

(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, 1944, was renumbered section 1202 and is classified to section 300d-3 of this title.

Another prior section 1203 of act July 1, 1944, 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

(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.

(5) Establishing, implementing, and disseminating, or utilizing existing, as applicable, evidence-based or evidence-informed practices across facilities within such emergency medical and trauma system to improve health outcomes, including such practices related to management of injuries, and the ability of such facilities to surge.

(6) Conducting activities to facilitate clinical research, as applicable and appropriate.

**(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 applicable emergency medical and trauma system system—<sup>1</sup>

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

(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;

(B) for eligible entities described in subparagraph (C) or (D) of subsection (b)(1), a description of, and evidence of, coordination with the applicable State Office of Emergency Medical Services (or equivalent State Office) or applicable such office for a Tribe or Tribal organization; and

(C) 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.

**(3) Effective date**

The matching requirement described in paragraph (1) shall take effect on October 1, 2025.

**(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 medically underserved population (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 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) opportunities for improvement, including recommendations for how to improve the effectiveness and efficiency of the program (or lack thereof);

(3) methods of assuring the long-term financial sustainability of the emergency care and trauma system;

(4) the barriers to developing regionalized, accountable emergency care and trauma systems, as well as the methods to overcome such barriers;

(5) recommendations on the utilization of available funding for future regionalization efforts; and

(6) any evidence-based or evidence-informed strategies developed or utilized pursuant to subsection (c)(5).

**(h) Dissemination of findings**

Not later than 1 year after the completion of the final project under subsection (a), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the information contained in each report sub-

<sup>1</sup> So in original.

mitted pursuant to subsection (g) and any additional actions planned by the Secretary related to regionalized emergency care and trauma systems.

(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; amended Pub. L. 117-328, div. FF, title II, §2113(c), Dec. 29, 2022, 136 Stat. 5724.)

#### Editorial Notes

##### 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.

##### AMENDMENTS

2022—Pub. L. 117-328, §2113(c)(1), amended section catchline generally. Prior to amendment, section catchline read as follows: “Competitive grants for regionalized systems for emergency care response”.

Subsec. (a). Pub. L. 117-328, §2113(c)(2), substituted “to design, implement, and evaluate new or existing” for “that design, implement, and evaluate” and “emergency medical” for “emergency care” and inserted “, and improve access to trauma care within such systems” before period at end.

Subsec. (b)(1). Pub. L. 117-328, §2113(c)(3), added subpars. (A) to (D) and struck out former subpars. (A) and (B) which read as follows:

“(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.”

Subsec. (c). Pub. L. 117-328, §2113(c)(4)(A), struck out “that proposes a pilot project” after “an eligible entity” and substituted “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:” for “an emergency medical and trauma system that—” in introductory provisions.

Subsec. (c)(1). Pub. L. 117-328, §2113(c)(4)(B), substituted “Strengthening coordination and communication” for “coordinates” and “approaches to improve situational awareness and emergency medical and trauma system access.” for “an approach to emergency

medical and trauma system access throughout the region, including 9-1-1 Public Safety Answering Points and emergency medical dispatch;”.

Subsec. (c)(2). Pub. L. 117-328, §2113(c)(4)(C), substituted “Providing” for “includes” and “fashion.” for “fashion;” and inserted “support patient movement to” after “region to”.

Subsec. (c)(3). Pub. L. 117-328, §2113(c)(4)(D), substituted “Improving” for “allows for” and “decisions.” for “decisions; and”.

Subsec. (c)(4). Pub. L. 117-328, §2113(c)(4)(E), substituted “Supporting a consistent” for “includes a consistent” in introductory provisions.

Subsec. (c)(5), (6). Pub. L. 117-328, §2113(c)(4)(F), added pars. (5) and (6).

Subsec. (d)(2)(A). Pub. L. 117-328, §2113(c)(5)(A)(i), substituted “the applicable emergency medical and trauma system” for “the proposed” in introductory provisions.

Subsec. (d)(2)(A)(i). Pub. L. 117-328, §2113(c)(5)(A)(ii), inserted “or Tribal entity” after “equivalent State office”.

Subsec. (d)(2)(B), (C). Pub. L. 117-328, §2113(c)(5)(A)(iii)-(C), added subpar. (B) and redesignated former subpar. (B) as (C).

Subsec. (e)(3). Pub. L. 117-328, §2113(c)(6), added par. (3).

Subsec. (f). Pub. L. 117-328, §2113(c)(7), substituted “medically underserved population” for “population in a medically underserved area”.

Subsec. (g). Pub. L. 117-328, §2113(c)(8)(A), struck out “described in” after “grant” in introductory provisions.

Subsec. (g)(2). Pub. L. 117-328, §2113(c)(8)(B), substituted “opportunities for improvement, including recommendations for how to improve” for “the system characteristics that contribute to”.

Subsec. (g)(4) to (6). Pub. L. 117-328, §2113(c)(8)(C)-(G), added par. (6), redesignated former pars. (5) and (6) as (4) and (5), respectively, and struck out former par. (4) which read as follows: “the State and local legislation necessary to implement and to maintain the system;”.

Subsec. (h). Pub. L. 117-328, §2113(c)(9), amended subsec. (h) generally. Prior to amendment, text read as follows: “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).”

#### 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-33<sup>1</sup> 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

<sup>1</sup> See References in Text note below.