

Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the State in carrying out section 300d-11(b) of this title and, for such purpose, may detail to the State any officer or employee of the Department of Health and Human Services.

**(2) Reduction in payments**

With respect to a request described in paragraph (1), the Secretary shall reduce the amount of payments to the State under section 300d-11(a) of this title by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

(July 1, 1944, ch. 373, title XII, §1221, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2926.)

**Editorial Notes**

**PRIOR PROVISIONS**

A prior section 300d-21, act July 1, 1944, ch. 373, title XII, §1221, as added Oct. 21, 1976, Pub. L. 94-573, §14(3), 90 Stat. 2718; amended Dec. 12, 1979, Pub. L. 96-142, title I, §107(a)-(c), 93 Stat. 1069, related to programs for burn, trauma, and poison injuries, 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.

**§ 300d-22. Report by Secretary**

Not later than October 1, 2008, the Secretary shall report to the appropriate committees of Congress on the activities of the States carried out pursuant to section 300d-11 of this title. Such report shall include an assessment of the extent to which Federal and State efforts to develop systems of trauma care and to designate trauma centers have reduced the incidence of mortality, and the incidence of permanent disability, resulting from trauma. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives with respect to trauma care.

(July 1, 1944, ch. 373, title XII, §1222, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2926; amended Pub. L. 103-183, title VI, §601(d), Dec. 14, 1993, 107 Stat. 2238; Pub. L. 110-23, §11, May 3, 2007, 121 Stat. 97.)

**Editorial Notes**

**AMENDMENTS**

2007—Pub. L. 110-23 amended section generally. Prior to amendment, section required Secretary to submit report no later than Oct. 1, 1995.

1993—Pub. L. 103-183 substituted “1995” for “1992” and inserted after first sentence “Such report shall include an assessment of the extent to which Federal and State efforts to develop systems of trauma care and to designate trauma centers have reduced the incidence of mortality, and the incidence of permanent disability, resulting from trauma.”

**PART C—GENERAL PROVISIONS REGARDING PARTS A AND B**

**§ 300d-31. Definitions**

For purposes of this part and parts A and B:

**(1) Designated trauma center**

The term “designated trauma center” means a trauma center designated in accordance with the modifications to the State plan described in section 300d-13 of this title.

**(2) State plan regarding emergency medical services**

The term “State plan”, with respect to the provision of emergency medical services, means a plan for a comprehensive, organized system to provide for the access, response, triage, field stabilization, transport, hospital stabilization, definitive care, and rehabilitation of patients of all ages with respect to emergency medical services.

**(3) State**

The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

**(4) Trauma**

The term “trauma” means an injury resulting from exposure to—

(A) a mechanical force; or

(B) another extrinsic agent, including an extrinsic agent that is thermal, electrical, chemical, or radioactive.

**(5) Trauma care component of State plan**

The term “trauma care component”, with respect to components of the State plan for the provision of emergency medical services, means a plan for a comprehensive health care system, within rural and urban areas of the State, for the prompt recognition, prehospital care, emergency medical care, acute surgical and medical care, rehabilitation, and outcome evaluation of seriously injured patients.

(July 1, 1944, ch. 373, title XII, §1231, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2926; amended Pub. L. 102-321, title VI, §602(2), July 10, 1992, 106 Stat. 436; Pub. L. 103-183, title VI, §601(f)(4), Dec. 14, 1993, 107 Stat. 2239; Pub. L. 113-152, §2(a), Aug. 8, 2014, 128 Stat. 1825.)

**Editorial Notes**

**AMENDMENTS**

2014—Par. (4). Pub. L. 113-152 amended par. (4) generally. Prior to amendment, text read as follows: “The term ‘trauma’ means an injury resulting from exposure to a mechanical force.”

1993—Par. (3). Pub. L. 103-183 substituted “Puerto Rico.” for “Puerto Rico;”.

1992—Pub. L. 102-321 substituted “this part and parts A and B” for “this subchapter” in introductory provisions.

**Statutory Notes and Related Subsidiaries**

**EFFECTIVE DATE OF 1992 AMENDMENT**

Amendment by Pub. L. 102-321 effective July 10, 1992, with provision for programs providing financial assistance, see section 801(b), (d) of Pub. L. 102-321, set out as a note under section 236 of this title.

**§ 300d-32. Funding**

**(a) Authorization of appropriations**

For the purpose of carrying out parts A and B, subject to subsections (b) and (c), there are au-