Emergency Medical Services

Regionalization of Neurosurgical Emergency Services

The AANS/CNS Emergency Neurosurgical Task Force, headed by Alex Valadka, MD, also includes: David Adelson, MD; Jim Bean, MD; Gary Bloomgarden, MD; Rich Byrne, MD; Jim Ecklund, MD; Rich Ellenbogen, MD; Bob Harbaugh, MD; John Kusske, MD; Jeff Lobosky, MD; Geoff Manley, MD; John McVicker, MD; Adnan Siddiqui, MD; Shelley Timmons, MD; and Jack Wilberger, MD.

Initial projects for the Task Force include: 1) an update to the AANS/CNS Emergency Care Survey; 2) identify and evaluate current models for regionalization, state and federal reimbursement for trauma and emergency care; 3) potential regulatory challenges; 4) technologic requirements, including electronic medical records and telemedicine; and 5) the development of federal legislation and strategy for introduction and passage next year. The task force has conducted several conference calls and continues an “ideal” emergency neurosurgical model for AANS and CNS leadership and the Washington Committee to approve for further development.

2009 Legislative Agenda

The AANS and CNS continues to work with the American College of Surgeons, American College of Emergency Physicians, Coalition of American Trauma Care, American Academy of Orthopaedic Surgeons, and the Orthopaedic Trauma Association on a emergency surgical legislative agenda that includes EMTALA-related liability protections, regionalization of emergency and trauma care, reimbursement for emergency department services, workforce and training issues, and funding for trauma care systems. The following outlines that agenda:

Regionalization of Emergency Care

- Based on recommendations from the IOM report, such legislation and would authorize multi-year grants to support demonstration programs aimed at designing, implementing, and evaluating a regionalized, accountable emergency care system. (*110th Congress – H.R. 3173, Improving Emergency Medical Care and Response Act of 2007*)
- Provide funding for the Health Resources and Services Administration (HRSA) Trauma-EMS Systems Program. (*P.L. 110–23, Trauma Care Systems Planning and Development Act*)

Reimbursement for ED Services

- Provide physicians a tax deduction equal to the amount of the Medicare fee schedule payment to alleviate the current financial burden that physicians are under to provide federally-mandated EMTALA related care; which is often not reimbursed. (*H.R. 1678, Mitigating the Impact of Uncompensated Service and Time Act of 2009*)
- Provide a 10 percent added bonus payment through Medicare to all physicians who provide EMTALA-related care to Medicare beneficiaries, including on-call specialists whose services are needed to stabilize the patient. (*S. 468/H.R. 1188, Improving Access to Emergency Medical Services*)
- Provide necessary funding to trauma centers that are at serious risk of closing due to the continual increase of uncompensated and charity care costs that these hospitals are forced to absorb. (*S. 733/H.R. 936, National Trauma Center Stabilization*)
- Extend the ability of critical access hospitals participating in Medicare to include stipends paid physicians providing on-call services to EDs in their cost reports. (*P.L. 106-554, Section 204, Medicare, Medicaid, SCHIP Benefits Improvement and Protection Act (BIPA) of 2000)* Expand this ability to all Medicare participating hospitals.

- Establish statutory language for a dedicated funding source for payments to providers for uncompensated emergency health care services. This could be based on the same language in the Emergency Health Services Reimbursement Act of 2003 that allows for the reimbursement of ED services provided to undocumented aliens. (*See e.g., P.L. 108-73, Medicare Modernization Act, Section 1011*)

Liability Protections

- Provide liability protections under the Federal Tort Claims Act for physicians providing EMTALA-related care. (*To Be Introduced by B. Gordon/C. Dent -- Health Care Safety Net Enhancement Act of 2009*)
- Provide immunity or limited liability for certain medical personnel involved in the evacuation or treatment of patients during a declared state of emergency. (*To Be Introduced by G. Gordon – Emergency Volunteer Health Care Professionals Protection Act of 2009*)

Workforce/Training (*H.R. 914, Physician Workforce and Graduate Medical Education Enhancement Act*)

- Provide additional residency training positions in specialties that provide emergency and trauma care to increase the physician workforce.
- Extend medical school loan deferment to full length of residency. (*H.R. 914, Physician Workforce*
- Expand National Health Service Corps loan repayment/deduction programs to include general surgery and other specialties in shortage.

National Trauma Institute

Support legislation that establishes and funds a National Trauma Institute in the Department of Defense, which would advance the research of trauma related injuries. (*H.R. 3673, National Trauma Institute Act*)

Legislation

Emergency Medical Services for Children (EMSC) Program

The Wakefield Act, H.R. 479 was reintroduced in the 111th Congress in the House by Rep. Jim Matheson (D-UT). A companion bill, S. 408, was introduced by Sen. Daniel Inouye (D-HI). These bills would authorize appropriations of $25 million for the first year, and a five percent increase for each of the following five years. H.R. 479 was passed by the U.S. House of Representatives on March 30 by a vote of 390-6. The bill now goes over to the Senate where we will now focus our efforts. Unfortunately, the Senate is not expected to act as quickly as the House. The Senate Health, Education, Labor, and Pensions (HELP) Committee appears to be totally consumed with health system reform and no agenda for EMSC has been worked out yet by the staff.

The AANS/CNS signed on to letters of support and thanks to Rep. Matheson and Sen. Inouye.

Access to Emergency Medical Services Legislation, H.R. 1188/S. 468

Introduced by Reps. Bart Gordon (D-TN) and Pete Sessions (R-TX) and Sens. Debbie Stabenow (D-MI) and Arlen Specter (R-PA), H.R. 1188 and S. 468, the Access to Emergency Medical Services Act of 2009, would establish a commission to examine factors, such as emergency department overcrowding, the availability of on-call physicians, and medical liability issues, which frequently obstructs patients from receiving quality emergency care services. The poor likelihood of reimbursement and high liability risk are broadly acknowledged as the key factors contributing to the growing shortage of specialists participating in emergency on-call panels. The bill would also provide

a 10 percent bonus payment for services provided to beneficiaries who present through the emergency department. To date H.R. 882 has garnered 63 co-sponsors and S. 468 has secured 6 co-sponsors.

The AANS/CNS sent letters to Reps. Gordon and Sessions and Sens. Stabenow and Specter in support of this legislation.

Mitigating the Impact of Uncompensated Service and Time Act of 2009

H.R. 1678 was introduced by Rep. Mary Bono-Mack (R-CA) in March. This bill would provide physicians a deduction equal to the amount of the Medicare fee schedule payment to alleviate the current financial burden that physicians are under to provide federally-mandated EMTALA related care; which is often not reimbursed. The AANS/CNS has sent a letter to Rep. Mary Bono-Mack of support and thanks for this legislation. We are also working to have companion legislation introduced in the U.S. Senate.

The AANS/CNS sent a letter to Rep. Bono-Mack in support of this legislation.

National Trauma Center Stabilization Act, H.R. 936/S. 733

H.R 936, introduced by Rep. Edolphus Towns (D-NY), would provide critical funding to trauma centers that are at serious risk of closing due to the continual increase of uncompensated and charity care costs that trauma centers are forced to absorb. A companion bill, S. 733, was recently introduced by Sen. Patty Murray (D-WA).

While the AANS/CNS has sent a letter of support for H.R. 936, we are currently reviewing the language for S. 733 which has changed significantly from the version introduced in the 110th Congress.

National Trauma Institute Research Program Act of 2008, H.R. 6010 – 110th Congress

This bill would have established a funding authorization for the National Trauma Institute Research Program at the National Trauma Institute (NTI) in San Antonio, TX. and was introduced in May 2008 by Rep. Charlie Gonzalez (D-TX). It would have authorized $25 million in funding through the Department of Defense appropriations for grants to trauma researchers around the country. Originally, this authorization amount was $100 million, but due to current budgetary realities was dropped to $25 million. These funds would be used in the following areas:

1) Injury prevention and education
2) Improved prehospital and inter-hospital triage
3) Resuscitation
4) Early, effective treatment of compressible and non-compressible bleeding
5) Improved burn care
6) Head and spinal cord injury
7) Tissue engineering and regenerative medicine
8) Orthopedics
9) Improved intensive care unit treatment and pain management
10) Enhanced rehabilitation and recovery
11) Trauma Care Systems development
12) Outcomes
13) TBI / PTSD
14) Maxillofacial injury

The AANS/CNS is currently working with various organizations and coalitions to have this bill reintroduced in the 111th Congress.

Trauma-EMS Program

Despite all our efforts, the Trauma-EMS Program was not included in the final Fiscal Year (FY) 2009 legislation that was passed as part the Omnibus bill in early March.

Authorized at $8 million for FY 2010, the AANS/CNS along with other members of the Trauma Coalition, have decided to pursue $12 million in funding for FY 2010. Due to the lack of funding for FYs 2006, 2007, 2008, and 2009 the coalition is supporting $12 million to provide sufficient resources to adequately re-establish the program.

In March, the AANS/CNS signed on to a Trauma Coalition letter of support to all Senate and House L-HHS-E appropriators asking for this re-established funding for the HRSA Trauma-EMS program. The AANS and CNS are also working with the offices of Sens. Pat Roberts (R-KS) and Jack Reed (D-RI) in the Senate and Reps. Michael Burgess (R-TX) and Gene Green (D-TX) to circulate sign-on letters of support for $12 million in funding.

In addition, we are working with the Office of Management and Budget (OMB) and the Department of Health and Human Services to possibly determine a better regulatory location for the Trauma-EMS Program rather than the Health Resources and Services Administration (HRSA). To date, we have met twice with administration officials to try and further the interests of the program and hopefully promote its successes to a broader audience, thereby attracting more attention and hopefully increased future funding opportunities.

FY 2009 Labor-Health and Human Services-Education (L-HHS-E) Appropriations

Due to former President Bush's promise to veto any appropriations bill that did not adhere to the funding levels put forth in his FY 2009 budget, as expected, Congress abandoned its efforts to pass individual appropriations bills and instead passed a Continuing Resolution (CR) in September 2008. This CR and subsequent versions funded the government (including discretionary health programs such as NIH and the trauma systems program) at FY 2008 levels through March 11, 2009 when the Omnibus legislation was passed and signed by President Obama. Unfortunately, as noted above, the Trauma-EMS Program did not receive any funding in this bill.

In discretionary funds, the Omnibus Appropriations Act provides $7.23 billion for HRSA. Included in this funding is $9.8 million for the Traumatic Brain Injury (TBI) program, an increase of $1.1 million from last year. The Emergency Medical Services for Children (EMSC) program received $20 million, up from $19.45 million last year. The Centers for Disease Control & Prevention (CDC) secured $6.2 billion, a slight decrease from last year and the National Institutes of Health received over $30.3 billion, a slight increase. Within the CDC funding is over $145 for Injury Prevention and Control, a $10 million increase from FY 2008. Included at the CDC is an additional $6.1 million for TBI.