

Law Props Up Trauma Services With New Funds

BY MARY ELLEN SCHNEIDER
New York Bureau

New federal legislation is a first step toward new funding to improve preparedness and care in the nation's trauma centers, experts in emergency medicine said.

In May, President Bush signed into law the Trauma Care Systems Planning and Development Act of 2007, reauthorizing the program through 2012 and authorizing

\$12 million in funding for fiscal year 2008, \$10 million for fiscal year 2009, and \$8 million annually for fiscal years 2010-2012.

The law resurrects the Department of Health and Human Services' Trauma-EMS Program, which was originally established by Congress in 1990 and has provided more than \$31 million to states and territories to help develop and implement statewide trauma systems. However, over the years the program has struggled to receive adequate funding, and in

fiscal years 2006 and 2007 it received no funding.

The law also authorizes funding for existing emergency medicine residency training programs at \$400,000 annually during fiscal years 2008-2012.

The law is supported by the American College of Emergency Physicians and the American College of Surgeons, as well as other groups

"We view this as a critically important piece of legislation but only a first step,"

said Dr. Mary Pat McKay, director of the center for injury prevention and control at George Washington University, Washington. Dr. McKay also serves as chair of ACEP's trauma and injury control committee.

The next step is for Congress to appropriate the full amount, and for officials at HHS to quickly get the money down to the state level. There are likely to be some delays at the local level because in the 2 years that the program has been zero funded, local staff has left or been shifted to other duties, she said.

"The federal government has finally realized there's a crisis going on," Dr. McKay said. "People aren't getting to optimal care in every case."

In fact, only about one-fourth of the population in the United States lives in an area served by a trauma care system, according to the American College of Surgeons. And a recent series of reports from the Institute of Medicine found that the emergency care system is ill equipped to handle a major disaster.

The IOM found that with many emergency departments at or over their capacity, there is little surge capacity in the event of a natural or manmade disaster. Emergency medical technicians in non-fire-based services also lack needed training, receiving an average of less than 1 hour of training in disaster response. And both EMS and hospital personnel do not have the personal protective equipment that would be necessary to respond to a chemical, biological, or nuclear attack.

In addition to reauthorizing the Trauma-EMS Program, the law also creates a separate competitive grant program aimed at helping those states that are further along in developing statewide trauma care systems and who meet national standards and protocols.

The new law also provides for grants for research and demonstration projects in rural areas centering around innovative uses of communications technologies, the development of model training curricula, and the management of EMS systems.

Enactment of this law will have an effect not only in terms of the money available through grants, but also in terms of national leadership from officials in HHS's Health Resources and Services Administration (HRSA), which administers the program, said Dr. Robert R. Bass, director of the Maryland Institute for EMS Systems, Baltimore, and a member of the ACEP EMS and tactical emergency medicine section.

Through the program, HRSA has developed a model trauma plan, which has been very useful for states, Dr. Bass said. And since the program was first authorized in 1990, the number of states with statewide trauma systems has been increasing and existing programs have been improving, he said.

The passage of the Trauma Care Systems Planning and Development Act is an important first step, Dr. McKay said, because it allows for pilot projects at the state level to test new ideas and strategies, and will aid in the purchase of new equipment. ■

SAVE THE DATE: SEPTEMBER 27-30, 2007

SKIN DISEASE EDUCATION FOUNDATION PRESENTS

WOMEN'S & PEDIATRICS DERMATOLOGY SEMINAR 2007™

A CONTINUING MEDICAL EDUCATION CONFERENCE

FEATURING:

Women's Sessions

- Moles and Melanoma in Women
- Pearls for Diagnosing and Treating Vulvar Disorders
- What's New in Acne and Rosacea
- Evaluation of the Aging Face
- What's New in Fillers
- Facial Rejuvenation: What Works and What's Hype

Pediatric Sessions

- Warts and Molluscum Update
- Infantile Hemangiomas: New Insights and Therapeutic Implications
- Genital HPV Infections
- Vaccination Update
- Fungal Infections
- What's Bugging You: Insect Bites and Head Lice
- Nevi in Children and Teens: When to Worry?

Seminar Directors:



Ilona J. Frieden, M.D.
Professor of Clinical Dermatology
and Pediatrics
U. of California, San Francisco, CA



Erika Klemperer, M.D.
Santa Barbara, CA

This CME conference is jointly sponsored by



CME
CONTINUING MEDICAL EDUCATION



SKIN DISEASE
EDUCATION
FOUNDATION
an Elsevier business



The Grand Hyatt, San Francisco

The opinions expressed at Skin Disease Education Foundation seminars do not necessarily reflect those of Skin Disease Education Foundation, Elsevier Inc. or the supporters of the seminars. Elsevier Inc. will not assume responsibility for damages, loss, or claims of any kind arising from or related to the information contained in presentations, including any claims related to the products, drugs or services mentioned.