

Congress of the United States
Washington, DC 20515

March 23, 2015

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Committee on Appropriations
2358-B Rayburn House Office Building
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Committee on Appropriations
1016 Longworth House Office Building
Washington, D.C. 20515

Dear Chairman Cole and Ranking Member DeLauro:

We are writing to request the inclusion of \$28 million in the Fiscal Year 2016 Labor, Health and Human Services, Education Appropriations bill for trauma and emergency care programs authorized under the Public Health Service Act (PHSA). These programs are critical to the efficient delivery of services through trauma centers and the highly specialized trauma teams that staff them, as well as to the development of regionalized systems of trauma and emergency care that ensure timely access for injured patients to appropriate facilities. A modest investment can yield substantial returns in terms of cost efficiencies and saved lives.

There are several moral and financial imperatives for prioritizing improvements in trauma and emergency care:

- Trauma is the leading cause of death under age 44, killing more Americans than AIDS and stroke combined - 33,000 people each year die from motor vehicle accident-related trauma, with the risk of dying in a rural crash being 15 times higher than in an urban accident. Each year, approximately half a million people receive medical treatment for burns, 30,000 are hospitalized in burn centers, 4,300 firefighters suffer burn injuries and 3,400 people die from fire or burn-related injuries.
- Trauma is the third costliest medical condition -- trailing only heart conditions and cancer, and well ahead of other diseases such as respiratory ailments, hypertension, mental disorders and diabetes.
- Trauma care has been proven more cost effective in productivity and life years saved than other treatment modalities, including some currently receiving substantial federal funding.
- The federal government is a substantial payer of trauma care. Of the \$67.3 billion in annual expenditures for trauma related injuries, 38.9% of such costs for women and 23.2% for men are covered by Medicare or Medicaid.

- Victims of traumatic injury treated at a Level I trauma center are 25% more likely to survive than those treated at a general hospital. Unfortunately, 45 million Americans lack access to major trauma centers within the "golden hour" post injury when chances of survival are greatest.
- Trauma centers invest millions of dollars each year to ensure the immediate availability of up to 16 subspecialist physicians and significant supporting infrastructure. With reductions in hospital reimbursement, the immense economic pressures facing trauma centers that struggle to stay in operation are escalating. As a consequence, 30% of trauma centers closed between 1990 and 2005.
- Not all states have fully developed trauma systems and few areas of the nation have coordinated regionalized systems of emergency care, as called for by the IOM in its landmark 2006 study, *Emergency Medical Services: At the Crossroads*, which documented the fragmented state of emergency care in America.

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 major trauma and burn centers was essential to saving so many of the victims. But lack of trauma care access, especially in rural areas, is more often the reality in the United States. For example, in the 2008 bus crash in Mexican Hat, Utah - where the closest trauma center was 115 miles away - dozens of victims had to be transported up to 360 miles with 13 hours of delay to distant trauma centers in four states -- not all survived.

The PHSA trauma and emergency care programs address the need to improve trauma care by providing seed money to the States for the development and enhancement their trauma systems to increase the availability of services in all geographic locations and to provide limited support for existing trauma center infrastructure. Funding of these programs helps to prevent trauma center closures and will drive the development of more efficient regionalized systems of emergency care and transport. This modest investment can yield significant returns in efficiencies, economies of scale and improvement in public health and safety. And it is a federal investment that is overdue. As recognized by the *Wall Street Journal*¹ and others, federal support for health system preparedness has been limited to preparations for "bioterrorism" and not on the much more common problem of "blast attack terrorism" such as occurred in Boston.

The \$28 million request would include the following program funding:

- \$11 million for Trauma Care Center Grants
- \$11 million for Trauma Service Availability Grants
- \$3 million for Trauma Systems Planning Grants
- \$3 million for Regionalization of Emergency Care Pilots

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 care programs as contained

¹ May 10, 2010.

in Sections 1201-04, 1211-22, 1231-32, 1241-46 and 1281-2 of the Public Health Service Act. We thank you for your consideration of this request.

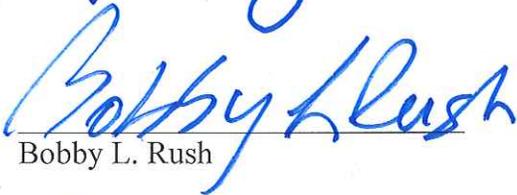
Sincerely,



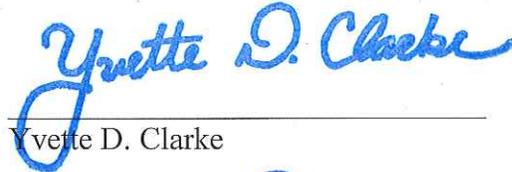
Michael C. Burgess, M.D.



Gene Green



Bobby L. Rush



Yvette D. Clarke



Henry C. "Hank" Johnson, Jr.



Sander M. Levin



Elijah E. Cummings



G. K. Butterfield



Sean Patrick Maloney



Sheila Jackson Lee



Eleanor Holmes Norton



Chellie Pingree



Bill Johnson



Albio Sires



Patrick Meehan



Joseph Kennedy III

Will Hurd

Will Hurd

Filemon Vela

Filemon Vela

Charles B. Rangel

Charles B. Rangel

Marc Veasey

Marc Veasey

Raul M. Grijalva

Raul M. Grijalva

Eddie Bernice Johnson

Eddie Bernice Johnson

Mark Rocan

Mark Rocan

Dan Benishek

Dan Benishek, M.D.

Steve Cohen

Steve Cohen

Raul Ruiz

Raul Ruiz

John Delaney

John Delaney

Al Green

Al Green

Tim Walz

Tim Walz

John Garamendi

John Garamendi

Stephen F. Lynch

Stephen F. Lynch

Alan Grayson

Alan Grayson

Rick Larsen

Rick Larsen

David Scott

David Scott

FY2016 Trauma-EMS



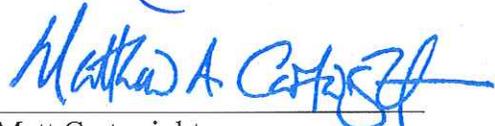
Luis V. Crutiérrez



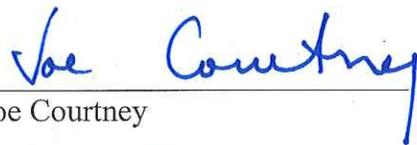
Dan Lipinski



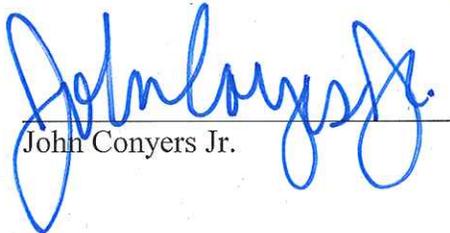
André Carson



Matt Cartwright



Joe Courtney



John Conyers Jr.



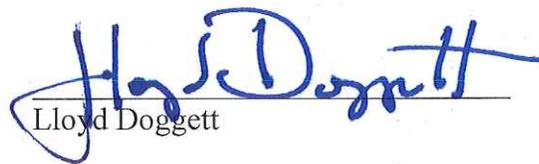
Diana DeGette



Glenn 'GT' Thompson



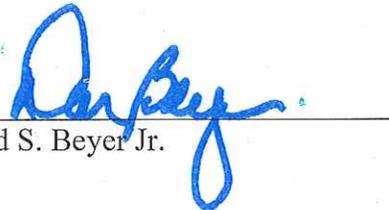
Rubén Hinojosa



Lloyd Doggett



Henry Cuellar



Donald S. Beyer Jr.