STATEMENT
of the
American Association of Neurological Surgeons
and the
Congress of Neurological Surgeons
to the
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
RE: FY 2016 Funding for Trauma and Emergency Care Programs
April 29, 2015

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) **strongly urge Congress to appropriate $28 million for fiscal year 2016 for Parts A-D and H of Title XII of the Public Health Service Act (PHSA).** The PHSA (Sections 1201-4, 1211-22, 1231-32, 1241-46 and 1281-2) authorizes a total of $248 million in funding for trauma and emergency care programs and activities. These provisions of law have historically received strong bipartisan support.

The request for the total of $28 million would include funding for these programs as follows:

- $11 million for Trauma Care Center Grants.[1] Authorized at $100 million per year, this program would support federal grants to trauma centers to provide operating funds to maintain their core missions, compensate for loses from uncompensated care and provide emergency awards to centers at risk of closure.

[1] Trauma Center Grants were first authorized as Part D of Title XII of the PHSA by P.L. 102-321 in 1992; and reauthorized by P.L. 111-148 in 2010

- $11 million for Trauma Service Availability Grants.[2] Authorized at $100 million per year, this program would provide states financial resources to address shortfalls in trauma services and improve access to care.
- Trauma and Emergency Care Systems Grants.[3] This program includes the following funding requests:
  - $3 million for Trauma Systems Planning Grants to support state development of trauma systems.
  - $3 million for Regionalization of Emergency Care Pilots 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.

Funding for these programs will help improve access to life-saving trauma and burn care, prevent more trauma center closures and will help develop regionalized systems of emergency care to promote greater efficiency of emergency medical and trauma care.

Funding Justification: Trauma is a public health problem

The ability to deliver trauma care services — comprehensive, specialized treatment to victims of blunt force or penetrating injuries, as well as burns — within an hour of injury is critical to

[2] Trauma Service Availability Grants were first authorized as Part H of Title XII of the PHSA by P.L. 111-148.
[3] Trauma Care Systems Grants were first authorized in Part A of Title XII of the PHSA by P.L. 101-590; most recently reauthorized by P.L. 111-148 with the addition of Regionalization of Emergency Care Systems.

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[4] — which includes one hospitalization every 15 minutes. Each year, approximately 500,000 people receive medical treatment for burns, 30,000 are hospitalized in burn centers, 4,300 fire fighters suffer burn injuries and 3,400 people die from fire or burn-related injuries. And, at a cost of $56.7 billion in 2012, trauma was the most costly medical condition for adults 18-64, followed by cancer at $52.7 billion, mental disorders at $51.1 billion, and heart disease at $45 billion.[5] Despite these facts, the federal investment in ensuring access to life-saving trauma care for all Americans is woefully lacking.

PHSA trauma programs are designed to ensure the availability and effective use of trauma care to save lives, costs and improve patient outcomes. Trauma can happen to anyone, anytime and anywhere. As demonstrated by the numerous lives saved following the bombing at the Boston Marathon and other recent mass casualty events, getting the severely injured to a Level I or II trauma center within the first "golden hour" is paramount. Yet, trauma centers struggle to keep their doors open. Trauma will continue to occur, despite the best prevention efforts. Unfortunately, access to trauma care is threatened by losses associated with the high cost of treating severely injured patients, including those unable to pay for their care, as well as a growing shortage of physicians who take care of trauma patients (e.g. trauma, neurological and orthopaedic surgeons).

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[4] National Trauma Institute. www.nationaltraumainstitute.com. San Antonio, TX.
[5] Soni, A. Top 5 Most Costly Conditions among Adults Age 18 and Older, 2012: Estimates for the U.S. Civilian Noninstitutionalized Population. Statistical Brief #471. April 2015. Agency for Healthcare Research and Quality,

The PHSA trauma programs should be funded because federal investments in trauma systems and centers are prudent to improve patient outcomes and provide downstream cost savings. The availability of specialized trauma centers and their effective use through coordinated trauma systems has a close correlation with improvements in mortality and other quality measures. Seriously injured victims treated in Level I trauma centers have a 25 percent lower risk of death, as well as improvements in one-year physical functioning — particularly for those patients with severe lower extremity injuries.[6] Mortality increases 3.8 times if the severely injured patient is treated initially at a non-trauma hospital instead of bypassing that facility for initial resuscitation at a Level I Trauma Center. Many traumatic injuries lead to lengthy and potentially expensive recuperative and rehabilitative services. Trauma center services improve the efficiency of this subsequent care by reducing the utilization of subsequent services. Effective trauma systems ensure the severely injured are treated at higher level centers, and the less severely injured can be treated at lower cost trauma centers.

Consider the following key facts supporting need for funding PHSA Trauma Programs:

- Traumatic injury is the leading cause of death under age 44;
- Trauma is costly condition at $56.7 billion per year for adults 18-64;
- Top mechanism of injury (40 percent) are falls — primarily elderly and children;
- 25 percent reduction in mortality for severely injured trauma patient receiving care at a Level I Center;
- 20 percent reduction in the risk-adjusted odds of death in the state with an established

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Rockville, MD. http://meps.ahrq.gov/mepsweb/data_files/publications/st471/stat471.pdf.

[6] MacKenzie, et al., "A National Evaluation of the Effect of Trauma Center Care on Mortality," *The New England Journal of Medicine* (January 2006): 366-378.

trauma system;

- 35 million Americans are treated annually for trauma — one hospitalization every 15 minutes;
- From 1990-2005, 30 percent of trauma centers closed; and
- 45 million Americans lack access to Level I trauma centers within the golden hour.

Conclusion

The "value" proposition for trauma care is well documented. The care provided by trauma and burn centers, their specialist physicians and the supporting trauma and burn 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.

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 percent of trauma centers close in a 15-year period, including the primary trauma hospital treating 848 trauma victims on 9/11.

As the House Labor-HHS-Education Appropriations Subcommittee makes difficult choices to prioritize the most prudent federal investments, we urge $28 million in funding to be included to implement the PHSA trauma and emergency medical services programs.

Thank you for considering our request.