



Where Seconds Matter – NTEPS Talking Points

Key Message: Experience has shown us that better coordination is essential in trauma emergencies; NTEPS enables us to expand what works so we can be ready for any disaster.

Everyone deserves access to high-quality, life-saving trauma care regardless of where they live. Creating a National Trauma Emergency Preparedness System (NTEPS) is a solution that ensures access for all by implementing standardized, proven systems to get the right patient to the right place at the right time.

NTEPS also draws on lessons from the battlefield and our military health partners and enables a vital network to share key learnings and strengthen readiness among all care providers.

Key Message: RMOCCs are the building blocks of NTEPS and need federal support.

Regional Medical Operations Coordinating Centers (RMOCCs) are 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. They are tested and proven ways to improve access to care and optimally use scarce trauma resources by bringing communities together and providing the right levels of care to injured patients. RMOCCs will serve as the unit of action for local and regional organization of NTEPS, streamlining resources and service delivery where they are needed without compromising quality or access.

RMOCCs are typically 501(c)3 non-profit organizations and may be state designated as regional emergency health care response entities. Funding sources may differ for daily and surge event operations. Operating costs for standing RMOCCs range from \$1.3 to \$4.5 million annually. Sustained federal funding is needed to expand RMOCCs across the country.

Key Message: Bipartisan, bicameral language included in the *Further Continuing Appropriations and Disaster Relief Supplemental Appropriations Act, 2025 (H.R. 10445 in the 118th Congress)* would reauthorize the Hospital Preparedness Program (HPP) and allow these grants to be used for the development of RMOCCs.

This reauthorization language allows HPP grants to be used to improve coordination and surge capacity of regional medical operations within and among health care coalitions. This language sets a framework for stronger coordination of regional response in an emergency by driving the HPP from solely planning for catastrophic events to having an active role in managing the day-to-day coordination for the care of patients.

Because this language does not authorize additional funding to carry out this work, Congress can greatly strengthen coordination and improve access to timely care for patients without spending any additional money.

Key Message: The ACS has the expertise and experience to effectively coordinate and lead this effort.

The ACS Committee on Trauma (ACS COT) is the organization with the right expertise, experience, and qualifications to bring stakeholders, elected leaders and regulatory authorities together to lead this nationwide work. For more than 100 years, the ACS COT has been setting the standards for optimal trauma care and is the leading authority when it comes to caring for the injured patient.

The ACS COT wrote the book that is the definitive guide to measure the quality and effectiveness of trauma care and is well-positioned to coordinate the creation and implementation of NTEPS in collaboration with federal and state governments.