



Continued Support for State Trauma Programs

Whereas injuries, including unintentional and violence-related, are the leading cause of death for Americans under age 46, accounting for more years of potential life lost before age 75 than any other cause including cancer or heart disease;

Whereas in 2004, the National Highway Traffic Safety Administration (NHTSA) with input from the American Trauma Society and a national steering committee published the “Trauma System Agenda for the Future” that encouraged all states to “establish a Lead Agency to coordinate and administer trauma system development;”

Whereas based on this visionary report, the majority of states embraced the concept and initiated trauma system development as part of their duty to protect their citizens;

Whereas two years later, the United States Congress effectively eliminated the federal trauma program at the U.S. Department of Health and Human Service’s Health Resources and Services Administration (HRSA) by removing EMS and trauma program funding from the federal budget, shifting the burden of quality trauma care to the states and individual trauma centers;

Whereas states maintain the authority to regulate activities that affect the health, safety, and welfare of citizens within their borders under the Tenth Amendment to the U.S. Constitution;

Whereas HRSA’s Model Trauma System Planning and Evaluation (MTSPE) Guide and its Benchmark, Indicator and Scoring (BIS) Tool used by states to evaluate system effectiveness has not been revised since 2006; and

Whereas states have experienced a 27 percent increase in the number of designated trauma centers since 2010.

Now therefore be it resolved the National Association of State EMS Officials (NASEMSO) supports the concept that every acute care hospital and EMS agency is included in the trauma system and routinely provides services to injured persons;

Be it further resolved that states will continue to define data dictionaries and standards, coordinate related trauma activities within their borders, and inspect and designate trauma centers that protect the public;



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Be it further resolved that NASEMSO believes that states that voluntarily provide data to national databases should be excluded from paying fees to submit and retrieve data in order to evaluate system effectiveness;

Be it further resolved that NASEMSO encourages its members to collect and benchmark trauma data from all EMS agencies, acute care hospitals, and rehabilitation centers to improve trauma care; and

Be it further resolved that NASEMSO requests the Federal Interagency Committee on Emergency Medical Services (FICEMS), with state trauma program leadership involvement, to convene a workgroup to develop trauma system assessment tools for states to use that integrate principles of public health and medical care, and reflect the unique challenges that face rural and urban systems.

Submitted by Carole Mays (MD), Chair, for the Trauma Managers Council

Signed this 9th day of March, 2017.

R. Keith Wages
2016-2019 President

Alisa Williams
2016-2019 Secretary

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Federal Interagency Committee on Emergency Medical Services (FICEMS)