DHSR received 2/11/21

February 10, 2021

Nadine Pfeiffer
North Carolina Division of Health Service Regulation 2701 Mail Service Drive
Raleigh, NC 27699-2701
By email: DHSR.RulesCoordinator@dhhs.nc.gov

To Whom It May Concern:

My names is Kyle Cunningham, and I am a trauma surgeon from Charlotte, NC. In addition to my clinical duties, I am a trauma systems researcher. I am passionate about trauma care and provide education on clinical trauma care and system development locally and internationally.

I completed my trauma surgery fellowship training at the University of Maryland's R Adams Cowley Shock Trauma Center in Baltimore, MD. As part of the nation's premier trauma system, I witnessed firsthand the benefits to patient care provided by a robust statewide trauma system (MIEMMS). There were multiple health-system stakeholders, but the focus always remained on the patient. No new aspects of a system were introduced without a thorough assessment of impact to the existing system. It was critical to patient care.

My interest in trauma systems led me to Johns Hopkins University's School of Public Health. There, I was able to study alongside the top injury epidemiologists and public health professionals in the world. My specific area of interest was on trauma system planning and development. In fact, my master's thesis studied the proposed Needs Based Assessment Tool from the American College of Surgeons(ACS) and the "Florida experience" related to trauma center designation. **In short, the ability of the lead agency (OEMS) to provide a needs assessment AND evaluate impact to the existing trauma system is paramount to ensuring the public safety.**

Lowering trauma center standards without a needs assessment led to serious consequences in Florida. Multiple trauma centers were added without regard to established centers. Scores of patients and critical resources were siphoned away from safety-net hospitals. For profit companies quickly 'leveled-up' centers near areas with advantageous payor mix. Meanwhile, established centers disproportionately shouldered the burden of indigent care. Exorbitant trauma activation fees were charged to patients. Most importantly, patient outcomes suffered. The press was riddled with headlines of patient deaths while families were stuck with hefty fees. **The citizens of North Carolina deserve better!**

I would like to express my strongest **opposition** to the proposed changes to:

- Rule 10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS-Section b3
- Rule 10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS-Section c1-5 & d
- Rule 10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS-Section e
- Rule 10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS-Section j

As a health systems researcher, I can attest to the need for data-driven, evidence-based solutions to our healthcare problems facing North Carolinians. I have collaborated with national agencies such as the National Highway Transportation Safety Administration, the Centers for Disease Control, the Eastern Association for the Surgery of Trauma, and state and national committees on trauma. Quality outcomes for our patients is a shared desire. As such, it is difficult to comprehend how the proposed changes will do anything but **set back** a North Carolina statewide trauma systems plan designed to serve ALL North Carolina. **I urge you to reject the proposed changes!**

If I may provide any additional assistance, please feel free to email me at:
kwilliamcunningham@gmail.com

Sincerely,

Kyle Cunningham, MD MPH FACS
Charlotte, NC