



Lobby Day 2025 – Talking Points

Trauma Is a Public Health Issue

- Traumatic injury is the leading cause of death and disability for people under age 46 – in 2014, more than 147,790 Americans died from trauma, more than 10,000 of which were among children.¹
- Per capita vehicle deaths rose 21.6 percent from 2019 to 2022. In 2022, 42,795 Americans died from a motor vehicle traffic crash.²
- Falls are a leading cause of traumatic injuries, especially among the elderly, creating a significant burden for Medicare. Each year, 3 million senior citizens are treated in emergency departments for nonfatal fall injuries, for a total Medicare spend of \$29 billion.³
- The annual cost of national inpatient trauma care is estimated at \$37 billion, with total costs closer to \$670 billion when accounting for subsequent downstream medical expenditures, disability, and lost work productivity.⁴

The Importance of Trauma Centers

- Trauma centers are specialized facilities within hospitals with the unique expertise to care for the injured patient; resources include trauma surgeons, interventional radiologists, surgical subspecialists, and immediate availability of an operating room.
- Trauma centers are uniquely qualified to provide comprehensive, high-level acute care for patients with the most extreme injuries, regardless of the patient's ability to pay.
- Care at a trauma center lowers by 25 percent the risk of death for injured patients compared to treatment received at non-trauma centers.⁵
- Trauma centers also serve as the backbone of our nation's emergency preparedness initiatives and are among the first to care for individuals harmed during an emergency or other mass casualty event.
 - Thus, trauma centers invest significant time and resources in training and readiness capabilities in order to be fully prepared to handle such an emergency.

¹ The National Academies of Science, Engineering, and Medicine, *A national trauma care system: Integrating military and civilian trauma systems to achieve zero preventable deaths after injury* (2016), <https://nap.nationalacademies.org/read/23511/chapter/5#44>.

² *Early Estimate of Motor Vehicle Traffic Fatalities in 2022*, Nat'l Highway Traffic Safety Admin. (Apr. 2023), <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813428>.

³ Curtis S. Florence, et. al., *Medical Costs of Fatal and Nonfatal Falls in Older Adults*, 66 J. Am. Geriatric Soc'y 693 (Mar. 7, 2018), <https://pubmed.ncbi.nlm.nih.gov/29512120/>.

⁴ Catherine Velopulos, et. al., *National Cost of Trauma Care by Patient Status*, 184 Ass'n for Academic Surgery 444 (Sept. 2013), [https://www.journalofsurgicalresearch.com/article/S0022-4804\(13\)00552-0/abstract](https://www.journalofsurgicalresearch.com/article/S0022-4804(13)00552-0/abstract).

⁵ Ellen J. MacKenzie, et.al., *A National Evaluation of the Effect of Trauma-Center Care on Mortality*, 354 N. Eng. J. Med. 366 (Jan. 26, 2006), <https://www.nejm.org/doi/full/10.1056/nejmsa052049>.



- Approximately 46.7 million Americans lack access to Level I trauma centers within the “golden hour” – the 60-minute period following traumatic injury during which there is the highest likelihood that prompt medical treatment will prevent death.⁶

The Financial Viability of Trauma Centers

- A 2023 analysis of 311 verified trauma centers concluded that approximately 25 percent of Level I and II trauma centers are at high risk for financial vulnerability.

Reauthorize and Fund MISSION Zero

- The *MISSION Zero Act* (P.L. 116-22, Sec. 204) requires the Administration for Strategic Preparedness and Response (ASPR) to award grants to civilian trauma centers for the costs of enabling military trauma care providers and trauma teams to provide trauma and related care at civilian trauma centers.
- The legislation was drawn from recommendations made by the National Academies of Science, Engineering and Medicine and enjoys broad support in Congress, among federal agency officials, and by trauma care stakeholders across the country.
- The MISSION Zero grant programs have allowed trauma centers to continue saving lives, enhanced trauma training for our military health care personnel, and helped trauma centers manage and recover from the mandatory furloughs of surgeons, nurses, and other staff during the COVID-19 pandemic.
- MISSION Zero’s reauthorization was part of both chambers’ *Pandemic and All Hazards Preparedness Act* (PAHPA) reauthorization bills in the last Congress.
- Reps. Kathy Castor (D-FL) and Rep. Richard Hudson (R-NC) are leading the MISSION Zero reauthorization effort in the current 119th Congress.
 - On March 27, 2025, they introduced H.R. 2414, the *MISSION Zero Reauthorization Act*, which would reauthorize the MISSION Zero program until 2029.
- **Urge Congress to act quickly to reauthorize PAHPA and MISSION Zero.**
- **Sponsor H.R. 2414, the *MISSION Zero Reauthorization Act*, led by Reps. Castor and Hudson that would reauthorize MISSION Zero until 2029.**
- **Ensure that in FY 2026, MISSION Zero is appropriated at its fully authorized amount of \$11.5 million.**
 - **For House meetings only:**
 - **Reps. Castor and Hudson are leading a sign on letter to key House appropriators asking them to fully fund MISSION Zero.**
 - **Please consider signing on to this letter.**

Fully Fund the Grant Programs Created by the *Improving Trauma Systems and Emergency Care Act*

- Trauma system readiness is essential for ensuring that individuals who experience traumatic injury receive prompt and appropriate care.

⁶ Charles Branas, et.al., *Access to trauma centers in the United States*, 293 J. Am. Med. Ass’n. 2626 (June 2005), <https://pubmed.ncbi.nlm.nih.gov/15928284/>.

⁷ For your awareness, a similar letter in the Senate is likely to materialize but it has not been confirmed.



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- A well-coordinated and efficient trauma system can significantly improve patient outcomes, reduce mortality rates, and prevent long-term disabilities. In the event of a mass casualty incident or a natural disaster, a ready and well-functioning trauma system is crucial in providing rapid and effective care to those in need.
- *The Improving Trauma Systems and Emergency Care Act* (P. L. 117-328, Sec. 2113), which was a constituent part of the *Consolidated Appropriations Act, 2023*, authorized \$24 million per year for the purposes of awarding competitive grants for trauma centers, awarding grants to improve trauma care in rural areas, and supporting trauma care readiness and coordination.
- For the first time, in FY 2025, the Senate Labor-Health and Human Services, Education, and Related Agencies appropriations bill included funding for grants authorized by the *Improving Trauma Systems and Emergency Care Act*.
- Specifically, the Senate included \$4 million to support the efforts of States and consortia of States to coordinate and improve emergency medical services and trauma care during a public health emergency.
- However, given that FY 2025 appropriations was subject to a yearlong CR, this grant has not been funded.
- **Urge Congress to fund (for the first time) the grants created by the *Improving Trauma Systems and Emergency Care Act* in FY 2026 appropriations.**
 - **For Senate meetings only:**
 - **Senator Jack Reed (D-RI) and Raphael Warnock (D-GA) are leading a letter to key Senate appropriators that ask them to fully fund the Trauma Grants.**
 - **Please consider signing on to this letter.**

Protect Medicaid Funding

- Trauma centers provide a heightened and resource-intensive level of care that is not always available in emergency rooms.
- Trauma centers, ethically and legally, must treat all individuals who come through their doors if they have a medical emergency, regardless of insurance status.
- Many trauma centers see a disproportionate number of Medicaid patients and Medicaid reimbursement does not cover trauma centers' cost of care.
- Congress is considering proposals to reform and restructure the Medicaid program, which could disproportionately harm trauma centers, given their obligation to treat all individuals.
- If the federal government reduces Medicaid funding, it could increase the number of uninsured individuals, thus increasing trauma centers' uncompensated care costs to potentially untenable levels.
- Changes to other Medicaid financing policies could jeopardize hospital sustainability, which could impact hospitals' ability to provide trauma center services.
- **Urge Congress to ensure individuals' access to essential trauma care services, especially in rural and underserved communities, by protecting Medicaid.**