



## Webinar 4 – 7/25/2025

### Discussion Summary: NTEPS, RMOCCs, and the Legislative Initiatives Supporting Them

#### Overview

The fourth RMOCC webinar, held on July 29, 2025, brought together trauma and emergency care professionals to discuss the latest updates on the development of the National Trauma and Emergency Preparedness System (NTEPS), the integration of Regional Medical Operations Centers (RMOCCs), and legislative initiatives supporting these systems. The session featured presentations by Dr. Joseph Sakran and Dr. Kristan Staudenmayer, followed by a robust group discussion addressing the national strategy, military-civilian alignment, and local implementation challenges.

#### Opening Remarks & Agenda

Dr. Warren Dorlac opened the session with appreciation for attendees' continued engagement. He outlined the day's agenda:

- Advocacy update from Dr. Sakran, focusing on national trauma systems.
- Report from Dr. Staudenmayer on the National Disaster Medical System (NDMS) pilot program.
- Review of a checklist in development for state-level action.
- Preview of a forthcoming ACS slide deck to assist members in educating others about NTEPS and RMOCCs.

#### Dr. Joseph Sakran – NTEPS Overview & Advocacy

Dr. Sakran emphasized the fragmented nature of current U.S. trauma care, where geographic disparities result in unequal access to life-saving care. Currently with “Islands of Excellence in a Sea of Chaos” and no national trauma system. He highlighted:

- Trauma centers are currently at high capacity (post COVID).
- The economics are pushing away and not toward a national trauma strategy

The proposed NTEPS would bridge this gap by creating a coordinated national system rooted in local but linked RMOCCs. He highlighted:

- The need for daily operational readiness to scale response during disasters.
- NTEPS goals: ensure equitable and timely trauma care, reduce injuries, enhance survivability, and advance trauma research.
- Success of the recent July 8 Congressional briefing, which garnered bipartisan attention and revealed strong interest in developing supporting legislation.
- Ongoing efforts to secure a House Armed Services Committee hearing, mirroring a previous Senate effort.





- Re-introduction of NTEPS Blueprint 2.0 (and a QR code link) and encouragement for feedback to better represent underserved areas such as pediatrics and burns.
- Launch of the 'Where Seconds Matter' campaign, aiming for at least one Congressional visit per trauma center across all states.

### **Dr. Kristan Staudenmayer – NDMS Pilot & RMOC Alignment**

Dr. Staudenmayer detailed the National Disaster Medical System (NDMS) pilot program's scope, which prepares for mass casualty return of up to 1,000 injured military personnel per day for 100 days in the event of conflict with a near-peer adversary. This is a Congressionally mandated program with Joint Chiefs' oversight. She emphasized:

- Such a situation would immediately overwhelm the military health system, thus the need for civilian hospital integration.
- Growing collaboration with NDMS leadership, including invitations to present at summits.
- Strong endorsement of RMOCCs as regional patient routing hubs to support the NDMS mission.
- Planned funding requests to establish 15 RMOC sites near Federal Coordinating Centers.
- Expansion of the 'RMOC in a Box' concept led by Eric Epley to standardize and replicate successful RMOC models.
- The importance of tailoring RMOC engagement to local hospital motivations and barriers.

### **Group Discussion**

Participants shared concerns and insights, including:

- Institutional reluctance to collaborate due to competitive pressures and already feel as though they function well within their system. Demonstrated by one hospital example of being at 120% capacity while a neighboring and capable hospital was at 60% capacity.
- Need for better-defined communication between hospitals, the military, and government during disasters.
- Importance of having coordinated national contingency planning rather than relying on individual hospital or county responses.
- Legislative engagement readiness, especially with hospitals unfamiliar or uncomfortable discussing RMOCCs.
- Suggestions to include Mission Zero partnership data and local NDMS engagement in outreach materials.
- Acknowledgment that many civilian facilities are at capacity and lack the infrastructure or awareness to support high-volume casualty inflow.
- Highlighted the need to identify compelling arguments for health system CEOs to participate in RMOC development.
- Facilities with Mil-Civ partnerships are required to participate in NDMS but this is not well coordinated currently.





## Legislative and Strategic Vision

The discussion shifted toward broader strategic thinking. Dr. Sakran and Dr. Jeff Kerby proposed the concept of a unified legislative package—termed the 'Big, Beautiful Ask'—to address trauma readiness comprehensively. Components would include:

- Official lead agency designation.
- Sustainable funding mechanisms.
- National trauma system architecture with core functions.
- Integration of military-civilian care and rehabilitation.
- Investment in data and registry systems for ongoing improvement.

Dr Kerby emphasized speaking with one voice to make a bold, billion-dollar-scale request that addresses EMS, RMOCCs, hospital capacity, and trauma research in one cohesive ask.

## Next Steps & Resources

- The ACS COT will soon distribute a slide deck and checklist to assist members with state-level presentations (Ran out of time to review in detail today).
- OneDrive will serve as the central repository for all campaign materials.
- Next webinar is scheduled for August 27, 2025, featuring insights from Washington State's RMOC development.
- **SurgeonsVoice platform is actively hosting calls to action for Mission Zero and CDC Injury Center funding support.**
- Members are encouraged to contact ACS staff or [cot@facs.org](mailto:cot@facs.org) with questions or to report overlooked implementation needs.

