

Trauma Care – Where Seconds Matter

The **American College of Surgeons (ACS) Committee on Trauma (COT)** engages in advocacy, education, trauma center and trauma system resources, best practice creation, outcome assessment, and continuous quality improvement to support injury prevention and ensure optimal patient outcomes across the continuum of care with the goal of eliminating preventable deaths and disabilities across the globe.

Federal Efforts to Strengthen Trauma Care

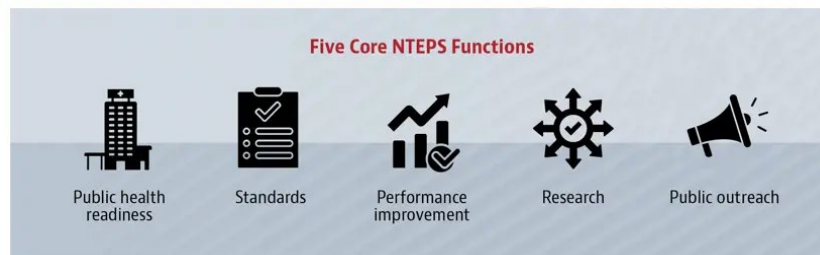
The Challenge

Injury care in the United States is fragmented. While trauma centers, hospitals, emergency medical services, rehabilitation organizations, and public health agencies may coordinate locally, and to a lesser extent, regionally, we remain without a national trauma system.

Beyond daily injuries, we face mass casualty incidents from natural, industrial, and intentional sources, and the potential for combat casualty repatriation looms on the horizon from large-scale combat operations not seen since World War II. The time has come to connect daily injury care and mass casualty readiness through a standardized system of high-quality trauma care.

The Solution

The ACS envisions a **National Trauma and Emergency Preparedness System (NTEPS)** to provide timely, accessible, and high-quality trauma care that serves communities and everyone who is injured, spanning injury prevention activities, prehospital and trauma center acute injury care, rehabilitation, and return to home and work.



The building blocks of NTEPS are **Regional Medical Operations Coordinating Centers (RMOCCs)**, public-private entities that coordinate daily disposition of trauma patients and scale to balance mass casualties and critical resources across the health care system when needed. By supporting the development and maintenance of RMOCCs across the country, we can build an NTEPS that will support this coordinated care at the national level.

Request to Congress: Section 613 of the *Further Continuing Appropriations and Disaster Relief Supplemental Appropriations Act, 2025* (H.R. 10445 in the 118th Congress) would reauthorize the Hospital Preparedness Program and allow these grants to be used for the development of RMOCCs. **The ACS urges Congress to support the development of a National Trauma and Emergency Preparedness System by reauthorizing and fully funding the Hospital Preparedness Program** with this bipartisan, bicameral language included.

Learn more about ACS advocacy efforts to strengthen trauma care at
facs.org/advocacy/federal-legislation/trauma