

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

**(2) Non-Federal contributions**

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

**(f) Priority**

The Secretary shall give priority for the award of the contracts or grants described in subsection (a) to any eligible entity that serves a population in a medically underserved area (as defined in section 254b(b)(3) of this title).

**(g) Report**

Not later than 90 days after the completion of a pilot project under subsection (a), the recipient of such contract or grant described in<sup>1</sup> shall submit to the Secretary a report containing the results of an evaluation of the program, including an identification of—

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

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

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

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

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

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

**(h) Dissemination of findings**

The Secretary shall, as appropriate, disseminate to the public and to the appropriate Committees of the Congress, the information contained in a report made under subsection (g).

(July 1, 1944, ch. 373, title XII, §1204, as added Pub. L. 111-148, title III, §3504(a)(2), Mar. 23, 2010, 124 Stat. 518.)

PRIOR PROVISIONS

A prior section 300d-6, act July 1, 1944, ch. 373, title XII, §1202, formerly §1207, as added Nov. 16, 1973, Pub.

L. 93-154, §2(a), 87 Stat. 602; amended Oct. 21, 1976, Pub. L. 94-573, §8, 90 Stat. 2714; Nov. 10, 1978, Pub. L. 95-626, title II, §210(d), 92 Stat. 3588; Dec. 12, 1979, Pub. L. 96-142, title I, §105, 93 Stat. 1068; renumbered §1202 and amended Aug. 13, 1981, Pub. L. 97-35, title IX, §902(d)(1), (4), 95 Stat. 560, authorized appropriations for purposes of this subchapter, prior to repeal by Pub. L. 99-117, §12(e), Oct. 7, 1985, 99 Stat. 495.

A prior section 1204 of act July 1, 1944, was classified to section 300d-3 of this title prior to repeal by Pub. L. 97-35.

Prior sections 300d-7 to 300d-9 were repealed by Pub. L. 97-35, title IX, §902(d)(1), (h), Aug. 13, 1981, 95 Stat. 560, 561, effective Oct. 1, 1981.

Section 300d-7, act July 1, 1944, ch. 373, title XII, §1208, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 602; amended Oct. 12, 1976, Pub. L. 94-484, title VIII, §801(b), 90 Stat. 2322; Oct. 21, 1976, Pub. L. 94-573, §9, 90 Stat. 2715, set forth provisions relating to administration of emergency medical services administrative unit.

Section 300d-8, act July 1, 1944, ch. 373, title XII, §1209, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 602; amended Oct. 21, 1976, Pub. L. 94-573, §10, 90 Stat. 2716; Oct. 17, 1979, Pub. L. 96-88, title V, §509(b), 93 Stat. 695; Dec. 12, 1979, Pub. L. 96-142, title I, §106, 93 Stat. 1069, related to Interagency Committee on Emergency Medical Services.

Section 300d-9, act July 1, 1944, ch. 373, title XII, §1210, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 603; amended Oct. 21, 1976, Pub. L. 94-573, §11, 90 Stat. 2717, related to annual report to Congress.

PART B—FORMULA GRANTS WITH RESPECT TO MODIFICATIONS OF STATE PLANS

**§ 300d-11. Establishment of program**

**(a) Requirement of allotments for States**

The Secretary shall for each fiscal year make an allotment for each State in an amount determined in accordance with section 300d-18 of this title. The Secretary shall make payments, as grants, each fiscal year to each State from the allotment for the State if the Secretary approves for the fiscal year involved an application submitted by the State pursuant to section 300d-17 of this title.

**(b) Purpose**

Except as provided in section 300d-33<sup>1</sup> of this title, the Secretary may not make payments under this part for a fiscal year unless the State involved agrees that, with respect to the trauma care component of the State plan for the provision of emergency medical services, the payments will be expended only for the purpose of developing, implementing, and monitoring the modifications to such component described in section 300d-13 of this title.

(July 1, 1944, ch. 373, title XII, §1211, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2919.)

REFERENCES IN TEXT

Section 300d-33 of this title, referred to in subsec. (b), was repealed by Pub. L. 103-183, title VI, §601(e), Dec. 14, 1993, 107 Stat. 2239.

**§ 300d-12. Requirement of matching funds for fiscal years subsequent to first fiscal year of payments**

**(a) Non-Federal contributions**

**(1) In general**

The Secretary may not make payments under section 300d-11(a) of this title unless the

<sup>1</sup> So in original.

<sup>1</sup> See References in Text note below.