April ##, 2012

The Honorable Kathleen Sebelius
The Department of Health
and Human Services
200 Independence Ave, NE
Washington, DC 20201

Dear Secretary Sebelius:

We are writing to request that you prioritize funding this year and in the next fiscal year for trauma and emergency medical services (EMS) programs (authorized under Sections 1201-4, 1211-32, 1241-46 and 1281-2 of the Public Health Service Act) and to better understand your plans to grow these programs in the future.

The ability to provide comprehensive treatment to individuals within an hour of a critical injury is essential to survival. In too many instances this window of opportunity to save a life is missed, as nearly 45 million Americans do not arrive at a Level I or II trauma center within one hour of being injured. As a result, injury remains the leading cause of death among individuals under age 44.

The key to the effective and efficient delivery of trauma care services is a well-developed regionalized trauma and EMS system of care and highly specialized trauma centers. Trauma and regionalized EMS systems of care ensure severely injured or ill patients are transported to the correct treatment facility in as short of time as possible. However, only eight states have fully developed trauma systems and few areas of the nation have coordinated regionalized systems of emergency care. In addition, these systems must be supported by robust trauma facilities. Victims of traumatic injury who obtain access to a Level I trauma center are 25 percent more likely to survive than those treated at a general hospital. Yet, 30 percent of the nation's trauma centers closed between the years of 1990 and 2005.

To give one example of the health outcomes of individuals who lacked access to these systems and centers, in 2008, a bus overturned in Mexican Hat, Utah, 115 miles away from the nearest trauma center. This accident resulted in nine deaths, some of which could well have been prevented. But the need for a well-developed trauma and emergency response system isn’t just to respond to isolated accidents. Such a system, along with well-positioned trauma centers, is critical to our preparedness efforts against any future acts of terrorism or natural disasters.

Given the significance of these programs, we also respectfully request responses to the following questions:

1. What is the current surge capacity within health systems, including: patient capacity in hospital emergency departments and trauma centers, the sufficiency of providers of emergency and trauma care as well as of community EMS systems,
and the degree of regional integration to support public health emergencies such as a mass-casualty event or a blast attack?

2. How is HHS currently using authorized federal grant programs, such as those programs authorized under Sections 1201-4, 1211-32, 1241-46 and 1281-2 of the Public Health Service Act, to ensure surge capacity and preparedness?

3. Outside of bioterrorism, what is HHS doing to ensure our nation is prepared for a mass-casualty event that involves traumatic injury?

We urge you to find the resources to ensure that every individual has access to health care services, particularly when it may mean the difference between life and death. Thank you for your consideration of this request and we look forward to hearing from you.

Sincerely,

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Jack Reed     Patty Murray
United States Senator    United States Senator