

(A) reserve 25 percent of the amount allocated for core mission awards for Level III and Level IV trauma centers; and

(B) reserve 25 percent of the amount allocated for core mission awards for large urban Level I and II trauma centers—

(i) that have at least 1 graduate medical education fellowship in trauma or trauma related specialties for which demand is exceeding supply;

(ii) for which—

(I) annual uncompensated care costs exceed \$10,000,000; or

(II) at least 20 percent of emergency department visits are charity or self-pay or Medicaid patients; and

(iii) that are not eligible for substantial uncompensated care awards under section 300d-41(a)(1) of this title.

(c) Emergency awards

In awarding grants under section 300d-41(a)(3) of this title, the Secretary shall—

(1) give preference to any application submitted by a trauma center that provides trauma care in a geographic area in which the availability of trauma care has significantly decreased or will significantly decrease if the center is forced to close or downgrade service or growth in demand for trauma services exceeds capacity; and

(2) reallocate any emergency awards funds not obligated due to insufficient, or a lack of qualified, applications to the significant uncompensated care award program.

(July 1, 1944, ch. 373, title XII, §1242, as added Pub. L. 102-321, title VI, §601, July 10, 1992, 106 Stat. 434; amended Pub. L. 111-148, title III, §3505(a)(2), Mar. 23, 2010, 124 Stat. 523.)

AMENDMENTS

2010—Pub. L. 111-148 added subsecs. (a) to (c) and struck out former subsecs. (a) and (b) which related to preferences in making grants and preferences for certain applications.

§ 300d-43. Certain agreements

(a) Maintenance of financial support

The Secretary may require a trauma center receiving a grant under section 300d-41(a) of this title to maintain access to trauma services at comparable levels to the prior year during the grant period.

(b) Trauma care registry

The Secretary may require the trauma center receiving a grant under section 300d-41(a) of this title to provide data to a national and centralized registry of trauma cases, in accordance with guidelines developed by the American College of Surgeons, and as the Secretary may otherwise require.

(July 1, 1944, ch. 373, title XII, §1243, as added Pub. L. 102-321, title VI, §601, July 10, 1992, 106 Stat. 434; amended Pub. L. 111-148, title III, §3505(a)(3), Mar. 23, 2010, 124 Stat. 524.)

AMENDMENTS

2010—Pub. L. 111-148 added subsecs. (a) and (b) and struck out former subsecs. (a) to (c) which related to

commitment regarding continued participation in trauma care system, maintenance of financial support, and trauma care registry.

§ 300d-44. General provisions

(a) Application

The Secretary may not award a grant to a trauma center under section 300d-41(a) of this title unless such center submits an application for the grant to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

(b) Limitation on duration of support

The period during which a trauma center receives payments under a grant under section 300d-41(a)(3) of this title shall be for 3 fiscal years, except that the Secretary may waive such requirement for a center and authorize such center to receive such payments for 1 additional fiscal year.

(c) Limitation on amount of grant

Notwithstanding section 300d-42(a) of this title, a grant under section 300d-41 of this title may not be made in an amount exceeding \$2,000,000 for each fiscal year.

(d) Eligibility

Except as provided in section 300d-42(b)(1)(B)(iii) of this title, acquisition of, or eligibility for, a grant under section 300d-41(a) of this title shall not preclude a trauma center from being eligible for other grants described in such section.

(e) Funding distribution

Of the total amount appropriated for a fiscal year under section 300d-45 of this title, 70 percent shall be used for substantial uncompensated care awards under section 300d-41(a)(1) of this title, 20 percent shall be used for core mission awards under section 300d-41(a)(2) of this title, and 10 percent shall be used for emergency awards under section 300d-41(a)(3) of this title.

(f) Minimum allowance

Notwithstanding subsection (e), if the amount appropriated for a fiscal year under section 300d-45 of this title is less than \$25,000,000, all available funding for such fiscal year shall be used for substantial uncompensated care awards under section 300d-41(a)(1) of this title.

(g) Substantial uncompensated care award distribution and proportional share

Notwithstanding section 300d-42(a) of this title, of the amount appropriated for substantial uncompensated care grants for a fiscal year, the Secretary shall—

(1) make available—

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

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

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

(2) provide available funds within each category in a manner proportional to the award basis specified in section 300d-42(a)(2) of this title to each eligible trauma center.

(h) Report

Beginning 2 years after March 23, 2010, and every 2 years thereafter, the Secretary shall biennially report to Congress regarding the status of the grants made under section 300d-41 of this title and on the overall financial stability of trauma centers.

(July 1, 1944, ch. 373, title XII, §1244, as added Pub. L. 102-321, title VI, §601, July 10, 1992, 106 Stat. 435; amended Pub. L. 111-148, title III, §3505(a)(4), Mar. 23, 2010, 124 Stat. 524.)

AMENDMENTS

2010—Pub. L. 111-148 added subsecs. (a) to (h) and struck out former subsecs. (a) to (c) which related to application for grant, limitation on duration of support, and limitation on amount of grant.

§ 300d-45. Authorization of appropriations

For the purpose of carrying out this part, there are authorized to be appropriated \$100,000,000 for fiscal year 2009, and such sums as may be necessary for each of fiscal years 2010 through 2015. Such authorization of appropriations is in addition to any other authorization of appropriations or amounts that are available for such purpose.

(July 1, 1944, ch. 373, title XII, §1245, as added Pub. L. 102-321, title VI, §601, July 10, 1992, 106 Stat. 435; amended Pub. L. 111-148, title III, §3505(a)(5), Mar. 23, 2010, 124 Stat. 525.)

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, text read as follows: “For the purpose of carrying out this part, there are authorized to be appropriated \$100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994. Such authorization of appropriations is in addition to any other authorization of appropriations or amounts that are available for such purpose.”

§ 300d-46. Definition

In this part, the term “uncompensated care costs” means unreimbursed costs from serving self-pay, charity, or Medicaid patients, without regard to payment under section 1396r-4 of this title, all of which are attributable to emergency care and trauma care, including costs related to subsequent inpatient admissions to the hospital.

(July 1, 1944, ch. 373, title XII, §1246, as added Pub. L. 111-148, title III, §3505(a)(6), Mar. 23, 2010, 124 Stat. 525.)

PART E—MISCELLANEOUS PROGRAMS

§ 300d-51. Residency training programs in emergency medicine**(a) In general**

The Secretary may make grants to public and nonprofit private entities for the purpose of planning and developing approved residency training programs in emergency medicine.

(b) Identification and referral of domestic violence

The Secretary may make a grant under subsection (a) only if the applicant involved agrees that the training programs under subsection (a) will provide education and training in identifying and referring cases of domestic violence.

(c) Authorization of appropriations

For the purpose of carrying out this section, there is authorized to be appropriated \$400,000 for each of the fiscal years 2008 through 2012.

(July 1, 1944, ch. 373, title XII, §1251, as added Pub. L. 102-408, title III, §304, Oct. 13, 1992, 106 Stat. 2084; amended Pub. L. 110-23, §13, May 3, 2007, 121 Stat. 98.)

AMENDMENTS

2007—Pub. L. 110-23 amended section generally. Prior to amendment, section related to residency training programs in emergency medicine and authorized appropriations for fiscal years 1993 through 1995.

§ 300d-52. State grants for projects regarding traumatic brain injury**(a) In general**

The Secretary may make grants to States and American Indian consortia for the purpose of carrying out projects to improve access to rehabilitation and other services regarding traumatic brain injury.

(b) State advisory board**(1) In general**

The Secretary may make a grant under subsection (a) of this section only if the State or American Indian consortium involved agrees to establish an advisory board within the appropriate health department of the State or American Indian consortium or within another department as designated by the chief executive officer of the State or American Indian consortium.

(2) Functions

An advisory board established under paragraph (1) shall advise and make recommendations to the State or American Indian consortium on ways to improve services coordination regarding traumatic brain injury. Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs. In developing recommendations under this paragraph, such boards shall consult with Federal, State, and local governmental agencies and with citizens groups and other private entities.

(3) Composition

An advisory board established under paragraph (1) shall be composed of—

(A) representatives of—

(i) the corresponding State or American Indian consortium agencies involved;

(ii) public and nonprofit private health related organizations;

(iii) other disability advisory or planning groups within the State or American Indian consortium;

(iv) members of an organization or foundation representing individuals with traumatic brain injury in that State or American Indian consortium; and

(v) injury control programs at the State or local level if such programs exist; and

(B) a substantial number of individuals with traumatic brain injury, or the family members of such individuals.