



## Support Funding for Trauma and EMS Programs Authorized under the Public Health Service Act

### Request:

Congress is requested to include \$28 million of implementation funding in the FY 2014 Labor/HHS/Education Appropriations Act for the trauma and emergency medical services programs and activities that are authorized under Sections 1201-4, 1211-32, 1241-46 and 1281-2 of the Public Health Service Act (PHSA). Funding for these programs will help improve access to life-saving trauma care, promote

### Background:

The ability to deliver trauma care services -- comprehensive specialized treatment to victims of blunt force or penetrating injuries - within an hour of injury is critical to survival. Such traumatic injuries are a significant driver of health care costs. In fact, in the United States, approximately 35 million people are treated every year for traumatic injuries<sup>i</sup> -- which includes one hospitalization every 15 minutes. And, at an annual cost of \$67.3 billion, trauma is the 3<sup>rd</sup> most costly medical condition (behind heart disease (\$90.9b) and cancer (\$71.4b)).<sup>ii</sup> Yet, the federal investment in ensuring access to life-saving trauma care for all Americans is woefully lacking.

Key to the effective and efficient delivery of trauma care services are the existence of trauma centers and the highly specialized physicians and trauma teams who staff them. Trauma centers invest millions of dollars each year to ensure the immediate availability of up to 16 subspecialist physicians and significant supporting infrastructure. In fact, victims of traumatic injury who obtain access to a Level I trauma center are 25% more likely to survive than those treated at a general hospital. Yet only 10% of hospitals have trauma centers and there is a decided lack of such capacity in vast areas of the country, both urban and rural. According to the Centers for Disease Control, nearly 45 million Americans lack access to a Level I or II trauma center within one hour of being injured -- that is equal to the populations of Arizona, New Mexico, Texas, Louisiana, Mississippi and Alabama combined.

The request for the total of \$28 million would include funding for these programs which have not been funded with a breakdown as follows:

- \$11 million for Trauma Care Center Grants. Authorized at \$100 million per year for federal grants to trauma centers to provide operating fund to maintain their core missions, compensate for losses from uncompensated care and provide emergency awards to centers at risk of closure.
- \$11 million for Trauma Service Availability Grants. 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 Grant. 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. Authorized at \$24 million per year for pilot projects to design, implement and evaluate innovative models of regionalized emergency care systems.

### **Conclusion**

The immense economic pressures facing trauma centers that struggle to stay in operation are escalating. Lack of adequate funding is a significant factor in many trauma center closures. We have seen 30% of trauma centers close in a 15-year period, including the primary trauma hospital treating 848 trauma victims on 9/11.

The "value" proposition for trauma care is well documented. The care provided by trauma centers, their specialist physicians and the supporting trauma team has a dramatic impact on subsequent quality of life and is delivered in a cost efficient manner. In fact, trauma center care is more cost effective than many other interventions, including dialysis for kidney failure.

As the House and Senate Labor-HHS-Education Appropriations Subcommittees make difficult choices and prioritize the most prudent federal investments, TCAA urges funding to be included to implement the trauma and emergency medical services programs as contained in Sections 1201-4, 1211-32, 1241-46, and 1281-2 of the Public Health Service Act.

<sup>i</sup> National Trauma Institute. [www.nationaltraumainstitute.com](http://www.nationaltraumainstitute.com). San Antonio, TX.

<sup>ii</sup> Soni, A. Top 10 Most Costly Conditions among Men and Women, 2008: Estimates for the U.S. Civilian Noninstitutionalized Adult Population, Age 18 and Older. Statistical Brief #331. July 2011. Agency for Healthcare Research and Quality, Rockville, MD. [http://meps.ahrq.gov/mepsweb/data\\_files/publications/st331stat331.shtml](http://meps.ahrq.gov/mepsweb/data_files/publications/st331stat331.shtml).