(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 though 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.