



Outside Witness Testimony of the American College of Surgeons

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

Fiscal Year 2023 Appropriations for the U.S. Department of Health and Human Services

Chairwoman Murray, Ranking Member Blunt, 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) 2023 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. 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 2023:

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 *MISSION ZERO Act* was signed into law on June 24th, 2019 as part of S. 1279, *the Pandemic and All Hazards Preparedness and Advancing Innovation (PAHPAI) Act* (Public Law No:116-22). The *MISSION ZERO Act* acts upon the recommendations of the NASEM report to create a grant program, within the U.S. Department of Health and Human Services (HHS), to cover the administrative costs of embedding military trauma professionals in civilian trauma centers. These military-civilian trauma care partnerships will allow military trauma care teams and 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.

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

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

ACS thanks Congress for providing \$2 million in funding for the program in FY 22. **However, ACS strongly encourages 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 2023.** Building on previous funding will allow for 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 (CoC), is dedicated to improving survival and quality of life for cancer patients through advocacy on issues pertaining to prevention and research. To continue the progress that has led to medical breakthroughs for treatment therapies for millions of cancer patients, the ACS supports the following funding increases for FY 2023.

To ensure a robust, long-term commitment to cancer research and prevention, Congress should increase the overall budget of the National Institutes of Health (NIH) to at least **\$49.048 billion** including **\$7.776 billion** for the National Cancer Institute (NCI). The ACS also urges the inclusion of **\$462.6 million** for cancer programs at the Centers for Disease Control and Prevention (CDC), including **\$30 million** for the National Comprehensive Cancer Control Program, and **\$61.4 million** for the National Program of Cancer Registries (NPCR).

Firearm Morbidity and Mortality Prevention Research

According to the Centers for Disease Control and Prevention (CDC), there were more than 45,000 firearm-related fatalities in 2020, a measured increase over previous years. ACS believes that the number of firearm-related fatalities can be reduced through federally funded public health research into firearm morbidity and mortality. As with other injury prevention related efforts, public health research can play a role in reducing the number of firearm-related injuries and deaths.

Federally funded research from the perspective of public health has contributed to reductions in motor vehicle crashes, smoking, and Sudden Infant Death Syndrome (SIDS). ACS believes that a similar approach can provide necessary data to inform efforts to reduce firearm-related injuries and deaths. **ACS supports a total of \$60 million—35 million for the U.S. Centers for Disease Control and Prevention (CDC) and \$25 million for the National Institutes of Health (NIH) to conduct public health research into firearm morbidity and mortality prevention.**

Removal of Language in Section 510

Serious patient safety concerns arise if a patient's health record is mismatched or includes inaccurate or incomplete information, potentially resulting in missed allergies, medication interactions, or duplicate tests ordered. Unfortunately, there is no accurate or consistent way for surgeons to link patients to their health information across the continuum of care, due to long-standing federal statutory language. The language, located in Section 510 of the LHHS Appropriations bill, has prohibited HHS from spending any federal dollars to promulgate or adopt a Unique Patient Identifier, thereby hampering public-private sector collaborative efforts

to advance a nationwide patient identification strategy that is cost-effective, scalable, secure, and prioritizes patient privacy.

Removing the language in Section 510 will provide HHS with the ability to evaluate a range of patient identification solutions and enable the agency to work with the private sector to explore potential challenges. **ACS supports removal of Section 510 from the Labor-HHS appropriations bill that prohibits HHS from spending any federal dollars to promulgate or adopt patient identification strategies.**

Thank you for your consideration of our requests. Please contact Amelia Suermann, ACS Senior Congressional Lobbyist, at asuermann@facs.org, if you have any questions or would like additional information.

Sincerely,



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