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March 20, 2014

The Honorable Michael C. Burgess
House Energy & Commerce Committee
Subcommittee on Health
Washington, DC 20515

The Honorable Gene Green
House Energy & Commerce Committee
Subcommittee on Health
Washington, DC 20515

Dear Vice Chairman Burgess and Representative Green:

On behalf of the American Heart Association/American Stroke Association and its more than 22 million volunteers, I am writing to thank you for introducing the Trauma Systems and Regionalization of Emergency Care Reauthorization Act (H.R. 4080).

Time is of the essence in treating acute cardiovascular conditions, such as stroke, heart attack, and sudden cardiac arrest. For instance, patients who receive treatment to restore blood flow to the brain following an ischemic stroke within 90 minutes of symptom onset are almost three times more likely to have favorable outcomes three months after a stroke than those who do not receive it. When an individual suffers from the most severe type of heart attack, called ST-Elevation Myocardial Infarction (STEMI), the quicker the patient has the completely blocked artery reopened the better chances are for survival and less permanent damage to the heart.

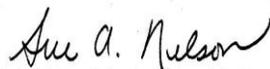
Emergency medical services (EMS) play a crucial role in helping these patients and others facing an acute cardiovascular condition to get the care they need, when they need it. Stroke patients transported by ambulance are significantly more likely to arrive at the hospital within two hours of symptom onset compared with those transported by other means. These patients also had significantly shorter waiting times once arriving at the hospital. Research also shows that STEMI patients that use EMS to get the hospital also have arrival times that are shorter than those who self-transport.

Unfortunately, in many cases a fragmented and disorganized delivery system prevents patients from receiving the treatments that can improve or even save their lives. This is why it is critically important to reauthorize the grant programs included in the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, specifically the regionalized systems for emergency care response program. This program would support the design, implementation, and evaluation of emergency medical and trauma systems that:

- Coordinate with public health and safety services, emergency medical services, medical facilities, trauma centers, and other regional entities to develop an approach to emergency medical and trauma system access throughout the region;
- Include a mechanism that operates throughout the region to ensure patients are taken to the medically appropriate facility in a timely fashion;
- Allow for the tracking of pre-hospital and hospital resources; and,
- Include a consistent region-wide data management system to evaluate pre-hospital care, hospital destination, and other relevant health outcomes of hospital care.

We commend your leadership on this important issue and applaud your work to facilitate the development of coordinated systems of care to improve health outcomes of individuals who suffer an acute cardiovascular condition. Thank you again for introducing H.R. 4080, and we look forward to working with you to move this bill through Congress.

Sincerely,

A handwritten signature in black ink that reads "Sue A. Nelson". The signature is written in a cursive style with a large initial 'S' and 'N'.

Sue Nelson
VP Federal Advocacy
American Heart Association