April 2, 2025

The Honorable Bill Cassidy, M.D.
Chairman
Committee on Health, Education, Labor, and Pensions
U.S. Senate
Washington, D.C. 20515

The Honorable Bernie Sanders
Ranking Member
Committee on Health, Education, Labor, and Pensions
U.S. Senate
Washington, D.C. 20515

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20510

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20510

Dear Chairman Cassidy, Ranking Member Sanders, Chairman Guthrie, and Ranking Member Pallone:

On behalf of our nation's physicians, nurses, first responders, and others who provide the health care safety net, we call your attention to proven technologies and practices that will enhance our collective ability to track and manage emergency department / trauma center, hospital, and health care bed capacity to ensure that our patients receive the appropriate care they need and deserve. As Congress works to strengthen our health care system's preparedness and emergency response capabilities, we urge your committees to consider policies to support and expand proven hospital / health care bed tracking and capacity management systems, as well as Regional Medical Operation Coordinating Centers (RMOCCs) that will use these systems to increase transparency, improve patient outcomes, and strengthen the overall resilience of our health care system both in everyday operations and especially during times of crisis.

As you well know, our health care system relies on a patchwork of local, regional, statewide, and federal systems with significant differences in capabilities and levels of coordination, with many operating under substantial resource constraints. Hospital emergency departments (EDs), for example, see 140 million patients per year under "normal" conditions, with most already operating at, or over, capacity on a daily basis. This leaves virtually no room for surge capacity that would be needed during a natural or man-made disaster. EDs are gridlocked and overwhelmed with patients waiting – waiting to be seen, waiting for admission into an inpatient bed in the hospital, or waiting to be transferred to psychiatric, skilled nursing, or other specialized facilities that have little to no available beds. This scenario, known as patient "boarding," poses both a threat to public health and national security, as many emergency providers are deeply concerned about the system's ability to respond to a large-scale crisis when the frontline is already at a breaking point on any given "normal" day.

Likewise, there is an urgent need to establish a trauma care infrastructure that has the capability to manage the daily injured population in the U.S along with mass population events. While there are exemplary regional trauma system models that have demonstrated robust access to high-quality trauma care, there is broad variability in the quality, continuity, and access to trauma care. In addition, there is no mechanism in place that connects these loco-regional systems of care, leaving many Americans at increased risk for death and disability resulting from injury.

Fortunately, many states and regions have taken steps to address these challenges through the development of RMOCCs and the deployment of comprehensive, real-time data systems with great success. RMOCCs are local/regional organizations that bring emergency management, public health, and acute medical care systems together in a mass population event to balance the distribution of resources and patients in the acute healthcare system. RMOCCs are like air traffic control towers for inclusive coordination of the health and medical response in affected areas across all healthcare partners. They enable real-time reporting of critical information, such as emergency medical services (EMS) and transportation resources, hospital bed capacity, essential logistic

availability (e.g., personal protective equipment (PPE) and ventilators), and patient volume and acuity. RMOCCs can also function daily to coordinate regular community healthcare needs for patients with time-sensitive conditions (e.g., injury, heart attack, and stroke) and existing patients who may need to move between health care facilities.

Comprehensive, real-time data systems that track hospital bed capacity and manage patient flow enable this type of coordinated health system response. Without accurate, up-to-date information about available beds across the health care continuum, our nation's hospitals, EMS and EDs are left to navigate patient flow through inefficient communication systems that rely on phone calls and manual updates. This tedious approach costs valuable time and exacerbates overcrowding, thus wasting precious resources. RMOCCs with access to comprehensive bed tracking systems that provide real-time data across regions manage patient flow more effectively, ensuring that individuals are directed to the most appropriate facilities for their needs, especially when every second counts.

By addressing inefficiencies in the current system, such tools reduce delays in care, create hospital- and system-wide efficiencies, and improve patient outcomes. Patients who receive timely treatment in the appropriate care setting are far more likely to recover fully and avoid complications. For a patient suffering from an acute mental health crisis or trauma induced injury, even a few minutes can mean the difference between life and death. Real-time dashboards ensure that hospitals and EMS systems are able to make rapid, data-driven decisions, prioritizing the needs of patients and saving lives.

Fortunately, such systems have already launched and proven to be effective in several states, with others in the implementation process or seeking to adopt similar approaches. As noted in a recent article published in Health Affairs, data exchange practices are improving, with standardized systems and case reporting enabling "…states and regions to reduce the burden of required public health care reporting while providing more timely and complete data to inform cross-sector responses."[1]

We would be grateful for the opportunity to meet with you and your staff to share specific case examples and data highlighting their effectiveness to help inform and develop policy efforts to encourage broader adoption of these data systems and of RMOCCs throughout the country.

Thank you for considering this request. We stand at the ready to help the committees work to develop legislation that can expand utilization of bed tracking capabilities and regional care coordination across the nation and improve access to lifesaving emergency and trauma care for our patients.

Sincerely,

American Association of Orthopaedic Surgeons
American Association of Neurological Surgeons
American Burn Association
American College of Emergency Physicians
American College of Surgeons
American Trauma Society
Emergency Nurses Association
Orthopaedic Trauma Association
Society of Trauma Nurses
Trauma Center Association of America

[1] McClellan, Mark et al. Updating US Public Health For Healthier Communities, *Health Affairs*, Vol. 44, No. 2: Health Policy Road Map For A New US Administration, January 2025. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2024.01010?utm_campaign=february+2025+issue&utm_medium=email&_hsmi=346308970&utm_source=hasu.