September 26, 2022

The Honorable Ted Cruz
127A Russell
Washington, DC 20510

The Honorable Joaquin Castro
2241 Rayburn
Washington, DC 20515

Re: Military Treatment Facility Amendment

Dear Senator Cruz and Congressman Castro:

We are writing on behalf of the Texas Orthopaedic Association (TOA) and the Texas EMS Alliance (TEMSA) to offer our strong support for your efforts to pass the amendment to mitigate financial risks to civilians for care provided at military treatment facilities (MTFs). TOA was founded in 1936 as a voluntary organization of Texas orthopaedic surgeons to advance outstanding musculoskeletal care. Over 1,400 Texas orthopaedic surgeons are TOA members. TEMSA was founded in 2013 as the unified voice of Texas EMS agencies across the state.

It is critical for Congress to immediately pass statutory language that would provide financial flexibility to civilians who receive emergency care at the Brooke Army Medical Center (BAMC) and other MTFs across the nation that provide valuable trauma care to civilians in their regions. All trauma and EMS stakeholders – including EMS agencies, trauma surgeons and the medical societies – want to immediately provide financial flexibility to civilian patients. Each day without Congressional relief, civilians are at risk of financial ruin if an ambulance takes them to an MTF because the Department of Defense (DOD) has not instituted processes that allow MTF commanders flexible financial solutions. The amendment being considered details a comprehensive plan to manage civilian patient debt incurred for MTF care that supports critical wartime skills readiness.

BAMC is an integral member of Texas' emergency management system, and many EMS agencies and hospitals throughout the southern half of Texas rely on BAMC to provide trauma care to civilians. Each year, nearly 7,000 residents are transported to BAMC for trauma, burns and extracorporeal membrane oxygenation (ECMO) treatment. The quality of care provided by BAMC matches that of the best civilian academic medical centers in the United States. During the initial surges in the pandemic, BAMC proved its worth by absorbing all inter-hospital trauma transfers for facilities that serve nearly three million Americans, a key factor in maintaining the availability of the San Antonio health care system during that time. Through the care of injured civilians, BAMC provides more medical readiness training than the rest of DOD, combined. Sixty-seven percent of all trauma admissions in DOD facilities are to BAMC, and 50 percent or more of key combat casualty procedures performed by all military medical personnel are performed at BAMC. Civilian patient care at BAMC is a key component of a national medical readiness strategy, and any significant decrease in the volume and complexity of civilian patient care poses a national security threat.

This amendment would alleviate the financial complications that are a growing risk to continued civilian care at MTFs. Expansion of civilian patient care, broadly authorized in NDAA 17, has been hampered by the lack of a patient debt management plan, limiting the ability of DOD to broadly maintain medical personnel readiness. This amendment is the key to critical wartime skills sustainment at BAMC, Naval Medical Center-Camp Lejeune, the Mike O'Callaghan Military Medical Center and other MTFs that have similar potential in the future.

Thank you all in advance for your leadership on this issue.

Sincerely,

John W. Hinchey, MD
President
Texas Orthopaedic Association

Brent Smith
President
Texas EMS Alliance