



AMERICA'S ESSENTIAL HOSPITALS

**Statement for the Record
Submitted to
U.S. House of Representatives Committee on Energy and Commerce
Subcommittee on Health
Hearing on Strengthening our National Trauma System
Tuesday, July 12, 2016
By
Bruce Siegel, MD, MPH, President and CEO
America's Essential Hospitals**

America's Essential Hospitals appreciates the opportunity to submit this testimony to the U.S. House of Representatives Committee on Energy and Commerce regarding legislation to strengthen the nation's trauma care system.

America's Essential Hospitals represents about 275 hospitals and health systems that provide care to all, including low-income and other vulnerable people. Since 1981, America's Essential Hospitals has initiated, advanced, and preserved programs and policies that help these hospitals ensure access to care. America's Essential Hospitals supports its members with advocacy, policy development, research, and education.

Of particular interest and relevance to the subcommittee are the vital services our members provide to entire communities—notably level I trauma centers, burn units, and other high-acuity care. Our members also train the nation's health care professionals and provide public health and care coordination.

The large and mostly urban academic medical centers that constitute a majority of our membership operate at the center of emergency preparedness and disaster response efforts. Our hospitals are on the front lines of responses to natural and man-made disasters, disease epidemics, and communitywide traumatic events. Often, our members are the only hospital within a city or multistate region capable of treating severe trauma, burns, poisonings, and other life-threatening injuries. In fact, in the nation's 10 largest cities—home to more than 25 million people—our member hospitals operated 45 percent of all level I trauma centers, 80 percent of burn care beds, and more than a third of psychiatric care beds in 2014.¹

¹ Landry C, Ramiah K, Rangarao S, Roberson B. 2014 Essential Data, Our Hospitals, Our Patients; Results of America's Essential Hospitals 2014 Annual Member Characteristics Survey. America's Essential Hospitals. June 2016. <http://essentialdata.info/>. Accessed June 1, 2016.

The response to the tragic shootings June 12, 2016, at an Orlando nightclub demonstrated clearly why we must sustain and strengthen our trauma care system. The shooting occurred within blocks of central Florida's only level I trauma center, Orlando Regional Medical Center (ORMC), an America's Essential Hospitals member. This coincidence of geography certainly contributed to many more lives saved than might otherwise be expected in a shooting of this magnitude. The heroic efforts of ORMC staff saved most of the more than 40 victims brought to the hospital.

Many of our other members have risen to meet the needs of the community during national tragedies. Examples in recent years include Parkland Health & Hospital System, in Dallas, during last week's mass shooting of police officers and bystanders; Arrowhead Regional Medical Center, during the December 2015 San Bernardino, California, terror shootings; Erlanger Health System, during the July 2015 Chattanooga, Tennessee, military base shootings; Temple University Health System, in Philadelphia, during the May 2015 Amtrak derailment; and Boston Medical Center, during the April 2013 Boston marathon bombing.

But we should not have to rely on a coincidence of geography to protect us from the next mass shooting—or earthquake, bombing, or other tragedy. Rather, we must act now to bolster our ability to respond quickly and effectively to disaster, wherever it occurs. We must have the resources, expertise, and funding in place *today* to protect our communities from tomorrow's mass casualty event.

Essential hospitals are ideally positioned as front-line providers for traumatic events. They bring to bear not only expertise in trauma and other high-acuity care, but research and data capabilities and public health functions. But these hospitals also operate with a zero percent margin on average,² which puts at risk their ability to meet disaster response needs.

The National Academies of Sciences, Engineering, and Medicine report, *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*, is a seminal call to action for our nation. The data are alarming: 2 million civilian trauma deaths could have been prevented in the past 15 years, and trauma remains the leading cause of death under age 45. We can and must do better as a nation to develop a new and integrated system to better treat the 860,000 people who suffer traumatic injuries each year in the United States and to strengthen our military and catastrophic preparedness and response capabilities.

As we work together to improve survival rates and reduce permanent disabilities from traumatic injury—and achieve the vision of zero preventable deaths—it is essential our approach to trauma system improvement considers all types of traumatic injury and

² Ibid.

the cost of treatment—more than \$56 billion annually, according to estimates.

Operating a busy level I trauma center is an expensive proposition. Our essential hospitals that voluntarily operate trauma and burn centers sustain enormous costs for their on-call panel of specialist physicians and for the uncompensated care they provide. Many of our members are challenged to recruit and retain the physician call panel necessary to treat the most complex cases, from injury onset through surgery, intensive care, and rehabilitation.

Stable and predictable reimbursement and funding is vital for essential hospitals serving low-income populations and geographic regions to maintain a major trauma center. Accordingly, we support a study of costs and reimbursement for trauma care, particularly at major trauma centers. We want to ensure the ability of essential hospitals to continue serving their communities—particularly hospitals with high levels of uncompensated trauma care.

America's Essential Hospitals stands ready to work with the Subcommittee on Health and the National Academies to achieve their vision of zero preventable deaths after injury. We appreciate the opportunity the subcommittee has given us to share our thoughts on the nation's trauma care system.

If the committee or any other interested party wishes to learn more about trauma care and needs of the nation's essential hospitals, contact Shawn Gremminger, director of legislative affairs, at 202-585-0112 or sgremminger@essentialhospitals.org.