



# American College of Surgeons

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## Trauma Care Systems Planning & Development

Since 1990, the Trauma Care Systems Planning and Development 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 (GAO/HRD-86-132) that severely injured individuals in a majority of both urban and rural areas of the U.S. sampled were not receiving the benefit of trauma systems despite considerable evidence that these systems improve survival rates. Administered through the Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA), over the past several years the Trauma-EMS Program has distributed funds to all 50 states and 5 territories. Funding history for the program includes \$4.8 million in FYs 1992, 1993, and 1994; \$3 million in 2001; and \$3.5 million in FYs 2002, 2003, 2004, and 2005. Unfortunately, the program received no funding for FYs 2006 & 2007.

Nationally, unintentional injury is the leading cause of death for individuals 1 to 44 years old. These systems are responsible for saving thousands of lives by ensuring that severely injured patients receive the care they need within that crucial first "golden hour." Current medical practices prove that the care and treatments delivered within the first hour of severe injury are likely to mean the difference between temporary and permanent disabilities, as well as between life and death. Trauma systems also provide for effective and efficient use of scarce and costly community resources.

But today, even with this influx of federal monies, the U.S. trauma systems remain incomplete. The most consistent element among the states is the lack of uniformity regarding system development. Studies of conventional trauma care show that as many as **25 percent of trauma patient deaths could have been prevented** if optimal acute care had been available. Unfortunately, only one fourth of the U.S. population lives in an area served by a trauma care system.

In addition to lives taken, the financial impact of trauma is staggering. The cost of motor vehicle crashes that occurred in 2004 totaled \$240.6 billion. This is equal to approximately \$820 for every person living in the U.S. and 2.3 percent of the U.S. Gross Domestic Product. The lifetime economic cost to society for each fatality is over \$977,000. Over 80 percent of this amount is attributable to lost workplace and household productivity.

Other data from the Agency for Healthcare Research & Quality's (AHRQ) Medical Expenditure Panel Survey (MEPS) show that for 2003, trauma related disorders involving all types of service cost the nation over \$71.5 billion. The cost of trauma related emergency room visits

alone was \$7.8 billion. The National Safety Council's 2005-2006 edition of *Injury Facts* found that the total cost of unintentional injuries for 2004 was \$574.8 billion, with \$298.4 billion in wage and productivity losses and \$98.9 billion in medical expenses alone.

With the events of September 11, 2001, still fresh in our minds, and our nation's continued focus on enhancing disaster preparedness, it is critical that the federal government increase its commitment to strengthening Title XII programs governing trauma care system planning and development. Trauma systems are a crucial component of homeland security. They are the solution to conventional weapons terrorism, which is – by far – the most frequent mode of terrorist attack both in the U.S. and around the globe. Further, trauma systems offer a means of preparedness for natural disasters such as Hurricanes Katrina and Rita and recent snow and ice storms in the Midwest.

According to the Trauma-EMS Systems Program Assessment Rating Tool (PART) released by the Office of Management and Budget (OMB), “the Trauma Care program has demonstrated success in assisting States in adopting statewide standardized triage protocols and designating trauma centers. Studies indicate with some consistency that improving organized systems of trauma care, specifically States designating trauma centers and adopting standardized triage protocols, leads to measurable decreases in mortality due to trauma.”

Most importantly, the Institute of Medicine (IOM) released a comprehensive report addressing the current tragic situation that faces 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 is calling for a complete overhaul of our nations 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.”

In the 110<sup>th</sup> Congress, on Tuesday, March 27 the U.S. House of Representatives passed H.R. 727. The Senate then followed suit on Thursday, March 29. The bill was signed by President Bush on May 3 and is now Public Law (PL) 110-23. Introduced in January by Reps. Gene Green (D-TX) and Mike Burgess, MD (R-TX) and Sens. Jack Reed (D-RI) and Pat Roberts (R-KS), this legislation reauthorizes HRSA's Trauma-EMS program through FY 2012 with an authorization level of \$12 million for FY 2008, \$10 million for FY 2009, and \$8 million for FYs 2010-2012. The law also creates a new competitive grant program for states that have already begun the process of establishing a trauma care system using national standards and protocols.

## **ACS thanks all Members of Congress that co-sponsored S. 657 and H.R. 727, the Trauma Care Systems Planning and Development Act of 2007.**

*The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and to improve the care of surgical patients. With more than 65,000 members, it is the largest organization of surgeons in the world.*

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