

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

March 19, 2010

The Honorable David Obey  
Chairman  
Subcommittee on Labor, HHS, & Education  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Todd Tiahrt  
Ranking Member  
Subcommittee on Labor, HHS, & Education  
Committee on Appropriations  
U.S. House of Representatives  
Washington D.C. 20515

Dear Chairman Obey and Ranking Member Tiahrt:

We write to express our strong support for restored funding for Title XII of the Public Health Service Act – specifically those provisions enacted by the Trauma Care Systems Planning and Development Act. This section of Title XII authorizes federal grants to states for the purpose of planning, implementing, and developing statewide trauma care systems. Also, to ensure a good partnership with states and to leverage federal dollars, states are required to match the grant amount they receive. We request that the Subcommittee provide \$12 million for this program for fiscal year (FY) 2011.

In 2007, Congress unanimously approved and the President signed into law the Trauma Care Systems Planning and Development Act (P.L. 110-23) to renew and increase funding for this program through FY 2012. Unfortunately, since that time no funding has been appropriated for the Trauma-EMS program.

Injury is the leading cause of death for Americans aged 1 through 44. Making sure complex injury victims who meet predefined triage criteria are transported to specialized trauma care systems is crucial. These systems of care have a highly trained interdisciplinary team of physicians and health care professionals that are immediately available to provide the services needed to save that person's life and prevent further disability or physical deterioration.

Trauma care systems and physicians must dedicate extensive resources around the clock so that seriously injured patients have the best possible chances of survival. As a consequence, seriously injured victims treated in trauma centers have a 25% lower risk of death. Trauma and health care emergencies will continue to occur, despite the best prevention efforts, so it is essential to ensure that victims of traumatic injury have access to life-saving trauma care. Unfortunately, trauma care is threatened by a combination of factors including substantial uncompensated care and a growing shortage of trauma related physicians (such as general, neurological, orthopaedic and other surgeons) who are increasingly reliant upon trauma centers for covering the costs of trauma call coverage. At least 20 trauma center closures and additional downgrades of trauma center levels have occurred since 2000.

In 2006, the Institute of Medicine (IOM) released a comprehensive report addressing the current tragic situation that faces injured and ill Americans across the country. 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 trauma care system 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.”

As we have all witnessed in the response to earthquakes in Haiti and Chile, Hurricane Katrina and the tragic events of 9/11, the preparedness and stability of our emergency and trauma care systems are critical to our national security. Improving our nation's ability to respond to future catastrophic events will make for a stronger nation as well as address the trauma and health care emergencies that occur in every community across this country every single day. Despite its value and proven ability to improve patient outcomes, appropriate trauma systems are not consistently available throughout the nation. For this reason, we are requesting more resources be directed to developing and improving these critical trauma care systems.

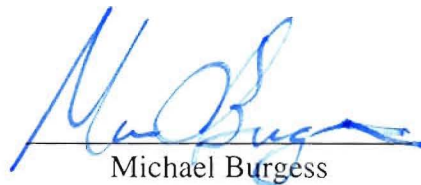
From FY 2002-2005, this program was funded at \$3.5 million. Despite this funding, half the states in the country are still without a statewide trauma care system. Clearly, we can do better in our efforts to respond to a number of goals put forth by the Institute of Medicine in 1999, particularly that Congress “support a greater national commitment to, and support of, trauma care systems at the federal, state, and local levels.”

Due to the lack of funding for FYs 2006, 2007, 2008, 2009, and 2010 we support \$12 million for FY 2011 for the Trauma Systems program. This is the amount that was authorized in P.L. 110-23 for FY 2008 to provide sufficient resources for re-establishing the program. We urge you to include \$12 million in your Chairman's mark for FY 2011 for Title XII programs that promote statewide trauma care systems. While we appreciate the current budgetary realities, it is critical that the federal government increase its commitment to strengthening Title XII programs governing trauma care system planning and development.

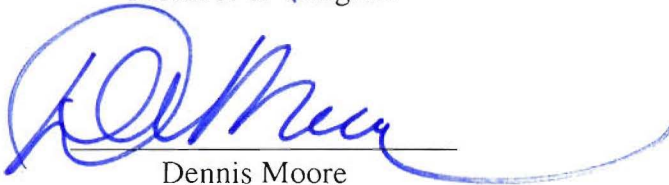
Sincerely,



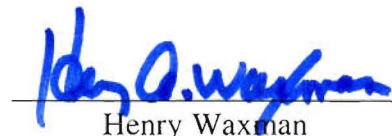
Gene Green  
Member of Congress



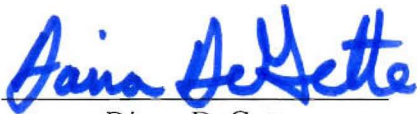
Michael Burgess  
Member of Congress



Dennis Moore  
Member of Congress



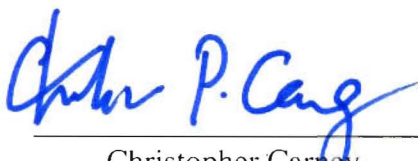
Henry Waxman  
Member of Congress



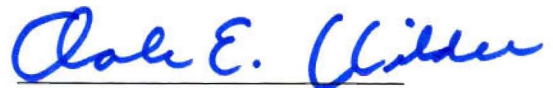
Diana DeGette  
Member of Congress



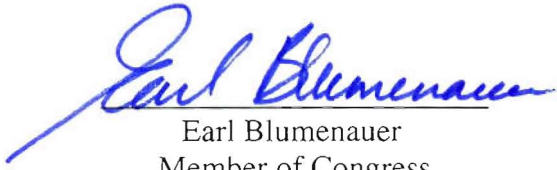
Yvette Clarke  
Member of Congress



Christopher Carney  
Member of Congress

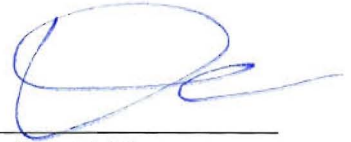


Dale Kildee  
Member of Congress



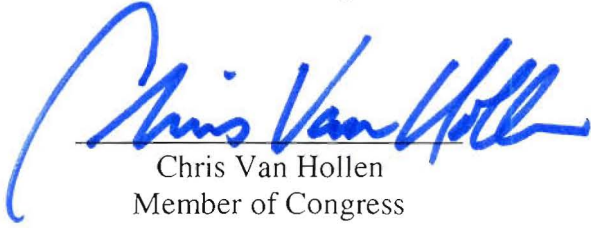
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Earl Blumenauer  
Member of Congress



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David Wu  
Member of Congress



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Chris Van Hollen  
Member of Congress



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Steve Cohen  
Member of Congress