

October 24, 2014

The Honorable Hal Rogers  
Chairman  
House Committee on Appropriations  
The Capitol, Room H-307  
Washington, DC 20515

The Honorable Nita Lowey  
Ranking Member  
House Committee on Appropriations  
1016 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Rogers and Ranking Member Lowey:

As national health care organizations whose members are on the forefront of providing emergency care to millions of Americans, we are writing to urge you to adequately fund programs that are critical to enhancing our nation's emergency care and hospital preparedness capabilities. Further, given the public health concerns raised by the Ebola crisis, we request that increased funding for these programs be included in the Fiscal Year 2015 Labor, Health and Human Services, Education and Related Agencies Appropriations bill or in emergency funding legislation.

### **Funding and Reauthorization of Regionalized Emergency Care Programs**

The care received by Ebola patient Thomas Eric Duncan, the infection of two nurses treating Mr. Duncan at Texas Health Presbyterian Hospital, as well as the potential for additional people becoming infected with the Ebola virus, underscores the urgent need for developing a coordinated, regionalized approach to emergency care. It is simply not sufficient to have a hospital-by-hospital response to public health emergencies, whether it is the spread of viral disease or a mass casualty event.

As such, we request you include a total of \$6 million in funding for the two programs contained in H.R. 4080/S. 2405 – the Regionalization of Emergency Care Systems Program and the Trauma Systems Grant Program. The first program would design, implement and evaluate innovative models of emergency care systems. The second program provides grants to state for developing well-functioning and integrated trauma systems.

Both of these programs would address dangerous deficiencies that exist in our nation's current emergency care system. A 2006 Institute of Medicine report, the *Future of Emergency Care in the United States Health System*, found that hospital emergency departments and trauma centers across the country are severely overcrowded and emergency care is highly fragmented. Most disturbing, the IOM found that the nation's emergency care system is "very poorly prepared to handle" natural disasters, a disease outbreak or a terrorist attack.

To alleviate this situation, the IOM called for a complete overhaul of our nation's emergency care apparatus by creating a coordinated, regionalized and accountable system of care. 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."

Unfortunately, the Ebola crisis and the infection of the two nurses in Dallas have exposed the dangers of not moving forward with the development of a coordinated and regionalized approach to emergency care. Such a system will direct patients immediately to the facility that is best suited to provide optimal care. It will also help ensure that hospitals where patients are sent have the procedures and protocols in place to properly protect our frontline health care professionals and the general public.

In addition to providing \$6 million in funding for the Regionalization of Emergency Care Systems Program and the Trauma Systems Grant Program, we urge you to reauthorize these two programs by passing S. 2405/H.R. 4080 as part of any appropriations bill considered during the lame duck session. Earlier this year, the legislation was approved by the Senate Health, Education, Labor and Pensions Committee and in the House of Representatives by voice vote. Reauthorization will ensure that support for these important programs will be able to continue through fiscal year 2019.

### **Restore Funding for the Hospital Preparedness Program**

The Ebola crisis has also highlighted shortfalls in the ability of our hospitals to properly respond to a variety of public health threats, as well as the need for ongoing training of health care professionals.

The Hospital Preparedness Program (HPP) is a critical tool for improving the capability of our hospitals to handle public health emergencies such as Ebola. HPP provides resources for training staff and running drills and exercises. This preparation includes learning how to safely don and remove personal protective equipment, establishing appropriate isolation protocols and ensuring readiness from the first moments of a crisis through the end of an emergency.

HPP has suffered drastic budget cuts in recent years and has been reduced by 50 percent since 2003. We urge Congress to restore funding for HPP to its authorized level of \$375 million in fiscal year 2015.

Thank you in advance for your consideration of these requests.

Sincerely,

American Association of Neurological Surgeons  
American College of Emergency Physicians  
American Trauma Society  
Association of Critical Care Transport  
College of Neurological Surgeons  
Emergency Nurses Association  
National Association of EMS Physicians  
Society of Trauma Nurses  
Trauma Center Association of America