



American Burn Association

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February 24, 2014

The Honorable Michael Burgess, M.D.
The United States House of Representatives
2336 Rayburn House Office Building
Washington, DC 20515

The Honorable Gene Green
The United States House of Representatives
2470 Rayburn House Office Building
Washington, DC 20515

Dear Dr. Burgess and Representative Green:

On behalf of the American Burn Association (“ABA”), the professional association for the Nation’s burn care health providers and burn centers, we are writing to express our strong support for H.R. 3548, the “Improving Trauma Care Act of 2013”, which would modernize the definition of trauma to include burn injuries.

Under one current statutory definition, trauma is defined as “an injury resulting from the exposure to a mechanical force.” Under another, trauma is defined in a more subjective sense as “any serious injury that could result in loss of life or in significant disability and that would meet pre-hospital triage criteria for transport to a designated trauma center.”

Both these legal definitions are outdated, and obscure the close relationship between burns and trauma that exists today. A serious burn injury is commonly considered a “trauma” and burn centers work closely with and are often considered part of a hospital’s trauma department. In addition, the application of these laws and eligibility to participate in various federal trauma-related programs is shaped by this legal definition, which fails to describe accurately the full range of “traumatic” injuries.

The ABA also strongly supports the “Trauma Systems and Research Reauthorization Act”, which would reauthorize the Trauma and Emergency Care Systems Grants (Part A of Title XII of the PHSA) through 2019.

Trauma is the leading cause of death under age 44, killing more Americans than AIDS and stroke combined. With respect to one particular type of traumatic injury, burns, each year about 500,000 people receive medical treatment for burns and over 30,000 are hospitalized in burn centers with one of the most painful and devastating types of injuries.

The ABA believes it is essential that the PHSA trauma and emergency care programs are reauthorized to ensure that the various components of burn and trauma care are delivered efficiently and in a coordinated manner. This fiscal investment will also help to further develop trauma and regionalized systems of emergency care that ensure severely injured or ill patients are transported to the right facility in the right amount of time.

We greatly appreciate your commitment to preserve access to trauma and burn care and look forward to working with you on these important pieces of legislation.

Sincerely,

John A. Krichbaum, JD