The original documents are located in Box 68, folder "10/21/76 S2548 Emergency Medical Services Amendments of 1976" of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library

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8 10/21/76

APPROVED
OCT 21 1976

THE WHITE HOUSE

WASHINGTON

October 20, 1976

ACTION

Last Day: October 23

Posted 10/21/76 Archives 10/21/76

MEMORANDUM FOR THE PRESIDENT

FROM: JIM CANNON

SUBJECT: S. 2548 - Emergency Medical Services Amendments of 1976

Attached for your consideration is S. 2548, sponsored by Senator Cranston and eighteen others.

The enrolled bill extends the appropriations of the emergency medical services program for three years through fiscal year 1979 (a total of $238 million) and makes a number of program modifications.

The enrolled bill also:

-- establishes another categorical grant program to be administered by HEW. The bill authorizes HEW to make grants and enter into contracts with public and nonprofit entities for programs of research, demonstrations and training in the treatment and rehabilitation of individuals with burn injuries.

-- extends the National Commission on Arthritis and Related Musculoskeletal Diseases through December 31, 1976.

-- extends the life of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research through the end of 1977, and delays the establishment of its successor, the National Advisory Council for the Protection of Subjects of Biomedical and Behavioral Research until the beginning of 1978.

A detailed discussion of the provisions of the enrolled bill is provided in OMB's enrolled bill report at Tab A.

OMB, Max Friedersdorf, Counsel's Office (Kilberg) and I recommend approval of the enrolled bill.

RECOMMENDATION

That you sign S. 2548 at Tab B.

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

OCT 18 1976

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 2548 - Emergency Medical Services Amendments of 1976
Sponsor - Sen. Cranston (D) California and 18 others

Last Day for Action

October 23, 1976 - Saturday

Purpose

Modifies and extends the emergency medical services program through fiscal year 1979; authorizes a burn injury grant program; extends the life of two study commissions.

Agency Recommendations

Office of Management and Budget	Approval
Department of Health, Education, and Welfare	Approval
Department of Transportation	Approval

Discussion

S. 2548 extends the appropriations authorizations of the emergency medical services (EMS) program for 3 years through fiscal year 1979, and makes a number of program modifications. The program, originally authorized in 1973, expired June 30, 1976.

The EMS program, administered by the Department of Health, Education, and Welfare (HEW), provides Federal assistance through grants and contracts to public and nonprofit entities for the establishment of local and regional emergency medical service systems. Grantees may receive up to 5 years of Federal support for the planning, establishment and expansion phases of EMS projects. The program also includes authority for EMS research and training activities.

The Administration has, in the past, supported limited EMS demonstration activities. In the 1977 budget, however, you opposed extension of the narrow categorical authorities contained in S. 2548 and recommended to Congress that the program be included in the proposed Financial Assistance for Health Care (health block grant) program. Under the block grant proposal, States would have the flexibility to support EMS projects tailored to the particular needs of the State and its local areas. The 94th Congress did not hold hearings on the health block grant proposal before adjourning.

EMS program amendments. In addition to extending the appropriations authorizations, S. 2548 makes minor modifications to the EMS program authorities. For example, the enrolled bill:

-- requires grant applicants to provide assurances of participation in and support of the EMS project by local public, private and volunteer organizations, including units of government,

-- requires the HEW Emergency Medical Services Division to "participate fully" in the EMS training and research activities which are administered by other organizational units in HEW,

-- directs the Interagency Committee on Emergency Medical Services to develop a comprehensive Federal EMS funding plan by July 1, 1977,

-- requires grantees to make maximum use of assistance available to communities under other Federal programs, e.g., the Highway Safety Act and the Law Enforcement Assistance Administration, and

-- requires grantees to have the capability to communicate with individuals who have auditory handicaps, and, where a substantial proportion of the population served is non-English-speaking, to communicate in the language of the population.

While the Administration did not propose or endorse these modifications, they would not impede program administration. A number of the more objectionable program changes originally proposed by the Congress were deleted or modified.

Burn injury program. S. 2548 establishes another categorical grant program to be administered by HEW. The bill authorizes HEW to make grants to and enter into contracts with public and nonprofit entities for programs of research, demonstrations and training in the treatment and rehabilitation of individuals with burn injuries.

The Administration opposed this provision. A similar burn injury program was enacted in 1974 but was not funded.

Extension of study groups. S. 2548 extends the National Commission on Arthritis and Related Musculoskeletal Diseases through December 31, 1976; the Commission's authority expired on June 6, 1976. It also extends the life of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research for 1 year through the end of 1977, and delays the establishment of its successor, the National Advisory Council for the Protection of Subjects of Biomedical and Behavioral Research, until the beginning of 1978.

Cost

S. 2548 authorizes a total of $238 million for fiscal years 1977 through 1979. The bill provides $60 million for 1977, $70 million for 1978 and $85 million for 1979 for the EMS program, including training, and $5 million in 1977, $7.5 million in 1978 and $10 million in 1979 for burn injury grants.

Your 1977 budget requested $25 million for the EMS program if the health block grant proposals were not enacted, but requested no funds for EMS training activities, nor for burn injury activities. The 1977 Labor-HEW appropriation act did not include any EMS funds because the authorization had expired. Funding for the program will probably be included by Congress in a supplemental appropriation early next year.

Recommendations

HEW recommends approval of S. 2548. With respect to the burn injury and EMS training authorities, which the Administration opposed, HEW states, "...we intend to work within the appropriations process in dealing with these issues and to hold overall actual funding to a reasonable level."

* * * * *

We continue to believe that the EMS program is an appropriate activity to be included in the health block grant proposal. Pending congressional consideration of that proposal, however, you have approved the continuation of other narrow categorical health programs, e.g., alcoholism grants and communicable and venereal disease programs. Moreover, the 1977 budget provides funds for the continuation of EMS activities. We, therefore, recommend approval of S. 2548.

Paul H. O'Neill
Acting Director

Enclosures

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

The Honorable James T. Lynn
Director, Office of Management
and Budget
Washington, D. C. 20503

OCT 8 1976

Dear Mr. Lynn:

This is in response to your request for a report on S. 2548, a bill "To revise and extend the provisions of title XII of the Public Health Service Act relating to emergency medical services systems, and for other purposes."

In summary, we recommend that the President sign the enrolled bill because the emergency medical services (EMS) systems program plays an important role in improving the delivery of health services and is supported by the Administration.

The enrolled bill would extend the EMS program (including training and research), with minor modifications, through fiscal year 1980 with appropriation authorizations of $50 million for FY 1977 (the Administration requested $25.1 million if the health block grant proposal were not enacted), $60 million for FY 1978 (we have requested $33.6 million), and $75 million for FY 1979 for EMS systems activities except training, and with authorizations of $10 million for each of those fiscal years for EMS training (the Administration did not request any funds for FY 1977, nor have we for FY 1978). The bill would also authorize a burn injuries demonstration, research, and training program with appropriation authorizations of $5 million for fiscal year 1977 (the Administration did not request any funds), $7.5 million for fiscal year 1978 (we have not requested any funds), and $10 million for fiscal year 1979. S. 2548 would extend the life of the National Commission on Arthritis and Related Musculoskeletal Diseases through the end of 1976; the Commission ceased to exist on June 6.

In addition, S. 2548 would extend the life of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research for one additional year, to the end of 1977, and correspondingly delay the establishment of its statutorily mandated successor, the National Advisory Council for the Protection of Subjects of Biomedical and Behavioral Research, until the beginning of 1978.

The Administration has favored the EMS systems program. Although it would have been preferable to provide support for these important activities through our health block grant proposal, the Administration identified funds for the program in the event the block grant proposal were not enacted. The EMS program has played an important role in improving the capacity of the country's health system to deliver needed services. Although we opposed the burn injuries and the EMS training authorities, we intend to work within the appropriations process in dealing with these issues and to hold overall actual funding to a reasonable level. The final version of the bill does not contain a number of provisions which we opposed, such as those requiring the concurrence of the unit administering the EMS program before regulations or grants for research could be issued or made, setting ceilings on the proportion of funds to be spent for the establishment and initial operation and the expansion and improvement of EMS systems, and providing for special reimbursements for medical expenses incurred by Federal employees abroad.

We recommend that the President sign the enrolled bill.

Sincerely,

Marjorie Lynch

Under Secretary

THE WHITE HOUSE

ACTION MEMORANDUM WASHINGTON LOG NO.:

Date: October 18 Time: 900pm

FOR ACTION: Spencer Johnson
Max Friedersdorf
Bobbie Kilberg
Judy Hope

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey

FROM THE STAFF SECRETARY

DUE: Date: October 19 Time: 200pm

SUBJECT:

S.2548-Emergency Medical Services Amendments of 1976

ACTION REQUESTED:

____ For Necessary Action ____ For Your Recommendations

____ Prepare Agenda and Brief ____ Draft Reply

__x__ For Your Comments ____ Draft Remarks

REMARKS:

pleaee return to judy johnston,ground floor west wing

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

K. R. COLE, JR.
For the President

THE SECRETARY OF TRANSPORTATION

WASHINGTON, D.C. 20590

OCT 7 1976

Honorable James T. Lynn
Director
Office of Management and Budget
Washington, D. C. 20503

Dear Mr. Lynn:

This letter is in response to your request for departmental views on S. 2548, an enrolled bill entitled the "Emergency Medical Services Amendments of 1976."

This bill would revise and extend for three years the programs for planning, initial operation, and improvement of emergency medical services systems, and the programs for research and training in emergency medical techniques and services which were established within the Department of Health, Education, and Welfare (HEW) under the Emergency Medical Services (EMS) Systems Act of 1973. It would also revise and extend HEW's authority under section 776 of title VII of the Public Health Service Act for the training of health personnel in emergency medical services, and would give HEW new authority for the establishment, operation, and improvement of burn injury treatment, rehabilitation, research and training programs. The bill would authorize a total of $236.5 million for these programs for fiscal years 1977, 1978, and 1979.

For the Department of Transportation (DOT), the most significant feature of the bill concerns the role of the Interagency Committee on Emergency Medical Services established by section 1209 of the EMS Systems Act. As a member of the Interagency Committee, DOT coordinates its EMS activities with the other Federal agencies which have EMS programs through the Committee. Under section 1209(a) of the existing EMS Systems Act, the Committee is given the lead responsibility for evaluating--

> the adequacy and technical soundness of all Federal programs and activities which relate to emergency medical services and [providing] for the communication and exchange of information necessary to maintain the coordination and effectiveness of such programs and activities... .

Under section 10 of this bill, an administrative unit within HEW would be made the lead entity responsible for evaluating Federal EMS programs, resources, and responsibilities "through the Committee." Although the manner in which HEW's administrative unit would carry out its responsibilities "through the Committee" is not defined in the bill or in its legislative history, the Department has no objection to this provision.

Since the passage of the EMS Systems Act in 1973, HEW's EMS program has assisted in the training of over 36,000 emergency health personnel and has provided grants to 235 regional EMS systems. Despite this progress, however, 65 of the 300 projected EMS systems needed to establish a national, contiguous network of comprehensive emergency medical services have not received any financial assistance under the 1973 Act. An additional 125 planned systems have also not received assistance for their establishment and initial operation, and only eight systems have received their second year of assistance for expansion and improvement.

In our view an extension of the EMS Systems Act is necessary if HEW's ultimate goal of 300 contiguous, financially self-sufficient regional EMS systems is to be realized by 1985. On balance, we believe that this bill is a responsible effort to address the basic issues of the EMS Systems program and, accordingly, we recommend that S. 2548 be approved.

Sincerely,

William T. Coleman, Jr.

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THE WHITE HOUSE

ACTION MEMORANDUM WASHINGTON LOG NO.: 8

Date: October 18 Time: 900pm

FOR ACTION: Spencer Johnson ✓
Max Friedersdorf
Bobbie Kilberg
Judy Hope

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey

FROM THE STAFF SECRETARY

DUE: Date: October 19 Time: 200pm

SUBJECT:

S.2548-Emergency Medical Services Amendments of 1976

ACTION REQUESTED:

____ For Necessary Action
____ Prepare Agenda and Brief
__x__ For Your Comments
____ For Your Recommendations
____ Draft Reply
____ Draft Remarks

REMARKS:

please return to judy johnston,ground floor west wing

Concur w/ approval SCY

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THE WHITE HOUSE

ACTION MEMORANDUM WASHINGTON LOG NO.: 8

Date: October 18 Time: 900pm

FOR ACTION: Spencer Johnson
Max Friedersdorf
Bobbie Kilberg
Judy Hope ✓

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey

FROM THE STAFF SECRETARY

DUE: Date: October 19 Time: 200pm

SUBJECT:

S.2548-Emergency Medical Services Amendments of 1976

ACTION REQUESTED:

____ For Necessary Action ____ For Your Recommendations

____ Prepare Agenda and Brief ____ Draft Reply

__x__ For Your Comments ____ Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

ok. JH 10/19 at 9:40 AM.

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THE WHITE HOUSE

ACTION MEMORANDUM WASHINGTON LOG NO.: 8

Date: October 18 Time: 900pm

FOR ACTION: Spencer Johnson
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DUE: Date: October 19 Time: 200pm

SUBJECT:

S.2548-Emergency Medical Services Amendments of 1976

ACTION REQUESTED:

____ For Necessary Action ____ For Your Recommendations

____ Prepare Agenda and Brief ____ Draft Reply

__x__ For Your Comments ____ Draft Remarks

REMARKS:

please return to judy johnston,ground floor west wing

mr johnston 9/19/76
Kilberg

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ACTION REQUESTED:

____ For Necessary Action ____ For Your Recommendations

____ Prepare Agenda and Brief ____ Draft Reply

__x__ For Your Comments ____ Draft Remarks

REMARKS:

please return to judy johnston,ground floor west wing

Recommend approval.

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

To: Johnston
10-18-76
6:30 p.m.

OCT 18 1976

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 2548 - Emergency Medical Services Amendments of 1976
Sponsor - Sen. Cranston (D) California and 18 others

Last Day for Action

October 23, 1976 - Saturday

Purpose

Modifies and extends the emergency medical services program through fiscal year 1979; authorizes a burn injury grant program; extends the life of two study commissions.

Agency Recommendations

Office of Management and Budget	Approval
Department of Health, Education, and Welfare	Approval
Department of Transportation	Approval

Discussion

S. 2548 extends the appropriations authorizations of the emergency medical services (EMS) program for 3 years through fiscal year 1979, and makes a number of program modifications. The program, originally authorized in 1973, expired June 30, 1976.

The EMS program, administered by the Department of Health, Education, and Welfare (HEW), provides Federal assistance through grants and contracts to public and nonprofit entities for the establishment of local and regional emergency medical service systems. Grantees may receive up to 5 years of Federal support for the planning, establishment and expansion phases of EMS projects. The program also includes authority for EMS research and training activities.

Attached document was not scanned because it is duplicated elsewhere in the document

94TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
2d Session } { No. 94-1089

EMERGENCY MEDICAL SERVICES AMENDMENTS OF 1976

MAY 5, 1976.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. STAGGERS, from the Committee on Interstate and Foreign Commerce, submitted the following

REPORT

[To accompany H.R. 12664]

The Committee on Interstate and Foreign Commerce, to whom was referred the bill (H.R. 12664) to revise and extend the provisions of title XII of the Public Health Service Act relating to emergency medical services systems, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments are as follows:

Page 5, line 19, insert after "(2)" the following: striking out "(A)" in subsection (b)(4)(B)(i) and inserting in lieu thereof "(C) and"

Page 6, insert "and" at the end of line 2.

Page 6, strike out lines 3 through 5.

Page 6, line 6, strike out "(4)" and insert in lieu thereof "(3)".

Page 6, line 13, strike out "and".

Page 6, line 14, insert after "1977" the following: ", and $50,000,000 for the fiscal year ending September 30, 1978".

Page 6, beginning in line 18, strike out "$50,000,000 for the fiscal year ending September 30, 1978, and".

Page 7, line 17, strike out "provisions" and insert in lieu thereof "provision".

Page 8, strike out lines 15 through 17 and insert in lieu thereof the following:

"Sec. 1221. (a) The Secretary may support (by grant or contract) the establishment, operation, and improvement of, and conduct, programs to (1)

Page 9, line 4, strike out "services".

Page 9, line 8, strike out "$7,000,000" and insert in lieu thereof "$10,000,000", and beginning in line 9 on that page, strike out "$9,000,000" and insert in lieu thereof "$15,000,000".

Page 9, line 22, strike out "Agency".

57-006—76——1

Summary of the Legislation

H.R. 12664, as reported, provides an extension of existing programs of assistance relating to emergency medical service (EMS) systems and burn injuries with a total new authorization of $200.083 million (as shown in table 1). The legislation makes the following substantive modifications in the existing law governing the programs:

(1) Extends, for three years through fiscal 1978, the authorizations for the program of grants and contracts for feasibility studies and planning of emergency medical service systems.

(2) Extends, for three years through fiscal 1979, the authorizations for programs of grants and contracts for establishment and initial operation, and for expansion and improvement of emergency medical service systems.

(3) Eliminates the existing percentum requirements for distribution of sums appropriated amonng programs of assistance to EMS systems for feasibility and planning, establishment and initial operation, and expansion and improvement.

(4) Limits assistance for expansion and improvement of an EMS system to two years and specifies a maximum Federal matching level in the second year of 25% of costs, or 50% for applicants demonstrating exceptional need.

(5) Requires entities receiving assistance for initial operation and expansion of EMS systems to submit reports of results of their activities to HEW and the Interagency Committee on Emergency Medical Services within 1 year after the last year they received assistance or at such other intervals as the Secretary prescribes.

(6) Extends, for three years through fiscal 1979, the authorizations of appropriations for programs of grants and contracts for research in emergency medical techniques, methods, devices and delivery.

(7) Adds a new requirement that EMS systems, which receive assistance for initial operation and improvement, have the capability to communicate in the language of the predominant population groups in the system's service area which have limited English-speaking ability.

(8) Eliminates the requirement that recipients of assistance apply for training assistance under titles VII or VIII of the Public Health Service Act (which authorize health manpower programs) before they use funds for training in EMS systems.

(9) Requires the Interagency Committee on Emergency Medical Services to report its activities, relating to the coordination of Federal EMS assistance programs, within nine months after enactment and each year thereafter.

(10) Extends, for three years through fiscal 1979, and revises the Federal program of assistance for the establishment, operation, and improvement of treatment, rehabilitation, research and training programs relating to burn injuries.

Background

The present emergency medical service systems program began with the enactment of the Emergency Medical Services Systems Act of 1973 (P.L. 93–154, November 16, 1973). The 1973 legislation authorized,

under title XII of the Public Health Service Act, programs of assistance (grants and contracts) for feasibility studies and planning, establishment and initial operation, and expansion and improvement of emergency medical service systems. It imposed specific requirements for such systems which applicants must meet to qualify for grants and contracts and to help assure that comprehensive and integrated emergency medical service systems will be planned and established in the applicant's community. It also authorized programs of grants and contracts for research and training in emergency medical services.

The present Federal program relating to burn injuries is conducted under general Public Health Service Act authority by the National Institutes of Health. In addition to intramural research, the National Institute of General Medical Sciences supports extramural burn research and the post graduate training of individuals involved in burn research.

Specific authority for support of burn programs

Specific authority for support of burn programs was provided by the Federal Fire Prevention and Control Act of 1974 (P.L. 93–493, October 29, 1974). Section 19 of that law directed the Secretary of Health, Education, and Welfare to establish, within the National Institutes of Health, an expanded program of burn research and research training, treatment of burn injuries, rehabilitation of victims of fires, and training of specialists involved in the treatment, care and rehabilitation of burn victims. Although section 19 authorized appropriation of $5 million in fiscal 1975 and $8 million in fiscal 1976, no funds have been appropriated to carry out its broadened burn program.

Three days of hearings (January 27, 28 and 29, 1976) were held on H.R. 11327, H.R. 8212, H.R. 7480, and H.R. 8438, bills which included provisions similar to those in H.R. 12664. The bill was then considered in open markup by the Subcommittee on Health and the Environment, reintroduced as a clean bill, H.R. 12664, and reported by unanimous voice vote on March 17, 1976. It was considered by the full Committee on Interstate and Foreign Commerce on March 24, 1976, and ordered reported by unanimous voice vote.

Similar legislation has not yet passed the Senate.

Cost of the Legislation

As reported by the Committee, H.R. 12664 provides authorizations of appropriations for the 1976 transition quarter and for the three fiscal years, 1977–79, for the emergency medical services systems and burn injury programs as shown in the following table.

TABLE 1.—NEW OBLIGATIONAL AUTHORITY FOR THE 1976 TRANSITION QUARTER AND FISCAL YEARS 1977–79 UNDER H.R. 12664

[In millions of dollars]

	Transition quarter July 1 to Sept. 30, 1976	Fiscal year— 1977	1978	1979	Total
EMS systems planning, initial operation, and expansion secs. 1202, 1203 and 1204	5.083	40	50	[1] 60	155.083
EMS research sec. 1205	(—)	5	5	5	15
Burn injury program sec. 1221	(—)	5	10	15	30
	5.083	50	65	80	200.083

[1] Available only for secs. 1203 and 114.

The authorizations may be compared to recent program budgetary experience shown in table 2. The comparable total authorizations were $35 million in 1973, $70 million in 1975, and $83 million in 1976.

TABLE II.—EMERGENCY MEDICAL SERVICES SYSTEMS AND BURN INJURY PROGRAM BUDGET HISTORY

[In millions of dollars]

Fiscal year and program	Authorization	President's budget request	Committee's budget recommendation	Appropriation	Obligation
1974:					
EMS systems planning, initial operation, and expansion, secs. 1202, 1203 and 1204	30	0		[1] 27	17
EMS research, sec. 1205	5	0		[2]	3.328
EMS training, sec. 776	10	0		[3]	6.667
Burn injury program	0	0		0	0
Total	45	0		27	26.995
1975:					
EMS systems planning, initial operation, and expansion, secs. 1202, 1203 and 1204	60	23.667		[3] 37	32.228
EMS research, sec. 1205	5	3.333		[2]	4.434
EMS training: [6] Burn injury program	5	0		0	0
Total	70	27		37	36.662
1976:					
EMS systems planning, initial operation, and expansion, secs. 1202, 1203, and 1204		[4] 70	[3] 25.1		[3] 29.7
EMS research, sec. 1205		5	[2]		[3] 3.925
EMS training: [6] burn injury program		8	0		
Total		83	25.1		33.625
July–Sept. 30, 1976:					
EMS systems planning, initial operation, and expansion, secs. 1202, 1203, and 1204		5.083	0		[1]
EMS research, sec. 1205		0	0		[2]
Burn injury program		0	0		0
Total		5.083	0		[1]
1977:					
EMS systems planning, initial operation, and expansion, secs. 1202, 1203, and 1204		40	[1] 25.1	[5]	
EMS research grants, sec. 1205	5	5	0	[5]	
Burn injury program, sec. 1221		0	[5]		
Total	50	25.1	50		
1978:					
EMS systems planning, initial operation, and expansion, sec. 1202, 1203, and 1204		50			
EMS research, sec. 1205		5			
Burn injury program, sec. 1221		10			
Total		65			
1979:					
EMS systems planning, initial operation, and expansion, sec. 1202, 1203 and 1204		60			
EMS research, sec. 1205		5			
Burn injury program, sec. 1221		15			
Total		80			200.083
Total, H.R. 12664					

[1] Includes sec. 1205 research and sec. 776 training.
[2] Included in appropriations for EMS systems under secs. 1202, 1203, and 1204.
[3] Includes sec. 1205 research.
[4] H.R. 12664 reduces the fiscal 1976 authorizations from $70,000,000 to $35 000,000.
[5] No specific committee budget request was submitted for this section.
[6] No specific authorizations for training.

Need for the Legislation

Emergency Medical Services

The emergency medical services (EMS) program has introduced many progressive concepts to the American health care system. It is intended to assist in providing comprehensive and integrated emergency health care to previously unattended rural areas, specialized treatment of heart attacks, burn and trauma victims, and public first aid and health care education. The EMS program has assisted in the training of approximately 30,350 EMS professionals and 6,000 emergency medical technicians.

In the three years that it has been in existence, the EMS program has filled a need that no other health program, to date, has been able to fill. Although the hearings revealed that it is too early to determine and evaluate the long range impact of the EMS systems program, the Committee is impressed with examples of its successes including substantial cost savings to emergency medical patients.

Serious spinal cord injury, which was viewed as a hopeless condition, is now being successfully treated in Illinois by rapid evacuation to a specialty care center in Chicago. Approximately 62% of the victims returned to active employment within six months, at a total estimated saving of $3 million in health services costs.

The Maryland trauma center estimated that 750 lives of accident victims were saved as a result of the use of helicopters in their program. The rural EMS program in Charlottesville, Virginia estimated that the actual death risk from acute heart attacks has decreased some 26% for all persons under the age of 70 since the development of their pre-hospital care system. Arkansas reported that during the first four months of 1974, 45 life threatening poisonings were averted. The rate of infant mortality in New Jersey has decreased by 58% and in San Antonio, Texas, by 50% due to improvements in their EMS systems.

Although these numbers and percentages are remarkably supportive of the present EMS program, it is estimated that nearly 15 to 20% of the deaths that occur due to traumatic injury and heart attack could still be averted by improved EMS systems. This would result in the saving of approximately 60,000 lives and billions of dollars in economic costs a year. Many of these deaths could be prevented with improved inter-hospital systems to identify and transport victims to intensive care facilities, and expanded patient transfer agreements.

At present, emergency medical services consists of many special health care units serving various geographic areas either separately or in coordination with a nearby hospital. While substantial progress has been made under the existing EMS program, the ultimate goal is to provide a national, contiguous network of comprehensive integrated emergency medical services. This is the only way that the EMS program can be truly effective.

A comprehensive and cohesive EMS system should not be arbitrarily confined by state boundaries or localized jurisdictions. The varied and changing demands of our complex society will require better communication and transportation lines, more advanced research and professional training and increased public education.

Unfortunately, it is not necessary to look toward the future to see the need for EMS legislation. In 1975 alone, 70 million Americans

were treated in hospital emergency departments. Statistics show that 800,000 emergencies terminate in death annually in the United States. The American College of Emergency Physicians estimates that effective EMS systems could save more than 60,000 persons who die each year from traumatic injury and heart attacks. In addition, a nationwide network of EMS systems providing appropriate emergency treatment might have been able to save many of the 5,000 or so persons who died last year from poisonings, drownings, and drug overdoses.

Further, as many as 15,000 physicians are practicing emergency medicine throughout the country, the overwhelming majority of whom do so without any formalized medical training. In addition to the need for a higher quality of professional and paraprofessional education and training, more emergency health personnel are needed.

Improved health education of the public sector is also badly needed. Emergency medical technicians have consistently found that there is a critical gap between the time of an accident and arrival of trained ambulance staff, particularly in the case of cardiac arrest. The general public should be trained in first aid measures, such as cardiopulmonary resuscitation, if EMS is to be as effective as possible. Public education in first aid and preventive care is especially needed in rural and economically depressed areas where the nearest center may be a substantial distance and staffed by only one emergency nurse.

The overall concept of a comprehensive EMS system will require more information about the design of treatment protocols and methods of measuring results in the management of emergency conditions. Furthermore, it is necessary to evaluate the effectiveness of new devices, diagnostic measures, and treatment methods. A start has been made under the Emergency Medical Services Systems Act of 1973. In order to maintain the impetus of EMS research and systems development, however, funding must be provided for new projects in addition to ongoing research commitments. We need to know more about persons who use the system, the providers of EMS services, and the outcome of services rendered. It is essential to have information about morbidity, mortality, preventive treatment and general care of patients who enter the system. At this time, we are still guessing and estimating such critical information as—

(1) the total number of physicians, nurses, and allied health personnel involved in EMS nationally;

(2) the types of facilities and equipment that are available to emergency medical patients throughout the country; and

(3) a profile of the educational background and on-the-job training of those persons providing emergency medical care.

Before emergency medical care, training and facilities can become standardized and uniform, this type of information is necessary.

The Committee proposal provides for the expansion and improvement of emergency medical services by allowing funds for continued research, training, transportation, communication and public education. The Committee recognizes the need for immediately accessible emergency health care of the highest quality, which must be continuously up-dated and improved and coordinated on a nationwide basis.

Burn Programs

The Committee is also impressed by the magnitude of the burn problem in this country. Witnesses testified before the Committee that approximately 2 million people are injured by burns annually, 70,000 of whom require hospitalization. On the basis of these figures alone, there is a clear need to improve the delivery of burn care on a national scale.

Because the treatment of burn victims is so specialized, it is very difficult to deliver quality burn care to the massively burned patient on an occasional basis in a small hospital. A physician experienced in burn care can mobilize the resources of even a small hospital, although with considerable strain on himself and the hospital, to deliver only adequate burn care. Regional burn care planning is, therefore, of great importance.

There is a need to (1) establish additional burn centers specializing in research, teaching, and treatment of burn injuries; (2) provide additional "burn units", having specialized burn treatment facilities in general hospitals; and (3) upgrade the burn programs in general hospitals having no special faciilties. In addition, there is a need to establish a national network of communications between widely separated burn centers in order to allow the dispersal of victims of a major disaster to several centers so that the facilities in the particular region involved will not be overwhelmed.

There is a need to study the impact of the various determinants of transfer decisions in burn care. At present, there is no effective mechanism to assess either the soundness of such decisions, or their overall impact on the pattern of care. A reporting system needs to be developed to accumulate the data base to study this matter, and to provide additional incentive for appropriate referrals.

It is evident that a special commitment is required of any institution proposing to serve as a regional burn treatment facility. Because of extraordinary operating costs, most burn care facilities in this country incur large losses annually. Many burn care costs cannot be represented as charges, since they are incurred in providing services not traditionally funded by public or private insurers. These include helicopter transfers, meals and lodgings for family members (whose presence may be crucial to recovery) and costs of referral arrangements, family counseling and transportation. There is an overwhelming need for additional funding to keep burn treatment facilities in existence and operating at peak effectiveness.

With the increased use of burn treatment facilities, there is an increased need to continue burn research. Research connected to the physiologic support of burn victims and the assessment and treatment of causes of shock in burn victims is necessary. As other causes diminish, respiratory injury (principally from smoke inhalation) is becoming a major cause of mortality among burn victims, and thus, more investigation in this area is necessary.

As burn facilities have come into existence, the demand for their services has increased. In order for a national system of burn treatment centers to satisfy this demand and operate at optimum effectiveness more funds are needed to expand research, professional training, treatment of victims, and expansion or construction of actual physical facilities.

PROPOSED LEGISLATION

Emergency Medical Services Systems

gional EMS systems as the most effective means of establishing and coordinating all elements of comprehensive emergency medical services. The Committee believes it is important to authorize a three-year extension of the program to provide for the establishment of adequate EMS systems where none exist and to provide existing EMS systems with sufficient assistance to become fully integrated and economically independent.

The Committee is impressed with the accomplishments of the emergency medical services systems program as it has operated since enactment of the Emergency Medical Services Systems Act of 1973. Although the implementation of the program during its first few months was delayed due to administrative and budgetary difficulties, the program has made considerable progress during the last two years.

Since the program was implemented, 235 regional EMS systems have received financial assistance from the program. Of these 235 systems, 125 have received grants for feasibility studies and planning under section 1202 of the Act, and 27 systems have received grants for expansion and improvement under section 1204 of the Act. The population being served by planning grants is estimated at 87.5 million. In addition, it is estimated that 77 million persons are being served by grants for establishment and expansion of EMS systems.

It has been estimated that the goal of establishing 300 contiguous, financially self-sufficient regional EMS systems can be met by fiscal 1985, at an approximate cost of $486 million. The actual funding level for the program has been substantially lower than that necessary to achieve this goal. In fact, if the program is continued and the funding level remains relatively constant at the level in the President's 1976 budget request, it is estimated that this goal will not be achieved until 1996. If the program was funded at the authorization level contained in the Committee bill, this goal could be achieved in 1985 without increasing the 1980–1982 authorization levels above the 1979 authorization level and with substantially lower authorization levels for 1983–1985.

As previously indicated, the Committee bill extends the authorizations of appropriations for assistance for EMS systems feasibility studies and planning (section 1202) though fiscal 1978 and for EMS systems initial operation and establishment (section 1203) and expansion and improvement (section 1204) through fiscal 1979. These extensions result in a three year extension of each of these authorities. The Committee has provided lower, more realistic authorization levels consistent with the goal of fiscal responsibility for the national budget and with the expectation that appropriations for the EMS program will be at a comparable level.

Regional EMS system boundaries are currently being realigned as a result of the designation of health service areas mandated by the National Health Planning and Resources Development Act of 1974 (P.L. 93–641). The most recent data indicates that there are 300 state-designated, regional EMS system regions providing contiguous, nationwide area coverage. After this data was collected, an assessment of the status of development of EMS systems in each of these regions was conducted by the Department of Health, Education, and Welfare. The results of this assessment are shown below.

Status of EMS Systems Development:	*Number of systems*
No assistance under the EMS Systems Act of 1973	65
Feasibility studies and planning (sec. 1202)	125
Establishment and initial operation 1st year (sec. 1203)	73
Establishment and initial operation 2d year (sec. 1203)	10
Expansion and improvement 1st year (sec. 1204)	19
Expansion and improvement 2d year (sec. 1204)	8
Total	300

It is apparent to the Committee from the data above that the existing requirements for distribution of sums expended among sections 1202, 1203, and 1204 would inhibit the orderly progression of EMS systems development. For example, there are currently 125 EMS systems which have received assistance for planning under section 1202 of the Act and which are likely to progress to the operational phase of EMS system development in fiscal 1976.

The Committee expects that, with the limit that the per centum distribution requirement places on availability of initial operating funds, several of these planned systems may have to wait several years before funds will be available to them for initial operation or expansion. Therefore, the Committee believes that the continuation of the requirement (that a certain percentage of the funds be set aside for planning) would be counterproductive.

Currently, the demand for assistance for EMS systems establishment and initial operation funds, under section 1203 of the Act, is at a high level. However, as time progresses it is anticipated that there will be a significant increase in the demand for assistance for EMS systems expansion and improvement funds under section 1204 of the Act. The Committee believes that the per centum distribution requirements under current law would preclude the administrative flexibility necessary to be most beneficial to the program. For these reasons the proposed legislation eliminates the existing specification of how appropriated funds are to be distributed among the different types of grants.

The Committee intends that the authorization for the fiscal year transition period July 1–September 30, 1976, provide the Secretary with authority to provide funds for systems for planning under section 1202 of the Act and for first-year systems establishment under section 1203 of the Act. The authorizations for fiscal years 1977, 1978, and 1979 should be adequate to meet continuing commitments for the progressive development of EMS systems through subsequent stages of development.

Since the Committee bill only extends the authorities for EMS systems development for three years, the Committee believes that first-year assistance for establishment and initial operation under section 1203 should not be provided to systems in fiscal 1979, the last year of of the authorization. This will avoid establishing EMS systems without the assurance of providing them a full cycle of assistance.

The 1973 EMS legislation required systems receiving planning assistance under section 1202 to submit a report of the results of their projects within one year after they received such assistance. There

were no specific reporting requirements for systems receiving assistance for establishment and initial operation under section 1203 and expansion and improvement under section 1204. The Committee believes that the reporting requirement will benefit the EMS program by providing ongoing review and evaluation of developing systems. It is the Committee's intent that the results of the independent review and evaluation be incorporated in the fiscal reports of assisted EMS systems in order to eliminate duplication and excessive administrative requirements.

The provisions in the Committee bill, which specify a limitation of two years of eligibility and matching requirements for assistance for systems expansion and improvement under section 1204 of the Act, are intended to clarify this authority consistent with the regulations promulgated by the Department of Health, Education and Welfare. The Committee believes that authorizations of section 1204 assistance to a system beyond two years would be contrary to the intent of establishing financially self-sufficient systems within a prescribed period of time. The 25% Federal matching limitation for the second year of section 1204 assistance is identical to the second-year matching requirement for assistance under section 1203 and was adopted by the Committee out of recognition of the need for local communities to bear their share of financial support for the system as the stages of Federal assistance draw to a conclusion.

It has come to the attention of the Committee that in some urban and border areas, access to public safety agencies including the EMS program is hindered by a foreign language barrier. For this reason, the Committee recommends that the system's central communications component have the capacity to communicate in the language of the predominant groups in the system's service area which have limited English-speaking ability. Where possible, the system should also develop a core of interpreters who have the capacity to communicate with individuals in these population groups.

The Committee strongly supports the universal emergency telephone number 911 as the nationwide means of access to emergency medical services. However, the Committee fully appreciates that this long-range objective may not be attainable in many areas for several years. Therefore, the Committee recommends that a plan be developed for the ultimate implementation of the "911" telephone number requirement within a realistic time period and that systems provide appropriate, interim alternatives to this requirement.

Research and Training

The Committee bill provides for a three-year extension of the authorization for research in EMS techniques, methods, devices and delivery. Since most research projects are conducted over a period of two or more years, the Committee believes it is desirable that they be continued through completion in order to derive maximum benefits.

The Committee received testimony that research awards have not sufficiently emphasized the development of methods and techniques to improve the delivery of emergency medical services in rural areas. The Committee expresses strong desire that the Secretary should focus more of the Department's effort on this type of research. The Secretary, where appropriate, should consider requiring recipients of such awards to make specific recommendations for applying the results of

such research and to provide findings which will be more readily available to be applied by developing EMS systems.

As previously indicated, the Committee heard convincing testimony from witnesses regarding the educational and training needs for emergency health personnel at all levels. The Committee bill contains provisions to permit applicants for assistance, for establishment and initial operation under section 1203 of the Act and expansion and improvement under section 1204 of the Act to use funds received from the EMS program to meet their training obligations without first being required to apply for and be denied assistance from the Bureau of Health Manpower under title VII of the Public Health Service Act. This requirement has placed unnecessary burdens and expense on applicants and caused confusion due to varying funding cycles in the various training programs. The Committee intends to authorize training under title XII of the Public Health Services Act as appropriate and integral to EMS systems development. However, the Committee wishes to make it clear that this proposed change is not intended to modify the program of the Bureau of Health Manpower to provide assistance to eligible applicants for training under title VII and to coordinate its activities with the EMS systems program.

Interagency Committee on Emergency Medical Services

Although the Interagency Committee on Emergency Medical Services, presently required by existing law (title XII of the Public Health Service Act), solved some technical problems with reasonable success, several witnesses testified that it has not adequately carried out its responsibilities under such title. The duties and responsibilities of the Interagency Committee were therefore revised and expanded by the Committee to direct it to take a more active, productive and positive role in coordinating all Federal programs involved in the development and improvement of resources relating to emergency medical services.

The Committee believes that the members of the Interagency Committee should assert a more active influence on their respective agencies, particularly with regard to the need for more coordinated action directed to maximize the development of emergency medical services. The duties of the Interagency Committee can be enhanced by placing the responsibility for its operation and administrative support within the administrative unit designated by the Department of Health, Education, and Welfare to carry out the EMS program under title XII of the Act. The Department should provide staff and support adequate to carry out the activities of the Interagency Committee. The Committee is particularly concerned about duplication of and conflict between programs operated by a number of Federal agencies to assist in EMS development. The Interagency Committee should evaluate all such programs and provide recommendations for the consolidation of unnecessarily duplicative programs as well as recommendations for improved cooperation and coordination between agencies involved in such programs.

There is a particular need for the Interagency Committee to develop a mechanism to collect, collate and disseminate information to applicants for EMS assistance and the general public on Federal EMS funds, services, technical assistance and other resources, and to assist

entities in making application for EMS assistance. Much of the confusion that exists at the local and regional levels about the availability EMS assistance could be alleviated by an improved and coordinated method of making such information readily accessible to interested parties. As a part of its on-going evaluation, the Interagency Committee should examine methods internally by the Department of Health, Education, and Welfare and other Federal agencies to provide effective communication of policy, guidance, and assistance to interested parties through their regional and state offices.

The statutory requirement that a representative of the National Academy of Sciences serve on the Interagency Committee was eliminated by the Committee bill. The Committee was informed that participation of the Academy in such an activity is contrary to its administrative policies and accordingly, the Committee made this change. However, the Committee encourages the Academy to continue to be involved with the Interagency Committee as an observer and informal participant.

Studies

The Committee bill directs the Secretary to conduct two studies and to report their results and recommendations to Congress not later than twelve months after the date of enactment.

First, the Secretary would be directed to conduct a study to identify the categories of patients which should be included in a uniform reporting system used to evaluate the effectiveness of EMS in reducing death and disability.

Since the intent of the EMS systems legislation is to make a significant reduction in death and disability from accidents and the sudden onset of serious illness, the Committee believes it is important to develop a mechanism to monitor, report, and evaluate emergency medical services in order to determine this impact. The Committee notes that several highly visible and important types of critical illnesses have been identified by programs within the Department of Health, Education and Welfare, the Department of Transportation and other Federal agencies. These patient groups are trauma, including burn and spinal cord injury; acute cardiac illness; high risk infants; poisoning in children; and behavioral problems, including drug overdose, alcoholism and psychiatric emergencies.

These critical groups of patients are easily identified in the field and can be monitored through a uniform reporting system. Substantial data is already available on these critical patient groups in the files of public safety agencies, hospitals, and critical care centers. The Committee is informed that there is currently no adequate alternative method of assessing the impact or evaluating the effectiveness of an EMS system short of monitoring and evaluating the impact on critical patient groups. In addition the development of a uniform reporting system would discourage the development of a multiplicity of incompatable reporting systems that might prove inadequate for evaluating the effectiveness of EMS systems and result in unnecessary duplication of effort.

Second, the Secretary, through the Interagency Committee on EMS, would be directed to conduct a study of programs of assistance for communication systems of public safety agencies to determine the feasibility of encouraging joint and coordinated Federal funding of

such systems to insure integrated response capabilities for medical emergencies. The Committee believes that this study is important to assess the problems that impede the development of effective EMS communications systems involving several Federal agencies and their counterparts at the State and local levels. The Committee finds that currently there is no adequate mechanism for coordinating funds available from various Federal agencies for maximal impact on the development of coordinated EMS systems at the local level. The study is intended to provide the central direction for a coordinated national effort to improve emergency medical communications systems without costly and unnecessary duplication of effort.

Burn Injury Programs

The Committee heard convincing testimony from such groups as the American Burn Association regarding the inadequacies and shortages of facilities and personnel for treatment and rehabilitation of burn injury victims and research relating to burn injuries. High quality burn care requires regional planning and coordination of facilities and personnel, including adequate mechanisms for the reporting of burn injuries and evaluation of treatment. Burn care regions may cover more than one health service area and often overlap State boundaries. Although systems planning funded under the EMS program has initiated regional planning with respect to the overall trauma problem, the Committee believes that additional authority is needed to extend this approach to burn injury programs which are unique in the complexity of appropriate service areas, patient referrals, and duration of treatment and rehabilitation of severely injured burn victims.

The Committee believes that the Secretary should give first priority to a demonstration effort to provide guidance to the development and implementation of a national burn strategy. The Secretary should initiate a burn demonstration program of sufficient duration, using several regional sites, to determine the implication for a national program of a variety of approaches to burn injury care and how burn care systems can best be developed. Alternative burn care patterns need to be avaluated, to provide the proper balance between maintaining referral patterns for the most advance facilities, which will carry the burden of leadership in teaching and research, and providing quality care in institutions in close proximity to the patient's home.

The Committee heard testimony that many geographical areas in the nation do not have specialized burn care facilities or are not being served by adequate burn care programs in hospitals. Since the Committee believes it is critically important to provide these areas with such facilities and programs, the proposed legislation requires the Secretary to give priority to applications for burn program assistance to areas where services are not currently being adequately provided.

Patient referral patterns should, where appropriate, be consistent with transfer agreements required by EMS program guidelines to be included in a plan developed for the immediate care and transfer of burn injury patients. Demonstration programs should also consider the role of training programs, the use and development of regional and State burn registries, the evaluation of current and future research

results, treatment protocols, rahabilitation programs, and project evaluation. The Secretary should, where appropriate, use the expertise of outside groups involved with burn injury programs to develop, monitor and evaluate the proposed demonstration projects.

The Committee is particularly aware of the need to improve at all levels the training of those who will provide burn care either on a full-time basis, or as part of their health care practice. Especially important is the training of those medical and nursing professionals needing new skills to provide leadership in the direction of programs in existing or proposed facilities. Much of this training can be done in conjuntcion with EMS training.

Although the Committee is impressed by the efforts of physicians, nurses and the organizations committed to caring for burn victims, there was substantial testimony that they often lack the support of a full professional team and the transportation and patient referral network necessary for their programs. Public education and prevention efforts should be integrated into patient referral networks, using the funding authority and expertise of the National Fire Prevention and Control Administration and other fire prevention organizations, where appropriate.

The Committee supports the continuation of research for the treatment and rehabilitation of burn victims. The Secretary should continue to use existing authorities to support basic and applied biomedical research. The Committee also feels that emphasis should be given to the application of research findings which have been reported and await full dissemination.

Section-by-Section Analysis

Section 1.—Provides that the Act may be cited as "Emergency Medical Services Amendments of 1976" and that citations in the proposed legislation are to be considered as citations to the Public Health Service Act.

Sections 2 and 3.—Conform the definitions and references in the EMS Act (Title XII of the Public Health Service Act) relating to State and areawide health planning agencies to those in title XV of such Act.

Section 4. Paragraph (1).—Provides that no grant or contract may be made under section 1203 (establishment and initial operation of an EMS system) for the fiscal year ending June 30, 1979 unless the applicant entity received such a grant or contract during the preceding year.

Paragraph (2).—Requires an entity receiving a grant or contract under section 1203 to submit reports of the results of its project to the Secretary and the Interagency Committee on Emergency Medical Services at such other intervals as the Secretary prescribes and within one year after the last year it received the grant or contract.

Section 5.—Provides that a project may receive a grant or contract under section 1204 (expansion and improvement of emergency medical service systems) for a second additional year if the Secretary determines that the project is satisfactorily progressing in the expansion and improvement of the system in accordance with the plan contained in its application (pursuant to section 1206(b)(4)) for the first grant

or contract. Provides that the amount of the first grant or contract under section 1204 for a project may not exceed 50 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made or 75 per centum of such costs in the case of applications which demonstrate an exceptional need for financial assistance. Provides that the amount of the second grant or contract under section 1204 for a project may not exceed 25 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made or 50 per centum of such costs in the case of applications which demonstrate an exceptional need for financial assistance.

Requires an entity receiving a grant or contract under section 1204 to submit reports of the results of its project to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary prescribes and within one year after the last year it received the grant or contract.

Section 6.—Provides that the Secretary may enter into contracts with public entities under section 1205 (research relating to emergency medical services).

Section 7, Paragraph (1).—Conforms the references to sections in the Act relating to State and areawide health planning agencies to those in title XV—"National Health Planning and Development".

Paragraph (2).—Provides that the Secretary may not approve an application for a grant or contract under sections 1203 or 1204 unless the applicant demonstrates to the satisfaction of the Secretary that the emergency medical services system for which the application is submitted, will join its personnel, facilities, and equipment through a central communications system so that requests for emergency medical services will be handled by a communications facility which will have the capability to communicate in the language of the predominant population groups in the system's service area which have limited English-speaking ability.

Paragraph (3).—Deletes the existing provision in section 1207 (f)(2) of the Act which prohibits the Secretary from authorizing the recipient of a grant or contract under sections 1203 and 1204 to use funds under such grant or contract for any training program in connection with an emergency medical services system, unless the applicant filed an application under title VII or title VIII (as appropriate) of the Public Health Services Act for a grant or contract for such program and such application was not approved or was approved but for which no or adequate funds were made available under such title.

Section 8, Paragraph (1).—Authorizes the appropriation of $35,000,000 for the fiscal year ending June 30, 1976, $5,083,000 for the period beginning July 1, 1976 and ending September 30, 1976, $40,000,000 for the fiscal year ending September 30, 1977, and $50,000,000 for the fiscal year ending September 30, 1978, for making payments pursuant to grants and contracts under sections 1202, 1203, and 1204.

Paragraph (2).—Authorizes the appropriation of $60,000,000 for the fiscal year ending September 30, 1979 for making payments pursuant to grants and contracts under sections 1203 and 1204.

Paragraph (3).—Authorizes the appropriations of $5,000,000 each for fiscal years 1977, 1978, and 1979 for making payments pursuant to grants and contracts under section 1205, relating to research.

Paragraph (4).—Deletes the existing provision in section 1207 (a)(1)(3) of the Act which directs that of the sums appropriated in fiscal year 1974 or fiscal year 1975, 15 per centum in each such fiscal year shall be made available only for grants and contracts under section 1202 (relating to feasibility studies and planning) for such fiscal year; 60 per centum in each such fiscal year shall be made available only for grants and contracts under section 1203 (relating to establishment and initial operation) for such fiscal year; and 25 per centum in each such fiscal year shall be made available only for grants and contracts under section 1204 (relating to expansion and improvement) for such fiscal year. Deletes the provision in section 1207(a)(1)(4) of the Act which direct that of the sums appropriated in fiscal year 1976, 75 per centum shall be made available only for grants and contracts under section 1203 for such fiscal year, and 25 per centum shall be made available only for grants and contracts under section 1204 for such fiscal year.

Section 9, Paragraph (1).—Revises section 1209 of the Act, which established the Interagency Committee on Emergency Medical Services, to direct the Committee to coordinate and provide for the communication and exchange of information between all Federal programs of grants and contracts for activities which relate to emergency medical services; directs such Committee to study on a continuing basis the roles, resources, and redundancy of all Federal agencies involved in the provision of grants and contracts for emergency medical services; and requires such Committee to report the results of such continuing studies within 9 months after enactment and each year thereafter.

Paragraph (2).—Eliminates the National Academy of Sciences as a designated member of the Interagency Committee on Emergency Medical Services under section 1209(b) of the Act.

Section 10.—Adds to Title XII of the Public Health Services Act a new Part B, "Burn Injuries," which has the following provisions:

New section 1221(a).—Authorizes the Secretary to conduct, and support (by grant or contract), the establishment, operation, and improvement of programs to (1) demonstrate the treatment and rehabilitation of individuals injured by burns, (2) conduct research in the treatment and rehabilitation of such individuals, or (3) provide training in treatment and rehabilitation and training in research.

New section 1221(b).—Provides that no grant or contract may be made or entered into under subsection (a) unless an application therefore has been submitted to, and approved by, the Secretary. Provides that such application shall be submitted in such form and manner and contain such information as the Secretary may require. Provides that the Secretary shall give priority to applications for programs which will provide services within a geographical area which is not currently being adequately provided with such services.

New section 1221(c).—Authorizes the appropriation of $5,000,000 for the fiscal year ending September 30, 1977, $10,000,000 for the fiscal year ending September 30, 1978, and $15,000,000 for the fiscal year ending September 30, 1979, for purposes of carrying out new section 1221, relating to burn injury programs.

Section 11, Paragraph (1).—Directs the Secretary of Health, Education, and Welfare to conduct a study to identify the categories of patients which should be included in a uniform reporting system used to evaluate the effectiveness of emergency medical service systems in reducing death and disability. Requires the Secretary to report to the Congress the results of such study not later than twelve months after the date of enactment of this Act. Requires such report to include such recommendations for legislation relating to such a uniform reporting system as the Secretary determines are appropriate.

Paragraph (2).—Directs the Secretary, acting through the Interagency Committee on Emergency Medical Services, to conduct a study to evaluate the effectiveness of Federal programs of assistance for communication systems of public safety agencies and to determine the feasibility of encouraging joint and coordinated Federal funding of communication systems to insure integrated response capabilities to medical emergencies. Requires the Secretary, not later than twelve months after enactment, to report to the Congress the results of such study and recommendations for such legislation as may be necessary to insure such response capabilities.

Inflation Impact Statement

The Committee does not anticipate that the enactment of H.R. 12664 will have any substantial adverse impact on inflation for the following reasons. The $170 million authorized for the three year extension of the existing EMS program is actually $5 million less than the authorization for the first three years of the program under existing law. The total proposed EMS authorization for fiscal 1977 is $30 million less than the comparable fiscal 1976 authorization under existing law. The proposed authorization levels have been reduced to be consistent with actual budget spending and with the projected increased growth of the program necessary to carry individual projects through the various stages of development required under the Act. These levels include modest increases to offset inflationary effects on the program. The intent of the EMS program is to develop systems which will provide early and effective intervention in and treatment of emergent, critical medical conditions which will result in a decrease in suffering and disability.

As EMS programs improve they decrease both the amount and degree of illness and injury which must be treated and the necessary cost of that treatment. For example, it has been estimated that it costs about $1 million to maintain a patient who has sustained brain damage after cardiac arrest or paralysis after spinal cord injury because of substandard or delayed initiation of definitive care which could be provided by a effective EMS system. In addition, significant cost savings result from increases in the number of patients being returned to active employment within shorter periods of time.

The total authorization of $30 million for burn injury programs is modest considering the need for specialized burn care facilities and improved burn care in general hospitals. Aside from saving a substantial number of lives, it has been estimated that if all severe and critical burn injuries could be treated in appropriate, specialized burn care facilities, this could result in as much as a 50 percent reduction in

inpatient days, representing an estimated annual hospital and medical cost reduction of as much as $100 million.

Congressional Budget Office

cost estimate

1. Bill number: H.R. 12664.
2. Bill title: Emergency Medical Services Amendments of 1976.
3. Purposes of bill: To extend authorizations under Title XII of the Public Health Service Act for emergency medical services systems and to include, under that Title, authorization for programs relating to burn injuries. This bill is an authorization and does not directly provide budget authority. Actual funding is subject to subsequent appropriations action.
4. Cost estimate:

[Dollar amounts in millions]

	Outlays						
Authorization level	1976	Transition quarter	1977	1978	1979	1980	1981
1976—$35.00	$1.75	$5.99	$23.94	$2.99	$0.30	$0.03	
Transition quarter—$5.08		.25	4.35	.44	.04		
1977—$45.00			2.25	38.48	3.85	.38	$0.04
1978—$57.00				2.85	48.74	4.87	.49
1979—$69.00					3.45	58.99	5.90
Total outlays	1.75	6.24	30.54	44.76	56.38	64.27	6.43

5. Basis for estimate: Outlays are based upon levels of authorization and calculated using spendout rates provided by the Comptroller's Office, DHEW. The spendout rates used were 5 percent in the year of obligation, and 90 percent of the remaining funds in each subsequent year. Outlays for the transition quarter based on 1976 authorization are calculated as one-fifth of the projected outlays for FY 1977. Outlays for 1977 are thus decreased by one-fifth.
6. Estimate comparison: Not Applicable.
7. Previous CBO estimate: Not Applicable.
8. Estimate prepared by: Jeffrey C. Merrill.
9. Estimate approved by:

C. J. Nuckols
(For James L. Blum,
Assistant Director for Budget Analysis).

Oversight Findings

The results of oversight activities on the programs authorized by H.R. 12664 by the Subcommittee on Health and the Environment are described in the body of the Committee Report and are the basis for the legislative proposal. The Committee has not received oversight findings with respect to these programs from either its own Subcommittee on Oversight and Investigations or the Committee on Government Operations.

Agency Reports

No reports have been received on H.R. 12664, which is a clean bill introduced after Subcommittee consideration. The following reports describe agency positions on similar, earlier legislation. The HEW reports on H.R. 7480 (administration bill) dated June 16, 1975, was the administration's position on EMS legislation prior to a change in their position reflected in the HEW reports on H.R. 7480 and H.R. 11327 dated February 12, 1976. In addition, two agency reports from HEW and the Department of Commerce on H.R. 8438, burn care legislation, have been included since the Committee bill contains provisions authorizing burn injury programs.

Department of Health, Education, and Welfare,
June 16, 1975.

Hon. Harley O. Staggers,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

Dear Mr. Chairman: This is in response to your request of June 3, 1975, for a report on H.R. 7480, a bill "To extend appropriations authorizations for emergency medical services systems, and for other purposes."

The bill was transmitted to the Congress by the Department, on behalf of the Administration, on May 15, 1975. A copy of the letter of transmittal is enclosed for your convenience.

We urge that the bill receive prompt and favorable consideration.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report and that enactment of the bill would be in accord with the program of the Pesident.

Sincerely,

Caspar W. Weinberger,
Secretary.

Enclosure.

Department of Health, Education, and Welfare,
May 15, 1975.

Hon. Carl Albert,
Speaker of the House of Representatives,
Washington, D.C.

Dear Mr. Speaker: Enclosed for the consideration of the Congress is a draft bill "To extend appropriations authorizations for emergency medical services systems, and for other purposes."

The draft bill would extend to the end of fiscal year 1978 appropriations authorizations for emergency medical services systems (EMSS), now due to expire at the end of fiscal year 1976. Specifically, the proposal would (1) revise the appropriation authorization for FY 1976 to provide, consistent with the 1976 Budget, an appropriation authorization of $22.6 million for grants and contracts for studying the feasibility of, planning for, establishing, initially operating, expanding, and improving EMSS; (2) authorize to be appropriated

for FY 1977 and FY 1978 $22.6 million for grants and contracts for establishing, initially operating, expanding, and improving EMSS; and (3) repeal the required percentage allotments of funds among the various purposes. The research appropriations authorization expiring at the end of FY 1976 would not be extended, as this authorization duplicates existing general research authorities.

We urge the prompt and favorable consideration of this legislation.

We are advised by the Office of Management and Budget that enactment of this proposal would be in accord with the program of the President.

Sincerely,

CASPAR W. WEINBERGER,
Secretary.

Enclosure.

EXECUTIVE OFFICE OF THE PRESIDENT,
OFFICE OF MANAGEMENT AND BUDGET,
Washington, D.C., February 12, 1976.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request of June 3, 1975 for the views of this office on H.R. 7480, a bill "To extend appropriations authorizations for emergency medical services systems, and for other purposes."

H.R. 7480 is identical to draft legislation submitted by the Secretary of Health, Education, and Welfare on May 15, 1975 to extend the legislative authorities for the emergency medical services program for one year through fiscal year 1977.

In testimony before your Committee on January 27, 1976, HEW explained that the Administration no longer believes legislation along the lines of H.R. 7480 is needed. The Department recommended, instead, the block grant proposal announced by the President in his State of the Union address—the Financial Assistance for Health Care Act—as an alternative to the narrow categorical authority under which the EMS program has been operating. Under the new proposal, States would have the flexibility necessary to support emergency medical services projects tailored to the particular needs of the State and its subdivisions.

We concur in the recommendation by HEW in its testimony that the Committee give favorable consideration to the Financial Assistance for Health Care proposal instead of H.R. 7480. Enactment of the block grant proposal would be in accord with the program of the President.

Sincerely,

JAMES M. FREY,
Assistant Director for Legislative Reference.

EXECUTIVE OFFICE OF THE PRESIDENT,
OFFICE OF MANAGEMENT AND BUDGET,
Washington, D.C., February 12, 1976.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request of January 21, 1976 for the views of this Office on H.R. 11327, a bill "To revise and extend the provisions of the title XII of the Public Health Service Act relating to emergency medical services systems, and for other purposes."

In testimony before your Committee on January 27, 1976, HEW explained its reasons for opposing enactment of this bill. The Department recommended, instead, the block grant proposal announced by the President in his State of the Union address—the Financial Assistance for Health Care Act—as an alternative to the narrow categorical authority under which the EMS program has been operating. Under the new proposal, States would have the flexibility necessary to support emergency medical services projects tailored to the particular needs of the State and its subdivisions.

We concur in the views expressed by HEW in its testimony and, accordingly, recommend against enactment of H.R. 11327. We recommend instead that the Committee give favorable consideration to the Financial Assistance for Health Care Act. Enactment of the block grant proposal would be in accord with the program of the President.

Sincerely,

JAMES M. FREY,
Assistant Director for Legislative Reference.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
January 27, 1976.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request for a report on H.R. 8438, a bill "To assist the construction and operation of burn facilities."

We do not feel it would be appropriate to establish yet another categorical health program, in light of the activities already under way.

The bill would substantially duplicate a section of the Federal Fire Prevention and Control Act of 1974, for which funds were neither requested nor appropriated. It would direct the Secretary of Health, Education, and Welfare to—

1. assist in establishing twelve new burn centers (hospital facilities for burn treatment, research, and training), establishing twenty-four new burn units (hospital facilities used for the treatment only of burn victims), and improving existing burn programs in general hospitals;
2. provide training and continuing support of burn specialists; and
3. provide other research and training support in relation to burns.

The Secretary of Commerce would be directed to provide information, through the national fire data system, to the Secretary of Health,

Education, and Welfare, in relation to burn care. Twenty million dollars for fiscal year 1976, $30 million for fiscal year 1977, $40 million for fiscal year 1978, and such sums as may be necessary thereafter, would be authorized for our Department in supporting burn activities under H.R. 8438.

Under existing authorities the Department of Health, Education, and Welfare finances extensive support for health services through Medicare and Medicaid and through programs aimed at particularly underserved groups, such as migrant workers and Native Americans. In addition, recently enacted title XVI of the Public Health Service Act authorizes formula allotments, loans, loan guarantees, and interest subsidies for the construction and modernization of medical facilities, including burn facilities. Training of health professionals in the burn area should be considered in the context of an overall health manpower program. In relation to research, the National Institutes of Health currently support burn research primarily through the trauma program of the National Institute of General Medical Sciences (NIGMS). This trauma research program spent over $2 million during fiscal year 1975 on burn research. NIGMS also provided seven National Research Service Awards for research training in the area of trauma and burns. The National Heart and Lung Institute and the National Institute of Environmental Health Sciences also indirectly contribute to research in the burn area through their support and conduct of research in areas such as the functions of the lung.

We therefore recommend that the bill not be favorably considered.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

STEPHEN KURZMAN,
Acting Secretary.

GENERAL COUNSEL OF THE DEPARTMENT OF COMMERCE,
Washington, D.C., December 30, 1975.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in reply to your request for the views of this Department concerning H.R. 8438, a bill entitled "Burn Facilities Act of 1975."

This bill would direct the Secretary of Health, Education, and Welfare to establish an expanded program on the treatment of burn injuries, research on burns, and the rehabilitation of burn victims. To this end, it directs the Secretary to (1) encourage the establishment of 12 burn centers, 24 burn units, and the upgrading of existing burn programs; (2) provide training and continuing support to new and existing burn centers, burn units, and burn programs; (3) provide special training in emergency care for burn victims; (4) augment sponsorship of research on burns and burn treatment; (5) conduct a program of research concerning smoke inhalation injuries; and (6) sponsor and support other research and training programs in the treatment and rehabilitation of burn injury victims.

Section 3 of the bill directs the Secretary of Commerce to obtain information on existing burn treatment facilities and programs; on the frequency and severity of burn injuries, both nationally and by region, through the National Fire Data System, and to provide guidance and assistance to the Secretary of Health, Education, and Welfare in designating those areas where burn care is deficient.

We note that the responsibilities to be placed upon the Secretary of Health, Education, and Welfare by section 2(b) of H.R. 8438 closely parallel those for which he already has responsibility under section 19 of the Federal Fire Prevention and Control Act of 1974, enacted in the 93rd Congress.

Recognizing the close parallel between the programs and responsibilities of the Secretary of Health, Education, and Welfare under existing law and those proposed under H.R. 8438, we defer to the views of the Secretary of Health, Education, and Welfare as to those aspects of H.R. 8438 already within his jurisdiction by virtue of existing law. We would point out, however, that the programs for expansion of burn centers, burn programs, and expanding research on burns are unnecessarily duplicative of existing efforts carried on through the programs of the National Institute of General Medical Sciences, and it was for this reason that appropriations have not been sought for implementation of those portions of the Act.

Section 3 of H.R. 8438 directs the Secretary of Commerce to obtain, through the National Fire Data System, information on burn treatment facilities and programs now in existence, information on the frequency and severity of burn injuries, both nationally and by region, and to provide guidance and assistance to the Secretary of Health, Education, and Welfare in designating areas where burn care is deficient. The authority to carry out this effort is provided for in existing legislation. Section 9 of the Federal Fire Prevention and Control Act of 1974 provides for the operation of a National Fire Data Center within the Department of Commerce, responsible for providing accurate nationwide analysis of the fire problem, identifying major problem areas, assisting in setting priorities, determining possible solutions to problems, and monitoring the progress of problems to reduce fire loss. In carrying out these responsibilities, the Data Center is specifically charged with gathering and analyzing information on the number of injuries and deaths resulting from fires, including the maximum available information on the specific causes and nature of such injuries and such other data and information as is deemed useful and applicable. It is our opinion that the information and data objectives of section 3 of H.R. 8438 can be accomplished under existing legislation and that no additional legislative authority is required. Accordingly, we oppose the provisions of section 3.

We have been advised by the Office of Management and Budget that there would be no objection to the submission of our report to the Congress.

Sincerely,

ROBERT B. ELLERT,
Acting General Counsel.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of Rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE XII—EMERGENCY MEDICAL SERVICES SYSTEMS

PART A—ASSISTANCE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

DEFINITIONS

SEC. 1201. For purposes of this [title] *part*:

(1) The term "emergency medical services systems" means a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographical area of health care services under emergency conditions (occurring either as a result of the patient's condition or of natural disasters or similar situations) and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system.

(2) The term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands.

(3) The term "modernization" means the alteration, major repair (to the extent permitted by regulations), remodeling, and renovation of existing buildings (including initial equipment thereof), and replacement of obsolete, built-in (as determined in accordance with regulations) equipment of existing buildings.

(4) The term "section [314(a)] *1521* State health planning *and development* agency" means the agency of a State [which administers or supervises the administration of a State's health planning functions under a State plan approved under section 314(a)] *designated under section 1521(b)(3)*.

[(5) The term "section 314(b) areawide health planning agency" means a public or nonprofit private agency or organization which has developed a comprehensive regional, metropolitan, or other local area plan or plans referred to in section 314(b), and the term "section 314(b) plan" means a comprehensive regional, metropolitan, or other local area plan or plans referred to in section 314(b).]

(5) The term "section 1515 health systems agency" means a health systems agency designated under section 1515, and the term "health systems plan" means a health systems plan referred to in section 1513(b)(2).

GRANTS AND CONTRACTS FOR FEASIBILITY STUDIES AND PLANNING

SEC. 1202. (a) The Secretary may make grants to and enter into contracts with eligible entities (as defined in section 1206(a)) for projects which include both (1) studying the feasibility of establishing (through expansion or improvement of existing services or otherwise) and operating an emergency medical services system, and (2) planning the establishment and operation of such a system.

(b) If the Secretary makes a grant or enters into a contract under this section for a study and planning project respecting an emergency medical services system for a particular geographical area, the Secretary may not make any other grant or enter into any other contract under this section for such project, and he may not make a grant or enter into a contract under this section for any other study and planning project respecting an emergency medical services system for the same area or for an area which includes (in whole or substantial part) such area.

(c) Reports of the results of any study and planning project assisted under this section shall be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and a final report of such results shall be submitted to the Secretary and such Committee not later than one year from the date the grant was made or the contract entered into, as the case may be.

(d) An application for a grant or contract under this section shall—

(1) demonstrate to the satisfaction of the Secretary the need of the area for which the study and planning will be done for an emergency medical services system;

(2) contain assurances satisfactory to the Secretary that the applicant is qualified to plan an emergency medical services system for such area; and

(3) contain assurances satisfactory to the Secretary that the planning will be conducted in cooperation (A) with each section [314(b) areawide health planning agency whose section 314(b)] *1515 health systems agency whose health systems* plan covers (in whole or in part) such area, and (B) with any emergency medical services council or other entity responsible for review and evaluation of the provision of emergency medical services in such area.

(e) The amount of any grant under this section shall be determined by the Secretary.

GRANTS AND CONTRACTS FOR ESTABLISHING AND INITIAL OPERATION

SEC. 1203. (a) The Secretary may make grants to and enter into contracts with eligible entities (as defined in section 1206(a)) for the establishment and initial operation of emergency medical services systems.

(b) Special consideration shall be given to applications for grants and contracts for systems which will coordinate with statewide emergency medical services system.

(c)(1) Grants and contracts under this section may be used for the modernization of facilities for emergency medical services systems and other costs of establishment and initial operation.

(2) Each grant or contract under this section shall be made for costs of establishment and operation in the year for which the grant or contract is made. If a grant or contract is made under this section for a system, the Secretary may make one additional grant or contract for that system if he determines, after a review of the first nine months' activities of the applicant carried out under the first grant or contract, that the applicant is satisfactorily progressing in the establishment and operation of the system in accordance with the plan contained in his application (pursuant to section 1206(b)(4)) for the first grant or contract.

(3) No grant or contract may be made under this section for the fiscal year ending [June 30, 1976] *September 30, 1979*, to an entity which did not receive a grant or contract under this section for the preceding fiscal year.

(4) Subject to section 1206(f)—

(A) the amount of the first grant or contract under this section for an emergency medical services system may not exceed (i) 50 per centum of the establishment and operation costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 75 per centum of such costs for such year; and

(B) the amount of the second grant or contract under this section for a system may not exceed (i) 25 per centum of the establishment and operation costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 50 per centum of such costs for such year.

(5) In considering applications which demonstrate exceptional need for financial assistance, the Secretary shall give special consideration to applications submitted for emergency medical services systems for rural areas (as defined in regulations of the Secretary).

(6) Reports of the results of each establishment and initial operation project assisted under this section after September 30, 1976, shall be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and a final report of such results shall be transmitted to the Secretary and such Committee not later than one year from the expiration of the last year for which a grant was made or contract entered into under this section for such project.

GRANTS AND CONTRACTS FOR EXPANSION AND IMPROVEMENT

SEC. 1204. (a) The Secretary may make grants to and enter into contracts with eligible entities (as defined in section 1206(a)) for projects for the expansion and improvement of emergency medical services systems, including the acquisition of equipment and facilities, the modernization of facilities, and other projects to expand and improve such systems.

[(b) Subject to section 1206(f), the amount of any grant or contract under this section for a project shall not exceed (i) 50 per centum of the cost of that project (as determined pursuant to regulations of

the Secretary), or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 75 per centum of such costs.]

(b)(1) Each grant or contract for a project under this section shall be made for the project's costs of expansion and improvement in the year for which the grant or contract is made. If a grant or contract is made under this section for a project for an emergency medical services system, the Secretary may make one additional grant or contract for that project if he determines, after a review of the first nine months' activities of the applicant carried out under the first grant or contract, that the applicant is satisfactorily progressing in the expansion and improvement of the system in accordance with the plan contained in his application (pursuant to section 1206(b)(4)) for the first grant or contract.

(2) Subject to section 1206(f)—

(A) the amount of the first grant or contract under this section for an emergency medical services system project may not exceed (i) 50 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 75 per centum of such costs for such year; and

(B) the amount of the second grant or contract under this section for a project for a system may not exceed (i) 25 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 50 per centum of such costs for such year.

(3) Reports of the results of any expansion and improvement project assisted under this section shall be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and a final report of such results shall be transmitted to the Secretary and such Committee not later than one year from the expiration of the last year for which a grant was made or contract entered into under this section for such project.

GRANTS AND CONTRACTS FOR RESEARCH

SEC. 1205. (a) The Secretary may make grants to *and enter into contracts with* public or private nonprofit entities, and enter into contracts with private entities and individuals, for the support of research in emergency medical techniques, methods, devices, and delivery. The Secretary shall give special consideration to applications for grants or contracts for research relating to the delivery of emergency medical services in rural areas.

(b) No grant may be made or contract entered into under this section for amounts in excess of $35,000 unless the application therefor has been recommended for approval by an appropriate peer review panel designated or established by the Secretary. Any application for a grant or contract under this section shall be submitted in such form and manner, and contain such information, as the Secretary shall prescribe in regulations.

(c) The recipient of a grant or contract under this section shall make such reports to the Secretary as the Secretary may require.

GENERAL PROVISIONS RESPECTING GRANTS AND CONTRACTS

SEC. 1206. (a) For purposes of sections 1202, 1203, and 1204, the term "eligible entity" means—

(1) a State,

(2) a unit of general local government,

(3) a public entity administering a compact or other regional arrangement or consortium, or

(4) any other public entity and any nonprofit private entity:

(b)(1) No grant or contract may be made under this [title] *part* unless an application therefor has been submitted to, and approved by, the Secretary.

(2) In considering applications submitted under this [title] *part*, the Secretary shall give priority to applications submitted by the entities described in clauses (1), (2), and (3) of subsection (a).

(3) No application for a grant or contract under section 1202 may be approved unless—

(A) the application meets the application requirements of such section;

(B) in the case of an application submitted by a public entity adminstering a compact or other regional arrangement or consortium, the compact or other regional arrangement or consortium includes each unit of general local government of each standard metropolitan statistical area (as determined by the Office of Management and Budget) located (in whole or in part) in the service area of the emergency medical services system for which the application is submitted;

(C) in the case of an application submitted by an entity described in clause (4) of subsection (a), such entity has provided a copy of its application to each entity described in clauses (1), (2), and (3) of such subsection which is located (in whole or in part) in the service area of the emergency medical services system for which the application is submitted and has provided each such entity a reasonable opportunity to submit to the Secretary comments on the application;

(D) the—

(i) section [314(a)] *1521* State health planning *and development* agency of each State in which the service area of the emergency medical services system for which the application is submitted will be located, and

(ii) section [314(b) areawide health planning agency (if any) whose section 314(b)] *1515 health systems agency whose health systems* plan covers (in whole or in part) the service area of such system,

have had not less than thirty days (measured from the date a copy of the application was submitted to the agency by the applicant) in which to comment on the application;

(E) the applicant agrees to maintain such records and make such reports to the Secretary as the Secretary determines are necessary to carry out the provisions of this [title] *part*; and

(F) the application is submitted in such form and such manner and contains such information (including specification of applicable provisions of law or regulations which restrict the full utilization of the training and skills of health professions and allied and other health personnel in the provision of health care services in such a system) as the Secretary shall prescribe in regulations.

(4)(A) An application for a grant or contract under section 1203 or 1204 may not be approved by the Secretary unless (i) the application meets the requirements of subparagraphs (B) through (F) of paragraph (3), and (ii) except as provided in subparagraph (B)(ii), the applicant (I) demonstrates to the satisfaction of the Secretary that the emergency medical services system for which the application is submitted will, within the period specified in subparagraph (B)(i), meet each of the emergency medical services system requirements specified in subparagraph (C), and (II) provides in the application a plan satisfactory to the Secretary for the system to meet each such requirement within such period.

(B)(i) The period within which an emergency medical services system must meet each of the requirements specified in subparagraph [(A)] *(C)* is the period of the grant or contract for which application is made; except that if the applicant demonstrates to the satisfaction of the Secretary the inability of the applicant's emergency medical services system to meet one or more of such requirements within such period, the period (or periods) within which the system must meet such requirement (or requirements) is such period (or periods) as the Secretary may require.

(ii) If an applicant submits an application for a grant or contract under section 1203 or 1204 and demonstrates to the satisfaction of the Secretary the inability of the system for which the application is submitted to meet one or more of the requirements specified in subparagraph (C) within any specific period of time. the demonstration and plan prerequisites prescribed by clause (ii) of subparagraph (A) shall not apply with respect to such requirement (or requirements) and the applicant shall provide in his application a plan, satisfactory to the Secretary, for achieving appropriate alternatives to such requirement (or requirements).

(C) An emergency medical services system shall—

(i) include an adequate number of health professions, allied health professions, and other health personnel with appropriate training and experience;

(ii) provide for its personnel appropriate training (including clinical training) and continuing education programs which (I) are coordinated with other programs in the system's service area which provide similar training and education, and (II) emphasize recruitment and necessary training of veterans of the Armed Forces with military training and experience in health care fields and of appropriate public safety personnel in such area;

(iii) join the personnel, facilities, and equipment of the system by a central communications system so that requests for emergency health care services will be handled by a communications facility which (I) utilizes emergency medical telephonic screening, (II) utilizes or, within such period as the Secretary prescribes will utilize, the universal emergency telephone number 911, [and]

(III) will have direct communication connections and intereonnections with the personnel, facilities, and equipment of the system and with other appropriate emergency medical services systems *and (IV) will have the capability to communicate in the language of the predominant population groups in the system's service area which have limited English-speaking ability*;

(iv) include an adequate number of necessary ground, air, and water vehicles and other transportation facilities to meet the individual characteristics of the system's service area—

(I) which vehicles and facilities meet appropriate standards relating to location, design, performance, and equipment, and

(II) the operators and other personnel for which vehicles and facilities meet appropriate training and experience requirements;

(v) include an adequate number of easily accessible emergency medical services facilities which are collectively capable of providing services on a continuous basis, which have appropriate nonduplicative and categorized capabilities, which meet appropriate standards relating to capacity, location, personnel, and equipment, and which are coordinated with other health care facilities of the system;

(vi) provide access (including appropriate transportation) to specialized critical medical care units in the system's service area, or, if there are no such units or an inadequate number of them in such area, provide access to such units in neighboring areas if access to such units is feasible in terms of time and distance;

(vii) provide for the effective utilization of the appropriate personnel, facilities, and equipment of each public safety agency providing emergency services in the system's service area;

(viii) be organized in a manner that provides persons who reside in the system's service area and who have no professional training or financial interest in the provision of health care with an adequate opportunity to participate in the making of policy for the system;

(ix) provide, without prior inquiry as to ability to pay, necessary emergency medical services to all patients requiring such services;

(x) provide for transfer of patients to facilities and programs which offer such followup care and rehabilitation as is necessary to effect the maximum recovery of the patient;

(xi) provide for a standardized patient recordkeeping system meeting appropriate standards established by the Secretary, which records shall cover the treatment of the patient from initial entry into the system through his discharge from it, and shall be consistent with ensuing patient records used in followup care and rehabilitation of the patient;

(xii) provide programs of public education and information in the system's service area (taking into account the needs of visitors to, as well as residents of, that area to know or be able to learn immediately the means of obtaining emergency medical services) which programs stress the general dissemination of information regarding appropriate methods of medical self-help and first-aid

and regarding the availability of first-aid training programs in the area;

(xiii) provide for (I) periodic, comprehensive, and independent review and evaluation of the extent and quality of the emergency health care services provided in the system's service area, and (II) submission to the Secretary of the reports of each such review and evaluation;

(xiv) have a plan to assure that the system will be capable of providing emergency medical services in the system's service area during mass casualties, natural disasters, or national emergencies; and

(xv) provide for the establishment of appropriate arrangements with emergency medical services systems or similar entities serving neighboring areas for the provision of emergency medical services on a reciprocal basis where access to such services would be more appropriate and effective in terms of the services available, time, and distance.

The Secretary shall by regulations prescribe standards and criteria for the requirements presrcibed by this subparagraph. In prescribing such standards and criteria, the Secretary shall consider relevant standards and criteria prescribed by other public agencies and by private organizations.

(5) The Secretary shall provide technical assistance, as appropriate, to eligible entities as necessary for the purpose of their preparing applications or otherwise qualifying for or carrying out grants or contracts under sections 1202, 1203, or 1204, with speical consideration for applicants in rural areas.

(c) Payments under grants and contracts under this [title] *part* may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary determines will most effectively carry out this [title] *part*.

(d) Contracts may be entered into under this [title] *part* without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

(e) No funds appropriated under any provision of this Act other than section 1207 or title VII may be used to make a new grant or contract in any fiscal year for a purpose for which a grant or contract is authorized by this [title] *part* unless (1) all the funds authorized to be appropriated by section 1207 for such fiscal year have been appropriated and made available for obligation in such fiscal year, and (2) such new grant or contract is made in accordance with the requirements of this [title] *part* that would be applicable to such grant or contract if it was made under this [title] *part*. For purposes of this subsection, the term "new grant or contract" means a garnt or contract for a program or project for which an application was first submitted after the date of the enactment of the Act which makes the first appropriations under the authorizations contained in scetion 1207.

(f)[(1)] In determining the amount of any grant or contract under section 1203 or 1204, the Secretary shall take into consideration the amount of funds available to the applicant from Federal grant or contract programs under laws other than this Act for any activity which the applicant proposes to undertake in connection with the establishment and operation or expansion and improvement of an emergency

medical services system and for which the Secretary may authorize the use of funds under a grant or contract under sections 1203 and 1204.

[(2) The Secretary may not authorize the recipient of a grant or contract under section 1203 or 1204 to use funds under such grant or contract for any training program in connection with an emergency medical services system unless the applicant filed an application (as appropriate) under title VII or VIII for a grant or contract for such program and such application was not approved or was approved but for which no or inadequate funds were made available under such title.]

AUTHORIZATION OF APPROPRIATIONS

SEC. 1207. (a)(1) For the purpose of making payments pursuant to grants and contracts under sections 1202, 1203, and 1204, there are authorized to be appropriated $30,000,000 for the fiscal year ending June 30, 1974, [and] $60,000,000 for the fiscal year ending June 30, 1975, *$35,000,0000 for the fiscal year ending June 30, 1976, $5,083,000 for the period beginning July 1, 1976, and ending September 30, 1976, and $40,000,000 for the fiscal year ending September 30, 1977, and $50,000,000 for the fiscal year ending September 30, 1978*; and for the purpose of making payments pursuant to grants and contracts under sections 1203 and 1204 [for the fiscal year ending June 30, 1976, there are authorized to be appropriated $70,000,000, *there are authorized to be appropriated $60,000,000 for the fiscal year ending September 30, 1979.*

(2) Of the sums appropriated under paragraph (1) for any fiscal year, not less than 20 per centum shall be made available for grants and contracts under this [title] *part* for such fiscal year for emergency medical services systems which serve or will serve rural areas (as defined in regulations of the Secretary under section 1203(c)(5)).

[(3) Of the sums appropriated under paragraph (1) for the fiscal year ending June 30, 1974, or the succeeding fiscal year—

[(A) 15 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1202 (relating to feasibility studies and planning) for such fiscal year;

[(B) 60 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1203 (relating to establishment and initial operation) for such fiscal year; and

[(C) 25 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1204 (relating to expansion and improvement) for such fiscal year.

[(4) Of the sums appropriated under paragraph (1) for the fiscal year ending June 30, 1976—

[(A) 75 per centum of such sums shall be made available only for grants and contracts under section 1203 for such fiscal year, and

[(B) 25 per centum of such sums shall be made available only for grants and contracts under section 1204 for such fiscal year.]

(b) For the purpose of making payments pursuant to grants and contracts under section 1205 (relating to research), there are authorized to be appropriated $5,000,000 for the fiscal year ending June 30, 1974, and for each of the next [two] *five* fiscal years.

ADMINISTRATION

SEC. 1208. The Secretary shall administer the program of grants and contracts authorized by this [title] *part* through an identifiable administrative unit within the Department of Health, Education, and Welfare. Such unit shall also be responsible for collecting, analyzing, cataloging, and disseminating all data useful in the development and operation of emergency medical services systems, including data derived from reviews and evaluations of emergency medical services systems assisted under section 1203 or 1204.

INTERAGENCY COMMITTEE ON EMERGENCY MEDICAL SERVICES

[SEC. 1209. (a) The Secretary shall establish an Interagency Committee on Emergency Medical Services. The Committee shall evaluate the adequacy and technical soundness of all Federal programs and activities which relate to emergency medical services and provide for the communication and exchange of information necessary to maintain the coordination and effectiveness of such programs and activities, and shall make recommendations to the Secretary respecting the administration of the program of grants and contracts under this title (including the making of regulations for such program).]

SEC. 1209. (a) The Secretary shall establish an Interagency Committee on Emergency Medical Services. The Committee shall coordinate and provide for the communication and exchange of information between all Federal programs of grants and contracts for activities which relate to emergency medical services. The administrative unit established within the Department of Health, Education, and Welfare under section 1208 shall, through the Committee—

(1) evaluate the adequacy and technical soundness of all Federal programs and activities relating to emergency medical services,

(2) study on a continuing basis the roles, resources, and responsibilities (including adequacy, technical soundness, and redundancy) of all Federal agencies involved in the provision of grants and contracts for emergency medical services, and

(3) make recommendations to the Secretary respecting the administration of the program of grants and contracts under this part (including the making of regulations for such program).

Such unit shall report to the Congress the results of the study made under paragraph (2). The first such report shall be made not later than nine months after the date of the enactment of the Emergency Medical Services Amendments of 1976 and subsequent reports shall be made each year after the first report is made.

(b) The Secretary or his designee shall serve as Chairman of the Committee, the membership of which shall include (1) appropriate scientific, medical, or technical representation from the Department of Transportation, the Department of Justice, the Department of Defense, the Veterans' Administration, the National Science Foundation, the Federal Communications Commission, [the National Academy of Sciences,] and such other Federal agencies and offices (including appropriate agencies and offices of the Department of Health, Education, and Welfare), as the Secretary determines administer programs

directly affecting the functions or responsibilities of emergency medical services systems, and (2) five individuals from the general public appointed by the President from individuals who by virtue of their training or experience are particularly qualified to participate in the performance of the Committee's functions. The Committee shall meet at the call of the Chairman, but not less often than four times a year.

(c) Each appointed member of the Committee shall be appointed for a term of four years, except that—

(1) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and

(2) of the members first appointed, two shall be appointed for a term of three years, and one shall be appointed for a term of one year, as designated by the President at the time of appointment.

Appointed members may serve after the expiration of their terms until their successors have taken office.

(d) Appointed members of the Committee shall receive for each day they are engaged in the performance of the functions of the Committee compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular place of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.

(e) The Secretary shall make available to the Committee such staff, information (including copies of reports of reviews and evaluations of emergency medical services systems assisted under section 1203 or 1204), and other assistance as it may require to carry out its activities effectively.

ANNUAL REPORT

SEC. 1210. The Secretary shall prepare and submit annually to the Congress a report on the administration of this [title] *part*. Each report shall include an evaluation of the adequacy of the provision of emergency medical services in the United States during the period covered by the report, and evaluation of the extent to which the needs for such services are being adequately met through assistance provided under this [title] *part*, and his recommendations for such legislation as he determines is required to provide emergency medical services at a level adequate to meet such needs. The first report under this section shall be submitted not later than September 30, 1974, and shall cover the fiscal year ending June 30, 1974.

PART B—BURN INJURIES

PROGRAMS RELATING TO BURN INJURIES

SEC. 1221. (a) The Secretary may support (by grant or contract) the establishment, operation, and improvement of, and conduct, programs to (1) demonstrate the treatment and rehabilitation of individuals injured by burns, (2) conduct research in the treatment and rehabilitation of such individuals, or (3) provide training in such treatment and rehabilitation and in such research.

(b) No grant or contract may be made or entered into under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be submitted in such form and manner and contain such information as the Secretary may require. In considering applications under this section, the Secretary shall give priority to applications for programs which will provide services within a geographical area which are not currently being adequately provided.

(c) For purposes of carrying out subsection (a) of this section, there are authorized to be appropriated $5,000,000 for the fiscal year ending September 30, 1977, $10,000,000 for the fiscal year ending September 30, 1978, and $15,000,000 for the fiscal year ending September 30, 1979.

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Calendar No. 845

94TH CONGRESS
2d Session

SENATE

REPORT
No. 94-889

EMERGENCY MEDICAL SERVICES AMENDMENTS OF 1976

MAY 14, 1976.—Ordered to be printed
Filed under authority of the order of the Senate of May 13, 1976

MR. CRANSTON (for MR. KENNEDY, from the Committee on Labor and Public Welfare, submitted the following

REPORT

[To accompany S. 2548]

The Committee on Labor and Public Welfare to which was referred the bill (S. 2548) to revise and extend the authorizations of appropriations in provisions of title XII of the Public Health Service Act relating to emergency medical services systems, and for other purposes, having considered the same, reports favorably thereon with an amendment (in the nature of a substitute) and recommends that the bill, as amended, do pass.

COMMITTEE AMENDMENTS

The amendment is as follows:

Strike out all after the enacting clause and insert the following:

That (a) this Act may be cited as the "Emergency Medical Services Amendments of 1976".

(b) Whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

SEC. 2. Paragraphs (4) and (5) of section 1201 are amended to read as follows:

"(4) The term 'section 1521 State health planning and development agency' means the agency of a State designated under section 1521(b)(3).

"(5) The term 'section 1515 health systems agency' means a health systems agency designated under section 1515, and the term 'health systems plan' means a health systems plan referred to in section 1513(b)(2).".

SEC. 3. Section 1202 is amended by—

(1) striking out all after "feasibility of" in subsection (a) and inserting in lieu thereof "and (2) planning (A) the establishment and operation, or (B) the expansion and improvement, or (C) both, of an emergency medical services system.";

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(2) striking out "If" in subsection (b) and inserting in lieu thereof "(1) Except as provided in paragraph (2) of this subsection, if";

(3) inserting after paragraph (1) (as redesignated by clause (2) of this subsection) of subsection (b) the following new paragraph:

"(2) The Secretary may also make a second grant or contract under subsection (a) respecting an emergency medical services system with respect to which a grant or contract described in paragraph (1) has been made, when he determines that such grant is necessary (A) to assist an entity in planning for expansion and improvement of such system in connection with an application for an initial year of support under section 1204, (B) to assist a State to update a statwide plan, or (C) prior to October 1, 1976, to assist an entity in planning to meet the new requirements added to sections 1203 and 1204 by the Emergency Medical Services Amendments of 1976."; and

(4) amending subsection (d)(3)(A) to read as follows: "(A) with each section 1515 health systems agency whose health systems plan covers (in whole or in part) such area, and".

SEC. 4. Section 1203 is amended by—

(1)(A) inserting at the end of subsection (c)(2) the following new sentence: "A second grant or contract may not be made under this section unless the entity submits with an application for assistance under this section (A) copies of formal resolutions or proclamations of the executive or legislative governing bodies in the local jurisdictions included in the system's service area (i) pledging each such jurisdiction's support and cooperation with the regional, or statewide, emergency medical services system, and (ii) providing assurances of financial support in the year subsequent to that for which financial assistance is sought which in the aggregate will maintain the system at a level equal to that sought in the application; and (B) assurances, accompanied by specific plans indicating step-by-step achievement, of compliance with each of the requirements of section 1206(b)(4)(C) by the conclusion of the maximum period for support for an emergency medical services system under this part.";

(B) striking out in subsection (c)(3) "June 30, 1976," and inserting in lieu thereof "September 30, 1979,";

(C) inserting in subsection (c)(4)(A) "and in each case no less than 25 per centum of the non-Federal share shall be in cash, and the grant or contract shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in defraying operating costs or otherwise to carry out the administration of the system;" after "year;"; and

(D) inserting in subsection (c)(4)(B) before the period a semicolon and "and in each case no less than 50 per centum of the non-Federal share shall be in cash, and the grant or contract shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in defraying operating costs or otherwise to carry out the administration of the system"; and

(2) inserting at the end thereof the following new subsection;

"(6) Reports of the results of each establishment and initial operation project assisted under this section shall be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and a final report of such results shall be transmitted to the Secretary and such Committee not later than one year from the expiration of the last year for which a grant or contract was made under this section for such project."

SEC. 5. Section 1204 is amended by—

(1) amending subsection (b) to read as follows:

"(b)(1) Each grant or contract for a project under this section shall be made for the project's costs of expansion and improvement of a system in the year for which the grant or contract is made. Except as provided in paragraph (3)(C), if a grant or contract is made under this section for a system, the Secretary may make one additional grant or contract for that system if he determines, after a review of the first nine months' activities of the applicant carried out under the first grant or contract, that the applicant is satisfactorily progressing in the expansion and improvement of the system in accordance with the plan contained in his application (pursuant to section 1206(b)(4)) for the first grant or contract.

"(2) Subject to section 1206(f)—

"(A) the amount of the first grant or contract under this section for an emergency medical services system may not exceed (i) 50 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptational need for financial assistance, 75 per centum of such costs for such year; and in each case no less than 25 per centum of the non-Federal share shall be in cash, and the grant or application shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in carrying out the expansion and improvement of the system; and

"(B) the amount of the second grant or contract under this section for a project for a system may not exceed (i) 25 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 50 per centum of such costs for such year; and in each case no less than 50 per centum of the non-Federal share shall be in cash, and the grant or application shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in carrying out the expansion and improvement of the system.

"(3)(A) No grant or contract may be made under this section unless the entity submits with an application for assistance under this section (i) copies of resolutions or proclamations of the executive or legislative governing bodies in the local jurisdictions included in the system's service area (I) attesting to their endorsement and support of a specific forecast and detailed financial plan demonstrating the system's ability to carry out and maintain the level of expanded or improved activity to be achieved under such grant or contract, and (II) pledging each such jurisdiction's support and cooperation with the regional, or statewide, emergency medical services system, and (ii) assurances, accompanied by specific plans showing step-by-step achievement, of compliance with each of the requirements of section 1206(b)(4)(C) by the conclusion of the maximum period for support for an emergency medical services system under this part.

"(B) A second grant or contract may not be made under this section unless the entity submits with an application for assistance under this section evidence of substantial progress in the legislative or executive processes in the local jurisdictions included in the system's service area toward providing the requisite budgetary support to carry out the forecast and detailed financial plan submitted under subparagraph (A) of this paragraph with the application for a first year of support under this section.

"(C) Prior to October 1, 1976, the Secretary may make a third grant under this section to an eligible entity to assist such entity to achieve the capacity for self-sufficiency required by amendments made to this section by the Emergency Medical Services Amendments of 1976."; and

(2) inserting at the end thereof the following new subsection:

"(e) Reports of the results of any expansion and improvement project assisted under this section shall be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and a final report of such results shall be transmitted to the Secretary and such Committee not later than one year from the expiration of the last year for which a grant or contract was made under this section for such project.".

SEC. 6. Section 1205 of such Act is amended by—

(1) inserting in subsection (a) "and enter into contracts with" before "public";

(2) inserting at the end of subsection (a) the following new sentence: "In awarding grants or contracts for research relating to the delivery of emergency medical services in rural areas, emphasis shall be placed on identifying and utilizing techniques and methods to apply the results of such research to improve the delivery of emergency medical services in such areas.";

(3) inserting at the end of subsection (c) the following new sentence: Such reports shall contain recommendations and a plan of action for applying the results of research to improve the delivery of emergency medical services."; and

(4) inserting at the end of such section the following new subsection:

"(d) No regulation, guideline, funding priority, application form, grant, or contract shall be established or made under this section without the concurrence of the identifiable administrative unit required under section 1208.".

SEC. 7. Section 1206 of such Act is amended by—

(1) inserting at the end of subsection (b)(1) the following new sentence: "Notwithstanding any other provision of this part, no applicant shall receive more than a total of five years of grant or contract support under this part, not including a second planning and feasibility grant or contract under section 1202(b)(2)."

(2) amending subclauses (i) and (ii) of subsection (b)(3)(D) to read as follows:

"(i) section 1521 State health planning and development agency of each State in which the service area of the emergency medical services system for which the application is submitted will be located, and

"(ii) Section 1515 health systems agency whose health systems plan covers (in whole or in part) the service area of such system,";

(3) amending subsection (b)(4) by—

(A) inserting in subparagraph (B)(i)3 a comma and "or the total period of eligibility for assistance under section 1203 or 1204, whichever is applicable" after "application is made";

(B) inserting after subparagraph (B)(ii) the following new division:

"(iii) If an applicant submits an application for a grant or contract under section 1203 or 1204 and demonstrates to the satisfaction of the Secretary the inability of the applicant, due to the extreme financial distress of one or more of the governmental entities for the local jurisdiction or jurisdictions comprising the substantial portion of the system's service area to meet, in whole or in part, the new cash non-Federal share requirements added to sections 1203(c)(4) and 1204(b)(2) by the Emergency Medical Services Amendments of 1976, such new requirements shall not apply to the extent of such demonstrated inability.";

(C) striking out in subparagraph (C)(iii) the comma and "and" after "number 911" and inserting in lieu thereof "or an appropriate alternative coordinated emergency telephone procedure,"; and inserting before the semicolon at the end thereof a comma and "(IV) will have the capability to communicate with individuals having auditory and other sensory handicaps and in the language of the predominant population groups with limited English-speaking ability in the system's service area, and (V) makes maximum use of communications equipment and systems made available under the authorities of the Highway Safety Act (23 U.S.C. 402; 80 Stat. 718, as amended) and title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3731 et seq.; 87 Stat. 197 et seq.)";

(D) inserting in subparagraph (C)(iv)(I) "and shall make maximum use of vehicles made available under the authorities of such Highway Safety Act," after "equipment";

(E) inserting in subparagraph (C)(x) "all feasible" before "transfer";

(F) striking out in subparagraph (4)(C)(xi) "standardized" and inserting in lieu thereof "coordinated"; and

(G) amending subparagraph (4)(C)(xiii) to read as follows:

"(xiii) provide (I) capacity for periodic and objective reviews and evaluation of the extent and quality of the emergency health care services provided in the system's service area (including consideration of management performance, process measures, and patient outcomes), and (II) *for* submission to the Secretary of the reports of any such review and evaluation and the data collected to carry out this requirement;";

(4) repealing subsection (b)(5);

(5)(A) striking out in the first sentence of subsection (e) "title VII" and inserting in lieu thereof "section 301 or title IV or VII"; and

(B) striking out in clause (1) of such subsection "1207" and inserting in lieu thereof "1207(a)"; and

(6) inserting in subsection (f)(2) "(A) has" after "applicant", and inserting before the period a comma and "or (B) has demonstrated to the satisfaction of the Secretary that the filing of such an application would be futile or unreasonably burdensome".

SEC. 8. Section 1207 is amended by—

(1)(A) striking out in subsection (a)(1) "and" before "$60,000,000" and inserting before the semicolon a comma and "$70,000,000 for the fiscal year ending June 30, 1976, $5,083,000 for the period beginning July 1, 1976, and ending September 30, 1976, $50,000,000 for the fiscal year ending September 30, 1977, and $70,000,000 for the fiscal year ending September 30, 1978"; and

(B) striking out in subsection (a)(1) all after "section 1203 and 1204," and inserting in lieu thereof "there are authorized to be appropriated $75,000,000 for the fiscal year ending September 30, 1979.";

(2) amending subsection (a)(4)(A) to read as follows:

"(A) not more than 10 per centum of such sums shall be made available only for grants and contracts under section 1202 (relating to feasibility studies and planning) for such fiscal year, and";

(3) redesignating clauses (A) (as so amended) and (B) in subsection (a)(4) as (B) and (C), respectively;

(4) striking out in clause (B) (as so redesignated) "75" and inserting in lieu thereof "not more than 75";

(5) striking out in clause (C) (as so redesignated) "25" and inserting in lieu thereof "not more than 45";

(6) inserting at the end of subsection (a) the following new paragraph:

"(5) Of the sums appropriated under paragraph (1) for the fiscal year ending September 30, 1977, and the succeeding fiscal year, at least 5 per centum but not more than 10 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1202 for such fiscal year, and of the sums appropriated under paragraph (1) for the fiscal year ending September 30, 1977, and the succeeding two fiscal years, not more than 70 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1203 for such fiscal year, and not more than 45 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1204 for such fiscal year."; and

(7) striking out in subsection (b) "two" and inserting in lieu thereof "five".

SEC. 9. Section 1208 is amended to read as follows:

ADMINISTRATION

"SEC. 1208. (a) The Secretary shall administer the program of grants and contracts (except for grants and contracts under section 1205) authorized by this part through an identifiable administrative unit specializing in emergency medical services within the Department of Health, Education, and Welfare.

"(b) Such administrative unit shall—

"(1) be responsible for collecting, analyzing, cataloging, and disseminating all data useful in the development and operation of emergency medical services systems, including data derived from reviews and evaluations of emergency medical services systems assisted under sections 1202, 1203, and 1204;

"(2) publish suggsted criteria for collecting necessary information from, and for evaluation of, projects funded under this title;

"(3) concur in the regulations, guidelines, funding priorities, application forms, grant awards, and contracts with respect to the research program under section 1205 and the training program under section 776;

"(4) be consulted in advance of the issuance of regulations, guidelines, and funding priorities for research and training related to emergency medical services carried out under any other authorities of this Act;

"(5) provide technical assistance and monitoring with respect to grant and contract activities under sections 1202, 1203, and 1204; and

"(6) provide for periodic independent evaluation of the effectiveness and coordination of programs carried out under this part and section 776.

"(c) Not less than 7 per centum of the funds appropriated each year under section 1207(a)(1) shall be set aside for administration (including salaries of all unit personnel), data gathering and dissemination, technical assistance, monitoring, and independent evaluation, and to provide support for the interagency committee established under section 1209, but in no event shall more than $3,000,000 be so set aside.".

SEC. 10. Section 1209 is amended by—

(1) inserting in subsection (a) "(1)" after "(a)"; and inserting at the end of such subsection the following new paragraph:

"(2) Not later than July 1, 1977, the Interagency Committee on Emergency Medical Services shall—

"(A) develop and publish (i) a coordinated, comprehensive Federal emergency medical services funding and Federal resource-sharing plan (designed to enhance the effectiveness of Federal programs of assistance for emergency medical services and related activities, including communication and transportation systems of public safety agencies, and to promote the maximum feasible joint and coordinated Federal funding and operation of such programs and systems in order to establish integrated response capabilities to medical emergencies, including a report with respect thereto containing any recommendations for legislation as may be necessary to insure such response capabilities), and (ii) a coordinated description, to be disseminated to all participating and other relevant Federal agencies' regional offices and fund recipients, of sources of Federal support for the purchase of vehicles and communications equipment as well as for training activities;

"(B) develop and publish recommended uniform standards of quality and health and safety with respect to all equipment (including communications and transportation equipment) and training related to emergency medical services; and

"(C) with the Secretary, utilizing all authorities available to him, take all feasible steps to encourage States to reinforce, through appropriate actions, the minimum quality and health and safety standards recommended by the Committee pursuant to clause (B)."; and

(2) striking out in subsection (e) "section 1203 or 1204" and inserting in lieu thereof "section 1202, 1203, or 1204".

SEC. 11. Section 776 is amended by—

(1) amending subsection (a) by—

(A) inserting "hospitals and" after "with";

(B) inserting after "entities" a comma and "or a State, a unit of general local government, or any other public entity which has established an emergency medical services system or given adequate assurances that it will establish such a system which meets the requirements of section 1206(b)(4) and (except with respect to the training of basic emergency medical technicians) which has entered into a contract or other agreement with an appropriate educational entity for the training program in question,"; and

(C) inserting "(1)" after "including", and by inserting a comma and "and (2) program development and training of physicians in emergency medicine after "services;

(2) redesignating subsection (e) as (g) and amending such subsection (as so redesignated) by—

(A) inserting "(1)" after "(g)";

(B) inserting before the period at the end thereof a comma and "and each of the next five fiscal years"; and

(C) inserting after paragraph (1) (as redesignated by clause (A)) the following new paragraph:

"(2) Of the funds appropriated under paragraph (1) for any fiscal year—

"(A) if the amount appropriated does not exceed $6,600,000, the Secretary shall obligate an amount not to exceed $1,250,000 or 20 per centum of the amount appropriated, whichever is the lesser, or

"(B) if the amount appropriated exceeds $6,600,000, the Secretary shall obligate $1,250,000 plus 50 per centum of the sums appropriated above that amount,

to assist in program development and training of physicians in emergency medicine."; and

(3) inserting after subsection (d) the following new subsections:

"(e) No regulation, guideline, function, priority, application form, or training grant shall be established or made under this section without the concurrence of the administrative unit required under section 1208(a).

"(f) To the maximum extent practicable, the Secretary shall establish a uniform funding cycle to facilitate applications for grants and contracts under title XII and under this section and to facilitate coordinated funding priorities and emphasis between programs carried out under such authorities.".

SEC. 12. Title XII is further amended by—

(1) inserting "PART A—ASSISTANCE FOR EMERGENCY MEDICAL SERVICES SYSTEMS" after the heading for the title;

(2) striking out "this title" each place it appears in sections 1201 through 1210 and inserting in lieu thereof "this part"; and

(3) inserting after section 1210 the following new part:

"PART B—BURN INJURIES

"SEC. 1221. (a) The Secretary may conduct and make grants to and enter into contracts with public or private nonprofit entities and, with respect to research, enter into contracts with public or private entities and individuals, for the support of programs for the establishment, operation, and improvement of activities to (1) demonstrate the effectiveness of various modalities of treatment and rehabilitation of individuals injured by burns, (2) carry out research in the treatment and rehabilitation of such individuals, or (3) provide training in such treatment and rehabilitation and in such research.

"(b) No grant or contract may be made under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be submitted in such form and manner and contain such information as the Secretary may require. In considering applications under this section, the Secretary shall give priority to applications for programs which (1) will provide services within a geographical area in which services are not currently being adequately provided and (2) are in or accessible to the service areas of an emergency medical services system meeting the requirements of section 1206(b)(4).

"(c) For purposes of carrying out subsection (a), there are authorized to be appropriated $3,000,000 for the fiscal year ending September 30, 1977, $5,000,000 for the fiscal year ending September 30, 1978, and $6,000,000 for the fiscal year ending September 30, 1979.".

SEC. 13. Notwithstanding any other provision of law, the Secretary of Health, Education, and Welfare is authorized to vest title to equipment purchased with contract funds under the seven contracts for emergency medical services demonstration projects entered into in 1972 or 1973 under section 304 of the Public Health Service Act (as in effect at the time the contracts were entered into) in the contractors of their subcontractors without further obligation to the Government or on such other terms as the Secretary considers appropriate.

SEC. 14. The Secretary of Health, Education, and Welfare shall conduct studies to identify the categories of patients which should be included in a uniform reporting system used to evaluate the effectiveness of emergency medical services systems and burn programs supported under title XII of the Public Health Service Act in reducing death and disability. Not later than eighteen months after the date of enactment of this Act, the Secretary shall report to the Congress the results of such studies. Such report shall include such recommendations for legislation relating to such a uniform reporting system as the Secretary determines is appropriate.

SEC. 15. The amendments made by this Act to the Public Health Service Act shall be effective on July 1, 1976, except for sections 2, 3, 4(1)(B), 8, 10, 12, 13, and 14 which shall be effective upon enactment.

SEC. 16. Section 3 (j)(2) of the National Arthritis Act of 1974 (Public Law 93-640; 88 Stat. 2221) is amended to read as follows:

"(2) The Commission shall cease to exist on December 31, 1976.".

INTRODUCTION

The Subcommittee on Health conducted hearings on January 23, 1976, on S. 2548 and related legislation. Testimony or written statements were presented by representatives of the Department of Health, Education, and Welfare, the General Accounting Office, the American College of Emergency Physicians, the Emergency Department Nurses Association, the University Association for Emergency Medical Services, other health professions and allied health professions organizations related to emergency medical services, and representatives of emergency medical services system from throughout the United States, as well as outstanding leaders in the field of emergency medical services and related activities.

In executive session on May 6, 1976, the Subcommittee considered and unanimously ordered S. 2548 favorably reported to the full Committee, with an amendment in the nature of a substitute. The Committee on Labor and Public Welfare met in executive session on May 12, 1976, and voted to report favorably S. 2548 as reported from the Subcommittee with an amendment (with respect to the Arthritis Commission).

Summary of S. 2548 as Reported

BASIC PURPOSE

The basic purpose of the Committee bill is to extend the authorizations of appropriations for three fiscal years for those programs authorized by title XII of the Public Health Service Act, "Emergency Medical Services Systems," and section 776 of that Act, "Training in Emergency Medical Services." In addition, the Committee bill adds a new Part B to title XII authorizing the support of activities to demonstrate the effectiveness of burn injury treatment modalities, and to carry out research and provide training in the treatment and rehabilitation of burn victims in connection with such activities.

The Committee bill includes provisions which strengthen the ability of the regional entity coordinating an emergency medical services (EMS) system to operate such a system. In addition, the Committee bill includes provisions to improve the coordination between the administration of the grant programs for EMS systems, for research in emergency medical techniques, methods, devices, and delivery, and for EMS training.

SUMMARY OF PROVISIONS

The Committee bill:

1. Extends the authorizations of appropriations for the transition quarter plus three fiscal years, fiscal year 1977 through fiscal year 1979, for grants and contracts for the development of EMS systems, for research in emergency medical techniques, and for training in emergency medicine; and authorizes appropriations for a new burn injury program for three fiscal years.

The total amount authorized for three years and the transition quarter for systems development is $200.083 million, for research is $15 million, and for the burn injury program is $14 million, and for four years for training is $40 million, as shown in the following table.

TABLE 1.—AUTHORIZATIONS OF APPROPRIATIONS IN S. 2548 AS REPORTED

[In millions of dollars]

	1976	Transition quarter	1977	1978	1979	Total
Sec. 1207(a) (systems development)		5.083	50	70	75	200.083
Sec. 1207(b) (research)			5	5	5	15
Sec. 1221(c) (burn injuries)			3	5	6	14
Sec. 776 (training)	10		10	10	10	40
Total	10	5.083	68	90	96	269.083

2. Adds new earmarking provisions so as to earmark a minimum of 5% and set a maximum of 10% for planning grants for fiscal years 1977 and 1978, set a maximum of 75% for grants for the initial establishment and operation of an EMS system, and set a maximum of 45% for grants for the expansion and improvement of an EMS system for fiscal years 1977, 1978, and 1979; for fiscal year 1976, eliminates the current earmarks and substitutes maximum limitations of 10% for planning, 75% for initial establishment, and 45% for expansion and improvement of EMS systems.

3. Extends the authority to make planning grants or contracts and to make a first-year grant for the establishment and operation of an EMS system through fiscal year 1978.

4. Authorizes a second planning grant to assist an entity in planning for the expansion and improvement of a system in connection with an application for a grant under section 1204 (expansion and improvement) to assist a State to update a Statewide plan, or, prior to October 1, 1976, to assist an entity in meeting the new application requirements for a section 1203 or 1204 grant proposed in the reported bill.

5. Establishes new stipulations with respect to local matching and procedures for applications for initial establishment and operation, and for expansion and improvement, of EMS systems which require assurances that the local governmental units included in the system's service area will support and cooperate with the regional EMS system, and will provide assurances of continued financial support for the regional entity after the termination of Federal support; requires applicants to provide specific detailed programs indicating plans to achieve each of the 15 required components of an EMS system by the conclusion of the maximum period for Federal support under the Act; establishes a schedule for an increasing proportion of the non-Federal share of a grant for development of a system to be in cash and to be made available directly to the regional entity responsible for administering the EMS system; and authorizes exception to the cash match in cases of extreme financial distress, as determined by the Secretary of Health, Education, and Welfare (HEW).

6. Clarifies and expands and makes more specific certain of the fifteen requirements of a comprehensive EMS system; requires that the communication system have the capability to communicate, under certain circumstances, with individuals having auditory and other sensory handicaps, and in the language of predominant populations groups in the area; and requires the communication system to be coordinated with systems established under the Highway Safety Act, or the Law Enforcement Assistance legislation; requires coordination of transportation equipment with equipment provided under the Highway Safety Act; deletes the requirement for independent evaluation of an EMS system, and substitutes a requirement that a system must provide the capacity for review and evaluation.

7. Specifies a maximum period of five years of grant support for the development of an EMS system, not including a second planning grant.

8. Specifies that the identifiable administrative unit through which the Secretary is required to administer the EMS systems program shall be a unit specializing in emergency medical services; provides that such administrative unit has the right to concur in the regulations, guidelines, funding priorities, and application forms as well as on grants and contracts, made with respect to the research programs supported by section 1205, and the training programs supported by section 776, that

the unit be consulted with respect to regulations, guidelines, and funding priorities for research and training related to EMS carried out under other authorities of the Public Health Service Act, that the unit publish suggested criteria for collecting the information necessary for evaluation of title XII EMS projects, and criteria for such evaluation; that the unit provide technical assistance and monitoring to EMS system grantees, and that the unit provide for periodic independent evaluation of such projects; and provides that each year not less than 7% (but no more than $3 million) of the funds appropriated for the support of EMS systems be set aside for such purposes, as well as to provide support for the Interagency Committee on Emergency Medical Services.

9. Specifies that the responsibilities of the Interagency Committee on Emergency Medical Services shall include the development and publication of a comprehensive plan for coordination of Federally-supported EMS-related activities; the development and publication and broad dissemination of information describing sources of Federal support for the purchase of vehicles and communications equipment and training activities; the development and publication of recommended uniform standards of quality and health and safety with respect to all EMS equipment and training; and requires the Secretary of HEW and the Interagency Committee to take steps to encourage States to reinforce the recommendations.

10. Authorizes grants for the establishment, operation, and improvement of programs to demonstrate the treatment and rehabilitation of burn victims, and to conduct research and provide training in such treatment and rehabilitation.

11. Amends section 776 of the Public Health Service (Training in Emergency Medical Services) to require that, to the extent practicable, a uniform funding cycle be established to facilitate application for systems and training grants, and that funding priorities and emphasis be coordinated between the programs; earmarks 20% of the funds appropriated up to the amount appropriated for fiscal year 1974 (approximately $6.6 million) and 50% of the sums appropriated above that amount, for programs for the education and training of physicians in emergency medicine; makes hospitals and EMS entities eligible for a title XII grant; and requires, in the case of the entity, that it be affiliated with an appropriate educational institution for conduct of the training program (except in the case of training basis emergency medical technicians).

12. Requires projects for either initial establishment and operation, or expansion and improvement, to submit reports of the results of the programs supported by such grants to the Secretary and the Interagency Committee on Emergency Medical Services.

13. Clarifies that research contracts may be made with public entities as well as with private non-profit entities; and specifies that emphasis in the research program should be placed on methods to improve the delivery of emergency medical services.

14. Provides an exeception for grants awarded under section 301 or title IV, as well as title VII (currently expected under present law), from the prohibition against awarding grants for any project which would be eligible to receive title XII funds; and permits the Secretary to waive the requirement that an applicant for support for a training project must apply and fail to receive grant support under all other

appropriate training authorities of the Public Health Services Act, if the Secretary determines that adherence to such requirement would be futile or unreasonably burdensome.

15. Permits the Department of HEW to vest title to equipment purchased with contract funds under EMS demonstration programs prior to enactment of the Emergency Medical Services Systems Act of 1973, P.L. 93–154, in the seven systems supported under that demonstration program.

16. Directs the Secretary of HEW to conduct studies to identify the categories of patients which should be included in a uniform reporting system to evaluate the effectiveness of EMS systems and burn programs in reducing death and disability.

17. Makes certain technical and conforming changes.

18. Extends the expiration date of the National Commission on Arthritis until December 31, 1976.

Background

History of the Emergency Medical Services Systems Act

The Emergency Medical Services Systems Act of 1973—Public Law 93–154—was enacted in November 1973 with strong bipartisan support. It added to the Public Health Service Act a new title XII for EMS systems and research grants and contracts and added to title VII of the Act a new section 776 for EMS training grants.

Need for the 1973 Act and Continuation of the Present EMS Program

Congress recognized at that time a major deficiency in the provision of health care in many communities was the inability to respond immediately and effectively to an emergency medical crisis. These deficiencies were and still are shared in varying degrees by all communities—rich or poor, urban or rural. In the rural area, the greatest problem is undoubtedly the vast distances to be covered coupled with the lack of medical resources. In the urban area, the problem can be caused by a multiplicity of resources which, due to their maldistribution, lead in some cases to completion among neighborhood facilities to provide care to the emergency victim, and in other cases to an inability to provide that care. Urban areas suffer seriously from a lack of coordination of existing resources, a duplication of some, and in some cases from a lack of highly specialized resources which are essential for the provision of comprehensive emergency medical care in a community.

The numbers of preventable deaths and disabilities resulting from medical emergencies are grim evidence of the compelling need for action to deal with this problem.

Estimates are that 15 to 20 percent of the deaths due to traumatic injury could be saved each year by improved emergency medical services. This would result in 60,000 lives saved, based on estimates by the National Academy of Sciences. Accidental injury is the leading cause of death among all persons aged one to 38 and is the fourth highest cause of all deaths in the United States. In 1972, traumatic injury resulted in 117,000 deaths and 11,500,000 cases of disabling injury.

Heart attack is the leading cause of death in the United States. In 1972, over 675,000 deaths were due to ischemic heart disease and myocardial insufficiencies. About one-half the heart attack deaths occurred within 2 hours of the attack and before the patient arrived at the hospital. The American Heart Association estimates that between 15 and 20 percent of prehospital coronary deaths could be prevented if proper care were administered at the scene en route to an appropriate medical facility.

According to the National Center for Health Statistics, there were approximately 68,000 deaths involving newly born infants in 1971. Many of these deaths could be prevented with an appropriate interhospital referral system to identify the newly born infant with a threatened chance of survival and to transport the infant to intensive care facilities.

It has also been estimated that 5,000 deaths each year caused by drowning, poisoning, and drug overdoses, could be prevented with improved emergency medical services, provided immediately at the scene of the accident.

These factors are convincing evidence of the importance of the establishment of systems to provide a network of comprehensive EMS systems throughout the Nation.

PROVISIONS OF THE PRESENT ACT

Public Law 93–154, the Emergency Medical Services Systems Act of 1973, authorizes grants to communities to support the planning, establishment, development, or expansion of comprehensive EMS systems. Eligible grantees are States, local units of government, public entities administering a compact or other regional arrangement or consortium, or a public or non-profit private entity representing the units of government in the region for which a system is proposed.

Such applicants must submit with their application a proposal indicating how the community it represents will develop a comprehensive EMS system utilizing to the best effect existing health resources, facilities, and personnel. The proposal must cite gaps in the community's ability to provide services and the steps that will be taken to overcome such deficiencies. Title XII specifies 15 basic components of a comprehensive EMS system which all applicants must provide assurances of meeting or being able to meet within a specified period of time.

These fifteen components were derived from testimony received in both the Senate and House during consideration of the Act in the 93rd Congress and represent the basic requirements for a comprehensive EMS system. These basic components include such things as well-trained personnel, adequate and centralized communications capability, adequate transportation systems, categorized and nonduplicative facilities, access to specialized medical care units, and assurances that services will be provided without regard to an individual's ability to pay, among other requirements.

In addition to grant support for development of an EMS system, the Act also provides for specific project grant and contract support for research and training programs in emergency medical services or techniques.

ACHIEVEMENTS UNDER THE EMERGENCY MEDICAL SERVICES SYSTEMS ACT

Implementation of Regional Concept

A basic premise of the EMS program as developed in the 93rd Congress was that in order for effective and comprehensive emergency medical services to be provided efficiently, a system must contain sufficient resources to meet the wide variety of demands made upon it in medical emergencies. Since the entire range of services may not be available to a small local governmental unit, title XII provides that grants and contracts may be awarded, on a priority basis, to governmental units or combinations thereof—namely (1) states, (2) political subdivisions, or (3) regional arrangements, compacts, or consortiums.

It was the Congress' view that such entities would serve a geographical area of sufficient size, population, and economic diversity to establish and maintain a system that would be able to provide emergency medical services in an economical and effective manner.

In implementing the provisions of title XII, the Emergency Medical Services Division, established in the Health Services Administration pursuant to section 1208, has provided technical assistance to States and local communities in their efforts to develop regional EMS systems.

Each of the fifty states has now designated a responsible agency for coordinating EMS within the State. Throughout the Nation, 300 EMS regions have been defined. The current status of planning and development of the EMS regions is shown in the table below:

TABLE 2.—*Cumulative title XII grant authority*

Status of EMS activity:	*Total number of regions*
No activity	65
Section 1202 planning	125
Section 1203 (1st year) establishment	73
Section 1203 (2d year) establishment	10
Section 1204 (1st year) improvement	19
Section 1204 (2d year) improvement	8
Total	300

The above figures show that out of the 300 EMS regions in the country 190 regions have not entered into the active implementation phase of the program, 83 regions are in the initial establishment phase, and 27 regions are in the expansion or improvement phase.

A second basic premise of title XII, in addition to that of regionalization, was that of encouraging the most effective utilization of all health resources in the region such as health care personnel, facilities, equipment, and specialized treatment facilities, which relate to the emergency patient. It was felt that, in addition to providing services on a regional basis to meet medical emergencies, an EMS system could become a catalyst for organizing the community's health facilities and other resources in a systematic manner, so that essential services would always be available and unnecessary duplication would be avoided. The process of developing an EMS system can help a region recognize natural patterns of health care utilization and indicate how resources can best be organized to meet the EMS service demand as well as normal patient demand patterns.

The HEW guidelines for applicants are designed to enable them to ascertain the degree to which they are able to assure meeting the 15 components required for eligibility by title XII and thereby to measure

the community's ability to provide essential emergency medical services.

These guidelines serve a multiple purpose. First, they serve as a guide to those communities which are in the planning stage to assess the degree to which their existing resources are capable of achieving a competent and comprehensive system. Second, they force the applicant to examine its proposal for establishing an EMS systems in terms of completeness and ultimate effectiveness. Third, they provide a meaningful measure by which the application can be reviewed for acceptability by HEW.

These guidelines require the applicant to take a hypothetical set of patients, suffering from the most frequently endured and serious medical emergencies, and follow them through the process necessary to reach the most specialized level of care needed to care for the injury sustained. In this progression through an emergency medical situation, the adequacy of each of the 15 required components is tested, bringing to the surface any hidden or unsuspected gaps in the community's ability to provide services to residents or visitors in an emergency situation. Through this process the application for Federal grant support will be directed toward correcting these deficiencies and Federal funds will be directed at enabling the community to develop an effective and comprehensive system for providing emergency medical services.

Programs supported under title XII have made substantive progress to improve the availability of resources, the rapid access to EMS services, and the quality of care provided emergency patients.

EMS System Grant Program

Section 1202 (Feasibility Studies and Planning), section 1203 (Establishment and Initial Operation), and section 1204 (Expansion and Improvement), authorize support through grants or contracts for the overall development and implementation of EMS systems.

During the first two years of the program, a concerted effort has been made by the EMS Division to work with States and units of local government to define a national network of EMS regions. The EMS Program has now completed its work with the States and define 300 EMS region for the Nation.

During the first two years of the program, 235 of the 300 designated regions have received funding under title XII.

The following table shows a year-by-year summary of the grant activity provided under the EMS Act:

TABLE 3.—*Annual title XII EMS system funding activity*

FISCAL YEAR 1974

Eighty-five grants covering 126 regions and serving a population of 88,200,000 were awarded in the amount of $17,000,000.

Section of act	Number of—		Amount	Population served
	Grants	Regions		
1202	53	90	$2,250,000	63,000,000
1203	21	27	10,400,000	18,900,000
1204	11	9	4,350,000	6,300,000
Total	85	126	17,000,000	88,200,000

FISCAL YEAR 1975

One hundred and sixteen grants, covering 174 regions and serving a population of 121,800,000 were awarded in the amount of $32,242,000.

Section of act	Number of—		Amount	Population served
	Grants	Regions		
1202	56	82	$4,617,800	57,400,000
1203	49	66	19,500,000	46,200,000
1204	11	26	8,125,000	18,290,000
Total	116	174	32,242,800	121,800,000

The discrepancy between the number of grants and the number of regions is due to grants being made to States which in turn subcontract with regions within the State to establish systems coordinated on a statewide basis.

In developing the Emergency Medical Services Systems Act in the 93rd Congress, special requirements were included mandating that not less than twenty percent of the sums appropriated for the support of EMS systems would be used for the development of systems in rural areas. The Committee has been advised that in implementing title XII well over twenty percent of the grant support has been made available to such rural areas or to regional systems including rural areas within the system's service area.

Research

A second new authority in Public Law 93–154 provides grant support for research in emergency medical techniques, methods, devices, and delivery. Under section 1205, research has been supported in such important fields as evaluating the various emergency medical devices and related rescue and extrication equipment; studying the barriers which may arise in a large urban system in serving the needs of a small population group with limited English-speaking ability and differing cultural values; evaluating the effectiveness of emergency medical technician training; identifying the special needs of rural EMS systems; and the development of diagnostic and prognostic methods in treating critically ill emergency victims.

These areas offer real promise of yielding findings of great usefulness to the medical community in providing care to emergency patients in the future.

Research under the Act was intended to provide operating methods, technology, and management tools to assist in planning, organizing, and evaluating EMS systems. Studies of this sort require the use of techniques of various disciplines, such as systems analysis, biomedical engineering, organizational research, economic analysis, and quality assessment. Responsibility for the EMS research program has been assigned to the National Center for Health Services Research (NCHSR) in the Health Services Administration.

During the first year, four high-priority areas of need for research were identified by that center. They were (1) measures of effectiveness; (2) system description and relationships; (3) policy issues, and (4) techniques and devices. Within these major program areas, individual projects are being planned to meet specified objectives. The number and dollar amount of new projects funded, by program area, to date are shown in the following table:

TABLE 4.—*Cumulative title XII research grant activity*

Program area	Projects	
	Number	Amount
Measures of effectiveness	22	$4,229,442
Systems descriptions and relationships	12	1,082,563
Policy Issues	3	686,308
Techniques and devices	7	2,229,058
Total	44	8,227,371

The Committee believes EMS research has now progressed to a point where some essential tools have been constructed which make it possible to emphasize research leading toward solutions of complex EMS systems problems, such as evaluation of the efficiency and effectiveness of EMS systems, quality assurance in emergency care, cost-benefits of space-age technology in EMS use, and feasible ways to provide emergency services in rural and remote areas.

EMS Training

The third program authorized in Public Law 93–154 is the support of the costs of training programs in the techniques and methods of providing emergency medical services—section 776.

Originally, this authorization was made for fiscal year 1974 only, so that its expiration would be coterminous with the expiration of the other training authorities of the Public Health Service Act.

During consideration of legislation extending title VII of the Public Health Service Act during the 93rd Congress, provisions for extending the authority for EMS training were included in both the House- and Senate-passed bills. However, the two Houses failed to come to an agreement and the 93rd session ended without section 776 being extended.

Under section 776, $6.6 million was appropriated for fiscal year 1974 and made available for obligation through the first quarter of fiscal year 1975. All the funds were obligated by September 30, 1975, and, as a result, 76 grants and two contracts were awarded which have provided support for programs in which about 25,000 emergency medical technicians, 4,000 nurses, and 1,200 physicians as well as 6,000 other types of health care personnel were trained in EMS fields at all appropriate levels.

Included among those trained were about 100 individuals who would be capable of providing the expertise necessary to coordinate and manage an EMS system. It is expected that these individuals will be of great value in administering or developing comprehensive EMS systems in many communities.

The 1,200 physicians and 4,000 nurses trained for the rigorous demands of the emergency room will also be of great value to existing and developing EMS systems. The emergency room physician and the emergency room nurse are highly trained individuals who can deal with competence and skill with the incredibly taxing and hectic demands and conflicting priorities of the emergency room. No less important is the emergency medical technician who is the first person in most cases to provide any medical assistance to an emergency victim. The 25,000 technicians trained in programs receiving section 776 support will provide this critical service in many communities throughout the Nation.

As more EMS systems are developed, more of these personnel can be effectively used in the lifesaving work to which they are dedicated. The authority for training such individuals has enabled many communities to provide good emergency medical services utilizing a well-trained team of physician, nurse, and technician, which is the optimum method of providing services.

COMMITTEE VIEWS

The Committee believes that the experience gained under the authorities of the Emergency Medical Services Systems Act of 1973 indicates the program has resulted in substantial improvement in the ability to provide comprehensive emergency medical services in those areas where support has been made available. However, there still remain 190 regions out of the 300 identified nationwide which have not entered the active implementation phase of establishing an EMS system. The Committee believes there is firm justification for extending the authorizations of appropriations enacted in the 1973 Act so that those communities which have already made strong efforts to establish a system will be given the additional support necessary to complete that effort, and those communities which have not yet been assisted will be given an opportunity to begin this effort.

FUNDING ALLOCATION

The Committee carefully considered the possibility of eliminating totally the earmarking provisions in current law with respect to sections 1202, 1203, and 1204 grants and contracts. It decided to adopt a new system which would retain the original concept of a mandated diversity in supporting EMS systems at different stages of development while providing HEW with sufficient flexibility to meet changing program needs.

The Committee bill provides for an earmark of a minimum of 5% and sets a maximum of 10% for section 1202 planning grants in fiscal years 1977 and 1978; and for fiscal years 1977, 1978, and 1979, sets a maximum of 75% for section 1203 grants for the initial establishment and operation of systems and a maximum of 45% for section 1204 grants for the expansion and improvement of a system.

This more flexible funding allocation system will help ensure that funds are available for the 65 regions which have not yet made application for support as well as for those regions moving into more advanced stages of development.

SECOND PLANNING GRANT

The Committee bill authorizes a second planning grant to assist entities in developing the expertise necessary to qualify for a section 1204 grant for the expansion and improvement of a system, or to assist an entity in meeting the new application requirements proposed in the reported bill. The Committee believes these second planning grants may often need to be awarded concurrently with a section 1203 grant. In any event, such a second planning grant would not be con-

sidered as a separate year for purposes of the five-year limitation on Federal grant support for systems development.

NEW APPLICATION REQUIREMENTS

The Committee was very impressed with testimony presented during hearings from the General Accounting Office (GAO), which had conducted a review of twelve EMS grantees during calendar year 1975. The GAO, while concluding that, with the aid of Federal funds authorized under title XII, communities throughout the country have been able to upgrade their EMS resources, found a major problem in the lack of control over financing and operating the system given to the regional entity responsible for managing the system by the participating governments.

The GAO found that most of the administrative costs of the regional management entities were being initially financed with grant funds awarded under title XII, as were some of the operating costs to achieve regionalization of emergency medical services such as conforming standard record forms or developing central communications towers. In the case of the costs of providing the services, the GAO reported, the bulk of the costs were borne by the local government units or by private providers. While this division of cost-bearing responsibility serves to support the operation of a regional EMS system during the years the system is receiving grant support, it does not lay a firm base for continued operation of the particular system once Federal funds are terminated.

A major finding of the GAO report was as follows:

> Regional management entities are having difficulty identifying firm sources of permanent financing of administrative and operating costs that are being initially borne by Federal grant funds. In addition, they have little control over the level of emergency medical services being provided by local governments and EMS providers.

These regional entities must rely on the local units of government represented within the system's service area for operating authority and for continued financial support after the termination of Federal funding. Without firm assurances from those governments of a willingness to sustain the program financially and to permit the regional entity the authority to ensure adequate service coverage for each community within the system, the possibility is strong that progress towards real coordination of services will deteriorate or disappear once Federal funding terminates.

The Committee believes that grants made to support the establishment of EMS systems provide the incentives that permit a community to overcome the initial most difficult obstacles hindering regionalization of emergency medical services. Once the system is in place, it should be fully supported both financially and substantively by the communities it serves. To achieve this self sufficiency and assure continued coordinative authority for the regional entity, the Committee bill establishes a system of incremental financial responsibility on the part of local governmental units as well as submission of evidence of executive or legislative action by such units pledging support and cooperation with the regional or statewide EMS system.

The Committee bill provides that 25% of the non-Federal share of the first-year costs of a grant for initial establishment and operation (1203) or expansion and improvement (1204) and 50% of the non-Federal share of the second year costs in each case, must be in cash, and must be made available to the regional entity responsible for administering the operation of the system for use in defraying the costs, including administration, of the system during the period of 1203 support and for use in supporting the costs of expansion and improvement during the period of 1204 support.

With the four years of firm support provided the regional entity under this procedure, the Committee believes the regional entity should have experienced the operational authority necessary to demonstrate the benefits that accrue to the region with a central coordinating and administering agent for emergency medical services. The program by then should have proven its effectiveness and the local units of government should be disinclined to terminate their support.

The Committee believes that the cash matching requirements can be met by most communities. However, in recognition of the possibility there may be some communities in extreme financial distress, which, although unable to produce the total cash match at the time of the grant award, would be able to sustain the program after the termination of Federal grant support, the Committee bill authorizes appropriate adjustment of the requirements where a community has demonstrated to the satisfaction of the Secretary its inability to meet, in whole or in part, the cash non-Federal share requirements.

ADMINISTRATION AND EVALUATION OF THE EMS PROGRAM

Testimony presented to the Committee indicated that the grantees were receiving substantial guidance in developing their systems from the national and regional offices of the Emergency Medical Services Division. However, it was reported to the Committee that budgetary allocations to the Division did not permit sufficient staff or travel capability in the regional or national offices to provide the depth of technical assistance required by many grantees.

In addition, it has been brought to the Committee's attention that a greater coordination between the training and research programs related to emergency medical services and the systems supported by the Emergency Medical Services Division would be beneficial to all programs involved.

Accordingly, the Committee bill adds several new administrative responsibilities with respect to the identifiable administrative unit, which the Committee bill specifies as a unit specializing in emergency medical services. These new requirements would give the unit the right to concur in regulations, guidelines, funding priorities, and grants proposed for training programs supported under section 776 and for research programs supported under section 1205. In addition, the Committee believes the unit's experience should be of value to other programs related to emergency medical services supported by the Public Health Service Act and has thus required that the unit be consulted with respect to regulations, guidelines, and funding priorities for such programs.

The Committee bill also requires the unit to publish criteria for collecting necessary data and for evaluating projects, including the

burn programs newly authorized by the bill, funded under title XII. The Committee believes that these criteria can be of valuable assistance to regional EMS systems by providing them guidance in the early stages of establishment. Such collection of uniform data should facilitate evaluation of relative effectiveness among EMS systems throughout the Nation.

The workbooks recently developed by the Emergency Medical Services Division provide a strong base for this requirement.

In this connection, the Committee bill deletes the requirement that each regional EMS system must provide for independent review and evaluation of the services provided in its area, and instead requires each regional system to provide appropriate information to the Secretary so that independent evaluation can be provided for by the section 1208 administrative unit.

The Committee recognizes that these additional responsibilitis cannot be carried out if the administrative unit and its regional offices are not provided the funds necessary to support the staff required to do so. The Committee bill, therefore, earmarks up to 7% but not more than $3,000,000 of the sums appropriated pursuant to section 1207(a) each year for administration, including salaries of all unit personnel, technical assistance, data gathering and information dissemination, monitoring, and independent evaluation. This earmark is additionally intended to provide support for the Interagency Committee on Emergency Services.

COORDINATION OF FEDERAL PROGRAMS RELATED TO EMERGENCY MEDICAL SERVICES

A second major finding of the GAO review was the lack of coordination in administering various Federal programs supporting EMS related programs, as well as the lack of coordination at the local level to encourage development of regional EMS systems through the grant support programs of the various Federal agencies.

Coordination of Federal programs was recognized as an important element in developing a rational approach to correcting the nation's deficiencies in providing emergency medical services when the Emergency Medical Services Systems Act of 1973 was enacted in the 93rd Congress. At that time, the Act established the Interagency Committee on Emergency Medical Services and charged it with evaluating the adequacy and soundness of Federal programs, and providing for the communication and exchange of information necessary to maintain the coordination and effectiveness of those Federal programs.

THE INTERAGENCY COMMITTEE ON EMERGENCY MEDICAL SERVICES

The Interagency Committee on Emergency Medical Services was established shortly after enactment of P.L. 93–154 and has met five times since the enactment of the Act.

The Interagency Committee has fostered improved communications among Federal agencies involved in EMS and has sponsored a publication entitled "Federal Program Resources Guide for EMS" which lists 64 Federal programs that provide funds, technical assistance or services related to EMS. In addition, the Committee through its Work Groups has initiated actions to complete development of a

curriculum for the EMT-Paramedic, and is considering problems related to communications planning, communications operations, and the development of standards for the patient compartment of air ambulances.

While progress has been made by the Interagency Committee to improve information exchange and to focus on technical problems associated with the delivery of EMS and provide national coordinated Federal guidance, the Committee feels that the Interagency Committee should take more positive action to coordinate Federal activity in such areas as conjoint grant applications and coordinated funding of EMS region.

The Committee is aware of the activities of the EMS program and the Interagency Committee to improve the coordination of Federal programs for the care of critical patients such as spinal cord centers, poison control centers, burn centers, etc. It is expected that this activity should continue to expand and that the appropriate statutory authorities should be used to support the development of these specialized care centers in concert with the emerging EMS systems regions.

Despite these activities, the Committee was advised that regional EMS systems wishing to utilize additional Federal funding sources were not made aware of the availability of additional Federal funding sources which would have enabled them to complement their program. The GAO review found that in some cases, other organizations in the same geographic area served by a regional entity supported by title XII were receiving EMS equipment which was not made available to or coordinated with the regional system.

To avoid this duplication and the potential for poor utilization of essential equipment, the Committee has increased the responsibilities of the Interagency Committee to include the development of a comprehensive plan for the coordination of Federally-supported activities related to emergency medical services, as well as dissemination to all Federal grant award offices as well as grantees of a coordinated description of sources of Federal support for the purchase of vehicles and communications equipment and for training activities. The Committee is charged with developing recommended standards with respect to equipment and training related to emergency medical services as well.

In addition, to encourage coordinated use of Federal programs, the Committee bill provides that grant recipients under title XII shall make maximum utilization of training support, and ambulance and communications equipment available under the Highway Safety Act, as well as communications equipment made available under the Law Enforcement Assistance legislation.

COMPONENTS OF AN EMERGENCY MEDICAL SERVICES SYSTEM

The 15 required components of a comprehensive emergency medical services system established in title XII have formed the backbone of the implementation of the Act. These components have provided the base for the guidelines used in directing applicants in the development of applications, and in providing a meaningful measure by which the application can be reviewed for acceptability by the granting authority. Testimony presented to the Committee indicated that some mod-

est changes would further strengthen the program and resolve certain ambiguities.

The Committee bill thus makes the required elements of the communications system component more specific, by requiring that the system have the capability to communicate with individuals having auditory and other sensory handicaps, and, in addition, where the primary language of a substantial proportion of the population served is not English-speaking, have the ability to communicate in that language. The requirement with respect to persons with sensory handicaps is designed to require that systems have the receiving and sending capacity of a device such as a teletypewriter through which a person with a sensory impairment can gain access to the EMS system; it is not in any way intended to require or authorize expenditures for the acquisition of such devices for particular handicapped individuals.

In addition, the regional entity is required to make maximum use of communications equipment and systems made available to the community under the Highway Safety Act and the Law Enforcement Administration legislation. The Committee heard testimony which demonstrated the value of the applicability of support from these sources to a communications network serving all public agencies—that is, fire, police, and medical emergencies, in an area. It has been estimated that medical emergencies initiate less than ten percent of the demands upon such a coordinated system. With that experience, it would seem advantageous for regional EMS systems to coordinate their communications system with that of other public agencies in the area.

Additional modifications to the 15 requirements require the coordination of transportation equipment made available under the Highway Safety Act with that made available under title XII, and delete the requirement that the regional system be responsible for obtaining independent evaluation of the system, requiring instead that the system collect and provide the necessary information to the Secretary so that evaluation can be conducted through the administrative unit in the Department of HEW responsible for administering the EMS program.

TRAINING IN EMERGENCY MEDICAL SERVICES

When Congress developed the 1973 Act, the members of the Senate and House Committees were cognizant of the need to avoid proliferation and duplication of training grant authorities. For that reason, the authority for training in emergency medical services was added to title VII as section 776. Placing the EMS training authority in title VII has meant that the auhority has been administered by the Health Resources Administration which administers other health training authorities. This organizational placement has drawn upon the experience of that Administration in health manpower training programs to enhance the administration of the EMS training program and has also made the expertise of the review procedures of that Administration available for review and evaluation of grant applications for EMS training.

With the termination of the authorizations of appropriations for this authority in fiscal year 1974, there has been only one year of experience under this program. Some dissatisfaction has been expressed by grantees about the bifurcation of the administration of the training authority and the title XII systems support authority.

It has been suggested that the authority for training grants should be transferred into title XII on the grounds that those persons most familiar with the operation of an EMS system would be most competent to determine the types of personnel needed and the appropriate training priorities for EMS personnel.

The Committee considered this suggestion and determined that the success of the training program in terms of effecting improvement of the quality of emergency medical services would be most effectively achieved through the close collaboration of those officials in the Health Resources Administration most knowledgeable with regard to training programs with the personnel in the EMS administrative unit in the Health Services Administration.

Provisions in the Committee bill giving the EMS administrative unit, established pursuant to section 1208, the right to concur in the regulations, guidelines, funding priorities, and application forms, as well as grant and contracts made under section 776, are designed to achieve this coordination. The bill further requires that that unit be consulted in advance of the issuance of such regulations, guidelines, and funding priorities where other programs authorized by the Public Health Service Act provide support for training in emergency medical services.

In addition, greater applicability of training programs to EMS systems will be enhanced by provisions in the Committee bill specifying that a hospital as well as an entity eligible for systems support under title XII would be eligible for a training grant or contract under section 776. However, this provision requires, in the case of training (other than the training of basic emergency medical technicians) that the EMS entity have arrangements with an appropriate educational institution for the training program.

Applicants have also experienced considerable difficulty in dealing with the complexities in existing law relating to applications for training support. Current law includes a provision requiring any applicant, which includes a training component in its application for EMS systems support, to submit a separate application for that training component to all other training authorities under title VII or title VIII of the Public Health Service Act, and to fail to be awarded a grant under those authorities, before being eligible to use its title XII support for training purposes. In practice, this requirement has led to considerable effort on the part of grant applicants to make the required applications, many of them requiring that conflicting deadlines be met.

The Committee bill addresses these problems in two ways. First, to prevent any unnecessary expenditure of time and funds on the part of the applicants, the Committee bill permits the Secretary to waive the requirement for applying for support under all training authorities, where the filing of the application would be futile or unreasonably burdensome. To alleviate further the complexities of this procedure, the Committee bill also requires that a uniform funding cycle be established for the grant review and award process under section 776 and title XII, and that funding priorities and emphases be coordinated between the two programs. The greater coordination between the EMS Division and the training grant programs mandated by the Committee bill should alleviate this problem also.

The Committee heard testimony demonstrating that there is a need for special training programs for physicians in emergency medicine.

Projections have been made by the American College of Emergency Physicians that as many as 180 emergency medicine residency training programs will be needed by 1980 in order to meet projected emergency medical physician manpower needs by the year 2000. Today there are only 32 such residencies. The Committee recognizes that emergency physicians require particular competence and training to deal with the unique character of emergency medical problems. However, the Committee believes that the specific number of emergency medicine residencies needed can best be determined as a part of currently contemplated national and local efforts to study and plan for post-graduate medical education.

The Committee has, in considering other legislation, made it clear that steps must be taken to alleviate the problems arising from the specialty maldistribution of physicians. Although the Committee recognizes that the emergency room should not—optimally—be used as a primary care facility, the fact remains that until problems of geographic and specialty maldistribution are ameliorated, the emergency room physician will be called upon to provide primary care to a substantial element of the community—from primary care to the most critical care. At present, of the care provided in emergency rooms, only ten percent is specialized care. In many communities, the emergency room physician is, in fact the general physician. Training programs for this professional, therefore, can serve to improve the quality of health care provided to major sectors of the population.

The Committee also received testimony indicating that physicians currently serving in emergency rooms could benefit from continuing education programs and on-the-job training in emergency medical procedures. To date, more than 90% of the estimated 15,000 physicians providing emergency medical care are mid-career or second-career physicians who have received no formalized training in emergency medicine. In view of the demonstrated need for additional training of physicians to staff emergency rooms, the Committee bill earmarks for the development of programs for the training of emergency physicians a portion of the funds appropriated for carrying out the section 776 EMS training programs. The Committee believes immediate results can be obtained in terms of improved emergency services through upgrading the ability of those physicians currently staffing emergency rooms and that this type of training should receive substantial support under the revised authorities of section 776, along with programs to develop residency training programs.

RESEARCH IN EMERGENCY MEDICAL TECHNIQUES

The Committee believes that every effort should be made to ensure that the results of research supported under section 1205 are made known to those individuals in the community responsible for carrying out EMS programs and be applied to existing systems where appropriate. In particular, the Committee believes the special characteristics of rural areas should be considered in those research programs the purpose of which is to improve the provision of emergency medical services promptly and efficiently.

Consistent with the Committee's view that the expertise of the administrative unit responsible for administering the EMS systems program should be utilized in all programs related to emergency

medical services supported under the Public Health Service Act, the Committee bill provides that the administrative unit shall have the right to concur in regulations, guidelines, funding priorities, and grants and contracts made under section 1205. This close cooperation and consultation should be of benefit to both the services program and the research program, and should result in substantive advances in efforts to improve the techniques and technology involved in the provision of emergency medical services.

TECHNICAL AND CONFORMING CHANGES

A number of technical, clarifying, and conforming changes are made to title XII. The more substantive include the extension of the expired authority for awarding planning grants under section 1202 and first year initial establishment and operation grants under section 1203. This Committee bill also makes the provision renewing the first year section 1203 grant authority effective in fiscal year 1976, so that the grant cycle scheduled for June will be authorized to award grants for that purpose, and applications for that purpose will be considered on a competitive basis with applications for other stages of systems development. In addition, in order to enable HEW to monitor the development of EMS systems and provide the necessary technical assistance to the grantees, each grantee is required to submit reports on the results of such project at intervals prescribed by the Secretary. An identical reporting requirement is currently mandated for grantees receiving planning support, and the new provisions in the Committee bill apply the identical requirements to grantees of section 1203 and 1204 awards.

The Committee bill would amend title XII to correct the inadvertent application of the prohibition in that Act against new grant or contract support under the Public Health Service Act for any project which would be eligible to receive title XII funds unless all title XII funds authorized have been appropriated and obligated, to Public Health Service Act grants or contracts for research in emergency medical techniques, methods, devices, and delivery which are eligible for support under section 1205.

The amendment would except from this prohibition grants and contracts made under the authorities of section 301, the general research authority of the Public Health Service Act, and title IV of the Public Health Service Act, governing programs of the National Institutes of Health.

In developing Public Law 93–154, this provision was intended to insure that support for emergency medical services would be provided only to grantees able to meet the requirements or to give assurances of meeting the requirements of comprehensiveness which characterizes grant support under title XII. The intention was not to prohibit research carried out by the National Institutes of Health or by the National Center for Health Services Research and Development. These agencies have an important role to play in supporting research in many areas affecting emergency medical services. The National Heart and Lung Institute for instance is authorized by Public Law 92–423, the National Heart, Blood Vessel, Lung, and Blood Act of 1972, as amended, to conduct demonstration program in the application of research in emergency medical services and techniques to heart, blood, and lung diseases. The National Institute of General Medical Sciences

supports the development of trauma and burn centers. The continuation of research in these areas is vital and would be wholly complementary to implementation of the provisions of title XII. The amendment made by Committee bill would remove any reason to interpret this provision as restricting research programs.

This provision is similar to a proposal included in legislation proposed by the administration last year.

BURN INJURIES

Persons with burn injuries most frequently receive their initial treatment through the local EMS system which then is responsible for referring the patient to the appropriate level of care.

The Committee is impressed with the magnitude of the burn problem in the United States, and the need for a coordinated effort on a regional basis to reduce several facets of that problem. However, before steps can be taken to reduce the problem more information and data must be gathered on which to base a major effort.

There is a clear need to improve the delivery of burn care, the national understanding of the magnitude of the burn problem, the utilization of current resources, the support and appropriate placement of treatment programs, specialized training for physicians, nurses and ancillary professional and paramedical personnel, and programs for rehabilitation; to establish evaluation methodologies on a regional basis (to provide epidemiological data on burn incidence, the tracking of patients to the most appropriate levels of care, and immediate and long-term treatment and rehabilitation outcomes); and to obtain comparative cost data for systems of burn care.

Good burn care requires careful planning and coordination on a regional basis. This raises complex questions regarding facility and professional relationships, including the reporting of burn injuries and the evaluation of treatment, particularly since appropriate regions may cover more than one Health Service Area, and may cross state boundaries. Systems planning funded under title XII has spearheaded regional planning with respect to the overall trauma problem. Additional legislative authority is needed however, to extend this approach to the area of burns, which raises certain unique problems in the complexity and duration of the treatment and rehabilitation of its more severe victims.

The Committee bill adds a new part to title XII to authorize grants for the establishment, operation, and improvement of programs to demonstrate the treatment and rehabilitation of burn victims, to conduct research in the treatment and rehabilitation of burn victims, and to provide training in the treatment and rehabilitation of burn victims. The provision provides for priority to be given, in supporting any such programs, to programs in areas in which such services are not being adequately provided and which are in, or accessible to, the service area of an EMS system.

The Committee believes this provision will provide the authority to conduct a burn demonstration program over a three-year period, based on a regional concept, which would demonstrate the treatment and rehabilitation of burn patients, and provide a basis for determining where a Federal investment would be most effective in the future.

In order for such a program to provide the information necessary to determine the Federal role in mounting a burn program, it must include alternative patterns of care, be based in sites offering a representative geographic and population density mix, and must be competent to develop the information necessary to make rational decisions for future programs.

The Committee believes coordination between burn treatment regions and regional EMS systems can contribute substantially to improved treatment of burn injuries through coordinated triage and transfer arrangements, and believes sites chosen for the demonstration program should have access to systems supported under Part A of title XII.

It is intended that this demonstration program will provide guidance as to how systems for burn care can best be developed. Alternative patterns need to be evaluated, to help provide the proper balance between maintaining referral patterns for the most advanced facilities, which will carry the burden of leadership in teaching and research, and providing quality care in institutions as close as possible to the patient's home.

Demonstration efforts should also consider the role of training programs, the applicability of regional and state burn registries, and the evaluation of current and future research results, treatment protocols, rehabilitation programs, and project and cross-project evaluation. The Committee bill provisions described in the section immediately below on "Reports" should contribute substantially to the development of data to facilitate these evaluation processes.

The Committee is particularly aware of the need to improve at all levels the training of those who will provide burn care either on a full-time basis or as part of their health care practice. Especially important is the training of those medical and nursing professionals needed to direct programs in existing or proposed facilities. Some of this training can be done in conjunction with EMS training.

In connection with its support for the continuation of research for the treatment and rehabilitation of burn victims, the Committee strongly urges HEW to continue to use existing authorities in the National Institute of General Medical Sciences to support basic and applied biomedical research. The Committee also feels that prompt emphasis should be given to the application of research findings which have been reported and await development.

REPORTS

The Committee bill directs the Secretary to conduct studies to identify those categories of patients who should be included in a uniform reporting system in order to develop meaningful data on the effectiveness of EMS systems and burn programs.

Identification of those categories of patients together with the development of a uniform reporting system should provide much

valuable documentation of effective treatment mechanisms utilized in EMS systems and in burn programs.

TRANSFER OF EQUIPMENT

The Committee has been advised of a problem which has arisen with respect to equipment purchased for seven communities which had received contracts from HEW for the improvement of emergency medical services under a demonstration program prior to the enactment of the Emergency Medical Services Systems Act of 1973. Under general contract law, equipment purchased with Government funds must revert to the Government upon the conclusion of the contract. Thus, those seven communities which had contracts for developing emergency medical systems now have a total of about $7 million worth of equipment which technically should revert back to the Federal Government unless it is purchased by the community. This equipment is now an integral part of these communities' EMS system, and the Department of HEW has advised the Committee that the communities do not have the financial resources ot purchase it.

The Committee bill, therefore, includes a provision, approved and drafted by the Administration (with OMB approval), to permit HEW to vest, in the seven EMS systems supported under the demonstration program prior to enactment of the EMS Act, title to equipment purchased with these prior contract funds. These systems are in Jacksonville, Florida, and the 8 surrounding counties; 7 counties in southeastern Ohio; the State of Illinois; the State of Arkansas; 3 counties in southern California; Baltimore, Maryland, and the 6 surrounding counties; and the 5 northern counties of Arizona.

AMENDMENT TO THE NATIONAL ARTHRITIS ACT OF 1974

The Committee bill amends the National Arthritis Act of 1974 to extend the life of the National Commission on Arthritis until December 31, 1976. The Committee believes that extending the life of the Commission until that date beyond its present early June expiration date will provide continuity, and retain the experience of the Commission members for the National Institutes of Health, as the new program, recommended by the Commission, is considered and implemented.

Such an extension was recently enacted for the National Commission on Diabetes Mellitus in an amendment to the Health Research and Health Services Amendments of 1976 (Pub. Law 94-278).

Cost Estimate Pursuant to Section 252 of the Legislative Reorganization Act of 1970

In accordance with section 252(a) of the Legislative Reorganization Act of 1970 (Public Law 91-510), the Committee estimates that, if all funds authorized were appropriated during fiscal year 1976, the transition quarter, fiscal year 1977, and the two succeeding fiscal years, the 3-year costs occasioned by S. 2548, as reported, would be as follows:

TABLE 5.—*S. 2548, emergency medical services amendments of 1976, as reported*

For grants and contracts for feasibility studies and planning (section 1202), establishment and initial operation (section 1203), and expansion and improvement (section 1204):	
Fiscal year:	
Transition quarter	$5.083
1977	50.0
1978	70.0
1979	75.0
Subtotal	200.083
For grants and contracts for research (sec. 1205):	
Fiscal year:	
1977	5.0
1978	5.0
1979	5.0
Subtotal	15.0
For grants and contracts for training (sec. 776):	
Fiscal year:	
1976	10.0
1977	10.0
1978	10.0
1979	10.0
Subtotal	40.0
For grants and contracts for the burn injury program (sec. 1221):	
Fiscal year:	
1977	3.0
1978	5.0
1979	6.0
Subtotal	14.0
Total amounts authorized:	
Fiscal year:	
Transition quarter	5.083
1977	68.0
1978	90.0
1979	96.0
Grand total	269.083

Tabulation of Votes Cast in Committee

Pursuant to section 133(b) of the Legislative Reorganization Act of 1946, as amended, the Committee reports that there were no tabulations of votes on S. 2548. The Committee unanimously adopted the amendments, and unanimously ordered the bill, as amended, reported favorably.

Section-by-Section Analysis of S. 2548 as Reported

SECTION 1

Subsection (a) provides that this Act may be cited as the "Emergency Medical Services Amendments of 1976."

Subsection (b) declares that whenever in the Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a sec-

tion or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

SECTION 2

Amends paragraphs (4) and (5) of section 1201 of title XII, Public Health Service Act, by striking out the present reference to the section 314(b) areawide health planning agency and reference to the section 314(b) plan and substituting a reference to a section 1521 State health planning and development agency and a reference to a section 1515 health systems agency. Defines a "section 1521 State health planning and development agency" as the state agency designated to perform state health planning and development functions under section 1521(b)(3) of title XV, Public Health Service Act. A "section 1515 health systems agency" is defined as a health systems agency designated to perform area health planning functions under section 1515 of title XV, Public Health Service Act. The term "health systems plan" is defined as a health systems plan referred to in section 1513(b)(2) of title XV, Public Health Service Act.

SECTION 3

Makes a series of amendments to present section 1202 of title XII, Public Health Service Act, to extend the authority of the Secretary to make grants and enter into contracts with eligible entities for planning (A) the establishment and operation of, or (B) the expansion and improvement, or (C) both, of a EMS system to authorize the Secretary to make a second grant or contract under defined circumstances; and to delete the reference to the section 314(b) Statewide planning agency and to substitute in lieu thereof a reference to the section 1515 health systems agency.

Clause (1) of section 3 amends subsection (a) by clarifying the authority of the Secretary to make grants to and enter into contracts with eligible entities for the purpose of planning (A) the establishment and operation, or (B) the expansion and improvement, or (C) both, of an EMS system.

Clause (2) of section 3 amends paragraph (1) of subsection (b) by adding reference to the exception provided by clause (3) of this section.

Clause (3) of section 3 adds a new paragraph (2) to subsection (b) providing authority to the Secretary to make a second grant or contract under subsection (a) respecting an EMS system to which a grant or contract described in paragraph (1) has been made, when he determines that such a grant is necessary (A) to assist an entity in planning for expansion and improvement of such system in connection with an application for an initial year of support under section 1204, (B) to assist a State to update a Statewide plan, or (C) prior to October 1, 1976, to assist an entity in planning to meet the new requirements added to sections 1203 and 1204 by the Emergency Medical Services Amendments of 1976.

Clause (4) of section 3 deletes the reference to a section 314(b) areawide health planning agency and substitutes in lieu thereof a reference to a section 1515 health systems agency and requires that an application for grants or contracts under section 1202 contain assurances satisfactory to the Secretary that the planning will be conducted in cooperation with such section 1515 health systems agency.

SECTION 4

Clause (1) contains a series of amendments to present section 1203 requiring that (A) a second grant under section 1203 may not be made unless the entity submits with an application (1) specified assurances from the executive or legislative governing bodies in the local jurisdiction of support and cooperation with regional or Statewide EMS systems, (2) assurances of continued financial support, and (3) assurances and specific plans for compliance with each of the requirements of present section 1206(b)(4)(C); (B) no grant or contract under section 1203 may be made after September 30, 1979, to an entity which did not receive a grant for the preceding fiscal year; (C) in regard to the first grant or contract under section 1203 in each case no less than 25 percent of the non-Federal share of the operation costs shall be in cash which shall be made available to the regional entity responsible for administering the operation of the system; and (D) in regard to the second grant or contract under section 1203, in each case no less than 50 percent of the non-Federal share of the operation costs shall be in cash which must be made available to the regional entity responsible for administering the operation of the system. Clause (2) adds a new paragraph at the end of present section 1203 requiring that reports of each establishment or initial operation project be submitted to both the Secretary and the Interagency Committee on Emergency Medical Services.

Clause (1)(A) of section 4 adds a new sentence at the end of subsection (c)(2) requiring that a second grant or contract may not be made under section 1203 unless the entity submits with an application for assistance under this section (A) copies of formal resolutions or proclamations of the executive or legislative governing bodies in the local jurisdiction included in the system's service area (i) pledging each such jurisdiction's support and cooperation with the regional, or Statewide, EMS system, and (ii) providing assurances of financial support in the year subsequent to that for which financial assistance is sought which in the aggregate will maintain the system at a level equal to that sought in the application; and (B) assurances, accompanied by specific plans indicating step-by-step achievements, of compliance with each of the requirements of section 1206(b)(4)(C) by the conclusion of the maximum period for support for an EMS system under part A of title XII, Public Health Service Act.

Clause (1)(B) of section 4 amends subsection (c)(3) to extend to September 30, 1979, the date after which no grant or contract may be made under section 1203 to an entity which did not receive a grant or contract for the preceding fiscal year.

Clause (1)(C) of section 4 amends subsection (c)(4)(A) to require that no less than 25 percent of the non-Federal share of operation costs of a first grant or contract made under section 1203 shall be in cash and requires further that the grant or contract shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in defraying operating costs or otherwise to carry out the administration of the system.

Clause (1)(D) of section 4 amends subsection (c)(4)(B) to require that no less than 50 percent of the non-Federal share of a second grant or contract made under section 1203 shall be in cash and requires further that the grant or contract shall provide that such amount shall

be made available to the regional entity responsible for administering the operation of the system for use in defraying operating costs or otherwise to carry out the administration of the system.

Clause 2 of section 4 adds a new paragraph (6) to subsection (c) directing that reports of the results of each establishment or initial operation project assisted under section 1203 be submitted to the Secretary and to the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe and directing that a final report of such results shall be transmitted to the Secretary and such Committee not later than one year from the expiration of the last year for which a grant or contract was made under section 1203 for such project.

SECTION 5

Amends section 1204 by deleting present subsection (b) and adding new subsection (b) and (c) which specify the authority of the Secretary to make grants or enter into contracts under this section for projects' costs of expansion and improvement of EMS systems and require annual reports of such projects.

New subsection (b) provides that:

(1) Each grant or contract shall be made for the project's costs of expansion and improvement of a system in the year for which the grant or contract is made.

(2) Except as provided in new paragraph (3)(C), the Secretary may make only one additional grant or contract to that system and he may make that one additional grant or contract only if, after review of the first nine months' activities of the applicant, he determines that the project is satisfactorily progressing.

(3)(A) Subject to section 1206(f), the amount of the first grant or contract under this section may not exceed 50 percent of the expansion or improvement costs unless the applicant demonstrates an exceptional need for financial assistance in which case the grant or contract may not exceed 75 percent of such costs, and in each case no less than 25 percent of the non-Federal share shall be in cash which shall be made available to the regional entity responsible for administering the operation of the system for use in defraying the cost of improvement and expansion of the system.

(B) The amount of the second grant or contract under this section may not exceed 25 per centum of such costs unless the applicant demonstrates an exceptional need for financial assistance in which case the grant or contract may not exceed 50 per centum of such costs and in each case no less than 50 per centum of the non-Federal share shall be in cash which shall be made available to the regional entity responsible for administering the operation of the system for use in defraying the costs of improvement and expansion of the system.

(4) No grant or contract can be made under section 1204 unless the entity submits with an application for assistance under such section (i) copies of resolutions or proclamations of the executive or legislative governing bodies in the local jurisdictions included in the system's service area (I) attesting to their endorsement and support of a specific forecast and detailed financial plan demonstrating the system's ability to carry out and maintain the level of expanded or improved activity to be achieved under such grant or contract, and (II) pledging each such jurisdiction's support and cooperation with the regional or Statewide EMS system, and (ii) assurances accompanied by specific plans showing step-by-step achievement, of compliance with each of the requirements of section 1206(b)(4)(C) by the conclusion of the maximum period for support for an emergency medical services system under part A, title XII, Public Health Service Act.

(5) A second grant or contract may not be made under section 1204 unless the entity submits with an application for assistance under section 1204 evidence of substantial progress in the legislative or executive process in the local jurisdiction included in the system's service area toward providing the requisite budgetary support under new subparagraph (A) of this new paragraph with the application for a first year of support under this *section.*

New subsection (c) provides that prior to October 1, 1976, the Secretary may make a third grant under this section to an eligible entity to enable it to achieve the capacity for self-sufficiency required by the amendments made to section 1204 by the Emergency Medical Services Amendments of 1976.

New subsection (c) requires that reports of the results of any expansion and improvement project assisted under section 1204 to be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and requires a final report of such results to be transmitted to the Secretary and such Committee not later than one year from the expiration of the last year for which a grant or contract was made under section 1204 for such project.

SECTION 6

Amends section 1205 by clarifying contracts under such section may be made to public entities; and requiring that (A) emphasis in awarding research grants or contracts be placed on identifying and utilizing techniques to apply the results of such research to improve the delivery of emergency medical services to rural areas; (B) reports under section 1205 contain recommendations and a plan of action for applying the results of research to improve the delivery of emergency medical services; and (C) no regulation, guideline, funding priority, application form, grant or contract shall be established or made under section 1205 without the concurrence of the identifiable unit required under new section 1208.

Clause (1) of section 6 clarifies that contracts may be made to public entities under section 1205.

Clause (2) of section 6 adds a new sentence at the end of present subsection (a) requiring that in awarding grants or contracts for research relating to the delivery of emergency medical services in rural areas, emphasis shall be placed on identifying and utilizing techniques and methods to apply the results of such research to improve the delivery of emergency medical services in such areas.

Clause (3) of section 6 adds a new sentence at the end of present subsection (c) requiring that reports under section 1205 shall contain recommendations and a plan of action for applying the results of research to improve the delivery of emergency medical services.

Clause (4) of section 6 adds a new subsection (d) requiring that no regulation, guideline, funding priority, application form, grant or contract shall be established or made under this section without the concurrence of the identifiable administrative unit required under section 1208.

SECTION 7

Amends section 1206 by limiting to five the total number of years of support under Part A, title XII, Public Health Service Act by (A) substituting for the reference to a 314(b) agency reference to a section 1521 State health planning agency and a section 1515 health systems agency; (B) requiring that an EMS service system meet the specified requirements within the total period of eligibility under sections 1203 or 1204; (C) providing that the non-Federal share cash requirements under new section 1203(c)(4) and 1204(b)(2) shall not apply to the extent that an applicant demonstrates inability, due to extreme financial distress, to meet such requirement; (D) permitting appropriate alternative coordinated emergency telephone procedures, and requiring that EMS systems have the capability to communicate with individuals having auditory and sensory handicaps, and to communicate in the language of predominant non-English-speaking population groups in the system's service area; (E) requiring that the system make maximum use of communications equipment and systems under several authorities; (F) requiring maximum use of vehicles made available under authority of the Highway Safety Act; (G) modifying the patient transfer requirement; (H) requiring the systems to provide for the capacity for objective review and evaluation and make reports of such reviews; (I) deleting subsection (b)(5); (J) adding to permissible EMS research, even if title XII authorities are not fully funded, research under Public Health Service Act section 301 or title IV in addition to title VII; (K) clarifying the prohibition on awarding grants so that it is contingent on appropriation and obligation of grants for systems development only; and (L) providing that the required filing of applications under title VII or VIII may be waived if the applicant has demonstrated that the filing would be futile or unreasonably burdensome.

Clause (1) of section 7 adds, at the end of present subsection (b)(1) a provision, that, notwithstanding any other provision of part A of title XII, Public Health Service Act, not including a second planning and feasibility grant or contract under section 1202(b)(2), no applicant shall receive more than a total of five years' support under such part.

Clause (2) of section 7 deletes subclauses (i) and (ii) of subsection (b)(3)(D) and adds, in lieu thereof, a new subclause requiring that no application for a grant or contract under section 1202 may be approved unless the appropriate section 1521 State health planning and development agency and section 1515 health systems agency have had not less than thirty days in which to comment on the application.

Clause (3)(A) of section 7 amends subparagraph (B)(i) by clarifying that the period within which an EMS system must meet each of the application requirements set forth in subparagraph (A) may extend to the total period of eligibility for assistance under section 1203 or 1204, whichever is applicable.

Clause (3)(B) of section 7 provides that if an applicant submits an application for a grant or contract under section 1203 or 1204 and demonstrates to the satisfaction of the Secretary the inability of the applicant, due to the extreme financial distress of one or more of the governmental entities for the local jurisdiction or jurisdictions comprising the substantial portion of the system's service area to meet, in whole or in part, the new cash non-Federal share requirements added to sections 1203(c)(4) and 1204(b)(2) by sections 4 and 5 of the Committee bill, such new requirements shall not apply to the extent of such demonstrated inability.

Clause (3)(C) of section 7 makes various new system components in subparagraph 4(c)(iii): (A) an appropriate alternative coordinated emergency telephone procedure as an alternative to 911; (B) the capability to communicate with individuals having auditory and other sensory handicaps and in the language of the predominant population groups with limited English-speaking ability in the system's service area; the (C) maximum use of communications equipment and systems made available under the authorities of the Highway Safety Act (23 U.S.C. 402; 80 Stat. 718, as amended) and title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 1731 et seq.; 87 Stat. 197 et seq.).

Clause (3)(D) of section 7 makes a new component requirement in subparagraph (4)(c)(iv) that the applicant shall make maximum use of vehicles made available under authorities of such Highway Act.

Clause (3)(E) of section 7 clarifies that transfer of patients shall be done where feasible in subparagraph (4)(c)(x).

Clause (3)(F) of section 7 clarifies that patient record keeping systems must be coordinated in lieu of standardized in subparagraph 4(C)(x).

Clause (3)(G) of section 7 deletes subparagraph (4)(C)(xiii) and, in lieu thereof, adds a new subparagraph which revises the evaluation component to require that the applicant (A) provide capacity for periodic and objective review and evaluation of the extent and quality of the emergency health care services provided in the system's service area (including consideration of management performance, process measures, and patient outcomes), and (B) submit to the Secretary the reports of any such review and evaluation and the data collected to carry out this requirement.

Clause (4) of section 7 deletes subsection (b)(5), requiring the Secretary to provide technical assistance to applicants. This requirement is added by section 9 of the Committee bill to the duties of the administrative unit established pursuant to section 1208.

Clause (5)(A) of section 7 adds grants awarded under section 301 or title IV to those grants excepted from the prohibition against awarding grants for projects which would be eligible for title XII support.

Clause (5)(B) of section 7 clarifies that such prohibition against awarding grants is dependent upon the appropriation and obligation of the funds authorized to be appropriated for systems development only.

Clause (6) of section 7 adds in subsection (f)(2) a new clause permitting the Secretary to authorize the recipient of a grant or contract under section 1203 or 1204 to use funds under such grant or contract for any training program in connection with an EMS system without requiring the applicant to file an application under title VII or VIII when the applicant has demonstrated to the satisfaction of the Secretary that the filing of such an application would be futile or unreasonably burdensome.

SECTION 8

Amends section 1207 by (A) authorizing appropriations for grants or contracts under sections 1202, 1203, and 1204, for fiscal years 1976, 1977, 1978, and 1979; (B) requiring that not more than 10 percent of such sums be made available only for grants and contracts under section 1202; (C) changing the section 1203 earmark of 75 percent to a maximum funding limit; (D) changing the section 1204 earmark of 25 percent to a maximum funding limit of 45 percent; and (E) by extending the authorizations of appropriations for EMS research for three additional years.

Clause (1) of section 8 amends subsection (a)(1) by authorizing the appropriation of $5,083,000 for the transition quarter, by extending the authority to support grants under section 1202 through fiscal year 1978, and by authorizing to be appropriated for grants under sections 1202, 1203, and 1204, $50,000,000 for fiscal year 1977, and $70,000,000 for fiscal year 1978; and for grants and contracts under sections 1203 and 1204, $750,000,000 for fiscal year 1979.

Clause (2) of section 8 deletes present subsection (a)(4)(A) and adds, in lieu thereof, a new such subsection requiring that not more than 10 percent of such sums shall be made available only for grants and contracts under section 1202 (relating to feasibility studies and planning) for fiscal year 1976.

Clause (3) of section 8 redesignates clause (A) and (B) in subsection (a)(4) as (B) an (C), respectively.

Clause (4) of section 8 changes the section 1203 earmark of 75 percent to a maximum funding limti of 75percent for fiscal year 1976.

Clause (5) of section 8 changes the section 1204 earmark of 25 percent to a maximum funding limit of 45 percent for fiscal year 1976.

Clause (6) of section 8 adds a new paragraph (5) at the end of subsection (a) which requires that of the sums appropriated under paragraph (1) for fiscal year 1977, and the succeeding fiscal year, at least 5 per centum but not more than 10 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1202 for such fiscal year, and of the sums appropriated under paragraph (1) for fiscal year 1977, and the succeeding two fiscal years, not more than 70 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1203 for such fiscal year, and not more than 45 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1204 for such fiscal year.

Clause (7) of section 8 authorizes the appropriation of $5 million in fiscal years 1977, 1978, and 1979 for research grants and contracts under section 1205.

SECTION 9

Revises section 1208 to define more specifically the administrative unit responsible for administering EMS programs and its functions.

Subsection (a) of the new section provides that the Secretary shall administer the program of grants and contracts (except for grants and contracts under section 1205) authorized by this part through an identifiable administrative unit specializing in emergency medical services within the Department of HEW.

Subsection (b) of the new section provides that such administrative unit shall—

(1) be responsible for collecting, analyzing, cataloging, and disseminating all data useful in the development and operation of EMS systems, including data derived from reviews and evaluations of EMS systems assisted under sections 1202, 1203, and 1204;

(2) publish suggested criteria for collecting necessary information from, and for evaluation of, projects funded under this title;

(3) concur in the regulations, guidelines, funding priorities, application forms, grant awards, and contracts with respect to the research program under section 1205 and the training program under section 776;

(4) be consulted in advance of the issuance of regulations, guidelines, and funding priorities for research and training related to emergency medical services carried out under any other authorities of the Public Health Service Act;

(5) provide technical assistance and monitoring with respect to grant and contract activities under sections 1202, 1203, and 1204; and

(6) provide for periodic independent evaluation of the effectiveness and coordination of programs carried out under this part A and section 776;

Subsection (c) of the new section provides that not less than 7 percent of the funds appropriated each year under section 1207(a)(1) shall be set aside for administration (including salaries of all unit personnel), data gathering and dissemination, technical assistance, monitoring, and independent evaluation, and to support the Interagency Committee established under section 1209, but in no event shall more than $3,000,000 be so set aside.

SECTION 10

Amends section 1209 by adding to subsection (a) a new subparagraph (2) setting forth responsibilities of the Interagency Committee on Emergency Medical Services.

New paragraph (2) of subsection (a) provides that not later than July 1, 1977, the Interagency Committee on Emergency Medical Services shall—

(1) develop and publish (i) a coordinated, comprehensive Federal EMS funding and Federal resource-sharing plan (designed to enhance the effectiveness of Federal programs of assistance for emergency medical services and related activities, including communication and transportation systems of public safety agencies, and to promote the maximum feasible joint and coordinated Federal funding and operation of such programs and systems in order to establish integrated response capabilities to medical emergencies, including a report with respect thereto containing any recommendations for legislation as may be necesasry to insure such response capabilities); and (ii) a coordinated description, to be disseminated to all participating and other relevant Federal agencies' regional offices and funding recipients, of sources of Federal support for the purchase of vehicles and communications equipment as well as for training activities;

(2) develop and publish recommended uniform standards of quality and health and safety with respect to all equipment (including communications and transportation equipment) and training related to emergency medical services; and

(3) with the Secretary, utilizing all authorities available to him, take all feasible steps to encourage States to reinforce, through appropriate actions, the minimum quality and health and safety standards recommended by the Committee pursuant to such standards.

Section 10 also amends subsection (e) to specify that reports of reviews and evaluations of EMS systems assisted under section 1202 shall be made available to the Interagency Committee as well as reports of systems assisted under sections 1203 and 1204.

SECTION 11

Amends section 776 by (A) expanding the authority of the Secretary to make grants for training in emergency medical services to include as eligible applicants, hospitals and certain EMS systems meeting the qualifications of section 1206(b)(4), and to include development of programs and training of physicians in emergency medicine; (B) requiring activities under section 776 to have the concurrence of the administrative unit required under section 1208(a); (C) providing for, to the maximum extent practicable, a uniform funding cycle under section 776 and title XII, Public Health Service Act; and (D) authorizing appropriations through fiscal year 1979, and earmarking a defined proportion of such sums as may be appropriated for assistance in the training of physicians in emergency medicine.

Clause (1) of section 11 authorizes the Secretary to make grants and enter into contracts with hospitals or a State, a unit of general local government, or any other public entity which has established an EMS system or given adequate assurances that it will establish such a system which meets the requirements of section 1206(b)(4) and (except with respect to the training of basic emergency medical technicians) which has entered into a contract or other agreement with an appropriate educational entity for the training program in question to assist in meeting the cost of training programs in the techniques and methods of providing emergency medical services; and provides that such grants or contracts may include program development and training of physicians in emergency medicine.

Clause (2) of section 11 extends the authorizations of appropriations through fiscal year 1979 at $10,000,000 annually and provides that of the funds appropriated under paragraph (1) for any fiscal year—

(A) if the amount appropriated does not exceed $6,600,000, the Secretary shall obligate an amount not to exceed $1,250,000 or 20 percent of the amount appropriated, whichever is the lesser, or

(B) if the amount appropriated exceeds $6,600,000, the Secretary shall obligate $1,250,000 plus 50 percent of the sums appropriated above that amount,

to assist in program development and training of physicians in emergency medicine.

Clause (3) of section 11 adds new subsections (e) and (f) to section 776.

New subsection (e) provides that no regulation, guideline, function, priority, application form, or training grant shall be established or made under this section without the concurrence of the administrative unit required under section 1208(a).

New subsection (f) provides that, to the maximum extent practicable, the Secretary shall establish a uniform funding cycle to facilitate applications for grants and contracts under title XII and under section 776, and to facilitate coordinated funding priorities and emphases between programs carried out under those authorities.

SECTION 12

Provides that sections 1201 through 1210 of title XII shall be redesignated as part A and adds a new part B which provides for the support of demonstration programs in the treatment of burn injuries and related research and training.

New section 1221 provides:

(a) The secretary may conduct and make grants to and enter into contracts with public or private non-profit entities and, with respect to research, enter into contracts with public or private entities and individuals, for the support of programs for the establishment, operation, and improvement of activities to (1) demonstrate the effectiveness of various modalities of treatment and rehabilitation of individuals injured by burns, (2) carry out research in the treatment and rehabilitation of such individuals, or (3) provide training in such treatment and rehabilitation and in such research.

No grant or contract may be made under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary, in such form and manner and containing such information as the Secretary may require. In considering applications under this section, the Secretary shall give priority to applications for programs which (1) will provide services within a geographical area in which services are not currently being adequately provided and (2) are in or accessible to the service areas of an EMS system meeting the requirements of section 1206(b)(4).

(c) For purposes of carrying out subsection (a), there are authorized to be appropriated $3,000,000 for fiscal year 1977, $5,000,000 for fiscal year 1978, and $6,000,000 for fiscal year 1979.

SECTION 13

Provides that notwithstanding any other provision of law, the Secretary of HEW is authorized to vest title to equipment purchased with contract funds under the seven contracts for EMS demonstration projects entered into in 1972 or 1973 under section 304 of the Public Health Service Act (as in effect at the time the contracts were entered into) in the contractors or their subcontractors without further obligation to the Government or on such other terms as the Secretary considers appropriate.

SECTION 14

Provides that the Secretary of HEW shall conduct studies to identify the categories of patients which should be included in a uniform

reporting system used to evaluate the effectiveness of EMS systems and burn programs in reducing death and disability. Not later than eighteen months after the date of enactment of the Committee bill, the Secretary shall report to the Congress the results of such studies. Such report shall include such recommendations for legislation relating to such a uniform reporting system as the Secretary determines is appropriate.

SECTION 15

Provides that all amendments and provisions shall be effective on July 1, 1976, except that the following shall be effective on enactment:

1. Section 2—making amendments conforming references to section 314 (a) and (b) agencies to the new title XV agencies.
2. Section 3—clarifying purposes for which planning grants may be made and permitting second planning grants under certain circumstances.
3. Section 4(1)(B)—permitting a first-year section 1203 grant through fiscal year 1978.
4. Section 8—authorizing appropriations and making changes in the earmarking requirements for such appropriations.
5. Section 10—setting forth duties and functions of the Interagency Committee on Emergency Medical Services.
6. Section 12—establishing a new burn injury treatment, research, and training program.
7. Section 13—authorizing HEW to vest title to equipment purchased with demonstration project contract funds in the grantee.
8. Section 14—mandating studies to identify categories of patients which should be included in a uniform reporting system.

SECTION 16

Amends section 3(j)(2) of the National Arthritis Act of 1974 to extend the life of the National Commission on Arthritis until December 31, 1976. Under present law, the Commission is to expire thirty days after it submits its report, which it did on May 6, 1976.

Tabulation of Votes Cast in Committee

Pursuant to section 133(b) of the Legislative Reorganization Act of 1949, as amended, the following is a tabulation of votes in Committee:

There were no rollcall votes cast in the Committee. The motion to favorably report the bill to the Senate carried unanimously by voice vote.

Cost Estimates Pursuant to Section 252 of the Legislative Reorganization Act of 1970

In accordance with Section 252(a) of the Legislative Reorganization Act of 1970 (Public Law 91-510, 91st Congress) the Committee submits the following:

CONGRESSIONAL BUDGET OFFICE—COST ESTIMATE

1. Bill number: S. 2548.
2. Bill title: Emergency Medical Services Amendments of 1976.
3. Purposes of bill: To extend authorizations under Title XII of the Public Health Services Act for emergency medical services and to include, under that Title, authorization for programs relating to burn injuries. The bill also amends present laws to conform with the requirements under Title XV of the same Act. This bill is an authorization and does not directly provide budget authority. Actual funding is subject to subsequent appropriations action.
4. Cost estimate:

[In millions of dollars]

Authorization level	Outlays					
	Transition quarter	Fiscal year — 1977	1978	1979	1980	1981
Transition quarter—5.083	0.254	4.346	0.435	0.043	0.004	
1977—68.000		3.400	58.140	5.814	.581	0.058
1978—90.000			4.500	76.950	7.695	.770
1979—96.000				4.800	91.200	9.120
Total	.254	7.746	63.075	87.607	99.480	9.948

5. Basis for estimate: Outlays are based upon levels of authorization and are calculated using spendout rates provided by the Office of the Comptroller, DHEW. The actual spendout rates applied were 5 percent in the year of authorization and 90 percent of the remaining funds in each subsequent year.
6. Estimate comparison: Not Applicable.
7. Previous CBO estimate: Not Applicable.
8. Estimate prepared by: Jeffrey C. Merrill.
9. Estimate approved by:

R. Scheppach
(For James L. Blum,
Assistant Director for Budget Analysis.)

Agency Reports

The Committee requested reports from the Department of Health, Education, and Welfare, the General Accounting Office, the Office of Management and Budget, and the Department of Transportation. As of the date of filing this report, an agency report has been submitted to the Committee by the Office of Management and Budget on S. 2548 and S. 2763, and by the Department of Health, Education, and Welfare and the Office of Management and Budget on the administration's recommended bill, S. 2011. Testimony on all legislation addressed during the hearings was presented to the Committee by the General Accounting Office, the Department of Health, Education, and Welfare, and the Department of Transportation.

EXECUTIVE OFFICE OF THE PRESIDENT,
OFFICE OF MANAGEMENT AND BUDGET,
Washington, D.C., February 12, 1976.

Hon. HARRISON A. WILLIAMS, Jr.,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate
Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your requests of October 28, 1975 and November 19, 1975 for the views of this Office on S. 2548 and S. 2673, bills to amend Title XII of the Public Health Service Act to revise and extend the program of assistance for emergency medical services systems.

In testimony before your Committee on January 23, 1976, HEW explained its reasons for opposing enactment of these two bills. The Department recommended, instead, the block grant proposal announced by the President in his State of the Union address—the Financial Assistance for Health Care Act—as an alternative to the narrow categorical authority under which the EMS program has been operating. Under the new proposal, States would have the flexibility necessary to support emergency medical services projects tailored to the particular needs of the State and its subdivisions.

We concur in the views expressd by HEW in its testimony and, accordingly, recommend against enactment of S. 2548 and S. 2673. We recommend instead that the Committee give favorable consideration to the Financial Assistance for Health Care Act. Enactment of the block grant proposal would be in accord with the program of the President.

Sincerely,

JAMES M. FREY,
Assistant Director for Legislative Reference.

EXECUTIVE OFFICE OF THE PRESIDENT,
OFFICE OF MANAGEMENT AND BUDGET,
Washington, D.C., August 5, 1975.

Hon. HARRISON A. WILLIAMS, Jr.,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request on June 30, 1975 for the views of this Office on S. 2011, a bill "To extend appropriations authorization for emergency medical services systems, and for other purposes."

S. 2011 is an Administration proposal submitted to the Congress by the Department of Health, Education, and Welfare on May 15, 1975. It would extend through fiscal year 1978 with some modification the emergency medical services systems program, for which the appropriation authorizations are scheduled to expire at the end of fiscal year 1976.

We recommend prompt consideration and enactment of S. 2011. Its enactment would be in accord with the program of the President.

Sincerely,

JAMES M. FREY,
Assistant Director for Legislative Reference.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
July 29, 1975.

Hon. HARRISON A. WILLIAMS, Jr.,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request of June 30, 1975, for a report on S. 2011, a bill "To extend appropriations authorizations for emergency medical services systems, and for other purposes."

The bill was transmitted to the Congress by the Department, on behalf of the Administration, on May 15, 1975. A copy of the letter of transmittal is enclosed for your convenience.

We urge that the bill receive prompt and favorable consideration.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report and that enactment of the bill would be in accord with the program of the President.

Sincerely,

CASPAR WEINBERGER,
Secretary.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
May 15, 1975.

Hon. NELSON A. ROCKEFELLER,
President of the Senate,
Washington, D.C.

DEAR MR. PRESIDENT: Enclosed for the consideration of the Congress is a draft bill "To extend appropriations authorizations for emergency medical services systems, and for other purposes."

The draft bill would extend to the end of fiscal year 1978 appropriations authorizations for emergency medical services systems (EMSS), now due to expire at the end of fiscal year 1976. Specifically, the proposal would (1) revise the appropriation authorization for fiscal year 1976 to provide, consistent with the 1976 Budget, an appropriation authorization of $22.6 million for grants and contracts for studying the feasibility of, planning for, establishing, initially operating, expanding, and improving EMSS; (2) authorize to be appropriated for fiscal year 1977 and fiscal year 1978 $22.6 million for grants and contracts for establishing, initially operating, expanding, and improving EMSS; and (3) repeal the required percentage allotments of funds among the various purposes. The research appropriations authorization expiring at the end of fiscal year 1976 would not be extended, as this authorization duplicates existing general research authorities.

We urge the prompt and favorable consideration of this legislation.

We are advised by the Office of Management and Budget that enactment of this proposal would be in accord with the program of the President.

Sincerely,

CASPAR W. WEINBERGER,
Secretary.

CHANGES IN EXISTING LAW

In compliance with subsection (4) of rule XXIX of the Standing Rules of the Senate, changes in existing law are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT, AS AMENDED

* * * * * * *

TITLE VII—HEALTH RESEARCH AND TEACHING FACILITIES AND TRAINING OF PROFESSIONAL HEALTH PERSONNEL

* * * * * * *

TRAINING IN EMERGENCY MEDICAL SERVICES

SEC. 776. (a) The Secretary may make grants to and enter into contracts with *hospitals and* schools of medicine, dentistry, osteopathy, and nursing, training centers for allied health professions, and other appropriate educational entities, *or a State, a unit of general local government, or any other public entity which has established an emergency medical services system or given adequate assurances that it will establish such a system which meets the requirements of section 1206(b)(4) and (except with respect to the training of basic emergency medical technicians) which has entered into a contract or other agreement with an appropriate educational entity for the training program in question*, to assist in meeting the cost of training programs in the techniques and methods of providing emergency medical services (including (*1*) the skills required in connection with the provision of ambulance service, *and* (*2*) *program development and training of physicians in emergency medicine*), especially training programs affording clinical experience in emergency medical services systems receiving assistance under title XII of this Act.

(b) No grant or contract may be made or entered into under this section unless (1) the applicant is a public or nonprofit private entity, and (2) an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner and contain such information, as the Secretary shall by regulation prescribe.

(c) The amount of any grant or contract under this section shall be determined by the Secretary. Payments under grants and contracts under this section may be made in advance or by way of reimbursement and at such intervals and on such conditions as the Secretary finds necessary. Grantees and contractees under this section shall make such reports at such intervals and containing such information, as the Secretary may require.

(d) Contracts may be entered into under this section without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

(*e*) *No regulation, guideline, function, priority, application form, or training grant shall be established or made under this section without the concurrence of the administrative unit required under section 1208(a).*

(f) To the maximum extent practicable, the Secretary shall establish a uniform funding cycle to facilitate applications for grants and contracts under title XII and under this section and to facilitate coordinated funding priorities and emphases between programs carried out under such authorities.

[(e)](*g*)(*1*) For the purpose of making payments pursuant to grants and contracts under this section, there are authorized to be appropriated $10,000,000 for the fiscal year ending June 30, 1974, *and each of the next five fiscal years.*

(2) of the funds appropriated under paragraph (1) for any fiscal year—

(A) if the amount appropriated does not exceed $6,600,000, the Secretary shall obligate an amount not to exceed $1,250,000 or 20 per centum of the amount appropriated, whichever is the lesser, or

(B) if the amount appropriated exceeds $6,600,000, the Secretary shall obligate $1,250,000 plus fifty per centum of the sums appropriated above that amount,

to assist in program development and training of physicians in emergency medicine.

* * * * * * *

TITLE XII—EMERGENCY MEDICAL SERVICES SYSTEMS

PART A—ASSISTANCE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

DEFINITIONS

SEC. 1201. For purposes of this [title] *part:*

(1) The term "emergency medical services system" means a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographical area of health care services under emergency conditions (occurring either as a result of the patient's condition or of natural disasters or similar situations) and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system.

(2) The term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands.

(3) The term "modernization" means the alteration, major repair (to the extent permitted by regulations), remodeling, and renovation of existing buildings (including initial equipment thereof), and replacement of obsolete, built-in (as determined in accordance with regulations) equipment of existing buildings.

[(4) The term "section 314(a) State health planning agency" means the agency of a State which administers or supervises the administration of a State's health planning functions under a State plan approved under section 314(a).

[(5) The term "section 314(b) areawide health planning agency" means a public or nonprofit private agency or organization which has developed a comprehensive regional, metropolitan, or other local area plan or plans referred to in section 314(b), and the term "section 314(b) plan" means a comprehensive regional, metropolitan, or other local area plan or plans referred to in section 314(b).]

(4) The term "section 1521 State health planning and development agency" means the agency of a State designated under section 1521 (b)(3).

(5) The term "section 1515 health systems agency" means a health systems agency designated under section 1515, and the term "health systems plan" means a health systems plan referred to in section 1513 (b)(2).

GRANTS AND CONTRACTS FOR FEASIBILITY STUDIES AND PLANNING

SEC. 1202. (a) The Secretary may make grants to and enter into contracts with eligible entities (as defined in section 1206(a)) for projects which include both (1) studying the feasibility of [establishing (through expansion or improvement of existing services or otherwise) and operating an emergency medical services system, and (2) planning the establishment and operation of such a system] *and (2) planning (A) the establishment and operation, or (B) the expansion and improvement, or (C) both, of an emergency medical services system.*

(b) [If] *(1) Except as provided in paragraph (2) of this subsection, if* the Secretary makes a grant or enters into a contract under this section for a study and planning project respecting an emergency medical services system for a particular geographical area, the Secretary may not make any other grant or enter into any other contract under this section for such project, and he may not make a grant or enter into a contract under this section for any other study and planning project respecting an emergency medical services system for the same area or for an area which includes (in whole or substantial part) such area.

(2) The Secretary may also make a second grant or contract under subsection (a) respecting an emergency medical services system with respect to which a grant or contract described in paragraph (1) has been made, when he determines that such grant is necessary (A) to assist an entity in planning for expansion and improvement of such system in connection with an application for an initial year of support under section 1204, (B) to assist a State to update a Statewide plan, or (C) prior to October 1, 1976, to assist an entity in planning to meet the new requirements added to sections 1203 and 1204 by the Emergency Medical Services Amendments of 1976.

(c) Reports of the results of any study and planning project assisted under this section shall be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and a final report of such results shall be submitted to the Secretary and such Committee not later than one year from the date the grant was made or the contract entered into, as the case may be.

(d) An application for a grant or contract under this section shall—

(1) demonstrate to the satisfaction of the Secretary the need of the area for which the study and planning will be done for an emergency medical services system;

(2) contain assurances satisfactory to the Secretary that the applicant is qualified to plan an emergency medical services system for such area; and

(3) contain assurances satisfactory to the Secretary that the planning will be conducted in cooperation [(A) with each section 314(b) areawide health planning agency whose section 314(b) plan covers (in whole or in part) such area, and] *(A) with each section 1515 health systems agency whose health systems plan covers (in whole or in part) such area, and* (B) with any emergency medical services council or other entity responsible for review and evaluation of the provision of emergency medical services in such area.

(e) The amount of any grant under this section shall be determined by the Secretary.

GRANTS AND CONTRACTS FOR ESTABLISHING AND INITIAL OPERATION

SEC. 1203. (a) The Secretary may make grants to and enter into contracts with eligible entities (as defined in section 1206(a)) for the establishment and initial operation of emergency medical services systems.

(b) Special consideration shall be given to applications for grants and contracts for systems which will coordinate with statewide emergency medical services system.

(c)(1) Grants and contracts under this section may be used for the modernization of facilities for emergency medical services systems and other costs of establishment and initial operation.

(2) Each grant or contract under this section shall be made for costs of establishment and operation in the year for which the grant or contract is made. If a grant or contract is made under this section for a system, the Secretary may make one additional grant or contract for that system if he determines, after a review of the first nine months' activities of the applicant carried out under the first grant or contract, that the applicant is satisfactorily progressing in the establishment and operation of the system in accordance with the plan contained in this application (pursuant to section 1206(b)(4)) for the first grant or contract. *A second grant or contract may not be made under this section unless the entity submits with an application for assistance under this section (A) copies of formal resolutions or proclamations of the executive or legislative governing bodies in the local jurisdictions included in the system's service area (i) pledging each such jurisdiction's support and cooperation with the regional, or Statewide, emergency medical services system, and (ii) providing assurances of financial support in the year subsequent to that for which financial assistance is sought which in the aggregate will maintain the system at a level equal to that sought in the application; and (B) assurances, accompanied by specific plans indicating step-by-step achievement, of compliance with each of the requirements of section 1206(b)(4)(C) by the conclusion of the maximum period for support for an emergency medical services system under this part.*

(3) No grant or contract may be made under this section for the fiscal year ending [June 30, 1976] *September 30, 1979*, to an entity which

did not receive a grant or contract under this section for the preceding fiscal year.

(4) Subject to section 1206(f)—

(A) the amount of the first grant or contract under this section for an emergency medical services system may not exceed (i) 50 per centum of the establishment and operation costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 75 per centum of such costs for such year; *and in each case no less than 25 per centum of the non-Federal share shall be in cash, and the grant or contract shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in defraying operating costs or otherwise to carry out the administration of the system; and*

(B) the amount of the second grant or contract under this section for a system may not exceed (i) 25 per centum of the establishment and operation costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 50 per centum of such costs for such year; *and in each case no less than 50 per centum of the non-Federal share shall be in cash, and the grant or contract shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in defraying operating costs or otherwise to carry out the administration of the system.*

(5) In considering applications which demonstrate exceptional need for financial assistance, the Secretary shall give special consideration to applications submitted for emergency medical services systems for rural areas (as defined in regulations of the Secretary).

(6) Reports of the results of each establishment and initial operation project assisted under this section shall be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and a final report of such results shall be transmitted to the Secretary and such Committee not later than one year from the expiration of the last year for which a grant or contract was made under this section for such project.

GRANTS AND CONTRACTS FOR EXPANSION AND IMPROVEMENT

SEC. 1204. (a) The Secretary may make grants to and enter into contracts with eligible entities (as defined in section 1206(a)) for projects for the expansion and improvement of emergency medical services systems, including the acquisition of equipment and facilities, the modernization of facilities, and other projects to expand and improve such systems.

[(b) Subject to section 1206(f), the amount of any grant or contract under this section for a project shall not exceed (i) 50 per centum of the cost of that project (as determined pursuant to regulations of the Secretary), or (ii) in the case of applications which demonstrate and exceptional need for financial assistance, 75 per centum of such costs.]

(b)(1) Each grant or contract for a project under this section shall be made for the project's costs of expansion and improvement of a system in the year for which the grant or contract is made. Except as provided in paragraph (3)(C), if a grant or contract is made under this section for a system, the Secretary may make one additional grant or contract for that system if he determines, after a review of the first nine months' activities of the applicant carried out under the first grant or contract, that the applicant is satisfactorily progressing in the expansion and improvement of the system in accordance with the plan contained in his application (pursuant to section 1206(b)(4)) for the first grant or contract.

(2) Subject to section 1206(f)—

(A) the amount of the first grant or contract under this section for an emergency medical services system may not exceed (i) 50 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 75 per centum of such costs for such year; and in each case no less than 25 per centum of the non-Federal share shall be in cash, and the grant or application shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in carrying out the expansion and improvement of the system; and

(B) the amount of the second grant or contract under this section for a project for a system may not exceed (i) 25 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 50 per centum of such costs for such year; and in each case no less than 50 per centum of the non-Federal share shall be in cash, and the grant or application shall provide that such amount shall be made available to the regional entity responsible for administering the operation of the system for use in carrying out the expansion and improvement of the system.

(3)(A) No grant or contract may be made under this section unless the entity submits with an application for assistance under this section (i) copies of resolutions or proclamations of the executive or legislative governing bodies in the local jurisdictions included in the system's service area (I) attesting to their endorsement and support of a specific forecast and detailed financial plan demonstrating the system's ability to carry out and maintain the level of expanded or improved activity to be achieved under such grant or contract, and (II) pledging each such jurisdiction's support and cooperation with the regional, or statewide, emergency medical services system, and (ii) assurances, accompanied by specific plans showing step-by-step achievement, of compliance with each of the requirements of section 1206(b)(4)(C) by the conclusion of the maximum period for support for an emergency medical services system under this part.

(B) A second grant or contract may not be made under this section unless the entity submits with an application for assistance under this section evidence of substantial progress in the legislative or execu-

tive processes in the local jurisdictions included in the system's service area toward providing the requisite budgetary support to carry out the forecast and detailed financial plan submited under subparagraph (A) of this paragraph with the application for a first year of support under this section.

(C) Prior to October 1, 1976, the Secretary may make a third grant under this section to an eligible entity to assist such entity to achieve the capacity for self-sufficiency required by amendments made to this section by the Emergency Medical Services Amendments of 1976.

(c) Reports of the results of any expansion and improvement project assisted under this section shall be submitted to the Secretary and the Interagency Committee on Emergency Medical Services at such intervals as the Secretary may prescribe, and a final report of such results shall be transmitted to the Secretary and such Committee not later than one year from the expiration of the last year for which a grant or contract was made under this section for such project.

GRANTS AND CONTRACTS FOR RESEARCH

SEC. 1205. (a) The Secretary may make grants to *and enter into contracts with*, public or private nonprofit entities, and enter into contracts with private entities and individuals, for the support of research in emergency medical techniques, methods, devices, and delivery. The Secretary shall give special consideration to applications for grants or contracts for research relating to the delivery of emergency medical services in rural areas. *In awarding grants or contracts for research relating to the delivery of emergency medical services in rural areas, emphasis shall be placed on identifying and utilizing techniques and methods to apply the results of such research to improve the delivery of emergency medical services in such areas.*

(b) No grant may be made or contract entered into under this section for amounts in excess of $35,000 unless the application therefor has been recommended for approval by an appropriate peer review panel designated or established by the Secretary. Any application for a grant or contract under this section shall be submitted in such form and manner, and contain such information, as the Secretary shall prescribe in regulations.

(c) The recipient of a grant or contract under this section shall make such reports to the Secretary as the Secretary may require. *Such reports shall contain recommendations and a plan of action for applying the results of research to improve the delivery of emergency medical services.*

(d) No regulation, guideline, funding priority, application form, grant, or contract shall be established or made under this section without the concurrence of the administrative unit required under section 1208.

GENERAL PROVISIONS RESPECTING GRANTS AND CONTRACTS

SEC. 1206. (a) For purposes of sections 1202, 1203, and 1204, the term "eligible entity" means—

(1) a State,

(2) a unit of general local government,

(3) a public entity administering a compact or other regional arrangement or consortium, or

(4) any other public entity and any nonprofit private entity.

(b) (1) No grant or contract may be made under this [title] *part* unless an application therefor has been submitted to, and approved by, the Secretary. *Notwithstanding any other provision of this part, no applicant shall receive more than a total of five years of grant or contract support under this part. , not including a second planning and feasibility grant or contract under section 2202(b)(2).*

(2) In considering applications submitted under this [title] *part*, the Secretary shall give priority to applications submitted by the entities described in clauses (1), (2), and (3) of subsection (a).

(3) No application for a grant or contract under section 1202 may be approved unless—

(A) the application meets the application requirements of such section;

(B) in the case of an application submitted by a public entity administering a compact or other regional arrangement or consortium, the compact or other regional arrangement or consortium includes each unit of general local government of each standard metropolitan statistical area (as determined by the Office of Management and Budget) located (in whole or in part) in the service area of the emergency medical services system for which the application is submitted;

(C) in the case of an application submitted by an entity described in clause (4) of subsection (a), such entity has provided a copy of its application to each entity described in clauses (1), (2), and (3) of such subsection which is located (in whole or in part) in the service area of the emergency medical services system for which the application is submitted and has provided each such entity a reasonable opportunity to submit to the Secretary comments on the application;

(D) the—

[(i) section 314(a) State health planning agency of each State in which the service area of the emergency medical services system for which the application is submitted will be located, and

(ii) section 314(b) areawide health planning agency (if any) whose section 314(b) plan covers (in whole or in part) the service area of such system,]

(i) section 1521 State health planning and development agency of each State in which the service area of the emergency medical services system for which the application is submitted will be located, and

(ii) section 1515 health systems agency whose health systems plan cover (in whole or in part) the service area of such system,

have had not less than thirty days (measured from the date a copy of the application was submitted to the agency by the applicant) in which to comment on the application;

(E) the applicant agrees to maintain such records and make such reports to the Secretary as the Secretary determines are necessary to carry out the provisions of this [title;] *part;* and

(F) the application is submitted in such form and such manner and contains such information (including specification of applicable provisions of law or regulations which restrict the full

utilization of the training and skills of health professions and allied and other health personnel in the provision of health care services in such a system) as the Secretary shall prescribe in regulations.

(4)(A) An application for a grant or contract under section 1203 or 1204 may not be approved by the Secretary unless (i) the application meets the requirements of subparagraphs (B) through (F) of paragraph (3), and (ii) except as provided in subparagraph (B)(ii), the applicant (I) demonstrates to the satisfaction of the Secretary that the emergency medical services system for which the application is submitted will, within the period specified in subparagraph (B)(i), meet each of the emergency medical services system requirements specified in subparagraph (C), and (II) provides in the application a plan satisfactory to the Secretary for the system to meet each such requirement within such period.

(B)(i) The period within which an emergency medical services system must meet each of the requirements specified in subparagraph (A) is the period of the grant or contract for which application is made, *or the total period of eligibility for assistance under sections 1203 or 1204, whichever is applicable*; except that if the applicant demonstrates to the satisfaction of the Secretary the inability of the applicant's emergency medical services system to meet one or more of such requirements within such period, the period (or periods) within which the system must meet such requirement (or requirements) is such period (or periods) as the Secretary may require.

(ii) If an applicant submits an application for a grant or contract under section 1203 or 1204 and demonstrates to the satisfaction of the Secretary the inability of the system for which the application is submitted to meet one or more of the requirements specified in subparagraph (C) within any specific period of time, the demonstration and plan prerequisites prescribed by clause (ii) of subparagraph (A) shall not apply with respect to such requirement (or requirements) and the applicant shall provide in his application a plan, satisfactory to the Secretary, for achieving appropriate alternatives to such requirement (or requirements).

(iii) If an applicant submits an application for a grant or contract under section 1203 or 1204 and demonstrates to the satisfaction of the Secretary the inability of the applicant, due to the extreme financial distress of one or more of the governmental entities for the local jurisdiction or jurisdictions comprising the substantial portion of the system's service area to meet, in whole or in part, the new cash non-Federal share requirements added to sections 1203(c)(4) and 1204(b)(2) by the Emergency Medical Services Amendments of 1976, such new requirements shall not apply to the extent of such demonstrated inability.

(C) An emergency medical services system shall—

(i) include an adequate number of health professions, allied health professions, and other health personnel with appropriate training and experience;

(ii) provide for its personnel appropriate training (including clinical training) and continuing education programs which (I) are coordinated with other programs in the system's service area which provide similar training and education, and (II) emphasize recruitment and necessary training of veterans of the Armed

Forces with military training and experience in health care fields and of appropriate public safety personnel in such area;

(iii) join the personnel, facilities, and equipment of the system by a central communications system so that requests for emergency health care services will be handled by a communications facility which (I) utilizes emergency medical telephonic screening, (II) utilizes or, within such period as the Secretary prescribes will utilize, the universal emergency telephone number 911 [, and] *or an appropriate alternative coordinated emergency telephone procedure*, (III) will have direct communication connections and interconnections with the personnel, facilities, and equipment of the system and with other appropriate emergency medical services systems, *(IV) will have the capability to communicate with individuals having auditory and other sensory handicaps and in the language of the predominant population groups with limited English-speaking ability in the system's service area, and (V) makes maximum use of communications equipment and systems made available under the authorities of the Highway Safety Act (23 U.S.C. 402; 80 Stat. 718, as amended) or title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 1731 et seq; 87 Stat. 197 et seq.);*

(iv) include an adequate number of necessary ground, air, and water vehicles and other transportation facilities to meet the individual characteristics of the system's service area—

(I) which vehicles and facilities meet appropriate standards relating to location, design, performance, and equipment *and shall make maximum use of vehicles made available under the authorities of such Highway Safety Act*, and

(II) the operators and other personnel for which vehicles and facilities meet appropriate training and experience requirements;

(v) include an adequate number of easily accessible emergency medical services facilities which are collectively capable of providing services on a continuous basis, which have appropriate nonduplicative and categorized capabilities, which meet appropriate standards relating to capacity, location, personnel, and equipment, and which are coordinated with other health care facilities of the system;

(vi) provide access (including appropriate transportation) to specialized critical medical care units in the system's service area, or, if there are no such units or an inadequate number of them in such area, provide access to such units in neighboring areas if access to such units is feasible in terms of time and distance;

(vii) provide for the effective utilization of the appropriate personnel, facilities, and equipment of each public safety agency providing emergency services in the system's service area;

(viii) be organized in a manner that provides persons who reside in the system's service area and who have no professional training or financial interest in the provision of health care with an adequate opportunity to participate in the making of policy for the system;

(ix) provide, without prior inquiry as to ability to pay, necessary emergency medical services to all patients requiring such services;

(x) provide for *all feasible* transfer of patients to facilities and programs which offer such followup care and rehabilitation as is necessary to effect the maximum recovery of the patient;

(xi) provide for a [standardized] *coordinated* patient record-keeping system meeting appropriate standards established by the Secretary, which records shall cover the treatment of the patient from initial entry into the system through his discharge from it, and shall be consistent with ensuing patient records used in followup care and rehabilitation of the patient;

(xii) provide programs of public education and information in the system's service area (taking into account the needs of visitors to, as well as residents of, that area to know or be able to learn immediately the means of obtaining emergency medical services) which programs stress the general dissemination of information regarding appropriate methods of medical self-help and first-aid and regarding the availability of first-aid training programs in the area;

[(xiii) provide for (I) periodic comprehensive, and independent review and evaluation of the extent and quality of the emergency health care services provided in the system's service area, and (II) submission to the Secretary of the reports of each such review and evaluation;]

(xiii) provide (I) capacity for periodic and objective review and evaluation of the extent and quality of the emergency health care services provided in the system's service area (including consideration of management performance, process measures, and patient outcomes), and (II) for submission to the Secretary of the reports of any such review and evaluation and the data collected to carry out this requirement;

(xiv) have a plan to assure that the system will be capable of providing emergency medical services in the system's service area during mass casualties, natural disasters, or national emergencies; and

(xv) provide for the establishment of appropriate arrangements with emergency medical services systems or similar entities serving neighborhood areas for the provision of emergency medical services on a reciprocal basis where access to such services would be more appropriate and effective in terms of the services available, time, and distance.

The Secretary shall by regulations prescribe standards and criteria for the requirements prescribed by this subparagraph. In prescribing such standards and criteria, the Secretary shall consider relevant standards and criteria prescribed by other public agencies and by private organizations.

[(5) The Secretary shall provide technical assistance, as appropriate, to eligible entities as necessary for the purpose of their preparing applications or otherwise qualifying for or carrying out grants or contracts under sections 1202, 1203, or 1204, with special consideration for applicants in rural areas.]

(c) Payments under grants and contracts under this [title] *part* may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary determines will most effectively carry out this [title.] *part.*

(d) Contracts may be entered into under this [title] *part* without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

(e) No funds appropriated under any provision of this Act other than section 1207 or [title VII] *section 301 or title IV or VII* may be used to make a new grant or contract in any fiscal year for a purpose for which a grant or contract is authorized by this [title] *part* unless (1) all the funds authorized to be appropriated by section [1207] *1207(a)* for such fiscal year have been appropriated and made available for obligation in such fiscal year, and (2) such new grant or contract is made in accordance with the requirements of this [title] *part* that would be applicable to such grant or contract if it was made under this [title] *part.* For purposes of this subsection, the term "new grant or contract" means a grant or contract for a program or project for which an application was first submitted after the date of the enactment of the Act which makes the first appropriations under the authorizations contained in section 1207.

(f)(1) In determining the amount of any grant or contract under section 1203 or 1204, the Secretary shall take into consideration the amount of funds available to the applicant from Federal grant or contract programs under laws other than this Act for any activity which the applicant proposes to undertake in connection with the establishment and operation or expansion and improvement of an emergency medical services system and for which the Secretary may authorize the use of funds under a grant or contract under sections 1203 and 1204.

(2) The Secretary may not authorize the recipient of a grant or contract under section 1203 or 1204 to use funds under such grant or contract for any training program in connection with an emergency medical services system unless the applicant (*A*) *has* filed an application (as appropriate) under title VII or VIII for a grant or contract for such program and such application was not approved or was approved but for which no or inadequate funds were made available under such title, *or* (*B*) *has demonstrated to the satisfaction of the Secretary that the filing of such an application would be futile or unreasonably burdensome.*

AUTHORIZATION OF APPROPRIATIONS

SEC. 1207. (a)(1) For the purpose of making payments pursuant to grants and contracts under sections 1202, 1203, and 1204, there are authorized to be appropriated $30,000,000 for the fiscal year ending June 30, 1974, [and] $60,000,000 for the fiscal year ending June 30, 1975, *$70,000,000 for the fiscal year ending June 30, 1976, $5,083,000 for the period beginning July 1, 1976, and ending September 30, 1976, $50,000,000 for the fiscal year ending September 30, 1977, and $70,000,000 for the fiscal year ending September 30, 1978;* and for the purpose of making payments pursuant to grants and contracts under sections 1203 and 1204, *there are authorized to be appropriated $75,000,000* for the fiscal year ending [June 30, 1976, there are authorized to be appropriated $70,000,000] *September 30, 1979.*

(2) Of the sums appropriated under paragraph (1) for any fiscal year, not less than 20 per centum shall be made available for grants and contracts under this [title] *part* for such fiscal year for emer-

gency medical services systems which serve or will serve rural areas (as defined in regulations of the Secretary under section 1203(c)(5)).

(3) Of the sums appropriated under paragraph (1) for the fiscal year ending June 30, 1974, or the succeeding fiscal year—

(A) 15 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1202 (relating to feasibility studies and planning) for such fiscal year;

(B) 60 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1203 (relating to establishment and initial operation) for such fiscal year; and

(C) 25 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1204 (relating to expansion and improvement) for such fiscal year.

(4) Of the sums appropriated under paragraph (1) for the fiscal year ending June 30, 1976—

(A) not more than 10 per centum of such sums shall be made available only for grants and contracts under section 1202 (relating to feasibility studies and planning) for such fiscal year, and

[*(A)***]** *(B) not more than* 75 per centum of such sums shall be made available for grants and contracts under section 1203 for such fiscal year, and

[*(B)***]***(C)* **[***(25)***]** *not more than 45* per centum of such sums shall be made available for grants and contracts under section 1204 for such fiscal year.

(5) Of the sums appropriated under paragraph (1) for the fiscal year ending September 30, 1977, and the succeeding fiscal year, at least 5 per centum but not more than 10 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1202 for such fiscal year, and of the sums appropriated under paragraph (1) for the fiscal year ending September 30, 1977, and the succeeding two fiscal years, not more than 70 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1203 for such fiscal year, and not more than 45 per centum of such sums for each such fiscal year shall be made available only for grants and contracts under section 1204 for such fiscal year.

(b) For the purpose of making payments pursuant to grants and contracts under section 1205 (relating to research), there are authorized to be appropriated $5,000,000 for the fiscal year ending June 30, 1974, and for each of the next **[**two**]** *five* fiscal years.

ADMINISTRATION

[SEC. 1208. The Secretary shall administer the program of grants and contracts authorized by this title through an identifiable administrative unit within the Department of Health, Education, and Welfare. Such unit shall also be responsible for collecting, analyzing, cataloging, and disseminating all data useful in the development and operation of emergency medical services systems, including data derived from reviews and evaluations of emergency medical systems assisted under section 1203 or 1204.**]**

SEC. 1208. (a) The Secretary shall administer the program of grants and contracts (except for grants and contracts under section 1205) authorized by this part through an identifiable administrative unit specializing in emergency medical services within the Department of Health, Education, and Welfare.

(b) Such administrative unit shall—

(1) be responsible for collecting, analyzing, cataloging, and disseminating all data useful in the development and operation of emergency medical services systems, including data derived from reviews and evaluations of emergency medical services systems assisted under sections 1202, 1203, and 1204;

(2) publish suggested criteria for collecting necessary information from, and for evaluation of, projects funded under this title;

(3) concur in the regulations, guidelines, funding priorities, application forms, grant awards, and contracts with respect to the research program under section 1205 and the training program under section 776;

(4) be consulted in advance of the issuance of regulations, guidelines, and funding priorities for research and training related to emergency medical services carried out under any other authorities of this Act;

(5) provide technical assistance and monitoring with respect to grant and contract activities under sections 1202, 1203, and 1204; and

(6) provide for periodic independent evaluation of the effectiveness and coordination of programs carried out under this part and section 776.

(c) Not less than 7 per centum of the funds appropriated each year under section 1207(a)(1) shall be set aside for administration (including salaries of all unit personnel), data gathering and dissemination, technical assistance, monitoring, and independent evaluation, and to provide support for the interagency committee established under section 1209, but in no event shall more than $3 million be so set aside.

INTERAGENCY COMMITTEE OF EMERGENCY MEDICAL SERVICES

SEC. 1209. (a) *(1)* The Secretary shall establish an Interagency Committee on Emergency Medical Services. The Committee shall evaluate the adequacy and technical soundness of all Federal programs and activities which relate to emergency medical services and provide for the communication and exchange of information necesary to maintain the coordination and effectiveness of such programs and activities and shall make recommendations to the Secretary respecting the administration of the program of grants and contracts under this **[**title**]** *part* (including the making of regulations for such program).

(2) Not later than July 1, 1977, the Interagency Committee on Emergency Medical Services shall—

(A) develop and publish (i) a coordinated, comprehensive Federal Emergency Medical Services Funding and Federal Resource-sharing plan (designed to enhance the effectiveness of Federal programs of assistance for emergency medical services and related activities, including communication and transporta-

tion systems of public safety agencies, and to promote the maximum feasible joint and coordinated Federal funding and operation of such programs and systems in order to establish integrated response capabilities to medical emergencies, including a report with respect thereto containing any recommendations for legislation as may be necessary to insure such response capabilities), and (ii) a coordinated description, to be disseminated to all participating and other relevant Federal agencies' regional offices and fund recipients, of sources of Federal support for the purchase of vehicles and communications equipment as well as for training activities;

(B) develop and publish recommended uniform standards of quality and health and safety with respect to all equipment (including communications and transportation equipment) and training related to emergency medical services: and

(C) with the Secretary, utilizing all authorities available to him, take all feasible steps to encourage States to reinforce, through appropriate actions, the minimum quality and health and safety standards recommended by the Committee pursuant to clause (B).

(b) The Secretary or his designee shall serve as Chairman of the Committee, the membership of which shall include (1) appropriate scientific, medical, or technical representation from the Department of Transportation, the Department of Justice, the Department of Defense, the Veterans' Administration, the National Science Foundation, the Federal Communications Commission, the National Academy of Sciences, and such other Federal agencies and offices (including appropriate agencies and offices of the Department of Health, Education, and Welfare), as the Secretary determines administer programs directly affecting the functions or responsibilities of emergency medical services systems, and (2) five individuals from the general public appointed by the President from individuals who by virtue of their training or experience are particularly qualified to participate in the performance of the Committee's functions. The Committee shall meet at the call of the Chairman, but not less often than four times a year.

(c) Each appointed member of the Committee shall be appointed for a term of four years, except that—

(1) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and

(2) of the members first appointed, two shall be appointed for a term of four years, two shall be appointed for a term of three years, and one shall be appointed for a term of one year, as designated by the President at the time of appointment.

Appointed members may serve after the expiration of their terms until their successors have taken office.

(d) Appointed members of the Committee shall receive for each day they are engaged in the performance of the functions of the Committee compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.

(e) The Secretary shall make available to the Committee such staff, information (including copies of reports of reviews and evaluations of emergency medical services systems assisted under section [1203 or 1204] *1202, 1203, or 1204*), and other assistance as it may require to carry out its activities effectively.

ANNUAL REPORT

SEC. 1210. The Secretary shall prepare and submit annually to the Congress a report on the administration of this title. Each report shall include an evaluation of the adequacy of the provision of emergency medical services in the United States during the period covered by the report, and evaluation of the extent to which the needs for such services are being adequately met through assistance provided under this [title] *part*, and his recommendations for such legislation as he determines is required to provide emergency medical services at a level adequate to meet such needs. The first report under this section shall be submitted not later than September 30, 1974, and shall cover the fiscal year ending June 30, 1974.

PART B—BURN INJURIES

SEC. 1221. (a) The Secretary may conduct and make grants to and enter into contracts with public or private nonprofit entities and, with respect to research, enter into contracts with public or private entities and individuals, for the support of programs for the establishment, operation, and improvement of activities to (1) demonstrate the effectiveness of various modalities of treatment and rehabilitation of individuals injured by burns, (2) carry out research in the treatment and rehabilitation of such individuals, or (3) provide training in such treatment and rehabilitation and in such research.

(b) No grant or contract may be made under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be submitted in such form and manner and contain such information as the Secretary may require. In considering applications under this section for programs which (1) will provide services within a geographical area in which services are not currently being adequately provided and (2) are in or accessible to the service areas of an emergency medical services system meeting the requirements of section 1206(b)(4).

(c) For purposes of carrying out subsection (a), there are authorized to be appropriated $3,000,000 for the fiscal year ending September 30, 1977, $5,000,000 for the fiscal year ending September 30, 1978, and $6,000,000 for the fiscal year ending September 30, 1979.

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NATIONAL ARTHRITIS ACT OF 1974 PUBLIC LAW 93–640 (88 STAT. 2217), AS AMENDED BY PUBLIC LAW 94–278 (90 STAT. 401)

* * * * * * *

NATIONAL COMMISSION ON ARTHRITIS; ARTHRITIS PLAN

SEC. 3. (a) The Secretary of Health, Education, and Welfare (hereinafter in this section referred to as the "Secretary"), after consulting with the Director of the National Institutes of Health, shall,

within sixty days of the date of the enactment of this section, establish a National Commission on Arthritis and Related Musculoskeletal Diseases (hereinafter in this section referred to as the "Commission").

(b) The Commission shall be composed of eighteen members as follows:

(1) Six members appointed by the Secretary who are scientists, physicians, or other health professionals not in the employment of the Federal Government, who represent the various specialities and disciplines involving arthritis and related musculoskeletal diseases (hereinafter in this section collectively referred to as "arthritis"), and of whom at least two are practicing clinical rheumatologists, at least one is an orthopedic surgeon, and at least one is an allied health professional.

(2) Four members appointed by the Secretary from the general public, of whom at least two suffer from arthritis.

(3) One member appointed by the Secretary, from members of the National Arthritis, Metabolism, Digestive Disease Advisory Council, whose primary interest is in the field of rheumatology.

(4) The Director of the National Institutes of Health or his designee, the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseass or his designee, the Directors, or their designees, of the National institute of Allergy and Infectious Diseases and the National Institute of General Medical Science, the Associate Director for Arthritis and Related Musculoskeletal Diseases of such Institute, and the Chief Medical Director of the Veterans' Administration and the Secretary of Defense or their designees, each of whom shall serve as ex officio, nonvoting members.

(c) The members of the Commission shall select a chairman from among their own number. The Commission shall first meet on a date specified by the Secretary, not later than 30 days after the Commission is established, and thereafter shall meet at the call of the Chairman of the Commission (but not less often than three times).

(d) The Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases shall—

(1) designate a member of the staff of such Institute to act as Executive Secretary of the Commission, and

(2) provide the Commission with such full-time professional and clerical staff, such information, and the services of such consultants as may be necessary to assist it in carrying out effectively its function under this section.

(e) Members of the Commission who are officers or employees of the Federal Government shall serve as members of the Commission without compensation in addition to that received in their regular public employment. Members of the Commission who are not officers or employees of the Federal Government shall each receive the daily equivalent of the rate in effect for grade GS-18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Commission. All members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703, title 5, United States Code, for persons in the Government service employed intermittently.

(f) The Commission shall survey Federal, State, and local health programs and activities relating to arthritis and assess the adequacy technical soundness, and coordination of such programs and activities. All Federal departments and agencies administering health programs and activities relating to arthritis shall provide such cooperation and assistance relating to such programs and activities as is reasonably necessary for the Commission to make such survey and assessment.

(g) The Commission shall formulate a long-range plan (hereinafter in this section referred to as the "Arthritis Plan") with specific recommendations for the use and organization of national resources to combat arthritis. The Arthritis Plan shall be based on a survey investigating the incidence and prevalence of arthritis and its economic and social consequences, and on an evaluation of scientific information respecting, and the national resources capable of dealing with arthritis. The Arthritis Plan shall include a comprehensive program for the National Institute of Arthritis, Metabolism, and Digestive Diseases (hereinafter in this section referred to as the "Institute") and plans for Federal, State, and local programs, which program and programs, shall, as appropriate, provide for—

(1) investigation into the epidemiology, etiology, and prevention and control of arthritis, including the social, environmental, behavioral, nutritional, and biological control of arthritis;

(2) studies and research into the basic biological processes and mechanisms involved with arthritis, including abnormalities of the immune, musculoskeletal, cardiovascular, gastrointestinal, urogenital, pulmonary, and nervous systems, the skin, and the eyes;

(3) research into the development, trial, and evaluation of techniques, orthopedic and other surgical procedures, and drugs (including drugs intended for use by children) used in the diagnosis, early detection, treatment, prevention, and control of arthritis;

(4) programs that will apply scientific and technological methodologies and processes involving biological, physical, and engineering sciences to deal with all facets of arthritis, including traumatic arthritis;

(5) programs for the conduct and direction of field studies large-scale testing, evaluation, and demonstration of preventive, diagnostic, therapeautic, rehabilitative, and control approaches to arthritis, including studies of the effectiveness and use of home care programs, mobile care units, community rehabilitation facilities, and other appropriate community public health and social services;

(6) studies of the feasibility of, and possible benefits accruing from, the organization and training of teams of health and allied health professionals in the treatment and rehabilitation of individuals who suffer from arthritis;

(7) programs to evaluate available resources for the rehabilitation of individuals who suffer from arthritis;

(8) programs to develop new and improved methods of screening and referral for arthritis, and particularly for the early detection of arthritis;

(9) programs to establish standards and criteria for measurement of the severity and rehabilitative potential of disabilities resulting from arthritis;

(10) programs to develop a uniform descriptive vocabulary for use in basic and clinical research and a standardized clinical patient data set for arthritis to standardize collection, storage, and retrieval of research and treatment data in order to facilitate collaborative and comparative studies of large patient populations;

(11) programs to establish a system for the collection, analysis, and dissemination of data useful in the screening, prevention, diagnosis, and treatment of arthritis, including the establishment of a national data storage bank to collect, catalog, and store, and facilitate retrieval and dissemination of information as to the practical application of research and other activities pertaining to arthritis;

(12) programs for the education (including continuing education programs and development of new techniques and curricula) of scientists, bioengineers, physicians engaged in general practice, the practice of family medicine, or other primary care specialities, surgeons, including orthopedic surgeons, and other health and allied health professionals and educators in the field and specialities requisite to screening, early detection, diagnosis, treatment, and prevention of arthritis and rehabilitation of individuals who suffer from arthritis;

(13) programs for public education and counseling relating to arthritis, including public information campaigns on current developments in diagnostic and treatment procedures and programs to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods and unapproved and ineffective drugs and devices;

(14) a program for the acceleration of international cooperation in and exchange of knowledge on research, screening, early detection, diagnosis, treatment, prevention, and control of arthritis; and

(15) coordination of the research programs relevant to arthritis of other Institutes of the National Institutes of Health, the Department of Health, Education, and Welfare, and other Federal and non-Federal entities.

(h) The Commission may hold such hearings, take such testimony, and sit at such time and places as it deems advisable.

(i)(1) The Commission shall prepare for each of the Institutes of the National Institutes of Health whose activities are to be affected by the Arthritis Plan estimates of necessary expenditures to carry out each such Institute's part of the comprehensive program included in the Plan. The estimates shall be prepared for the fiscal year ending June 30, 1976, and for each of the next two fiscal years.

(2) Within five days after the Budget is transmitted by the President to Congress for the fiscal year ending June 30, 1976, and for each of the next two fiscal years, the Secretary shall transmit to the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Labor and Public Welfare of the Senate, and the Committee on Commerce and Health of the United States House of Representatives an estimate of the amounts requested for

arthritis research by each of the Institutes for which estimates were prepared under paragraph (1) and a comparison of such amounts with such estimates.

(j)(1) The Commission shall publish and transmit directly to the Congress (without prior administrative approval or review by the Office of Management and Budget or any other Federal department or agency) the Arthritis Plan within two hundred and ten days after the date on which funds are first appropriated for the Commission.

(2) The Commission shall cease to exist on [the thirtieth day following the date of the submission of the Arthritis Plan pursuant to paragraph (1) of this subsection] *December 31, 1976.*

(k) There are authorized to be appropriated, without fiscal year limitation, to carry out the purposes of this section $2,000,000.

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S. 2548

Ninety-fourth Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Monday, the nineteenth day of January, one thousand nine hundred and seventy-six

An Act

To revise and extend the provisions of title XII of the Public Health Services Act relating to emergency medical services systems, and for other purposes.

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

SHORT TITLE AND REFERENCES IN ACT

SECTION 1. (a) This Act may be cited as the "Emergency Medical Services Amendments of 1976".

(b) Except as otherwise specifically provided in this Act, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

DEFINITIONS

SEC. 2. Paragraphs (4) and (5) of section 1201 are amended to read as follows:

"(4) The term 'section 1521 State health planning and development agency' means the agency of a State designated under section 1521 (b) (3).

"(5) The term 'section 1515 health systems agency' means a health systems agency designated under section 1515, and the term 'health systems plan' means a health systems plan referred to in section 1513 (b) (2).".

STUDY AND PLANNING GRANTS

SEC. 3. (a) Section 1202 is amended—

(1) by inserting "(1)" in subsection (a) after "(a)";

(2) by striking out "projects" in subsection (a) and all that follows through "such a system" and inserting in lieu thereof "projects which include both studying the feasibility of and planning (A) the establishment and operation of an emergency medical services system, (B) the expansion and improvement of such a system, or (C) both";

(3) by redesignating subsection (b) as paragraph (2) of subsection (a);

(4) by striking out "this section" each place it appears in paragraph (2) (as so redesignated) of subsection (a) and inserting in lieu thereof "paragraph (1)"; and

(5) by inserting after subsection (a) the following new subsection:

"(b) (1) The Secretary may make a grant to or enter into a contract with an eligible entity (as defined in section 1206(a)) with respect to an emergency medical services system for the purpose of enabling the entity—

"(A) to study the feasibility of, or plan for, the expansion and improvement of such system to provide for the use in such system of advanced life-support techniques, or

"(B) if such system is the system of a State for which system a study and planning grant or contract has been made or entered into under subsection (a) and if the entity is that State, to update the plan of such system to improve the delivery of emergency medical services in rural areas and to medically underserved populations of the State.

"(2) If the Secretary makes a grant or enters into a contract under paragraph (1) respecting an emergency medical services system for a particular geographical area, the Secretary may not make any other grant or enter into any other contract under paragraph (1) respecting such system, or respecting any other such system for the same area or for an area which includes (in whole or substantial part) such area.".

(b) Section 1202 is amended—

(1) by amending subsection (c) to read as follows:

"(c) An eligible entity which has received a grant from or entered into a contract with the Secretary under this section shall submit to the Secretary and the Interagency Committee on Emergency Medical Services (established under section 1209) a report on the results of such grant or contract at such intervals as the Secretary may prescribe, and shall submit to the Secretary and such Committee a final report on the results of such grant or contract not later than one year after the date the grant was made or the contract was entered into, as the case may be.";

(2) by amending paragraph (1) of subsection (d) to read as follows:

"(1) demonstrate to the satisfaction of the Secretary the need of the area for the emergency medical services system for which the application is made;";

(3) by amending clause (A) of subsection (d)(3) to read as follows: "(A) with each section 1515 health systems agency whose health systems plan covers or will cover (in whole or in part) such area, and"; and

(4) by adding at the end thereof the following new subsection:

"(f) The Secretary may not obligate or expend in any fiscal year for grants and contracts made or entered into under subsection (b)(1) an amount greater than 50 per centum of the sums appropriated in such year for grants and contracts made or entered into under this section.".

INITIAL OPERATION AND ESTABLISHMENT GRANTS

SEC. 4. Section 1203 is amended—

(1) by inserting "at least" in subsection (c)(2) before "nine months'", and by striking out "his" in such subsection and inserting in lieu thereof "its";

(2) by striking out "June 30, 1976" in subsection (c)(3) and inserting in lieu thereof "September 30, 1979"; and

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

"(d) A grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless the entity submits with its application for such grant or contract assurances of the participation in and support of the system by the public, private, and volunteer organizations and entities which are associated with and involved in activities essential to the effective provision of emergency medical services in the system's service area.

"(e)(1) A first grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless the entity submits with its application for such grant or contract assurances, from the executive or legisla-

tive governmental bodies of political subdivisions located in the system's service area which govern a substantial proportion of the population residing in such area, of each such bodies' support of and cooperation with the system.

"(2) A second grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless—

"(A) the Secretary has made the required determination under subsection (c)(2);

"(B) the application for such grant or contract includes specific plans for the step-by-step achievement of compliance with each of the requirements of section 1206(b)(4)(C) within the period specified in section 1206(b)(4)(B)(i); and

"(C) the application for such grant or contract includes assurances, evidenced by copies of formal resolutions, proclamations, or other acts of the executive or legislative governmental bodies of political subdivisions located in the system's service area which govern a substantial proportion of the population residing in such area, of such bodies'—

"(i) continued support and cooperation with the system, and

"(ii) financial support of the system, in the year after the conclusion of the period of support under the grant or contract, sufficient to maintain the system at the level at which such system is to be maintained during the period of the grant or contract.

"(f) An eligible entity which has received a grant from or has entered into a contract with the Secretary under this section shall submit to the Secretary and the Interagency Committee on Emergency Medical Services (established under section 1209) a report on the results of such grant or contract at such intervals as the Secretary may prescribe, and shall submit to the Secretary and such Committee a final report on the results of grants made to or contracts entered into with the entity under this section not later than one year after the completion of the second such grant or contract under this section.".

EXPANSION AND IMPROVEMENT GRANTS

SEC. 5. Section 1204 is amended by striking out subsection (b) and inserting in lieu thereof the following:

"(b)(1) Each grant or contract for a project under this section shall be made for the project's costs of expansion and improvement in the year for which the grant or contract is made or entered into. If a grant or contract is made or entered into under this section for a system, the Secretary may make one additional grant or contract for that system if he determines, after a review of at least the first nine months' activities of the applicant carried out under the first grant or contract, that the applicant is satisfactorily progressing in the expansion and improvement of the system in accordance with the plan contained in its application (pursuant to section 1206(b)(4)) for the first grant or contract.

"(2) Subject to section 1206(f)—

"(A) the amount of the first grant or contract under this section for an emergency medical services system may not exceed (i) 50 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii)

in the case of applications which demonstrate an exceptional need for financial assistance, 75 per centum of such costs for such year; and

"(B) the amount of the second grant or contract under this section for a system may not exceed (i) 25 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 50 per centum of such costs for such year.

"(c) A grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless the entity submits with its application for such grant or contract assurances of the participation and support of the system by the public, private, and volunteer organizations and entities which are associated with and involved in activities essential to the effective provision of emergency medical services in the system's service area.

"(d)(1) A grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless—

"(A) the application for such grant or contract includes specific plans for the step-by-step achievement of compliance with each of the requirements of section 1206(b)(4)(C) within the period specified in section 1206(b)(4)(B)(i); and

"(B) the application for such grant or contract includes assurances, evidenced by copies of formal resolutions, proclamations, or other acts of the executive or legislative governmental bodies of political subdivisions located in the system's service area which govern a substantial proportion of the population residing in such area, of such bodies'—

"(i) support and cooperation with the system, and

"(ii) endorsement and support of a specific financial plan which provides for the maintenance of the financial support of the system, after the conclusion of the period of the grant or contract, at the level required to maintain the level of expanded or improved activity to be achieved during the period of the grant or contract.

"(2) A second grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless—

"(A) the Secretary has made the required determination under subsection (b)(1), and

"(B) the application for such grant or contract includes assurances, of the executive or legislative governmental bodies of political subdivisions located in the system's service area which govern a substantial proportion of the population residing in such area, that substantial progress is being made towards achieving the financial support to implement the plan described in paragraph (1)(B)(ii).

"(e) An eligible entity which has received a grant from or has entered into a contract with the Secretary under this section shall submit to the Secretary and the Interagency Committee on Emergency Medical Services (established under section 1209) a report on the results of such grant or contract at such intervals as the Secretary

may prescribe, and shall submit to the Secretary and such Committee a final report on the results of grants made to or contracts entered into with the entity under this section not later than one year after the completion of the second such grant or contract under this section.".

RESEARCH GRANTS

SEC. 6. Section 1205 is amended—

(1) by inserting "and enter into contracts with" in subsection (a) before "public";

(2) by inserting "and especially research which emphasizes the identification and utilization of techniques and methods to apply the results of such research to improve the delivery of emergency medical services in such areas" in subsection (a) after "in rural areas";

(3) by inserting at the end of subsection (c) the following new sentence: "Such reports shall contain recommendations and a plan of action for applying the results of the research assisted by such grant or contract to improve the delivery of emergency medical services."; and

(4) by adding at the end thereof the following new subsection:

"(d)(1) Before any grant or contract may be made or entered into by the Secretary under this section the Secretary shall consult, concerning such grant or contract, with the identifiable administrative unit described in section 1208.

"(2) No regulation, guideline, funding priority, or application form shall be established under this section without the full participation in the development of such regulation, guideline, priority, or form, by the identifiable administrative unit described in section 1208.".

GENERAL PROVISIONS

SEC. 7. Section 1206 is amended—

(1) by inserting "(A)" in subsection (b)(1) before "No grant";

(2) by inserting after subsection (b)(1) the following new subparagraph:

"(B) No applicant may receive more than a total of five years of grant or contract assistance under this part, except that, in determining the number of years of grant or contract assistance which an applicant received under this part, the Secretary shall not include any period during which the applicant received grant or contract assistance under section 1202(b)(1) or section 1205.";

(3) by amending clauses (i) and (ii) of subsection (b)(3)(D) to read as follows:

"(i) section 1521 State health planning and development agency of each State in which the service area of the emergency medical services system for which the application is submitted will be located, and

"(ii) section 1515 health systems agency whose health systems plan covers or will cover (in whole or in part) the service area of such system,";

(4) by striking out "An" in subsection (b)(4)(A) and inserting in lieu thereof "No", and by striking out "not" after "section 1203 or 1204 may" in such subsection;

(5) by inserting "the respective section and of" in subsection (b)(4)(A)(i) after "requirements of";

(6) by striking out "(A)" in subsection (b)(4)(B)(i) and inserting in lieu thereof "(C)";

(7) by striking out "the period of the grant or contract for which application is made" in subsection (b)(4)(B)(i) and inserting in lieu thereof "the total period of eligibility for assistance under the section for which the application for assistance is made";

(8) by striking out "and" before "(III)" in clause (iii) of subsection (b)(4)(C), and by inserting before the semicolon at the end of such clause the following: ", (IV) will have the capability to communicate with individuals having auditory handicaps and to communicate in the language of the predominant population groups with limited English-speaking ability in the system's service area, and (V) makes maximum use of communications equipment and systems acquired under any highway safety program approved under chapter 4 of title 23, United States Code, and of such equipment and system acquired under title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3701 et seq.)";

(9) by inserting "(making maximum use of vehicles acquired under any highway safety program approved under chapter 4 of title 23, United States Code)" in subsection (b)(4)(C)(iv) after "include";

(10) by striking out "standardized" in subsection (b)(4)(C)(xi) and inserting in lieu thereof "coordinated";

(11) by amending clause (xiii) of subsection (b)(4)(C) to read as follows:

"(xiii) provide the Secretary with such information as he may require to conduct periodic, comprehensive, and independent reviews and evaluations of the extent and quality of the emergency health care services provided in the system's service area, and submit to the Secretary the results of any review or evaluation which may be conducted by such system of the extent and quality of the emergency health care services provided in the system's service area;";

(12) by striking out "section 1207 or title VII" in subsection (e) and inserting in lieu thereof "section 301, title IV, title VII, section 1207, or section 1221";

(13) by striking out "1207" in clause (1) of subsection (e) and inserting in lieu thereof "1207(a)";

(14) by inserting "(other than basic training of emergency medical technicians, training of paramedics, and short-term specialized training or retraining of physicians, nurses, and other health care professionals)" in subsection (f)(2) after "training program";

(15) by inserting "(A) has" in subsection (f)(2) after "unless the applicant"; and

(16) by inserting before the period at the end of paragraph (2) of subsection (f) the following: ", or (B) has demonstrated to the satisfaction of the Secretary that the filing of such an application would be futile or unreasonably burdensome".

AUTHORIZATION OF APPROPRIATIONS

SEC. 8. (a) Subsection (a) of section 1207 is amended—

(1) by striking out "and" after "1974," and inserting after "1975" the following: ", $35,000,000 for the fiscal year ending

June 30, 1976, $5,083,000 for the period beginning July 1, 1976, and ending September 30, 1976, $45,000,000 for the fiscal year ending September 30, 1977, and $55,000,000 for the fiscal year ending September 30, 1978";

(2) by striking out "for the fiscal year ending June 30, 1976, there are authorized to be appropriated $70,000,000" and inserting in lieu thereof ", there are authorized to be appropriated $70,000,000 for the fiscal year ending September 30, 1979"; and

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

"(5)(A) Of the sums appropriated under paragraph (1) for the fiscal year ending September 30, 1977, and for the succeeding year, at least 2½ per centum but not more than 5 per centum of such sums for each such fiscal year shall be used for grants and contracts under section 1202.

"(B) Of the sums appropriated under paragraph (1) for the fiscal year ending September 30, 1977, and for each of the two succeeding fiscal years, (i) not less than 20 per centum of such sums for each such fiscal years shall be used for grants and contracts under section 1203, and (ii) not less than 20 per centum of such sums for each such fiscal year shall be used for grants and contracts under section 1204.".

(b) Section 1207(b) is amended by striking out "two" and inserting in lieu thereof "five".

ADMINISTRATION

SEC. 9. Section 1208 is amended to read as follows:

"SEC. 1208. (a) The Secretary shall administer the program of grants and contracts (except for grants and contracts under section 1205) authorized by this part through an identifiable administrative unit specializing in emergency medical services within the Department of Health, Education, and Welfare.

"(b) Such administrative unit shall—

"(1) be responsible for collecting, analyzing, cataloging, and disseminating all data useful in the development and operation of emergency medical services systems, including data derived from reviews and evaluations of emergency medical services systems assisted under section 1202, 1203, and 1204;

"(2) publish suggested criteria for collecting necessary information for the evaluation of projects and programs funded under this title;

"(3) participate fully in the development of regulations, guidelines, funding priorities, and application forms relating to activities carried out under sections 776, 1205, and 1221;

"(4) be consulted in advance of the awarding of grants and contracts under sections 776, 1205, and 1221;

"(5) be consulted in advance of the issuance of regulations, guidelines, and funding priorities relating to research or training in the area of emergency medical services carried out under any other authority of this Act;

"(6) provide technical assistance (with special consideration for applicants in rural areas) and monitoring with respect to grant and contract activities under sections 1202, 1203, 1204, and 1221; and

"(7) provide for periodic, independent evaluations of the effectiveness of, and coordination between, the programs carried out

under this part and the programs carried out under sections 776 and 1221.

"(c) In addition, such administrative unit shall, through the Interagency Committee on Emergency Medical Services (established under section 1209)—

"(1) study on a continuing basis (including evaluating the adequacy, technical soundness, and redundancy of) the roles, resources, and responsibilities of all Federal programs and activities relating to emergency medical services;

"(2) annually update (A) the Federal emergency medical services funding and resource-sharing plan, (B) the description of sources of Federal support, and (C) the recommended uniform standards with respect to emergency medical services equipment and training, all initially developed and published by the Committee under section 1209(b);

"(3) make recommendations to the Secretary respecting steps he might take, using the authorities available to him, to encourage States to implement the recommended uniform standards described in paragraph (2)(C); and

"(4) make recommendations to the Secretary respecting the administration of, and regulations under, the programs of grants and contracts under this title.

Such unit shall report to the Congress the results of studies made under paragraph (1). The first such report shall be made not later than June 15, 1977, the second such report shall be made not later than February 1, 1978, and subsequent reports shall be made not later than February 1 of each year after 1978.".

INTERAGENCY COMMITTEE

SEC. 10. (a) The second sentence of subsection (a) of section 1209 is amended to read as follows: "The Committee shall coordinate and provide for the communication and exchange of information among all Federal programs and activities relating to emergency medical services, and shall carry out its responsibilities under section 1208(c).".

(b) Section 1209(b) is amended by striking out "the National Academy of Sciences," and inserting "and from the National Academy of Sciences" after "Education, and Welfare)".

(c) Section 1209(e) is amended by striking out "1203" and inserting in lieu thereof "1202, 1203,".

(d) Section 1209 is amended by redesignating subsections (b), (c), (d), and (e) as subsections (c), (d), (e), and (f), respectively, and by inserting after subsection (a) the following new subsection:

"(b) The Committee shall, not later than July 1, 1977, develop and publish:

"(1) A coordinated, comprehensive Federal emergency medical services funding and resource-sharing plan, designed to promote the coordination between, and enhance the effectiveness of, Federal, State, and local funding and operation of programs and agencies relating to emergency medical services and related activities (including communication and transportation systems of public safety agencies).

"(2) A description of sources of Federal support for the purchase of vehicles and communications equipment and for training activities related to emergency medical services.

"(3) Recommended uniform standards of quality, health, and safety with respect to all equipment (including communications and transportation equipment) and training related to emergency medical services.

The plan described in paragraph (1) shall include a report containing recommendations for any legislation which would enhance the capability of Federal, State, and local governments to provide an integrated response in medical emergencies. The description described in paragraph (2) shall be disseminated to the regional offices of Federal agencies which provide financial support in the purchase of vehicles and equipment or in training activities related to emergency medical services for distribution to appropriate entities and the public.".

ANNUAL REPORTS

SEC. 11. Section 1210 is amended by inserting at the end thereof the following: "The report under this section covering the fiscal year ending June 30, 1976, shall also cover the period beginning July 1, 1976, and ending September 30, 1976, and shall be submitted to Congress not later than February 1, 1977. The report under this section covering the fiscal year ending September 30, 1977, and each report covering each subsequent fiscal year, shall be submitted to Congress not later than February 1, in the fiscal year following each such fiscal year.".

TRAINING GRANTS

SEC. 12. (a) Section 776(a) is amended—

(1) by inserting "(1)" after "(a)";

(2) by inserting "hospitals having training programs which meet requirements established by the Secretary," before "schools of medicine";

(3) by striking out "and" before "other appropriate";

(4) by inserting ", and other appropriate public entities (as defined in paragraph (2))" after "educational entities";

(5) by inserting "and to assist in meeting the cost of training, and establishment of programs for the training, of physicians in emergency medicine" after "ambulance service)"; and

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

"(2) For the purposes of paragraph (1), the term 'other appropriate public entity' means a State, unit of general local government, or any other public entity which—

"(A) has established an emergency medical services system (as defined in section 1201(1)), and

"(B) except with respect to the basic training of emergency medical technicians, has entered into an agreement with an appropriate educational entity for a training program under this section.".

(b) Section 776 is amended—

(1) by redesignating subsection (e) as subsection (g) and amending such subsection (as so redesignated)—

(A) by inserting "(1)" after "(g)";

(B) by inserting ", and each of the next five fiscal years" after "1974"; and

(C) by inserting at the end thereof the following new paragraph:

"(2) Not less than 30 percent of the funds appropriated under paragraph (1) for any fiscal year shall be used in that fiscal year to

assist in meeting the cost of training, and of establishment of programs for the training, of physicians in emergency medicine."; and

(2) by inserting after subsection (d) the following new subsections:

"(e) No regulation, guideline, funding priority, or application form shall be established with respect to this section without the full participation in the development of such regulation, guideline, priority, or form, by the administrative unit described in section 1208.

"(f) To the maximum extent practicable, the Secretary shall establish a uniform funding cycle so as to coordinate the submission and review of applications for grants and contracts under title XII and under this section and to coordinate funding policies among programs carried out under such authorities.".

EXPENSES OF ADMINISTRATION

SEC. 13. Not later than 60 days after the date of enactment of the annual appropriations Act making appropriations for the programs under title XII of the Public Health Service Act for each fiscal year ending after September 30, 1976, the Secretary of Health, Education, and Welfare shall allocate an amount of expenditures and a number of personnel positions sufficient for the identifiable administrative unit (described in section 1208 of such Act) to—

(1) provide support (including salaries of unit personnel and costs of administration, data gathering and dissemination, technical assistance, monitoring, and independent evaluation) for it to carry out its functions under title XII of such Act for such fiscal year; and

(2) provide support for the Interagency Committee on Emergency Medical Services established under section 1209 of such Act for such fiscal year,

and shall immediately report to the appropriate Committees of Congress a statement of the amount of expenditures and the number of personnel positions so allocated for such fiscal year.

BURN INJURY PROGRAM AND CONFORMING AMENDMENTS

SEC. 14. Title XII is amended—

(1) by inserting "PART A—ASSISTANCE FOR EMERGENCY MEDICAL SERVICES SYSTEMS" after the heading for the title;

(2) by striking out "this title" each place it appears in section 1201 and in subsections (b) and (e) of section 1206 and inserting in lieu thereof "this part"; and

(3) by inserting after section 1210 the following new part:

"PART B—BURN INJURIES

"PROGRAMS RELATING TO BURN INJURIES

"SEC. 1221. (a) (1) The Secretary may make grants to, and enter into contracts with, public or private nonprofit entities for the support of, and may conduct, programs for the establishment, operation, and improvement of activities to (A) demonstrate the effectiveness of different methods for the treatment and rehabilitation of individuals injured by burns, (B) conduct research in the treatment and rehabilitation of such individuals, and (C) provide training in such treatment and rehabilitation and in such research.

"(2) The Secretary may enter into contracts with entities and individuals for the support of research in the treatment and rehabilitation of individuals injured by burns.

"(b) No grant or contract may be made or entered into under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be submitted in such form and manner and contain such information as the Secretary may require. In considering applications under this section, the Secretary shall give priority to applications for programs which (1) will provide services within a geographical area in which services are not currently being adequately provided, and (2) are in or accessible to the service area of an emergency medical services system (as defined in section 1201(1)).

"(c) For purposes of carrying out subsection (a), there are authorized to be appropriated $5,000,000 for the fiscal year ending September 30, 1977, $7,500,000 for the fiscal year ending September 30, 1978, and $10,000,000 for the fiscal year ending September 30, 1979.".

TRANSFER OF EQUIPMENT

SEC. 15. Notwithstanding any other provision of law, the Secretary of Health, Education, and Welfare may vest title to equipment purchased—

(1) with funds under the seven contracts for emergency medical services demonstration projects entered into in 1972 and 1973 under section 304 of the Public Health Service Act (as in effect at the time the contracts were entered into), and

(2) by contractors with the United States under such contracts or subcontractors under such contracts,

in such contractors or subcontractors without further obligation to the Government or on such terms as the Secretary considers appropriate.

UNIFORM PATIENT REPORTING SYSTEM

SEC. 16. The Secretary of Health, Education, and Welfare shall conduct studies to identify the categories of patients which should be included in a uniform reporting system to be used to evaluate the effectiveness of emergency medical services systems and burn injury programs supported under title XII of the Public Health Service Act in reducing death and disability. Not later than 18 months after the date of enactment of this Act, the Secretary shall report to the Congress the results of such studies. Such report shall include such recommendations for legislation relating to such a uniform reporting system as the Secretary determines are appropriate.

EXTENSION OF ARTHRITIS COMMISSION

SEC. 17. Section 3(j)(2) of the National Arthritis Act of 1974 (Public Law 93–640) is amended to read as follows:

"(2) The Commission shall cease to exist on December 31, 1976.".

EXTENSION OF THE COMMISSION FOR THE PROTECTION OF HUMAN SUBJECTS

SEC. 18. (a) Section 204(d) of the National Research Act (Public Law 93–348) is amended by striking out "24-month period" each place it appears and inserting in lieu thereof "36-month period".

(b) Section 211(b) of such Act is amended by striking out "January 1, 1977" and inserting in lieu thereof "January 1, 1978".

REVIEW OF ALCOHOLISM GRANTS

SEC. 19. (a) Section 311(c)(2) of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 U.S.C. 4577) is amended)—

(1) by inserting "(A)" after "(2)";

(2) by striking out the last two sentences thereof; and

(3) by inserting at the end thereof the following new subparagraph:

"(B)(i) Except as provided in clause (ii), each application for a grant under this section shall be submitted by the Secretary to the National Advisory Council on Alcohol Abuse and Alcoholism for his review. The Secretary may approve an application for a grant under this section only if it is recommended for approval by such Council.

"(ii) Clause (i) shall not apply to an application for a grant under this section for a project or program for any period of 12 consecutive months for which period payments under such grant will be less than $250,000, if an application for a grant under this section for such project or program and for a period of time which includes such 12-month period has been submitted to, and approved by, the Secretary.".

(b) The amendment made by subsection (a) shall apply with respect to applications for grants under section 311 of such Act after June 30, 1976.

EFFECTIVE DATE

SEC. 20. Amendments and repeals made to the Public Health Service Act by this Act shall not apply with respect to grants made or contracts entered into before the date of enactment of this Act, except that the amendments made by sections 4(3) and 5 of this Act with respect to adding a new subsection (f) to section 1203 and a new subsection (e) to section 1204, respectively, of the Public Health Service Act shall apply to grants made and contracts entered into after June 1, 1976.

Speaker of the House of Representatives.

Vice President of the United States and
President of the Senate.