SERVICE AVAILABILITY.—Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended by adding at the end the following:

“PART H—TRAUMA SERVICE AVAILABILITY

“SEC. 1281 [42 U.S.C. 300d–81]. GRANTS TO STATES.

“(a) ESTABLISHMENT.—To promote universal access to trauma care services provided by trauma centers and trauma-related physician specialties, the Secretary shall provide funding to States to enable such States to award grants to eligible entities for the purposes described in this section.

“(b) AWARDING OF GRANTS BY STATES.—Each State may award grants to eligible entities within the State for the purposes described in subparagraph (d).

“(c) ELIGIBILITY.—

“(1) IN GENERAL.—To be eligible to receive a grant under subsection (b) an entity shall—

“(A) be—

“(i) a public or nonprofit trauma center or consortium thereof that meets that requirements of paragraphs (1), (2), and (5) of section 1241(b);

“(ii) a safety net public or nonprofit trauma center that meets the requirements of paragraphs (1) through (5) of section 1241(b); or

“(iii) a hospital in an underserved area (as defined by the State) that seeks to establish new trauma services; and

“(B) submit to the State an application at such time, in such manner, and containing such information as the State may require.

“(2) LIMITATION.—A State shall use at least 40 percent of the amount available to the State under this part for a fiscal year to award grants to safety net trauma centers described in paragraph (1)(A)(ii).

“(d) USE OF FUNDS.—The recipient of a grant under subsection (b) shall carry out 1 or more of the following activities consistent with subsection (b):

“(1) Providing trauma centers with funding to support physician compensation in trauma-related physician specialties

where shortages exist in the region involved, with priority provided to safety net trauma centers described in subsection (c)(1)(A)(ii).

“(2) Providing for individual safety net trauma center fiscal stability and costs related to having service that is available 24 hours a day, 7 days a week, with priority provided to safety net trauma centers described in subsection (c)(1)(A)(ii) located in urban, border, and rural areas.

“(3) Reducing trauma center overcrowding at specific trauma centers related to throughput of trauma patients.

“(4) Establishing new trauma services in underserved areas as defined by the State.

“(5) Enhancing collaboration between trauma centers and other hospitals and emergency medical services personnel related to trauma service availability.

“(6) Making capital improvements to enhance access and expedite trauma care, including providing helipads and associated safety infrastructure.

“(7) Enhancing trauma surge capacity at specific trauma centers.

“(8) Ensuring expedient receipt of trauma patients transported by ground or air to the appropriate trauma center.

“(9) Enhancing interstate trauma center collaboration.

“(e) LIMITATION.—

“(1) IN GENERAL.—A State may use not more than 20 percent of the amount available to the State under this part for a fiscal year for administrative costs associated with awarding grants and related costs.

“(2) MAINTENANCE OF EFFORT.—The Secretary may not provide funding to a State under this part unless the State agrees that such funds will be used to supplement and not supplant State funding otherwise available for the activities and costs described in this part.

“(f) DISTRIBUTION OF FUNDS.—The following shall apply with respect to grants provided in this part:

“(1) LESS THAN \$10,000,000.—If the amount of appropriations for this part in a fiscal year is less than \$10,000,000, the Secretary shall divide such funding evenly among only those States that have 1 or more trauma centers eligible for funding under section 1241(b)(3)(A).

“(2) LESS THAN \$20,000,000.—If the amount of appropriations in a fiscal year is less than \$20,000,000, the Secretary shall divide such funding evenly among only those States that have 1 or more trauma centers eligible for funding under subparagraphs (A) and (B) of section 1241(b)(3).

“(3) LESS THAN \$30,000,000.—If the amount of appropriations for this part in a fiscal year is less than \$30,000,000, the Secretary shall divide such funding evenly among only those States that have 1 or more trauma centers eligible for funding under section 1241(b)(3).

“(4) \$30,000,000 OR MORE.—If the amount of appropriations for this part in a fiscal year is \$30,000,000 or more, the Secretary shall divide such funding evenly among all States.

“SEC. 1282 [42 U.S.C. 300d–82]. AUTHORIZATION OF APPROPRIATIONS.

“For the purpose of carrying out this part, there is authorized to be appropriated \$100,000,000 for each of fiscal years 2010 through 2015.”.