

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 Legacy 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.

(d) Priority

In making grants under this section, the Secretary shall give priority to applicants that will use the grants to focus on improving access to trauma care systems.

(e) Special consideration

In awarding grants under this section, the Secretary shall give special consideration to projects that demonstrate strong State or local support, including availability of non-Federal contributions.

(July 1, 1944, ch. 373, title XII, §1203, as added Pub. L. 110-23, §5, May 3, 2007, 121 Stat. 91; amended Pub. L. 111-148, title III, §3504(a)(1), Mar. 23, 2010, 124 Stat. 518.)

PRIOR PROVISIONS

A prior section 300d-5, act July 1, 1944, ch. 373, title XII, §1206, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 598; amended Oct. 21, 1976, Pub. L. 94-573, §§7, 14(2), 90 Stat. 2713, 2718; Nov. 10, 1978, Pub. L. 95-626, title II, §210(c), 92 Stat. 3588; Dec. 12, 1979, Pub. L. 96-142, title I, §104(c), 93 Stat. 1068, set forth general provisions respecting grants and contracts, 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 1203 of act July 1, 1994, was renumbered section 1202 and is classified to section 300d-3 of this title.

Another prior section 1203 of act July 1, 1994, was renumbered section 1202 and was classified to section 300d-2 of this title prior to repeal by Pub. L. 110-23.

AMENDMENTS

2010—Pub. L. 111-148 inserted “for trauma systems” after “grants” in section catchline and substituted “Assistant Secretary for Preparedness and Response” for “Administrator of the Health Resources and Services Administration” in subsec. (a).

§ 300d-6. Competitive grants for regionalized systems for emergency care response

(a) In general

The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall award not fewer than 4 multiyear contracts or competitive grants to eligible entities to support pilot projects that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care and trauma systems.

(b) Eligible entity; region

In this section:

(1) Eligible entity

The term “eligible entity” means—

(A) a State or a partnership of 1 or more States and 1 or more local governments; or

(B) an Indian tribe (as defined in section 1603 of title 25) or a partnership of 1 or more Indian tribes.

(2) Region

The term “region” means an area within a State, an area that lies within multiple States, or a similar area (such as a multi-county area), as determined by the Secretary.

(3) Emergency services

The term “emergency services” includes acute, prehospital, and trauma care.

(c) Pilot projects

The Secretary shall award a contract or grant under subsection (a) to an eligible entity that proposes a pilot project to design, implement, and evaluate an emergency medical and trauma system that—

(1) coordinates with public health and safety services, emergency medical services, medical facilities, trauma centers, and other entities in a region to develop an approach to emergency medical and trauma system access throughout the region, including 9-1-1 Public Safety Answering Points and emergency medical dispatch;

(2) includes a mechanism, such as a regional medical direction or transport communications system, that operates throughout the region to ensure that the patient is taken to the medically appropriate facility (whether an initial facility or a higher-level facility) in a timely fashion;

(3) allows for the tracking of prehospital and hospital resources, including inpatient bed capacity, emergency department capacity, trauma center capacity, on-call specialist coverage, ambulance diversion status, and the coordination of such tracking with regional communications and hospital destination decisions; and

(4) includes a consistent region-wide prehospital, hospital, and interfacility data management system that—

(A) submits data to the National EMS Information System, the National Trauma Data Bank, and others;

(B) reports data to appropriate Federal and State databanks and registries; and

(C) contains information sufficient to evaluate key elements of prehospital care, hospital destination decisions, including initial hospital and interfacility decisions, and relevant health outcomes of hospital care.

(d) Application**(1) In general**

An eligible entity that seeks a contract or grant described in subsection (a) shall submit to the Secretary an application at such time and in such manner as the Secretary may require.

(2) Application information

Each application shall include—

(A) an assurance from the eligible entity that the proposed system—

(i) has been coordinated with the applicable State Office of Emergency Medical Services (or equivalent State office);

(ii) includes consistent indirect and direct medical oversight of prehospital, hospital, and interfacility transport throughout the region;

(iii) coordinates prehospital treatment and triage, hospital destination, and interfacility transport throughout the region;

(iv) includes a categorization or designation system for special medical facilities throughout the region that is integrated with transport and destination protocols;

(v) includes a regional medical direction, patient tracking, and resource allocation system that supports day-to-day emergency care and surge capacity and is integrated with other components of the national and State emergency preparedness system; and

(vi) addresses pediatric concerns related to integration, planning, preparedness, and coordination of emergency medical services for infants, children and adolescents; and

(B) such other information as the Secretary may require.

(e) Requirement of matching funds**(1) In general**

The Secretary may not make a grant under this section unless the State (or consortia of 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 in¹ 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);

¹ So in original.

(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-33¹ 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 State involved agrees, with respect to the costs described in paragraph (2), to make available non-Federal contributions (in cash or in kind under subsection (b)(1)) toward such costs in an amount that—

(A) for the second and third fiscal years of such payments to the State, is not less than \$1 for each \$1 of Federal funds provided in such payments for such fiscal years; and

(B) for the fourth and subsequent fiscal years of such payments to the State, is not less than \$2 for each \$1 of Federal funds provided in such payments for such fiscal years.

(2) Program costs

The costs referred to in paragraph (1) are—

(A) the costs to be incurred by the State in carrying out the purpose described in section 300d-11(b) of this title; or

(B) the costs of improving the quality and availability of emergency medical services in rural areas of the State.

(3) Initial year of payments

The Secretary may not require a State to make non-Federal contributions as a condition of receiving payments under section 300d-11(a) of this title for the first fiscal year of such payments to the State.

(b) Determination of amount of non-Federal contribution

With respect to compliance with subsection (a) as a condition of receiving payments under section 300d-11(a) of this title—

(1) a State may make the non-Federal contributions required in such subsection in cash or in kind, fairly evaluated, including plant, equipment, or services; and

(2) the Secretary may not, in making a determination of the amount of non-Federal contributions, include amounts provided by the

¹ See References in Text note below.