

Renewal of Funding for Trauma Systems and Regionalization of Emergency Care

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Traumatic, unintentional injury -- not cancer or heart disease -- is the leading cause of death for Americans aged 1-44. In fact, injuries kill a person every three minutes. In 2010, the three most common causes of fatalities from unintentional injuries were motor vehicle-related, poisonings or falls. With over 31 million Americans seeking treatment in emergency departments every year, receiving timely and effective medical care for these trauma patients can be vital.

Yet, access to prompt care can be a challenge where hospitals, providers, and coordinated EMS systems are lacking. [The 2014 American College of Emergency Physicians \(ACEP\) Report Card](#), which rates emergency care in each state, shows the percent of population living within 60 minutes of a level I or II trauma center is 82.1% nationally, but only 17.9% in Arkansas (98.1% in NY). And, the wait for emergency care is unacceptable at 4.5 hours from ED arrival to ED discharge nationally (6.1 hours in NY).

The Trauma Systems and Regionalization of Emergency Care Reauthorization Act (HR 4080) intends to improve trauma care and access to it. This Act, proposed on February 26, 2014 by Congressman Gene Green (TX) and Dr. Michael C. Burgess (TX), has been submitted for full committee review. If enacted, it will amend title XII of the Public Health Service Act to renew certain trauma and emergency grants with funds expiring this year.

The grants help states improve the coordination, regionalization and delivery of trauma care. This bill specifically reauthorizes the following HRSA grants for public and private entities:

1) *Improvement of Trauma Systems*

This grant supports state and rural development of trauma systems to improve care and access to care (e.g. state trauma plans, data collection, and education services).

2) *Regionalized Systems for Emergency Care Response*

This grant supports pilot projects for models of regionalized emergency care to ensure patients, especially those with time-sensitive medical issues, are given prompt and effective medical attention with coordinated tracking of resources and effective data management.

It will cost an estimated \$24 million a year to extend these grants through 2019. If enacted, states will be required to update their model trauma care plan within a year, and verified burn centers will be required to meet the standards of the American Burn Association.

The bill is supported by many professional associations, such as the American College of Emergency Physicians and several other trauma, neurological, orthopedic and surgical groups. According to the Trauma Center Association of America, Reps. Dr. Burgess and Green are planning to submit a separate bill to extend the Trauma Care Center and Service Availability grants which do not expire until next year.