It’s about time…
Why Georgia needs a trauma system now

Georgia has only 15 “designated” trauma centers – about half of the number needed to adequately cover the state.

The current centers are dispersed among ten counties. Large areas are not served.

Several Georgia counties still do not have a 911 emergency system.

Many Georgians can’t be sure that they or their family will receive trauma care within the first critical “golden hour,” particularly in rural Georgia where 3.5 million people are spread over hundreds of square miles.

The first EMS response may take three to 45 minutes. An additional 10 to 60 minutes may elapse before the patient reaches a medical facility. And that facility might not be a designated trauma center.

As a result, trauma death rates in Georgia are higher than the national average: 63 of every 100,000 compared to 56 per 100,000 nationally. If Georgia simply achieved the national average, as many as 700 more lives would be saved every year.

The current 15 trauma centers are stretched to their limits and frequently on “diversion status.” EMS personnel often are forced to transport patients extended distances.

It could get worse. Most hospitals can’t afford the financial losses typically created by a trauma center. Hospitals in Georgia are reimbursed for trauma care only through private health insurance, patient payments and government programs such as Medicare and Medicaid.

The existing payment mechanisms do not come close to reimbursing Georgia providers - hospitals as well as physicians and EMS providers. State health officials estimate the cost of uncompensated care by hospitals, physicians and EMS providers at about $275 million a year.

About two-thirds of Georgia’s hospitals are operating in the red because of an increase in uninsured patients, reductions in Medicare/Medicaid reimbursement and increases in the cost of malpractice coverage. Many hospitals with trauma centers find it increasingly difficult to make the commitment.

Establishing an adequately funded statewide trauma system will saves lives.

It will help ensure that our families and friends can get trauma care when it is needed.

A trauma system is also essential for emergency preparedness and homeland security, a necessary response to terrorism, natural disasters such as tornadoes, floods, hurricanes, and new infectious diseases.

There are several major challenges involved in building a Georgia trauma system:

- **Funding** to underwrite a trauma system.
- **Staffing.** Georgia faces a critical shortage of medical personnel. The stress, low wages, workload and liability concerns associated with trauma care drive clinicians and out-of-hospital personnel away.
- **Medical oversight and coordination.** Because of shortages of physicians – particularly
physicians trained in emergency medicine - emergency and trauma care is often not uniformly coordinated.

- **Pre-hospital communications.** Georgia also needs a pre-hospital communications network that is fully integrated with the EMS and emergency disaster preparedness systems.

The movement to establish a statewide trauma system in Georgia began 30 years ago. In 2006, the state legislature began a study of the infrastructure and funding mechanisms needed and in 2007 lawmakers passed Senate Bill 60 and created the Georgia Trauma Care Network Commission to continue the work. But the specific infrastructure and funding solutions remain unresolved as the Legislature enters the 2008 session.

Many other states also have trauma funding problems. For example, in South Carolina a study showed that the state needs $38.7 million to pay trauma system physicians, hospitals, rehabilitation and EMS providers and cover the growing cost of trauma care to the indigent.

A number of states have developed innovative programs to raise funds for state trauma programs. For example:

- Thirty states have created state trauma funds to support trauma care.
- Arizona uses funds from a tax on cigarettes.
- California generates $4 million in traffic fines and $168 million from a 3¢ per square foot tax on property. In California's Los Angeles County, voters approved a ballot initiative and added $45 to property taxes for trauma care.
- Illinois assesses a $100 fee on DUI and a $20 fee on traffic infractions, which generates $34 million for trauma. The state also has added a $100 surcharge on firearms violations and a $100 surcharge for drug-related convictions.
- Maryland uses a $13.50 surcharge on motor vehicle registrations.
- Mississippi charges a $5 fee per moving violation, which generates about $8 million for trauma centers.
- Oklahoma includes a fee of $1 on driver's license, which generates $2.4 million for EMS.
- Oregon established a 25¢ surcharge on 911 calls.
- Pennsylvania assesses a $10 fee on moving violations, which funds trauma and rehabilitation.
- Texas passed a motor vehicle surcharge that is expected to generate $300 million in two years for trauma centers. Texas also allocates the interest on tobacco settlement funds to trauma centers, which is expected to generate $4 million.
- Washington uses a $5 surcharge on moving violations and a $6.50 surcharge per change in motor vehicle registration.

Here in Georgia, representatives of Georgia hospitals, Emergency Medical Services (EMS), emergency physicians, trauma surgeons and nurses are in the forefront of the effort to establish a statewide trauma system. They have formed a coalition called the Georgia Statewide Trauma Action Team (GSTAT) and have launched a campaign to make the public, local elected officials and business people aware of the issues and the need for a statewide trauma system.

You can join with hospital administrators, physicians, nurses, and EMS providers to support development and adequate funding of a statewide trauma system.

- Fill in a postcard and mail it in
- Or, go to [www.GeorgialtsAboutTime.com](http://www.GeorgialtsAboutTime.com) to:
  - learn more
  - sign the e-petition
  - join the coalition