This memorandum outlines the Trauma Center Association of America's (TCAA) federal advocacy accomplishments and on-going legislative efforts.

**Capitol Hill Overview**

The political world in our nation's capitol continues to be dominated by federal budgetary pressures, implementation of the Patient Protection and Affordable Care Act (PPACA) and a variety of other issues such as immigration reform. The need to raise the "debt ceiling" looms large and is likely to prompt a larger budget conversation in Washington in the fall. Just a few months away from implementation of several major aspects of the PPACA, whether implementation will be smooth or a very rocky road remains elusive though speculation abounds from all perspectives.

During the past two weeks, the Obama Administration announced a one-year delay in enforcement of the PPACA requirement that large employers offer health insurance to their employees. The administration also finalized two important PPACA-related rules, including one to govern the "navigators" who will help consumers select and enroll in insurance plans.

On June 28, the House Energy and Commerce committee released another draft to replace the Medicare Sustainable Growth Rate (SGR) formula. If Congress does not intervene, the SGR formula will trigger a 24.4 percent cut in physician payments on January 1. The draft lets Medicare providers decide whether to measure the performance individually or at the group level; gives CMS responsibility for approving physician-created quality measures, including the use of registries; and creates a process for "alternative payment models" that providers may use in lieu of remaining in a modified fee-for-service system. The Committee has not decided how long a transition period should be and the bill does not provide details on how to pay for the approximate $139 billion cost. The House Energy and Commerce Health subcommittee will markup its draft proposal on Monday, July 22. Concrete progress on SGR is likely to remain elusive until Congress can make progress on larger budget issues.

This week, seven Medicare Pioneer Accountable Care Organizations that didn't produce savings in the first year have told the Centers for Medicare and Medicaid (CMS) they will leave the Pioneer program and enter the Medicare Shared Savings Program (MSSP) model, while another two participants have indicated they will leave the MSSP entirely. The Pioneer ACO model offers an accelerated path to ACO formation for organizations with prior experience managing population-based performance risk.

At the same time, CMS said all 32 Pioneer participants did well on reported quality measures and earned incentive payments for their quality achievements. But while all did well on meeting quality benchmarks, only 13 produced savings. Those 13 yielded gross savings of $87.6 million in 2012, saving about $33 million for Medicare.
Medicare Reimbursement:

TCAA has been working on developing an innovative concept around modernizing trauma center reimbursement. TCAA’s Board has approved an initial concept that TCAA members will be discussing in more depth within the Reimbursement and the Advocacy Committees. Under the conceptual framework, reimbursement for trauma services provided by trauma centers would be replaced with an episode based payment model, in which reimbursement to the trauma center would promote the delivery of high quality and value based care to all trauma patients through quality measures specifically designed for the unique and unpredictable nature of trauma care. Reimbursement for providers is not touched in this proposal.

TCAA is beginning the process of sharing the concept for feedback from other organizations and looks forward to discussing with the Eastern Association for the Surgery of Trauma in the near future.

Federal Trauma Care Programs:

TCAA had requested that Congress include $28 million of implementation funding in the FY 2014 Labor, Health and Human Services, and Education (LHHS) Appropriations Act for the trauma and emergency medical services programs and activities that are authorized under Sections 1201-4, 1211-32, 1241-46 and 1281-2 of the Public Health Service Act (PHSA). While many Members of Congress submitted our request to their colleagues on the appropriations committee, it was unfortunately not included in the final FY 2014 Senate LHHS Appropriations Act.

The Senate Subcommittee met on Tuesday, July 9, 2013 to mark up their fiscal year (FY) 2014 legislation (S. 1284). The bill passed by voice vote. On Thursday, July 11th, the full Senate Appropriations Committee took up the FY 2014 LHHS bill for consideration. S. 1284 passed the full Committee with a vote of 16-14.

It is unclear what will happen next. Senate Appropriations Chairwoman Barbara Mikulski (D-MD) made it clear that she would like to see this bill, and the others that have been approved by the Committee, considered on the Senate Floor.

To date, the House has been silent on the LHHS bill. The most likely scenario is a Continuing Resolution (CR) before September 30th. A CR is a type of appropriations legislation used by Congress to fund government agencies if a formal appropriations bill has not been signed into law by the end of the Congressional fiscal year.

While the Senate bill may never become law, it will be used to negotiate the CR. The report is also a message to agencies, and in many cases; agency responses to the report language are included in the President’s budget the following year.

As these budgetary debates go on, TCAA is focused on solutions to ensure the future reliability and accessibility of trauma care for all Americans. TCAA will be continuing to press both the Congress and the Administration to provide seed funding for its trauma programs. Simultaneously, TCAA will continue its efforts to work on other opportunities such as new funding via transportation to enhance revenue flow to trauma centers. TCAA welcomes your participation in these efforts as we seek to highlight the
important role that trauma centers, trauma teams and trauma systems play throughout our country.

**OTHER FEDERAL ACTIVITIES**

**Field EMS Legislation**

Rep. Larry Bucshon (R-IN-08) has re-introduced the Field EMS Quality, Innovation, and Cost-Effectiveness Improvements Act (H.R. 809), to implement a cohesive strategy to strengthen the development of our nation's Field Emergency Medical Services (EMS) at the federal, state and local levels. We are hopeful that legislation will soon be introduced in the Senate. The bill represents a comprehensive approach at addressing many of the challenges confronting field EMS in order to better fulfill public expectations that all who need trauma and emergency medical care in the pre-hospital setting can depend upon the highest quality of care. The Field EMS bill would establish HHS as the primary federal agency for trauma care and EMS, and create an Office of EMS and Trauma to provide a voice, home, and initial funding for EMS and trauma programs. As Congress and the Obama Administration continue to consider the appropriate federal role and options for a lead federal agency, TCAA and its colleague organizations are continuing to advocate for policies that ensure the right care is delivered to patients at the right time and in the right setting. To date, there are 10 bipartisan cosponsors. We continue our efforts to garner additional support for this vital legislation. The Field EMS bill is part of TCAA's lobbying message.

**CMS Releases the Outpatient Prospective Payment System (OPPS) Proposed Rule**

On Monday, July 8, CMS released the Calendar Year (CY) 2014 Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System proposed rule. The substantial changes discussed in the proposed rule would affect outpatient services furnished by hospital outpatient departments (HOPDs) and ASCs. The rules' provisions, if finalized, will be applicable to services furnished on or after January 1, 2014. TCAA has serious concerns with the agency's proposal to collapse five levels of outpatient visit codes, replacing them with a single health care common procedure coding system (HCPCS) code for each unique type of outpatient hospital visit, including clinic and emergency department visits. This proposal could have a significant impact on trauma centers. TCAA will comment on the proposal and requests input from TCAA members and affiliate associations. Public comments are due by September 6, 2013.

**Guidance on Child and Family Trauma**

On July 11, HHS issued new guidance related to children and families who have experienced trauma. The guidance letter is intended to encourage states and tribes to use integrated, trauma-focused screening, functional assessments and evidence-based practices in child-serving settings for the purpose of improving child well-being. It was developed as part of an ongoing partnership among the Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS), and Substance Abuse and Mental Health Services Administration (SAMHSA) to address complex, interpersonal trauma and improve social-emotional health among children known to child welfare systems. The letter is available online at [http://www.medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html](http://www.medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html).
FICEMS July Meeting

The Federal Interagency Committee on EMS (FICEMS) met on July 8, 2013. In the meeting, Aarron Reinert, chair of NEMSAC, presented the council’s recommendations to FICEMS. The recommendations focused on National EMS Information System (NEMSIS). The recommendations ranged from FICEMS supporting the development of administrative and political strategies that facilitate the use of NEMSIS data in public health to FICEMS should work with its member agencies to ensure the use of the NEMSIS data standard in the development of EMS related performance measures for reimbursement.

The technical working groups provided their work plan updates to the committee. Drew Dawson, director of NHTSA’s Office of EMS, presented for the preparedness working group. He stated that the Model Uniform Core Criteria (MUCC) for MCI Triage implementation was approved last December for dissemination. A pre-publication plan was provided to all participants. National Transportation Safety Administration (NTSA) will distribute the report to the public shortly. The report provides background on the national implementation of the MUCC principles and provides recommended strategies and action steps to be taken by FICEMS member agencies.

The National Transportation Safety Board (NTSB) recommendation on the Mexican Hat bus crash asked that FICEMS evaluate the system of emergency care response to large-scale transportation related rural accidents, and once the evaluation is complete, to create guidelines for EMS response, which will be disseminated to states. The FICEMS created an ad-hoc committee to develop a plan to use by states to fund updates in technology and operations as it pertains to 911 systems.

There were two recommendations regarding Helicopter Emergency Medical Services (HEMS). Recommendation A-09-103 asked that national guidelines be developed for the selection of appropriate emergency transportation modes for urgent care. The second recommendation, A-109-102, asked that FICEMS develop national guidelines for the use and availability of helicopter emergency medical transport by regional, state and local authorities during emergency medical response system planning.

In regard to recommendation A-09-103, the FICEMS has drafted guidelines that are evidence-based and address scene transport for patients with traumatic injury. In regard to recommendation A-09-102, the CDC and NTSA have prepared draft guidelines that are currently under Department of Transportation (DOT) wide review.

CONCLUSION

TCAA will be continuing to press both the Congress and the Administration to provide seed funding for its trauma programs, as well as preserve existing Medicare and Medicaid funding streams. TCAA also continues to develop a reimbursement proposal that would move from the current fee-for-service system to a value based episode payment model.

TCAA will continue its efforts to work strategically with broader coalition partners on other opportunities to enhance revenue flow to trauma centers, as well as ensure the totality of reimbursement on trauma care (protecting and enhancing reimbursement opportunities). TCAA is
pleased to be able to work with so many members and partners in support of a comprehensive agenda and welcomes your participation as we seek to highlight the important role that trauma centers and systems play throughout our country.