

implementation of the coordinated State emergency medical services programs.

**(4) Administration**

The Administrator of the National Highway Traffic Safety Administration, in cooperation with the Administrator of the Health Resources and Services Administration of the Department of Health and Human Services and the Director of the Preparedness Division, Directorate of Emergency Preparedness and Response of the Department of Homeland Security, shall provide administrative support to the Interagency Committee, including scheduling meetings, setting agendas, keeping minutes and records, and producing reports.

**(5) Leadership**

The members of the Interagency Committee shall select a chairperson of the Committee each year.

**(6) Meetings**

The Interagency Committee shall meet as frequently as is determined necessary by the chairperson of the Committee.

**(7) Annual reports**

The Interagency Committee shall prepare an annual report to Congress regarding the Committee's activities, actions, and recommendations.

**(b) National Emergency Medical Services Advisory Council**

**(1) Establishment**

The Secretary of Transportation, in coordination with the Secretary of Health and Human Services and the Secretary of Homeland Security, shall establish a National Emergency Medical Services Advisory Council (referred to in this subsection as the "Advisory Council").

**(2) Membership**

The Advisory Council shall be composed of 25 members, who—

(A) shall be appointed by the Secretary of Transportation; and

(B) shall collectively be representative of all sectors of the emergency medical services community.

**(3) Purposes**

The purposes of the Advisory Council are to advise and consult with—

(A) the Federal Interagency Committee on Emergency Medical Services on matters relating to emergency medical services issues; and

(B) the Secretary of Transportation on matters relating to emergency medical services issues affecting the Department of Transportation.

**(4) Administration**

The Administrator of the National Highway Traffic Safety Administration shall provide administrative support to the Advisory Council, including scheduling meetings, setting agendas, keeping minutes and records, and producing reports.

**(5) Leadership**

The members of the Advisory Council shall annually select a chairperson of the Advisory Council.

**(6) Meetings**

The Advisory Council shall meet as frequently as is determined necessary by the chairperson of the Advisory Council.

**(7) Annual reports**

The Advisory Council shall prepare an annual report to the Secretary of Transportation 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.)

**Editorial Notes**

**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).

**Statutory Notes and Related Subsidiaries**

**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.)

**Editorial Notes**

**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 trauma centers**

**(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 sup-

port pilot projects to design, implement, and evaluate new or existing innovative models of regionalized, comprehensive, and accountable emergency medical and trauma systems, and improve access to trauma care within such systems.

**(b) Eligible entity; region**

In this section:

**(1) Eligible entity**

The term “eligible entity” means—

- (A) a State or consortia of States;
- (B) an Indian Tribe or Tribal organization (as defined in section 5304 of title 25);
- (C) a consortium of level I, II, or III trauma centers designated by applicable State or local agencies within an applicable State or region, and, as applicable, other emergency services providers; or
- (D) a consortium or partnership of non-profit Indian Health Service, Indian Tribal, and urban Indian trauma centers.

**(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 to design, implement, and evaluate a new or existing emergency medical and trauma system. Such eligible entity shall use amounts awarded under this subsection to carry out 2 or more of the following activities:

(1) Strengthening coordination and communication with public health and safety services, emergency medical services, medical facilities, trauma centers, and other entities in a region to develop approaches to improve situational awareness and emergency medical and trauma system access.

(2) Providing a mechanism, such as a regional medical direction or transport communications system, that operates throughout the region to support patient movement 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) Improving 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.

(4) Supporting 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