

program carried out pursuant to section 300d-11(b) of this title. The Secretary may provide such technical assistance directly, through contract, or through grants.

(b) Provision by Secretary of supplies and services in lieu of grant funds

(1) In general

Upon the request of a State receiving payments under section 300d-11(a) of this title, the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the State in carrying out section 300d-11(b) of this title and, for such purpose, may detail to the State any officer or employee of the Department of Health and Human Services.

(2) Reduction in payments

With respect to a request described in paragraph (1), the Secretary shall reduce the amount of payments to the State under section 300d-11(a) of this title by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

(July 1, 1944, ch. 373, title XII, §1221, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2926.)

PRIOR PROVISIONS

A prior section 300d-21, act July 1, 1944, ch. 373, title XII, §1221, as added Oct. 21, 1976, Pub. L. 94-573, §14(3), 90 Stat. 2718; amended Dec. 12, 1979, Pub. L. 96-142, title I, §107(a)-(c), 93 Stat. 1069, related to programs for burn, trauma, and poison injuries, prior to repeal by Pub. L. 97-35, title IX, §902(d)(1), (h), Aug. 13, 1981, 95 Stat. 560, 561, effective Oct. 1, 1981.

§ 300d-22. Report by Secretary

Not later than October 1, 2008, the Secretary shall report to the appropriate committees of Congress on the activities of the States carried out pursuant to section 300d-11 of this title. Such report shall include an assessment of the extent to which Federal and State efforts to develop systems of trauma care and to designate trauma centers have reduced the incidence of mortality, and the incidence of permanent disability, resulting from trauma. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives with respect to trauma care.

(July 1, 1944, ch. 373, title XII, §1222, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2926; amended Pub. L. 103-183, title VI, §601(d), Dec. 14, 1993, 107 Stat. 2238; Pub. L. 110-23, §11, May 3, 2007, 121 Stat. 97.)

AMENDMENTS

2007—Pub. L. 110-23 amended section generally. Prior to amendment, section required Secretary to submit report no later than Oct. 1, 1995.

1993—Pub. L. 103-183 substituted “1995” for “1992” and inserted after first sentence “Such report shall include an assessment of the extent to which Federal and State efforts to develop systems of trauma care and to designate trauma centers have reduced the incidence of mortality, and the incidence of permanent disability, resulting from trauma.”

PART C—GENERAL PROVISIONS REGARDING PARTS A AND B

§ 300d-31. Definitions

For purposes of this part and parts A and B of this subchapter:

(1) Designated trauma center

The term “designated trauma center” means a trauma center designated in accordance with the modifications to the State plan described in section 300d-13 of this title.

(2) State plan regarding emergency medical services

The term “State plan”, with respect to the provision of emergency medical services, means a plan for a comprehensive, organized system to provide for the access, response, triage, field stabilization, transport, hospital stabilization, definitive care, and rehabilitation of patients of all ages with respect to emergency medical services.

(3) State

The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(4) Trauma

The term “trauma” means an injury resulting from exposure to a mechanical force.

(5) Trauma care component of State plan

The term “trauma care component”, with respect to components of the State plan for the provision of emergency medical services, means a plan for a comprehensive health care system, within rural and urban areas of the State, for the prompt recognition, prehospital care, emergency medical care, acute surgical and medical care, rehabilitation, and outcome evaluation of seriously injured patients.

(July 1, 1944, ch. 373, title XII, §1231, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2926; amended Pub. L. 102-321, title VI, §602(2), July 10, 1992, 106 Stat. 436; Pub. L. 103-183, title VI, §601(f)(4), Dec. 14, 1993, 107 Stat. 2239.)

AMENDMENTS

1993—Par. (3). Pub. L. 103-183 substituted “Puerto Rico,” for “Puerto Rico;”.

1992—Pub. L. 102-321 substituted “this part and parts A and B of this subchapter” for “this subchapter” in introductory provisions.

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102-321 effective July 10, 1992, with provision for programs providing financial assistance, see section 801(b), (d) of Pub. L. 102-321, set out as a note under section 236 of this title.

§ 300d-32. Funding

(a) Authorization of appropriations

For the purpose of carrying out parts A and B, subject to subsections (b) and (c), there are authorized to be appropriated \$24,000,000 for each of fiscal years 2010 through 2014.

(b) Reservation of funds

If the amount appropriated under subsection (a) for a fiscal year is equal to or less than

\$1,000,000, such appropriation is available only for the purpose of carrying out part A. If the amount so appropriated is greater than \$1,000,000, 50 percent of such appropriation shall be made available for the purpose of carrying out part A and 50 percent shall be made available for the purpose of carrying out part B.

(c) Allocation of part A funds

Of the amounts appropriated under subsection (a) for a fiscal year to carry out part A—

(1) 10 percent of such amounts for such year shall be allocated for administrative purposes; and

(2) 10 percent of such amounts for such year shall be allocated for the purpose of carrying out section 300d-3 of this title.

(d) Authority

For the purpose of carrying out parts A through C, beginning on March 23, 2010, the Secretary shall transfer authority in administering grants and related authorities under such parts from the Administrator of the Health Resources and Services Administration to the Assistant Secretary for Preparedness and Response.

(July 1, 1944, ch. 373, title XII, §1232, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2927; amended Pub. L. 102-321, title VI, §602(3), July 10, 1992, 106 Stat. 436; Pub. L. 103-183, title VI, §602, Dec. 14, 1993, 107 Stat. 2239; Pub. L. 105-392, title IV, §§401(a)(2), 413, Nov. 13, 1998, 112 Stat. 3587, 3590; Pub. L. 110-23, §12, May 3, 2007, 121 Stat. 97; Pub. L. 111-148, title III, §3504(a)(3), Mar. 23, 2010, 124 Stat. 520.)

AMENDMENTS

2010—Subsec. (a). Pub. L. 111-148, §3504(a)(3)(A), substituted “\$24,000,000 for each of fiscal years 2010 through 2014” for “\$12,000,000 for fiscal year 2008, \$10,000,000 for fiscal year 2009, and \$8,000,000 for each of the fiscal years 2010 through 2012”.

Subsec. (d). Pub. L. 111-148, §3504(a)(3)(B), added subsec. (d).

2007—Pub. L. 110-23 amended section generally. Prior to amendment, section related to funding for fiscal years 1994 through 2002.

1998—Subsec. (a). Pub. L. 105-392, §413, substituted “through 2002” for “and 1996”.

Pub. L. 105-392, §401(a)(2), amended directory language of Pub. L. 103-183. See 1993 Amendment note below.

1993—Subsec. (a). Pub. L. 103-183, as amended by Pub. L. 105-392, §401(a)(2), substituted “For the purpose of carrying out parts A and B of this subchapter, there are authorized to be appropriated \$6,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996” for “For the purpose of carrying out parts A and B of this subchapter, there are authorized to be appropriated \$60,000,000 for fiscal year 1991 and such sums as may be necessary for each of the fiscal years 1992 and 1993”.

1992—Subsec. (a). Pub. L. 102-321 substituted “parts A and B of this subchapter” for “this subchapter”.

EFFECTIVE DATE OF 1998 AMENDMENT

Amendment by section 401(a)(2) of Pub. L. 105-392 deemed to have taken effect immediately after enactment of Pub. L. 103-183, see section 401(e) of Pub. L. 105-392, set out as a note under section 242m of this title.

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102-321 effective July 10, 1992, with provision for programs providing financial assist-

ance, see section 801(b), (d) of Pub. L. 102-321, set out as a note under section 236 of this title.

§ 300d-33. Repealed. Pub. L. 103-183, title VI, § 601(e), Dec. 14, 1993, 107 Stat. 2239

Section, act July 1, 1944, ch. 373, title XII, §1233, as added Nov. 16, 1990, Pub. L. 101-590, §3, 104 Stat. 2927, related to waiver of requirement regarding purpose of grants.

PART D—TRAUMA CENTERS OPERATING IN AREAS SEVERELY AFFECTED BY DRUG-RELATED VIOLENCE

§ 300d-41. Grants for certain trauma centers

(a) In general

The Secretary shall establish 3 programs to award grants to qualified public, nonprofit Indian Health Service, Indian tribal, and urban Indian trauma centers—

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

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

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

(b) Minimum qualifications of trauma centers

(1) Participation in trauma care system operating under certain professional guidelines

Except as provided in paragraph (2), the Secretary may not award a grant to a trauma center under subsection (a) unless the trauma center is a participant in a trauma system that substantially complies with section 300d-13 of this title.

(2) Exemption

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

(3) Qualification for substantial uncompensated care costs

The Secretary shall award substantial uncompensated care grants under subsection (a)(1) only to trauma centers meeting at least 1 of the criteria in 1 of the following 3 categories:

(A) Category A

The criteria for category A are as follows:

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

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

(B) Category B

The criteria for category B are as follows:

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