

What surgeons should know about...

The Trauma Act of 2007 and the future of surgical emergency care

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Since 1990, the Trauma Care Systems Planning and Development Act (Trauma Act), which created Title XII of the Public Health Service Act, has provided \$31.4 million to help states and territories develop and implement statewide trauma care systems. The trauma care program was developed in response to the findings of a 1986 Government Accountability Office report (*States Assume Leadership Role in Providing Emergency Medical Services*, GAO/HRD-86-132) that severely injured individuals in a majority of sampled urban and rural areas of the U.S. were not receiving the benefit of trauma systems despite considerable evidence that these systems improve survival rates. Administered through the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA), the Trauma-EMS (Emergency Medical Services) Systems Program has distributed funds to all 50 states and five territories over the past several years.

The Trauma Care Systems Planning and Development Act of 2007 (H.R. 727) was introduced on January 30, 2007, by Reps. Gene Green (D-TX) and Michael Burgess, MD (R-TX). The Senate version (S. 657) was introduced by Sens. Jack Reed (D-RI) and Pat Roberts (R-KS) on February 16.

On March 27, the U.S. House of Representatives passed H.R. 727. The Senate then followed suit on March 29, and the bill was signed by President Bush on May 3. The legislation is now Public Law (PL) 110-23.

How does P.L. 110-23 change the original Trauma Act?

P.L. 110-23 reauthorizes the HRSA's Trauma-EMS program through fiscal year (FY) 2012 and doubles the authorization level to \$12 million for FY 2008, \$10 million for FY 2009, and \$8 million for FY 2010-2012.

Another change is the creation of a new competi-

tive grant program for states that have already begun the process of establishing a trauma care system using national standards and protocols. P.L. 110-23 provides that

...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...may make a grant...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.

The law also states that preference will be given to grant applicants who have already established a process for developing trauma care systems, evaluating the performance of a system, and designating trauma centers using nationally recognized standards.

How has the Trauma-EMS program been funded in the past?

Funding of the program has included \$4.8 million in FY 1992, 1993, and 1994; \$3 million in 2001; and \$3.5 million in FY 2002, 2003, 2004, and 2005. Unfortunately, the program received no funding for FY 2006 and 2007, but efforts are under way to secure funding for FY 2008.

How do I apply for a Trauma-EMS Program grant?

If funding is restored for FY 2008 (at the time this article was written, appropriations legislation was pending), then the Secretary of the HHS will have to reestablish the HRSA Trauma-EMS office with new staff or assign the program to another office. Once this office has been reinstated, a notice will appear in the Federal Register announcing the availability of grant funding with detailed directions and a grant guidance document. The College will also notify Fellows that the notice has been published.

How does this effort coincide with the IOM report, *The Future of Emergency Care in the United States Health System*?*

To provide some background on this comprehensive report, in June 2006, the Institute of Medicine (IOM) published an account of the current tragic situation confronting injured and ill Americans across the country. Hospital emergency departments and trauma centers are severely overcrowded and often physician specialists are unavailable to provide emergency and trauma care. To alleviate this situation, the IOM called for a complete overhaul of our nation's emergency and trauma care by creating a coordinated and regionalized system of care modeled after the HRSA Trauma-EMS program. According to the report, "The objective of regionalization is to improve patient outcomes by directing patients to facilities with optimal capabilities of any given type of illness or injury." The report further states, "Trauma systems provide a valuable model for how such coordination could and should operate."

Concurrent with the release of the IOM report, the College released its own report, *A Growing Crisis in Patient Access to Emergency Surgical Care* (www.facs.org/ahp/emergcarecrisis.pdf), which reached similar conclusions to those of the IOM with respect to patients' declining access to critical emergency surgical care, detailing fully the emergency care surgical care shortage and providing recommendations for facing the crisis. In 2006, the College continued its commitment to bring

*Institute of Medicine, National Academy of Sciences, the National Academy Press, July 2006.

national attention to this issue by sponsoring a series of IOM report dissemination workshops throughout the U.S., which brought together the media, stakeholders, and leading federal health care policymakers.

What other efforts is the College working on in regard to emergency services?

The IOM and the College have worked hard to develop concrete recommendations to reverse the emergency care crisis. The College has brought together representatives of the surgical specialties that work daily to provide the life-saving emergency surgical care for our citizens in order to develop a concrete set of recommendations for reforming the nation's emergency departments with the hope that these proposals will eventually be presented and then adopted by Congress. The College, along with the American Association of Neurological Surgeons and the American Academy of Orthopaedic Surgeons, has worked to develop a legislative agenda to address the ongoing surgical workforce crisis in emergency departments across the nation.

What would this emergency surgical care legislation entail?

The following priority issues were identified: liability protections, reimbursement for treatment of the uninsured, loan deferment extension, and the regionalization of emergency care. We are now approaching other surgical specialty societies for input and support and will then enlist a member of Congress to sponsor this agenda. These reforms include the following:

- *Regionalization.* As recommended by the IOM reports, HHS should create a demonstration project to develop interconnected systems of emergency care across geographic areas so that our nation's injured citizens receive the emergency care they require regardless of their geographic location.

- *Ensuring an adequate emergency care workforce.* Enhancing the viability of this workforce through incentives such as extension of medical school loan deferment and expansion of the National Health Service Corps to include the emergency surgical care workforce.

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- *Providing resources for emergency care.* Creating incentives for on-call emergency surgical coverage and expand Medicare coverage of emergency care at critical access hospitals.

- *Supporting coverage of emergency care for the uninsured.* Strengthening the emergency care safety net through the expansion of Medicare coverage.

- *Liability protections.* With a focus on care related to the Emergency Medical Treatment and Active Labor Act, the Federal Tort Claims Act could provide liability protections for on-call physicians.

The College is currently working with other surgical specialty groups and Congress to introduce legislation to tackle this crisis.

For any information regarding the topics discussed in this article, please do not hesitate to contact Adrienne Roberts in the Division of Advocacy and Health Policy at aroberts@facs.org. Ω

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