



Statement of the American College of Surgeons

**Prepared for the
Subcommittee on Labor, Health and Human Services,
and Education, and Related Agencies**

Fiscal Year 2021 Appropriations for the U.S. Department of Health and Human Services

Chairman Blunt, Ranking Member Murray, and Members of the Subcommittee, on behalf of the more than 82,000 members of the American College of Surgeons (ACS), thank you for the opportunity to submit written testimony addressing fiscal year (FY) 2021 appropriations. The ACS is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and improve the quality of care for all surgical patients. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients.

The ACS respectfully requests your consideration of the following priorities as the Subcommittee works through the annual appropriations process for FY 2021:

MISSION ZERO Military and Civilian Partnership for the Trauma Readiness Grant Program

Trauma, including car crashes, falls, head injuries, burns, and firearm injuries, is the leading cause of death in America for those ages 44 and younger and accounts for more years of life lost and disability than any other disease, including cancer and heart disease. Unfortunately, nearly 45 million Americans live in areas more than an hour away from either a Level I or II trauma center. Ensuring access to trauma care requires many crucial components including trauma centers and appropriately trained physicians and nurses, all of which must dedicate extensive resources around the clock so that seriously injured patients have the best possible chance for survival.

In 2016, the National Academies of Science, Engineering, and Medicine (NASEM) released a report titled, “*A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury.*” This report suggests one of four military trauma deaths and one of five civilian trauma deaths could be prevented if advances in trauma care reach all injured patients. The report concludes that military and civilian integration is critical to saving these lives both on the battlefield and at home, preserving the hard-won lessons of war, and maintaining the nation’s readiness and homeland security.

The *MISSION ZERO Act* was signed into law on June 24th, 2019 as part of S. 1279, *the Pandemic and All Hazards Preparedness and Advancing Innovation (PAHPAI) Act* (Public Law No:116-22). *MISSION ZERO* takes the recommendations of the NASEM report to create a U.S. Department of Health and Human Services (HHS) grant program to cover the administrative costs of embedding military trauma professionals in civilian trauma centers. These military-civilian trauma

care partnerships will allow military trauma care teams and providers to gain exposure to treating critically injured patients and increase readiness for when these units are deployed. Similarly, best practices from the battlefield are brought home to further advance trauma care and provide greater civilian access.

By facilitating the implementation of military-civilian trauma partnerships, this program will preserve lessons learned from the battlefield, translate those lessons to civilian care, and ensure service members maintain their readiness to deploy in the future. The ACS strongly supports the funding of MISSION ZERO at the authorized amount of **\$11.5 million** for FY 2021.

Funding for Cancer Research and Prevention

The ACS and the Commission on Cancer (CoC) are dedicated to improving survival and quality of life for cancer patients through advocacy of issues pertaining to prevention and research. To continue the progress that has led to medical breakthroughs for treatment therapies for millions of cancer patients, the ACS and CoC support the following funding increases for FY 2021.

The budget of the National Institutes of Health (NIH) should be increased to at least **\$44.7 billion** (a \$3 billion increase), including **\$6.9 billion** for the National Cancer Institute (NCI). The ACS also urges the inclusion of **\$555 million** for cancer control and prevention programs and **\$70 million** for the National Program of Cancer Registries (NPCR) through the Centers for Disease Control and Prevention (CDC).

Additionally, the ACS asks you to consider the inclusion of the following report language recognizing the importance of the American College of Surgeons Cancer Programs, which benefit an array of health care professionals, patients, and facilities through standard-setting, accreditation, and educational activities.

Quality Care for Cancer. — The Committee recognizes the importance of voluntary accreditation by the American College of Surgeons Cancer Programs, which provide tools, resources, and data to enable cancer programs to deliver comprehensive, high-quality, multidisciplinary, evidence-based, patient-centered care to patients with cancer and diseases of the breast. This voluntary accreditation program includes several key modules, including those focused generally on cancer, breast cancer and diseases of the breast, rectal cancer, and data sharing and performance accountability. The Committee applauds the work of the American College of Surgeons Cancer Programs and encourages facilities to seek its accreditation to support performance evaluation and inform quality care improvements.

Firearm Morbidity and Mortality Prevention Research

The ACS supports an appropriations request of **\$50 million** specifically for public health research into firearm morbidity and mortality prevention through the CDC for FY 2021.

Federally funded research from the perspective of public health has contributed to reductions in motor vehicle crashes, smoking, and Sudden Infant Death Syndrome (SIDS). ACS believes a similar approach could reduce firearm-related injuries and deaths in our communities.

Repeal the Ban on UPI

A Unique Patient Identifier (UPI) would help to ensure that surgeons have a more accurate and consistent means of linking patients to their health information across the continuum of care. Repealing the twenty-year prohibition on the use of federal funds to establish a national UPI would provide HHS with the ability to evaluate a range of patient identification solutions, enabling the agency to explore potential challenges and identify cost-effective, scalable, and secure solutions that protect patient privacy. The ACS supports removal of the ban in Section 510 that prohibits HHS from spending any federal dollars to promulgate or adopt a unique patient identifier (UPI).

Thank you for your consideration of our requests. Please contact Amelia Suermann, ACS Congressional Lobbyist, at asuermann@facs.org if you have any questions or would like additional information.