

“(4) Unless otherwise provided, the term ‘Secretary’ means Secretary of Health and Human Services.

“TITLE II—TREATMENT OF CERTAIN PAYMENTS IN HEMOPHILIA-CLOTTING-FACTOR SUIT UNDER THE SSI PROGRAM

“SEC. 201. TREATMENT OF CERTAIN PAYMENTS IN HEMOPHILIA-CLOTTING-FACTOR SUIT UNDER THE MEDICAID AND SSI PROGRAMS.

“(a) PRIVATE PAYMENTS.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, the payments described in paragraph (2) shall not be considered income or resources in determining eligibility for, or the amount of—

“(A) medical assistance under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.]; or

“(B) supplemental security income benefits under title XVI of the Social Security Act [42 U.S.C. 1381 et seq.].

“(2) PRIVATE PAYMENTS DESCRIBED.—The payments described in this subsection are—

“(A) payments made from any fund established pursuant to a class settlement in the case of *Susan Walker v. Bayer Corporation, et al.*, 96-C-5024 (N.D. Ill.); and

“(B) payments made pursuant to a release of all claims in a case—

“(i) that is entered into in lieu of the class settlement referred to in subparagraph (A); and

“(ii) that is signed by all affected parties in such case on or before the later of—

“(I) December 31, 1997; or

“(II) the date that is 270 days after the date on which such release is first sent to the persons (or the legal representative of such persons) to whom the payment is to be made.

“(b) GOVERNMENT PAYMENTS.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, the payments described in paragraph (2) shall not be considered income or resources in determining eligibility for, or the amount of supplemental security income benefits under title XVI of the Social Security Act [42 U.S.C. 1381 et seq.].

“(2) GOVERNMENT PAYMENTS DESCRIBED.—The payments described in this subsection are payments made from the Fund established pursuant to section 101 of this Act.”

SUBCHAPTER X—TRAUMA CARE

PART A—GENERAL AUTHORITY AND DUTIES OF SECRETARY

§ 300d. Establishment

(a) In general

The Secretary shall, with respect to trauma care—

(1) conduct and support research, training, evaluations, and demonstration projects;

(2) foster the development of appropriate, modern systems of such care through the sharing of information among agencies and individuals involved in the study and provision of such care;

(3) collect, compile, analyze, and disseminate information on the achievements of, and problems experienced by, State and local agencies and private entities in providing trauma care and emergency medical services and, in so doing, give special consideration to the unique needs of rural areas and medically underserved areas;

(4) provide to State and local agencies technical assistance to enhance each State’s capability to develop, implement, and sustain the trauma care component of each State’s plan

for the provision of emergency medical services; and

(5) promote the collection and categorization of trauma data in a consistent and standardized manner.

(b) Trauma care readiness and coordination

The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall support the efforts of States and consortia of States to coordinate and improve emergency medical services and trauma care during a public health emergency declared by the Secretary pursuant to section 247d of this title or a major disaster or emergency declared by the President under section 5170 or 5191, respectively, of this title. Such support may include—

(1) developing, issuing, and updating guidance, as appropriate, to support the coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care;

(2) disseminating, as appropriate, information on evidence-based or evidence-informed trauma care practices, taking into consideration emergency medical services and trauma care systems, including such practices identified through activities conducted under subsection (a) and which may include the identification and dissemination of performance metrics, as applicable and appropriate; and

(3) other activities, as appropriate, to optimize a coordinated and flexible approach to the emergency response and medical surge capacity of hospitals, other health care facilities, critical care, and emergency medical systems.

(c) Grants, cooperative agreements, and contracts

The Secretary may make grants, and enter into cooperative agreements and contracts, for the purpose of carrying out subsection (a).

(July 1, 1944, ch. 373, title XII, §1201, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2916; amended Pub. L. 103-183, title VI, §601(a), Dec. 14, 1993, 107 Stat. 2238; Pub. L. 104-146, §12(b), May 20, 1996, 110 Stat. 1373; Pub. L. 110-23, §2, May 3, 2007, 121 Stat. 90; Pub. L. 117-328, div. FF, title II, §2113(a), Dec. 29, 2022, 136 Stat. 5722.)

Editorial Notes

PRIOR PROVISIONS

A prior section 300d, act July 1, 1944, ch. 373, title XII, §1201, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 594; amended Oct. 12, 1976, Pub. L. 94-484, title IX, §905(b)(1), 90 Stat. 2325; Oct. 21, 1976, Pub. L. 94-573, §2, 14(2), 90 Stat. 2709, 2718, defined terms applicable to this subchapter, 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 1201 of act July 1, 1944, ch. 373, title XII, formerly §1205, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 597, was classified to section 300d-4 of this title prior to repeal by Pub. L. 99-117, §12(e), Oct. 7, 1985, 99 Stat. 495.

AMENDMENTS

2022—Subsec. (a)(3). Pub. L. 117-328, §2113(a)(1)(A), inserted “analyze,” after “compile,” and “and medically underserved areas” after “rural areas”.

Subsec. (a)(5), (6). Pub. L. 117-328, §2113(a)(1)(B)-(D), redesignated par. (6) as (5) and struck out former par. (5) which read as follows: "sponsor workshops and conferences; and".

Subsecs. (b), (c). Pub. L. 117-328, §2113(a)(2), (3), added subsec. (b) and redesignated former subsec. (b) as (c).

2007—Pub. L. 110-23 amended section generally. Prior to amendment, section required the Secretary to provide support to trauma care, authorized the Secretary to make grants and enter into agreements for such support, and required the Administrator of the Health Resources and Services Administration to ensure that the Division of Trauma and Emergency Medical Systems administered this subchapter.

1996—Subsec. (a). Pub. L. 104-146, in introductory provisions, substituted "The Secretary shall," for "The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall,".

1993—Subsec. (a). Pub. L. 103-183, §601(a)(1), in introductory provisions inserted ", acting through the Administrator of the Health Resources and Services Administration," after "Secretary".

Subsec. (c). Pub. L. 103-183, §601(a)(2), added subsec. (c).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104-146 effective Oct. 1, 1996, see section 13 of Pub. L. 104-146, set out as a note under section 300ff-11 of this title.

CONGRESSIONAL STATEMENT OF FINDINGS

Pub. L. 101-590, §2, Nov. 16, 1990, 104 Stat. 2915, provided that: "The Congress finds that—

"(1) the Federal Government and the governments of the States have established a history of cooperation in the development, implementation, and monitoring of integrated, comprehensive systems for the provision of emergency medical services throughout the United States;

"(2) physical trauma is the leading cause of death of Americans between the ages of 1 and 44 and is the third leading cause of death in the general population of the United States;

"(3) physical trauma in the United States results in an aggregate annual cost of \$180,000,000,000 in medical expenses, insurance, lost wages, and property damage;

"(4) barriers to the provision of prompt and appropriate emergency medical services exist in many areas of the United States;

"(5) few States and communities have developed and implemented trauma care systems;

"(6) many trauma centers have incurred substantial uncompensated costs in providing trauma care, and such costs have caused many such centers to cease participation in trauma care systems; and

"(7) the number of incidents of physical trauma in the United States is a serious medical and social problem, and the number of deaths resulting from such incidents can be substantially reduced by improving the trauma-care components of the systems for the provision of emergency medical services in the United States."

§ 300d-1. Repealed. Pub. L. 103-183, title VI, § 601(b)(1), Dec. 14, 1993, 107 Stat. 2238; Pub. L. 105-392, title IV, § 401(a)(1)(A), Nov. 13, 1998, 112 Stat. 3587

Section, act July 1, 1944, ch. 373, title XII, §1202, as added Nov. 16, 1990, Pub. L. 101-590, §3, 104 Stat. 2916, provided for establishment, membership, duties, etc., of Advisory Council on Trauma Care Systems.

A prior section 300d-1, act July 1, 1944, ch. 373, title XII, §1202, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 595; amended Oct. 21, 1976, Pub. L. 94-573, §3, 90 Stat. 2709; Dec. 12, 1979, Pub. L. 96-142, title I, §103, 93

Stat. 1067, set forth provisions relating to grants and contracts for feasibility studies and planning, 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-2. Repealed. Pub. L. 110-23, §3(1), May 3, 2007, 121 Stat. 90

Section, act July 1, 1944, ch. 373, title XII, §1202, formerly §1203, as added Pub. L. 101-590, §3, Nov. 16, 1990, 104 Stat. 2917; renumbered §1202, Pub. L. 103-183, title VI, §601(b)(2), Dec. 14, 1993, 107 Stat. 2238; amended Pub. L. 105-392, title IV, §401(a)(1)(A), Nov. 13, 1998, 112 Stat. 3587, required the Secretary to provide for the establishment and operation of a National Clearinghouse on Trauma Care and Emergency Medical Services.

A prior section 300d-2, act July 1, 1944, ch. 373, title XII, §1203, as added Nov. 16, 1973, Pub. L. 93-154, §2(a), 87 Stat. 596; amended Oct. 21, 1976, Pub. L. 94-573, §4, 90 Stat. 2710; Nov. 10, 1978, Pub. L. 95-626, title II, §210(a), 92 Stat. 3588; July 10, 1979, Pub. L. 96-32, §7(l), 93 Stat. 84, set forth provisions relating to grants and contracts for establishing and initial operation of emergency medical services systems, 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-3. Grants to improve trauma care in rural areas

(a) In general

The Secretary shall award grants to eligible entities for the purpose of carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in rural areas through the development of innovative uses of technology, training and education, transportation of seriously injured patients for the purposes of receiving such emergency medical services, access to prehospital care, evaluation of protocols for the purposes of improvement of outcomes and dissemination of any related best practices, activities to facilitate clinical research, as applicable and appropriate, and increasing communication and coordination with applicable State or Tribal trauma systems.

(b) Eligible entities

(1) In general

To be eligible to receive a grant under this section, an entity shall be a public or private entity that provides trauma care in a rural area.

(2) Priority

In awarding grants under this section, the Secretary shall give priority to eligible entities that will provide services under the grant in any rural area identified by a State under section 300d-14(d)(1) of this title.

(c) Requirement of application

The Secretary may not make a grant under subsection (a) unless 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.

(d) Reports

An entity that receives a grant under this section shall submit to the Secretary such reports as the Secretary may require to inform administration of the program under this section.