

June 4, 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leader Thune, Leader Schumer, Speaker Johnson, and Leader Jeffries,

On behalf of the Trauma Coalition, we write to express strong support for Medicaid and to urge Congress to protect this critical funding stream that supports the trauma care system nationwide. Medicaid is foundational to ensuring that trauma centers and the full continuum of trauma care providers can deliver lifesaving services and remain ready to respond in times of crisis.

The Trauma Coalition represents a broad and integrated network of stakeholders including surgeons, trauma and emergency nurses, emergency medical services (EMS) professionals, trauma and burn centers, and blood centers. These providers and institutions not only care for severely injured patients every day but also form the front lines of our nation's public health and disaster response infrastructure.

As trauma is the leading cause of death for Americans under age 44,¹ it is imperative that we view trauma care not just as a health care service, but as an essential part of the public health and national security infrastructure. From battlefield to bedside, and from routine injury to disaster response, trauma systems must be funded, coordinated, and prepared. Medicaid is central to making this possible.

Medicaid funding plays a pivotal role in sustaining trauma systems, particularly in rural and underserved communities whereby Medicaid enrollment is the highest and trauma centers often serve as the sole source of advanced emergency care.² Trauma systems rely on Medicaid funds to recruit and retain specialized providers, maintain 24/7 readiness, and invest in the infrastructure needed for rapid response — including operating rooms, intensive care units, burn units, and emergency transport systems.

Reductions to Medicaid funding and/or loss of coverage for beneficiaries would weaken trauma centers, and their parent hospitals, by adding to uncompensated care costs, while also reducing Medicaid reimbursement, which already does not compensate hospitals' actual care costs.³ Given trauma systems' unique position as frontline responders for high acuity care, trauma systems must have the resources necessary to ensure stability for surge capacity and readiness, particularly to respond to mass casualty events and natural disasters. Additionally, Medicaid cuts could hinder military readiness should trauma centers be forced to close or reduce their services, as military trauma surgeons maintain their clinical skills at civilian trauma centers through programs like MISSION Zero.

¹ Peter Rhee, et. al., *Increasing Trauma Deaths in the United States*, 260 *Annals of Surgery* 13 (2014), https://journals.lww.com/annalsofsurgery/abstract/2014/07000/increasing_trauma_deaths_in_the_united_states.5.aspx.

² *Medicaid's Role in Trauma Care*, KFF (Aug. 2017) <https://files.kff.org/attachment/Infographic-Medicoids-Role-in-Trauma-Care#>.

³ *The Cost of Caring: Challenges Facing America's Hospitals in 2025*, American Hospital Association (Apr. 2025), <https://www.aha.org/costsofcaring>.

In sum, we urge Congress to preserve and maintain Medicaid funding as a necessary investment in America's trauma care capacity, public health readiness, and military-civilian preparedness.

Sincerely,

American Association of Neurological Surgeons

American Association of Orthopaedic Surgeons

American Burn Association

American College of Emergency Physicians

American College of Surgeons

American Trauma Society

Congress of Neurological Surgeons

Emergency Nurses Association

Orthopaedic Trauma Association

Society of Trauma Nurses

Trauma Center Association of America