

THE COALITION FOR AMERICAN TRAUMA CARE

September 9, 2008

The Honorable David Obey
Chairman
Subcommittee on Labor-HHS-Education Appropriations
U.S. House of Representatives
Washington, D.C. 20515

The Honorable James Walsh
Ranking Minority Member
Subcommittee on Labor-HHS-Education Appropriations
U.S. House of Representatives
Washington, D.C. 20515

RE: Continuing Resolution and Final FY 2009 Labor-HHS-Education Appropriations

Dear Chairman Obey and Representative Walsh:

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 Committee-passed versions of the FY 2009 Labor-HHS-Education appropriations bills to provide the highest possible funding for programs that support trauma care systems and services, emergency medical services, trauma care research, and injury prevention. We also urge you to consider these funding levels if and when an extended Continuing Resolution is developed, as anticipated in September.

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 pleased that the House Subcommittee-passed Labor-HHS-Education Appropriations bill includes \$10 million to reconstitute the Health Resources and Services Administration’s Trauma-EMS program. This is the amount authorized for the program in FY 2009 in legislation that was signed into law last year (P. L. 110-23). We urge you to work to ensure that this amount is included in the final FY 2009 Labor-HHS-Education Appropriations bill and in the anticipated extended Continuing Resolution. We are correspondingly very disappointed that the Senate Committee-passed bill provided no funding for this critical, life-saving program.

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 ensure this program is funded program at the FY 2009 authorized level of \$10 million.

Hospital Preparedness (ASPR) – The Coalition, and the undersigned organizations, urge you to support the higher House number of \$419,508,000, for the Hospital Preparedness program, administered by the Assistant Secretary for Preparedness and Response (ASPR) in the final FY 2009 Labor-HHS-Education Appropriations bill and when considering funding levels for the anticipated extended Continuing Resolution. The Senate provides \$361,660,000 as does the President’s budget request and, unlike the House bill, both of these reduce the grant cycle to nine months. The House and Committee report includes language encouraging the ASPR to include specific program benchmarks aimed at bolstering trauma center capacity.

Traumatic Brain Injury (HRSA) --The Coalition and undersigned organizations urge you to support the higher House Subcommittee-passed number of \$11 million for this program that assists traumatically brain-injured individuals reintegrate into communities in the final FY 2009 Labor-HHS-Education Appropriations bill and in determining funding levels for the anticipated extended Continuing Resolution. The Senate Committee-passed number provides funding at the FY 2008 level which is \$8.754 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 House Subcommittee-passed bill number of \$153,64,000 for the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control in the final FY 2009 Labor-HHS-Education Appropriations bill and in the determining funding levels for the anticipated extended Continuing Resolution. The Senate Committee-passed bill provides \$136,837,000, and the President's budget requests \$234,266,000. Within the total, the Coalition supports the higher House increase for Traumatic Brain Injury activities, which is \$6,565,000 million versus the Senate number of \$5,709,000. The President's budget requests \$5,685,000. The NCIPC supports a range of injury prevention activities and through evaluation has proven their effectiveness in many areas such as bicycle helmet use and residential fire alarms. NCIPC also funded research demonstrating that trauma centers significantly lower the risk of mortality from injury by as much as 20-25 percent up to one year post-injury.

Children's Emergency Medical Services (HRSA) -- The Coalition, and the undersigned organizations, urge you to retain the \$20 million provided in both the House and the Senate Committee-passed bills in the final FY 2009 Labor-HHS-Education Appropriations bill and in determining funding levels for the anticipated extended Continuing Resolution. This program works to improve the delivery of emergency medical services to children. The Coalition is pleased that, once again, 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 Subcommittee-passed number for the PHHS-BG in the final FY 2009 Labor-HHS-Education Appropriations bill and in determining funding levels for the anticipated extended Continuing Resolution. The House bill increases funding by \$2.7 million to a total of \$100 million. The Senate Committee-passed bill provides funding at the FY 2008 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 House Subcommittee-passed bill, for the most part, provides desperately needed increases for a number of federal trauma, emergency medical services as well as injury prevention programs.

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 final conference deliberations on FY 2009 appropriations for the Departments of Labor, Health and Human Services and Education and during consideration of funding levels for the anticipated extended Continuing Resolution.

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/
American Trauma Society
AO North America
Brain Injury Association of America
Congress of Neurological Surgeons
Eastern Association for the Surgery of Trauma
Intermountain Injury Control Research Center
National Association of State EMS Officials
National Association of State Head Injury Administrators
National EMS Information System Technical Assistance Center
National Foundation for Trauma Care
National Trauma Data Standard Technical Assistance Center
National Trauma Institute
Orthopaedic Trauma Association
Pennsylvania Trauma Systems Foundation
Society of Trauma Nurses
The Shock Society

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