Support Trauma System and Center Funding

This is a Programmatic Request

Deadline: COB March 17, 2016

Dear Colleague:

Please join us in supporting $28 million in funding for critical trauma and emergency medical services programs and activities as part of the Fiscal Year 2017 appropriations process. Authorized under Sections 1201-4, 1211-32, 1241-46 and 1281-2 of the Public Health Service Act, these grant programs provide much needed resources to coordinate trauma systems and build on their capacity. Efforts to improve health care delivery must ensure that our nation's trauma and emergency care capabilities are dramatically improved

Our trauma and emergency medical systems are designed to transport seriously injured individuals to trauma centers within a very short amount of time. However, because of a lack of resources, geographic distances, or both, sometimes the provision of trauma and emergency care does not occur in a coordinated fashion. When this happens, patient care can suffer. Through greater coordination and planning by the states, trauma and emergency systems can become truly integrated, reduce response time in that critical "golden hour," and improve medical care at our nation's trauma centers and throughout the health care system.

In order to accomplish this high level of coordination, these critical programs must be funded at $28 million as authorized under the Public Health Service Act. These monies can be used by states to coordinate between trauma centers, collect important patient data, and improve medical transport and response times. If you are interested in signing the letter to support this request, please contact James Decker with Rep. Burgess at James.Decker@mail.house.gov, Kristen O'Neill with Rep. Green at Kristen.ONeill@mail.house.gov, Preston Bell with Rep. Hudson at Preston.Bell@mail.house.gov, or Yardly Pollas with Rep. Rush at Yardly.Pollas@mail.house.gov. Thank you for your consideration.

Sincerely,

Michael C. Burgess, M.D.
Member of Congress

Gene Green
Member of Congress

Richard Hudson
Member of Congress

Bobby Rush
Member of Congress

Text of Letter:

The Honorable Tom Cole
Chairman
Subcommittee on Labor, HHS, & Education
U.S. House of Representatives
Washington, D.C., 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, HHS, & Education
U.S. House of Representatives
Washington, D.C., 20515

Dear Chairmen Rogers and Cole and Ranking Members Lowey and Delauro:

As Members of Congress who value the critical role trauma centers and systems play in treating victims of traumatic injury, including victims of terrorist attacks and other mass casualty incidents, we respectfully request inclusion of $28 million in the Fiscal Year 2017 Labor, Health, Education Appropriations bill for the trauma and emergency care program. The multiple attacks in Paris and the recent homegrown terrorist attack in San Bernardino amplify the need to ensure that should further attacks occur on U.S. soil, our trauma system and our trauma centers will be ready and able to care for the victims.

As was seen in the response to the Boston Marathon bombing in April 2013, the immediate availability of emergency medical personnel and timely access to six major trauma and three verified burn centers was essential to saving lives. The low death count relative to the attack in Boston was not luck -- it was due to the close proximity of multiple specialized trauma and burn centers, emergency medical practitioners at the scene, and prior investments and training in disaster preparedness and response.

Unfortunately, Boston is an exception. Many areas of the nation, including some major metropolitan centers, would be overwhelmed by a major attack. On April 19, 1995, a truck bomb consisting of more than 4,000 lbs. of ammonium nitrate was detonated outside the Alfred P. Murrah federal building located in Oklahoma City, Oklahoma. Immediate deaths number 163 and 3 were pronounced dead on arrival at local hospitals. Eighty-three immediate survivors were hospitalized, and subsequently 46 died. Most survivors sustained minor injuries caused by flying/falling debris. The most frequent type of injury was soft tissue trauma. The truck bomb that detonated also resulted in several secondary fires. Ten casualties suffered thermal burns. Today, there is only one Level I trauma and burn center in the state of Oklahoma. The Level I trauma center in Seattle serves Washington, Idaho, Alaska, and Montana. Other areas of the nation are underserved as well.

In states with an established trauma system, patients are 20 percent more likely to survive a traumatic injury. However, because of economic instability in supporting trauma care centers, at least 21 have closed during the past decade, including St. Vincent's in Manhattan, which treated 848 patients on September 11, 2001.

As we grapple with the tragedies of the Navy Yard, Boston Bombing, Sandy Hook, Tucson, Paris, Aurora, and other mass casualty events, we can't assume that trauma care will miraculously be there -- we need to make sure that it is.

Trauma care is a prudent federal investment. Victims of serious traumatic injury have a 25 percent reduction in mortality if they receive care from a major trauma center. Yet, 45 million

Americans lack access to a major trauma center within the "golden hour." Trauma remains the leading cause of death under age 45, more than AIDS and stroke combined.

The trauma and emergency care programs in the Public Health Service Act are designed to maintain and improve access to trauma care services as part of a well-designed trauma care system for victims of every day trauma and mass casualty events. These programs should be funded to ensure that all Americans have access to lifesaving trauma care where and when they need it. A modest investment can yield substantial returns in terms of cost efficiencies and saved lives.

The $28 million trauma and emergency care request would include funding for these four grants which have not been funded with a breakdown as follows:

- $11 million for Trauma Care Center Grants: Historically authorized at $100 million per year for federal grants to trauma centers to provide operating fund to maintain their core missions, compensate for loses from uncompensated care and provide emergency awards to centers at risk of closure.

- $11 million for Trauma Service Availability Grants: Historically authorized at $100 million per year channeled through the States to address shortfalls in trauma services and improve access to and the availability of care.

- $3 million for Trauma Systems Planning Grants: Historically authorized at $24 million per year for Trauma Care Systems Planning grants to support state development of trauma systems.

- $3 million for Regionalization of Emergency Care Pilots: Historically authorized at $24 million for pilot projects to design, implement and evaluate innovative models of regionalized emergency care systems. Coordinated emergency medical and trauma systems within a region are critical for improving patient health outcomes, including for patients suffering a stroke, heart attack, or other cardiac emergencies where time is of the essence in treatment.

Last year, the House of Representatives overwhelmingly passed the "The Trauma Systems and Regionalization of Emergency Care Reauthorization Act (H.R. 648)" by 382-15 and "The Access to Life-Saving Trauma Care for All Americans Act" (H.R. 647) by 389-10. Collectively, these bills reauthorize the grant programs listed above through 2020.

As your Subcommittee makes difficult choices around prioritizing the most prudent federal investments, we urge you to provide $28 million to implement the trauma and emergency programs contained in Sections 1201-4, 1211-22, 1231-32, 1241-46 and 1281-2 of the Public Health Service Act. We thank you for your consideration of this request.

Sincerely,