



## Written Testimony for the Record from the American College of Surgeons

### Prepared for the U.S. House Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies

#### Fiscal Year 2024 Appropriations for the U.S. Department of Health and Human Services

Chairman Aderholt, Ranking Member DeLauro, and members of the Subcommittee, on behalf of the more than 84,000 members of the American College of Surgeons (ACS), thank you for the opportunity to submit written testimony addressing fiscal year (FY) 2024 appropriations. The ACS is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and improve the quality of care for all surgical patients. The ACS is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients.

The ACS respectfully requests your consideration of the following priorities as the Subcommittee works through the annual appropriations process for FY 2024:

#### **Fully Fund the Military and Civilian Partnership for the Trauma Readiness Grant Program (MISSION ZERO)**

In 2016, the National Academies of Science, Engineering, and Medicine (NASEM) released a report titled, "A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury." This report suggests that one in four military trauma deaths and one in five civilian trauma deaths could be prevented if advances in trauma care reach all injured patients. The report concludes that military and civilian integration is critical to saving lives both on the battlefield and at home, maintaining the nation's readiness and homeland security.

The *Pandemic and All Hazards Preparedness and Advancing Innovation (PAHPAI) Act* (Public Law No:116-22) authorized the *MISSION ZERO Act*, which, based on the NASEM Report recommendations, established a grant program within the Administration for Strategic Preparedness and Response (ASPR) to cover the administrative costs of embedding military trauma professionals in civilian trauma centers. These military-civilian trauma care partnerships allow military trauma providers to gain exposure to treating critically injured patients and increase readiness for when these units are deployed, further advancing trauma care and providing greater patient access.

Ensuring access to trauma care requires many crucial components including trauma centers and appropriately trained trauma surgeons, physicians and nurses. By defraying the associated costs for the civilian hospital of embedding military surgeons, the military-civilian partnerships funded by the grant allow military surgeons to gain skill and expertise treating critically injured patients in a civilian setting, thus increasing readiness for when these units are deployed. Just as military trauma providers learn from their civilian counterparts, the best practices learned on the battlefield are brought home to further advance trauma care and provide greater civilian access.

[facs.org](http://facs.org)

CHICAGO HEADQUARTERS  
633 N. Saint Clair Street  
Chicago, IL 60611-3295  
T 312-202-5000  
F 312-202-5001  
E-mail: [postmaster@facs.org](mailto:postmaster@facs.org)

WASHINGTON OFFICE  
20 F Street NW, Suite 1000  
Washington, DC 20001  
T 202-337-2701  
F 202-337-4271  
E-mail: [ahp@facs.org](mailto:ahp@facs.org)

The ACS thanks Congress for providing \$4 million in funding for the program in FY 2023. However, **the ACS strongly urges Congress to fully fund the Military and Civilian Partnership for the Trauma Readiness Grant Program at the authorized amount of \$11.5 million for FY 2024.** Building on previous funding will allow for continued implementation of military-civilian trauma partnerships, preserve lessons learned from the battlefield, translate those lessons to civilian care, and ensure that service members maintain their readiness to deploy in the future.

### **Cancer Prevention Research**

The ACS Cancer Programs, including the Commission on Cancer, are dedicated to improving survival and quality of life for cancer patients through advocacy on issues pertaining to prevention and research. Past congressional support for federally funded cancer research has been the foundation for progress made in the battle against this disease. To continue this momentum, the ACS supports the following funding levels for FY 2024:

#### *National Institutes of Health (NIH)*

The ACS strongly supports robust annual funding growth for NIH to ensure that the agency can continue its meaningful work advancing medical and public health research and urges **Congress to fund the NIH at \$50.924 billion.**

In addition, the ACS supports continued funding for the **Advanced Research Projects Agency for Health of at least \$1.5 billion**, that supplements, and does not supplant, the essential funding of NIH.

#### *The National Cancer Institute (NCI)*

The NCI is experiencing a demand for research funding that is far beyond that of any other Institute or Center (IC) at NIH. Between FY2013 and FY2022, the number of research grant applications to NCI rose by 45%, compared to just 20% at all other ICs. That is good news because it shows how much excitement there is in cancer research, however, at its current funding level, NCI is unable to keep up with demand; only about one out of seven applications receives funding. **Therefore, the ACS encourages Congress to fund the NCI at \$9.98 billion.**

#### *Centers for Disease Control and Prevention (CDC) Cancer Prevention and Control Programs*

Research is important, but so is prevention. About half of the 600,000 cancer deaths in the U.S. each year could be prevented through the application of existing cancer control initiatives. Sustained investment in the CDC Cancer Prevention and Control programs is critical to saving lives. **The ACS urges Congress to appropriate \$536.4 million for FY 2024.**

### **Firearm Injury and Mortality Prevention Research**

According to the CDC, there were more than 48,000 firearm-related fatalities in 2021, a measured increase over previous years. The ACS believes that, public health research can play a role in reducing the number of firearm-related injuries and deaths, just as it has for other public health issues.

Federally funded public health research has contributed to reductions in motor vehicle crashes, smoking, and Sudden Infant Death Syndrome. The ACS believes that a similar approach can provide necessary data to inform efforts to reduce firearm-related injuries and deaths. **The ACS supports a total of \$60 million—\$35 million for the CDC and \$25 million for the NIH to conduct public health research into firearm injury and mortality prevention.**

## National Health Care Workforce Commission

Increasing evidence indicates critical health care workforce shortages across the country. One step Congress can take to address this crisis is to fully fund the National Health Care Workforce Commission. The Commission was established more than a decade ago as a multi-stakeholder body charged with developing a national health care workforce strategy, including reviewing current and projected health care workforce supply and demand and analyzing and recommending federal policies affecting the workforce. Unfortunately, this body was never funded and therefore has not been able to begin its important work. The **ACS supports funding the Commission at \$3 million for FY 2024**. Doing so will direct needed resources to address the nation's workforce challenges and provide a new opportunity for direct stakeholder engagement.

Thank you for your consideration of our requests. Please contact Amelia Suermann at [asuermann@facs.org](mailto:asuermann@facs.org) if you have any questions or would like additional information.

Sincerely,



---

Patricia L. Turner, MD, MBA, FACS  
Executive Director and CEO