



American Association of Neurological Surgeons



TRAUMA CENTER ASSOCIATION OF AMERICA

March 19, 2010

The Honorable Daniel Inouye
U.S. Senate
Washington, DC 20510

The Honorable Thad Cochran
U.S. Senate
Washington, DC 20510

Dear Chairman Inouye and Ranking Member Cochran:

We are writing to respectfully request that the Congress include \$224 million in funding in the FY 2011 Labor/HHS/Education Appropriations Act for the trauma and emergency medical services programs and activities that are included in both the House- and Senate-passed versions of comprehensive health care reform legislation. Efforts to improve health care delivery must ensure that our nation's trauma and emergency care capabilities are dramatically improved.

Trauma (unintentional injury) is the leading cause of death for children and adults under age 44, killing more Americans than AIDS and stroke combined. Making sure that complex injury victims who meet predefined triage criteria are transported to specialized trauma centers is crucial. These centers of care have a highly trained interdisciplinary team of physicians, nurses and other health care professionals that is immediately available to provide the services needed to save patients' lives and prevent further disability or physical deterioration. Trauma centers, physicians and nurses 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 rather than general hospitals have a 25% lower risk of death. Trauma 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 trauma care and a growing shortage of trauma related physicians (such as trauma, neurological and orthopaedic surgeons) who are increasingly reliant upon trauma centers for the costs of trauma call coverage. At least 20 trauma center closures and additional downgrades of trauma center levels have occurred since 2000.

Beyond the enormous challenges to ensuring the availability of trauma care, there also remain equally daunting challenges facing the broader emergency care system across the nation. In June 2006, the Institute of Medicine (IOM) released its landmark report series, *Future of Emergency Care in the United States Health System*. This report found, among other things, that hospital emergency departments and trauma centers across the country are severely overcrowded and emergency care is highly fractured. Due to higher medical liability exposure and the lack of reimbursement for uncompensated care, critical surgical specialists are often 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 Health Resources & Services Administration (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."

Most recently, in December 2008, the American College of Emergency Physicians released an updated report entitled, *The National Report Card on the State of Emergency Medicine*, which assesses the support that each state and the District of Columbia provides for their emergency care systems. According to this report, the emergency care system in the United States is in serious condition, with numerous states facing critical problems. The overall grade for the nation is a C-, with 90 percent of the states earning mediocre or near-failing grades. This Report Card is the most comprehensive assessment of the emergency care environments across the country, and found, among other things, that the biggest problems facing emergency departments (EDs) are boarding of patients in EDs; lack of adequate on-call specialists; inadequate reimbursement from public and private payers; and high rates of uninsured individuals.

Both the House and Senate have passed versions of comprehensive health care reform legislation that contain authorizations for several essential trauma and emergency medical services programs, including two reauthorizations.

National Trauma Center Stabilization Act. Both bills authorize the National Trauma Center Stabilization Act (see Section 3505 of the Senate bill (H.R. 3590) and Section 2551 of the House bill (H.R. 3962). While there is some variation between the House and Senate bills, both reauthorize \$100 million per year for a program of federal grants to trauma centers. The Senate version of this reauthorization provides grants to trauma centers to allow them operating funds to maintain their core missions, to compensate them for losses from uncompensated care, and to provide emergency awards to centers at risk of closure. The House bill reauthorizes emergency awards and core mission awards (but not uncompensated care awards) and further allows grants to certain entities to establish trauma centers in areas of identified need.

The Senate bill also authorizes an additional \$100 million per year for Trauma Service Availability Grants as part of the National Trauma Center Stabilization Act. These grants would

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be channeled through the States and used for a number of activities to address shortfalls in trauma services.

Trauma Care Systems Planning and Development Act. In Section 3504, the Senate health reform legislation reauthorizes the Trauma Care Systems Planning and Development Act and incorporates a new Regionalization of Emergency Care Pilot Program to provide funding for no fewer than four multi-year pilot projects to design, implement and evaluate innovative models of regionalized emergency care systems with a total authorization of \$24 million for all of the grant programs provided under the updated Trauma Care Systems Planning and Development Act, of which \$12 million would be dedicated to the regionalization of emergency care pilot program. The House of Representatives health reform bill separately authorizes \$12 million in funding for the Regionalization of Emergency Care Pilot Program in Section 2553.

The undersigned organizations representing trauma centers, physicians and nurses providing trauma and emergency care and emergency medical services strongly support the inclusion of the trauma center, service availability, trauma systems planning and regional emergency care systems programs in the final version of health reform and appropriations funding in the FY 2011 Appropriations Act for the Departments of Labor, Health & Human Services, Education and Related Agencies. Accordingly, we urge the Committee to support \$200,000,000 in implementation funding for the National Trauma Center Stabilization Act for the Trauma Care Center Grant Program and the Trauma Service Availability Grant Program, and \$24,000,000 to fund the Trauma Care Systems Planning and Development Act, of which \$12,000,000 would be designated for implementation of the Regionalization Emergency Care Pilot Program.

The public assumes that when they or a loved one is seriously ill or injured, whether through an every day occurrence or catastrophic event, lifesaving trauma and emergency care will be provided to them where and when they need it. We call upon Congress to ensure that they will be.

Sincerely,

Advocates for Emergency Medical Services

American Academy of Orthopaedic Surgeons

American Association of Neurological Surgeons

American College of Emergency Physicians

American College of Osteopathic Surgeons

American College of Surgeons

American Osteopathic Academy of Orthopedics

American Osteopathic Association

American Society of Plastic Surgeons

American Trauma Society

Brain Injury Association of America

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Eastern Association for the Surgery of Trauma

Emergency Nurses Association

Orthopaedic Trauma Association

Trauma Center Association of America