



TRAUMA CENTER
Association of America
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THE NATIONAL VOICE FOR TRAUMA CENTERS

January 2016 Highlights

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TCAA Grassroots Outreach: Reauthorize and Fund the Trauma Care Programs in the Public Health Service Act

TCAA, along with the trauma coalition, succeeded in ensuring that two important trauma bills passed the U.S. House of Representatives. The House approved both the "Trauma Systems and Regionalization of Emergency Care Reauthorization Act (HR 648)" and "The Access to Life-Saving Trauma Care for All Americans Act" (HR 647). These programs are reauthorized through 2020 and would provide grants to prevent further trauma center closures and address shortfalls in trauma services and improve access to and the availability of trauma care in underserved areas. Additionally, Senator Jack Reed (D-RI) introduced S. 763, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act.

The House approved the reauthorization language last year. Accordingly, the Senate must now act so we may marry the two bills together (should they be different) and produce a final product reauthorizing the programs. We anticipate that Senate legislation on trauma center programs will be introduced in the coming weeks.

Accordingly, we ask that all TCAA members request that their Senators co-sponsor and enact these or similar measures. Please see the talking points to aid in your outreach. When a Member of Congress cosponsors a bill, it publicly shows their support for the bill. With thousands of bills being introduced each year, bills with many cosponsors are more likely to make it to the next phase of the process.

Reauthorization is the first step toward improving trauma care by authorizing funding for these vital programs. TCAA members must also reach out to their Members of Congress to request funding for our programs. The funding request should be made of all offices.

As part of the appropriations process, all Senators and Representatives will write their "programmatic appropriations request letters," which ask members of the Appropriations Subcommittees (who put together the federal funding legislation) to include funding for their priorities. The internal deadlines have not yet been set to receive these requests, but the deadlines will likely be early this year. The more Members of Congress that include a request for trauma funding in their letters, the greater the likelihood the Appropriators will include funding in FY 2017. The talking points also address appropriations and a sample appropriations form template will aid you in completing an appropriations request form, should your Member of Congress ask you to complete one.

Congress is long overdue in funding these vital programs to protect access to trauma centers and improve coordinated trauma systems. The importance of grassroots initiatives cannot be overstated. A well-organized and informed grassroots advocacy effort can effectively convey the importance and urgency of an issue to policymakers. We need you to join us in

carrying the message to your lawmakers. They need to hear from folks on the ground in their districts! Your support is needed in securing funding for these vital programs.

Congressional Asks - Reauthorize and Fund the Trauma Care Programs in the Public Health Service Act

1) *Enact Reauthorization of Trauma Care Programs.* The House approved both the "Trauma Systems and Regionalization of Emergency Care Reauthorization Act (HR 648)" and "The Access to Life-Saving Trauma Care for All Americans Act" (HR 647) last year. These programs are reauthorized through 2020 and would provide grants to prevent further trauma center closures and address shortfalls in trauma services and improve access to and the availability of trauma care in underserved areas. Additionally, Senator Jack Reed (D-RI) introduced S. 763, the *Trauma Systems and Regionalization of Emergency Care Reauthorization Act*.

We urge the Senate to co-sponsor and enact these or similar measures to reauthorize these vital programs. We anticipate Senate legislation on trauma center programs shortly.

* Request for Senate Members only.

2) *Request Funding for Trauma Programs.* Additionally, we request that Congress include \$28 million of implementation funding in the FY 2017 Labor/HHS/Education Appropriations Act for the trauma care programs and activities that are authorized under the Public Health Service Act (PHSA).

We request that Members of both the House and Senate submit and prioritize our funding request to Appropriations leadership. We further request, that should a funding request sign-on letter be circulated in either or both chambers, that you join the letter.

* Request for all Members in the House and Senate.

Talking Points:

As we are here today to discuss children's issues, it is important to note that trauma is the most common cause of mortality and morbidity in the US pediatric population. Yet, the nationwide ability to provide around-the-clock trauma care may be in peril as more and more trauma centers close due to the high volume of uncompensated care they provide.

- Traumatic injury is the leading cause of death under age 45, more than stroke and AIDS combined
- 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 centers (2 level I adult, 3 combined level I adult/pediatric) was essential to saving so many of the victims. The low number of deaths relative to the attack in Boston was not luck--it was due to the close proximity of multiple specialized trauma centers, emergency medical practitioners at the scene and prior investments and training in disaster preparedness and response in Boston that saved numerous Americans that day. However, not every American has access to those capabilities.
- 45 million Americans lack access to a Level I trauma center within the "golden hour." To remedy this, we have worked together on a bipartisan basis over many years to enact and sustain federal trauma programs to enhance access to trauma care.
- We must reprioritize federal funding to ensure life-saving trauma care for all Americans even within constrained federal resources. Accordingly, we must first enact reauthorization of the trauma and emergency care programs contained in the PHSA.
- Funding for the trauma and emergency care programs will help improve access to life-saving trauma care, prevent more trauma center closures and will develop regionalized systems of emergency care to promote greater efficiency of emergency care.

As we grapple with the tragedies of the Navy Yard, Boston Bombing, West, Texas, Sandy Hook, Tucson, Paris, Aurora, and other tragedies, we can't assume that trauma care will miraculously be there -- we need to make sure that it is.

Subcommittee: Labor/HHS/Education

Agency: HHS Account: ASPR/HRSA

Submitting to Multiple Members: Y

Description of Request:

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 centers (2 level I adult, 3 combined level I adult/pediatric, 1 freestanding level I pediatric) was essential to saving so many of the victims.

The low number of deaths relative to the attack in Boston was not luck -- it was due to the close proximity of multiple specialized trauma centers, emergency medical practitioners at the scene, and prior investments and training in disaster preparedness and response in Boston that saved numerous Americans that day.

But not every American has access to those capabilities. In fact, 45 million Americans lack access to a Level I trauma center within the "golden hour." To remedy this, we must reprioritize federal funding to ensure life-saving trauma care for all Americans even with constrained federal resources.

As we grapple with tragedies of the Navy Yard, Boston Bombing, West, Texas, Sandy Hook, Tucson, Paris, Aurora, and other tragedies, we can't assume that trauma care will miraculously be there --we need to make sure that it is.

The Trauma Center Association of American (TCAA) strongly urges the inclusion of \$28 million in the FY 2017 Labor-HHS-Education Appropriations bill which would include funding for the following programs with a breakdown as follows:

- \$11 million for Trauma Care Center Grants/Section 1201-4 of Public Health Service Act, , 1241-46 and 1281-of the Public Health Service Act (PHSA)
- \$11 million for Trauma Service Availability Grants/ Section 1211-32 of (PHSA)
- \$3 million for Trauma Systems Planning Grant/ Section 1241-46 of (PHSA)
- \$3 million for Regionalization of Emergency Care Pilots/ Section 1281-2 of (PHSA)

FY16 Funding: -0-

President's Budget Request: -0-

FY17 Requested Amount: Support total funding level of \$28,000,000/General Support for the program

Hospital Preparedness Program seeking input from Healthcare Partners

HPP is seeking input as they refresh the [HPP Capabilities](#) and [HPP Performance Measures](#) and would love to have partners' feedback. These discussions are hosted on the TRACIE (Technical Resources Assistance Center Information Exchange) and once registered, you can directly access the [Healthcare Preparedness and Response Capabilities Revision](#) and [Healthcare Preparedness and Response Performance Measure Revision](#) discussions. The discussion threads will remain open for the first few months of 2016.

[TRACIE Fact Sheet](#)

ACS Orange Book - Open Forum - Webinar



TCAA will be hosting a webinar to address the changes in the ACS Orange Book. This will be an open forum where you can interact with Molly Lozada of the American College of Surgeons. The webinar will be held in February. Check the website at [Webinars](#) for additional information.

Did you know?

TCAA has posted the lectures and handouts from the 18th Annual Trauma Conference on the website. You will need to be logged in to obtain the password to view the videos.
[Click here to view the presentations](#)

TCAA 19th Annual Conference - Brochure to be out soon!

TCAA's 19th Annual Conference is being held October 2-7, 2016 at the Hard Rock Hotel in San Diego. Courses include: Finance & Business, Trauma Medical Director, Trauma Center Leadership, TOPIC (STN), Injury Prevention and Registrar (ATS)



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