

THE COALITION FOR AMERICAN TRAUMA CARE

October 4, 2007

The Honorable Tom Harkin
Chairman
Subcommittee on Labor-HHS-Education Appropriations
U.S. Senate
Washington, D.C. 20510

The Honorable Arlen Specter
Ranking Minority Member
Subcommittee on Labor-HHS-Education Appropriations
U.S. Senate
Washington, D.C. 20510

RE: Conference on FY 2008 Labor-HHS-Education Appropriations

Dear Senator Harkin and Senator Specter:

The Coalition for American Trauma Care, the undersigned member organizations of the Coalition's Advisory Council, and other interested organizations, urge you when appropriators meet to resolve differences in the House and Senate versions of the FY 2008 Labor-HHS-Education appropriations bills to provide the highest possible funding for programs that support trauma care, trauma care research, and injury prevention.

Injury is one of the most important public health problems facing the United States today. It is the leading cause of death for Americans from age 1 through age 44. More than 145,000 people die each year from injury, 88,000 from unintentional injury such as car crashes, fires, and falls, and 56,000 from violence-related causes. Over 85 children and young adults die from injuries in the U.S. every day translating into 30,000 deaths annually. Injury is also the most frequent cause of disability. Millions of Americans are non-fatally injured each year leaving many temporarily disabled and some permanently disabled with severe head, spinal cord, and extremity injuries. Because injury so often strikes the young, injury is also the leading cause of years of lost work productivity and, at an estimated \$224 billion in lifetime costs each year, trauma is our nation's most costly disease.

Trauma Care Systems – The Coalition and the undersigned organizations are extremely disappointed that both the House and Senate Labor-HHS-Education Appropriations bills failed to appropriate any funding for the Health Resources and Services Administration's

Trauma-EMS program in FY 2008 despite reauthorization of the program at the level of \$12 million earlier this year (P.L. 110-23)

From FY 2000 through FY 2005, at the modest level of \$3.5 million in federal funding, the Trauma-EMS program provided critical national leadership which leveraged additional scarce state dollars to strengthen trauma systems so that seriously injured individuals, wherever they live, could receive prompt emergency transport to the nearest appropriate trauma center within the “golden hour.” Receiving appropriate, quality trauma care within one hour of injury saves lives and provides the best chance for a good recovery. Achieving this result takes coordination, commitment of staff, development and implementation of standards of care, a process for designating trauma centers, and evaluation.

The Institute of Medicine’s Committee on the Future of Emergency Care in the U.S. Health System issued a report in June, 2006 stating that our emergency medical care system should be overhauled and regionalized based on the trauma systems model. But not to fund the one program in the federal government that was providing that very model for states not only jeopardizes the lives of those injured, for instance, on our nation's highways, but also jeopardizes the nation's preparedness for natural disasters and terrorist attacks.

Currently, only eight states have fully developed trauma systems and twelve states do not even have the authority to designate trauma centers. In a recent Harris Poll, large majorities of the American public said they valued trauma centers and systems as highly as having a police or fire department in their community.

The undersigned organizations respectfully urge you to fully fund this program at the authorized level of \$12 million in the coming fiscal year.

Hospital Preparedness (ASPR) – The Coalition, and the undersigned organizations, urge you to support the higher House number, \$450,991,000, for the Hospital Preparedness program, formerly administered by the Health Resources and Services Administration (HRSA) and now administered by the Assistant Secretary for Preparedness and Response. The Senate provides \$438,843,000 and the President’s budget requests \$407,843,000. Both House and Senate Committee reports include language urging that more attention and resources should be provided to the preparedness role and needs of trauma centers.

Traumatic Brain Injury (HRSA) --The Coalition and undersigned organizations urge you to support the higher Senate number of \$10 million for this program that assists traumatically brain-injured individuals reintegrate into communities. The House number provides funding at the FY 2007 level which is \$8.910 million. The President’s budget includes no funding for this program. The Coalition is pleased that both the House and Senate have rejected the President’s recommendation.

National Center for Injury Prevention and Control -- The Coalition, and the undersigned organizations, urge you to support the higher Senate bill number of \$143,534,000 for the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control. The House bill provides \$140,146,000. Within the total, the Coalition supports the higher Senate increase for Traumatic Brain Injury activities, which is \$1 million over FY 2007 versus the House increase of \$529,000. The NCIPC supports a range of injury prevention activities and through evaluation has proven their effectiveness in many areas. Just two examples of these: reduction of the more than

Children's Emergency Medical Services (HRSA) -- The Coalition, and the undersigned organizations, urge you to support the higher Senate number of \$20 million for this program that works to improve the delivery of emergency medical services to children. The House provides funding at the FY 2007 level which is \$19.8 million. The Coalition is pleased, once again, that the House and Senate have rejected the President's recommendation to provide no funding for this program.

Preventive Health/Health Services Block Grant (CDC) – The Coalition, and the undersigned organizations, urge you to support the higher House number for the PHHS-BG, which increases funding by \$10 million to a total of \$109 million. The Senate bill provides funding at the FY 2007 level. The President's budget, once again, proposes no funding for this program which remains the largest source of federal funding to support state-based emergency medical services, many of which are also regionally-based services since EMS crosses state lines in numerous metropolitan areas across the U.S. For day-to-day response to severe injury and other emergencies, and for disaster and terrorism preparedness, federal support for EMS is greatly needed.

The burden of injury in the United States has been well documented by numerous IOM reports and injury facts speak for themselves: the leading cause of death for Americans 1-44; the leading cause of lost work productivity; the most costly condition treated in our health care system today. While much more can and needs to be done to prevent injury from occurring at all, we will never be able to eliminate it entirely. Cutting programs designed to build infrastructure to ensure that emergency medical services and rehabilitative care are available and appropriate to need will not lessen the injury burden in America; on the contrary, it will significantly increase the burden of death, disability and direct and indirect health care costs. We need to increase our investment in these program areas, not reduce our commitment.

The Coalition and the undersigned organizations greatly appreciate the support you have provided to trauma related programs in the past and sincerely hope our recommendations will be adopted during conference deliberations on FY 2007 appropriations for the Departments of Labor, Health and Human Services and Education.

To respond to this letter, please contact Dr. Marcia Mabee, Executive Director, Coalition for American Trauma Care.

Sincerely,

American Association for the Surgery of Trauma
American Association of Neurological Surgeons/Congress of Neurological Surgeons
American College of Surgeons
American Trauma Society
Brain Injury Association of America
Critical Illness and Trauma Foundation
Eastern Association for the Surgery of Trauma
Emergency Nurses Association
Gold Cross/Mayo Clinic Medical Transport
National Association of State EMS Officials
National Association of Public Hospitals and Health Systems
National Association of State Head Injury Administrators
National Brain Injury Research, Treatment and Training Foundation
Orthopaedic Trauma Association
Society of Trauma Nurses

Suite 200 * 11479 Waterview, Reston, VA 20190 * Telephone 703-709-3001 * FAX 703-709-3003
www.traumacoalition.org

