

Pub. L. 103-183, title VI, §601(b)(2), (f)(1), Dec. 14, 1993, 107 Stat. 2238, 2239; Pub. L. 105-392, title IV, §401(a)(1), Nov. 13, 1998, 112 Stat. 3587; renumbered §1202 and amended Pub. L. 110-23, §§3(2), 4, May 3, 2007, 121 Stat. 90, 91.)

#### PRIOR PROVISIONS

A prior section 300d-3, act July 1, 1944, ch. 373, title XII, §1204, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 597; amended Oct. 21, 1976, Pub. L. 94-573, §5, 90 Stat. 2711; Nov. 10, 1978, Pub. L. 95-626, title II, §210(b), 92 Stat. 3588; Dec. 12, 1979, Pub. L. 96-142, title I, §104(a), (b), 93 Stat. 1067, 1068, set forth provisions relating to grants and contracts for expansion and improvements, 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.

A prior section 1202 of act July 1, 1944, was classified to section 300d-2 of this title prior to repeal by Pub. L. 110-23.

Another prior section 1202 of act July 1, 1944, was classified to section 300d-1 of this title prior to repeal by Pub. L. 103-183.

Another prior section 1202 of act July 1, 1944, was classified to section 300d-6 of this title prior to repeal by Pub. L. 99-117.

#### AMENDMENTS

2007—Pub. L. 110-23, §4, amended section generally. Prior to amendment, section provided for establishment of programs for improving trauma care in rural areas.

1998—Pub. L. 105-392, §401(a)(1), made technical corrections to directory language of Pub. L. 103-183, §601(b)(2), which renumbered this section, and to directory language of Pub. L. 103-183, §601(f)(1). See 1993 Amendment note below.

1993—Subsec. (c). Pub. L. 103-183, §601(f)(1), as amended by Pub. L. 105-392, §401(a)(1)(B), inserted “determines to be necessary to carry out this section” before period at end.

#### EFFECTIVE DATE OF 1998 AMENDMENT

Amendment by 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.

### § 300d-4. Emergency medical services

#### (a) Federal Interagency Committee on Emergency Medical Services

##### (1) Establishment

The Secretary of Transportation, the Secretary of Health and Human Services, and the Secretary of Homeland Security, acting through the Under Secretary for Emergency Preparedness and Response, shall establish a Federal Interagency Committee on Emergency Medical Services.

##### (2) Membership

The Interagency Committee shall consist of the following officials, or their designees:

(A) The Administrator, National Highway Traffic Safety Administration.

(B) The Director, Preparedness Division, Directorate of Emergency Preparedness and Response of the Department of Homeland Security.

(C) The Administrator, Health Resources and Services Administration, Department of Health and Human Services.

(D) The Director, Centers for Disease Control and Prevention, Department of Health and Human Services.

(E) The Administrator, United States Fire Administration, Directorate of Emergency Preparedness and Response of the Department of Homeland Security.

(F) The Administrator, Centers for Medicare and Medicaid Services, Department of Health and Human Services.

(G) The Under Secretary of Defense for Personnel and Readiness.

(H) The Director, Indian Health Service, Department of Health and Human Services.

(I) The Chief, Wireless Telecommunications Bureau, Federal Communications Commission.

(J) A representative of any other Federal agency appointed by the Secretary of Transportation or the Secretary of Homeland Security through the Under Secretary for Emergency Preparedness and Response, in consultation with the Secretary of Health and Human Services, as having a significant role in relation to the purposes of the Interagency Committee.

(K) A State emergency medical services director appointed by the Secretary.

#### (3) Purposes

The purposes of the Interagency Committee are as follows:

(A) To ensure coordination among the Federal agencies involved with State, local, tribal, or regional emergency medical services and 9-1-1 systems.

(B) To identify State, local, tribal, or regional emergency medical services and 9-1-1 needs.

(C) To recommend new or expanded programs, including grant programs, for improving State, local, tribal, or regional emergency medical services and implementing improved emergency medical services communications technologies, including wireless 9-1-1.

(D) To identify ways to streamline the process through which Federal agencies support State, local, tribal or regional emergency medical services.

(E) To assist State, local, tribal or regional emergency medical services in setting priorities based on identified needs.

(F) To advise, consult, and make recommendations on matters relating to the implementation of the coordinated State emergency medical services programs.

#### (4) Administration

The Administrator of the National Highway Traffic Safety Administration, in cooperation with the Administrator of the Health Resources and Services Administration of the Department of Health and Human Services and the Director of the Preparedness Division, Directorate of Emergency Preparedness and Response of the Department of Homeland Security, shall provide administrative support to the Interagency Committee, including scheduling meetings, setting agendas, keeping minutes and records, and producing reports.

#### (5) Leadership

The members of the Interagency Committee shall select a chairperson of the Committee each year.

**(6) Meetings**

The Interagency Committee shall meet as frequently as is determined necessary by the chairperson of the Committee.

**(7) Annual reports**

The Interagency Committee shall prepare an annual report to Congress regarding the Committee's activities, actions, and recommendations.

**(b) National Emergency Medical Services Advisory Council****(1) Establishment**

The Secretary of Transportation, in coordination with the Secretary of Health and Human Services and the Secretary of Homeland Security, shall establish a National Emergency Medical Services Advisory Council (referred to in this subsection as the "Advisory Council").

**(2) Membership**

The Advisory Council shall be composed of 25 members, who—

(A) shall be appointed by the Secretary of Transportation; and

(B) shall collectively be representative of all sectors of the emergency medical services community.

**(3) Purposes**

The purposes of the Advisory Council are to advise and consult with—

(A) the Federal Interagency Committee on Emergency Medical Services on matters relating to emergency medical services issues; and

(B) the Secretary of Transportation on matters relating to emergency medical services issues affecting the Department of Transportation.

**(4) Administration**

The Administrator of the National Highway Traffic Safety Administration shall provide administrative support to the Advisory Council, including scheduling meetings, setting agendas, keeping minutes and records, and producing reports.

**(5) Leadership**

The members of the Advisory Council shall annually select a chairperson of the Advisory Council.

**(6) Meetings**

The Advisory Council shall meet as frequently as is determined necessary by the chairperson of the Advisory Council.

**(7) Annual reports**

The Advisory Council shall prepare an annual report to the Secretary of Transportation regarding the Advisory Council's actions and recommendations.

(Pub. L. 109-59, title X, §10202, Aug. 10, 2005, 119 Stat. 1932; Pub. L. 112-141, div. C, title I, §31108, July 6, 2012, 126 Stat. 756.)

## CODIFICATION

Section was enacted as part of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Leg-

acy for Users or SAFETEA-LU, and not as part of the Public Health Service Act which comprises this chapter.

## PRIOR PROVISIONS

A prior section 300d-4, act July 1, 1944, ch. 373, title XII, §1201, formerly §1205, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 597; amended Oct. 21, 1976, Pub. L. 94-573, §6, 90 Stat. 2713, renumbered §1201 and amended Aug. 13, 1981, Pub. L. 97-35, title IX, §902(d)(1), (3), 95 Stat. 560, authorized Secretary to make grants and enter into contracts to support research in emergency medical techniques, methods, devices, and delivery, prior to repeal by Pub. L. 99-117, §12(e), Oct. 7, 1985, 99 Stat. 495.

## AMENDMENTS

2012—Subsec. (b). Pub. L. 112-141 added subsec. (b).

## EFFECTIVE DATE OF 2012 AMENDMENT

Amendment by Pub. L. 112-141 effective Oct. 1, 2012, see section 3(a) of Pub. L. 112-141, set out as an Effective and Termination Dates of 2012 Amendment note under section 101 of Title 23, Highways.

**§ 300d-5. Competitive grants for trauma systems for the improvement of trauma care****(a) In general**

The Secretary, acting through the Assistant Secretary for Preparedness and Response, may make grants to States, political subdivisions, or consortia of States or political subdivisions for the purpose of improving access to and enhancing the development of trauma care systems.

**(b) Use of funds**

The Secretary may make a grant under this section only if the applicant agrees to use the grant—

(1) to integrate and broaden the reach of a trauma care system, such as by developing innovative protocols to increase access to prehospital care;

(2) to strengthen, develop, and improve an existing trauma care system;

(3) to expand communications between the trauma care system and emergency medical services through improved equipment or a telemedicine system;

(4) to improve data collection and retention; or

(5) to increase education, training, and technical assistance opportunities, such as training and continuing education in the management of emergency medical services accessible to emergency medical personnel in rural areas through telehealth, home studies, and other methods.

**(c) Preference**

In selecting among States, political subdivisions, and consortia of States or political subdivisions for purposes of making grants under this section, the Secretary shall give preference to applicants that—

(1) have developed a process, using national standards, for designating trauma centers;

(2) recognize protocols for the delivery of seriously injured patients to trauma centers;

(3) implement a process for evaluating the performance of the trauma system; and

(4) agree to participate in information systems described in section 300d-3 of this title by collecting, providing, and sharing information.