

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.)

Editorial Notes

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.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective July 10, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective for awards made on or after Oct. 1, 1992, see section 801(b), (d)(1) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 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.)

Editorial Notes

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.”

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective July 10, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective for awards made on or after Oct. 1, 1992, see section 801(b), (d)(1) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 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.)

Editorial Notes**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, acting through the Administrator for the Administration for Community Living, 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) 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.

(c) Matching funds**(1) In general**

With respect to the costs to be incurred by a State or American Indian consortium in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State or American Indian consortium agrees to make available non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$2 of Federal funds provided under the grant.

(2) Determination of amount contributed

Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. 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 contributions.

(d) Application for grant

The Secretary may make a grant under subsection (a) only if an application for the grant is submitted 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 section.

(e) Use of State and American Indian consortium grants**(1) Community services and supports**

A State or American Indian consortium shall (directly or through awards of contracts to nonprofit private entities) use amounts received under a grant under this section for the following:

(A) To develop, change, or enhance community-based service delivery systems that include timely access to comprehensive appropriate services and supports. Such service and supports—

(i) shall promote full participation by individuals with traumatic brain injury and their families in decision making regarding the services and supports; and

(ii) shall be designed for children, youth, and adults with traumatic brain injury.