Trauma and Emergency Care Programs in Public Health Service Act

Trauma and Emergency Care Programs in PHSA:

The Public Health Service Act (Sections 1201-4, 1211-22, 1231-32, 1241-46 and 1281-2) authorizes a total of $224 million in funding for trauma and emergency care programs and activities. These provisions of law have historically received strong bipartisan support, although they are currently not receiving appropriations:

- Trauma Care Center Grants[1]. $100 million per year for federal grants to trauma centers to prevent more closures by supporting their core missions, stemming losses from uncompensated care and providing emergency awards to centers at risk of closing. Authorization expires 2015.
- Trauma Service Availability Grants[2]. $100 million per year channeled through the States to address shortfalls in trauma services and improve access to and the availability of trauma care in underserved areas. Authorization expires 2015.
- Trauma and Emergency Care Systems Grants[3]. $24 million per year for trauma systems and regionalization of emergency care development broken down as per below. Authorization expires 2014.
  - *Trauma Care Systems Planning Grants.* $12 million to support state and rural development of trauma systems.
  - *Regionalization of Emergency Care Systems*. $12 million per year for pilot projects to design, implement and evaluate innovative models of regionalized emergency care.

Key Facts and Stats Supporting Need for Reauthorization of PHSA Trauma Programs:

- Traumatic injury is the leading cause of death under age 44.
- Trauma is 3rd most costly condition at $67.3 billion per year (behind heart disease and cancer).
- Top mechanism of injury (40%) are falls -- primarily elderly and children.
- 25% reduction in mortality for severely injured trauma patient receiving care at Level I Center.
- 20% reduction in the risk-adjusted odds of death in the state with an established trauma system.
- 35 million Americans are treated annually for trauma -- one hospitalization every 15 minutes.
- From 1990-2005, 30% of trauma centers closed.
- 45 million Americans lack access to Level I trauma centers within the golden hour.

PHSA Trauma Programs Designed to Improve Patient Outcomes, and Save Lives and Costs:

PHSA Trauma Programs are designed to ensure the availability and effective use of trauma care to save lives, costs and improve patient outcomes. Trauma can happen to anyone, any time and anywhere. As demonstrated by the numerous lives saved pursuant to the Boston bombing and recent mass casualty events, getting the severely injured to a Level I or II trauma center within the first "golden hour" is paramount. Yet, trauma centers struggle to keep their doors open. Trauma will continue to occur, despite the best prevention efforts. Unfortunately, access to trauma care is threatened by losses associated with the high cost of treating severely injured patients, including those unable to pay for their care, as well as a growing shortage of trauma related physicians (e.g. trauma, neurological and orthopaedic surgeons) who rely upon trauma centers for the costs of trauma call coverage.

The PHSA trauma programs should be reauthorized because federal investments in trauma systems and centers are prudent to improve patient outcomes and provide downstream cost savings. The availability of specialized trauma centers and their effective use through coordinated trauma systems has a close correlation with improvements in mortality and other quality measures. Seriously injured victims treated in Level I trauma centers

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[1] Trauma Center Grants were first authorized as Part D of Title XII of the PHSA by P.L. 102-321 in 1992; and reauthorized by P.L. 111-148 in 2010.

[2] Trauma Service Availability Grants were first authorized as Part H of Title XII of the PHSA by P.L. 111-148.

[3] Trauma Care Systems Grants were first authorized in Part A of Title XII of the PHSA by P.L. 101-590; most recently reauthorized by P.L. 111-148 with the addition of Regionalization of Emergency Care Systems.

have a 25% lower risk of death as well as improvements in one-year physical functioning for patients with severe lower extremity injuries. Mortality increases 3.8 times if the severely injured patient is treated initially at a non-trauma hospital instead of bypassing that facility for initial resuscitation at a Level I Trauma Center. Many traumatic injuries lead to lengthy and potentially expensive recuperative and rehabilitative services. Trauma center services improve the efficiency of this subsequent care by reducing the utilization of subsequent services. Effective trauma systems ensure the severely injured are treated at higher level centers, and the less severely injured can be treated at lower cost trauma centers.

Authorization and Funding History of Trauma Programs:

Trauma Centers: The Trauma Care Center Grant Program was originally authorized at $100 million in 1992 as Part D of Title XII via the ADAMHA legislation (P.L. 102-321) in the 102nd Congress. It was updated and reauthorized at $100 million in PPACA (P.L. 111-148) Title III Section 3505(a) to support and prevent further trauma center closures. It has never received appropriated funding.

Trauma Service Availability: The Trauma Service Availability Grant Program was first authorized in PPACA (PL 111-148) under Title III Section 3505(b) as PHSA Title XII Part H to improve access to trauma care services. It has not received appropriated funding.

Trauma Care Systems: *The Trauma Care Systems Planning and Development Act of 1990* (P.L. 101-590) which created Title XII of the *Public Health Service Act* (PHSA) was enacted to develop trauma care systems. The Act created several grant programs for trauma system development under Parts A-C of Title XII. It authorized $60 million in funding for FYs 1991-93 for Parts A-C. *The Preventive Health Amendments of 1993* (P.L. 103-183) reauthorized parts A-C at $6 million for FY 1994 and sums as necessary for FY 1995-96.To that end, Congress appropriated $4.8 million in FY 1992-94 to carry out the grants in P.L. 101-590. In 1998, the *Health Profession Education Partnerships Act of 1998* (P.L. 105-392), reauthorized funding from FY 1996-2002 at $6 million. In FY 2001, the program was funded at $3 million. Congress then appropriated $3.5 million in FY 2002-2005. The *Trauma Care Systems Planning and Development Act of 2007* (P.L. 110-23) authorized $12 million for FY 2008, $10 million for FY 2009, and $8 million for FY 2010-2012. In 2010, the Patient Protection and Affordable Care Act (P.L. 111-148) reauthorized the trauma systems programs and added the regionalization of emergency care pilot program under Section 3504 and authorized both programs at $24 million. The program has not been funded since 2005.