Prehospital Transfusion

Building the Program and Shaping the Future of Trauma Systems

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How the trauma system was built

Move the patient towards the capability

Field triage criteria

Verification & designation

Transfer agreements

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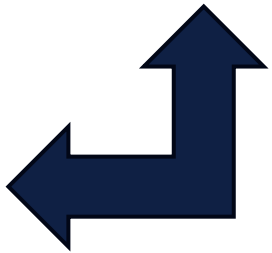
Time works against us

True Resource Matching

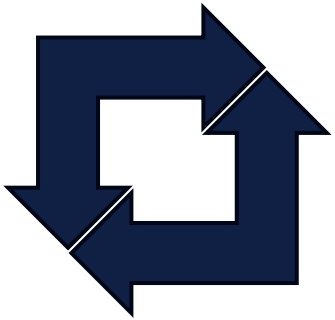
Current

Patient → Resource



Future

Resource → Patient



Complete System

Why Is a Systems Challenge

Contents with the entire ecosystem and its challenges

BLOOD DESERTS

Regions where the product simply is not there — and no amount of fast transport creates it.

EMS DESERTS

No ambulance means no prehospital blood — and no timely transport. One gap breaks both directions at once.

FUNDING

Nothing moves in US healthcare without being appropriately financed

SCOPING THE CHALLENGE AND WHAT IS BEING DONE

FUNDING

CMS folded prehospital transfusion into ALS2

$237

ALS1 to ALS2 differential

BUT

>$500 / unit

Blood costs over $500/unit

FUNDING

Estimated annual program costs are between $50-70K

PER RUN REIMBURSEMENT

$237

ALS1 → ALS2 differential

Covers only:

- The transport itself
- One patient, one time
- Only if a patient is found, transfused, and transported

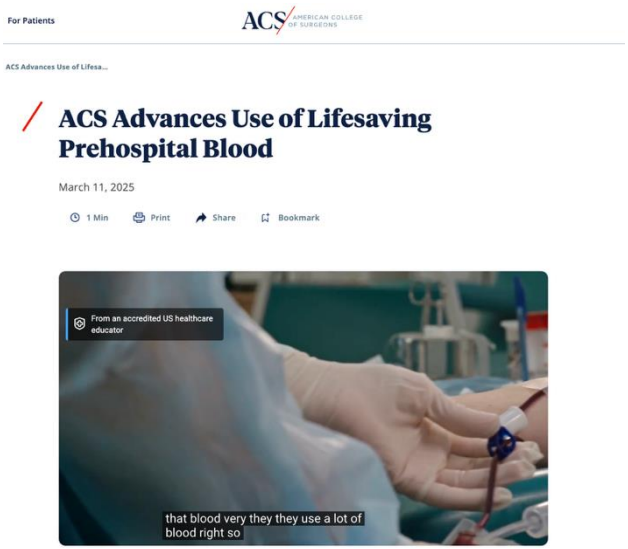
GAP

Costs

PRODUCT	Units acquired — >$500 each, multiple per patient
READINESS	Validated coolers, temp monitoring, redundant power
WASTAGE	Units that expire on the truck; rotation agreements
PEOPLE	Initial + recurring training, competency, credentialing
OVERSIGHT	QA review, data capture, blood bank reporting

ADVOCACY

- Critically important to move financial levers
- Need to educate, coordinate with other organizations



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MODERNIZING EMS DELIVERY AND SUSTAINABILITY (MEDS) ACT

- H.R. 3443
- Bipartisan federal bill TO resolve critical funding, resource, and operational strains on Emergency Medical Services.
- It targets three core pillars:
- Medication
- Blood product access
- Hospital transfer delays
- Workforce stability

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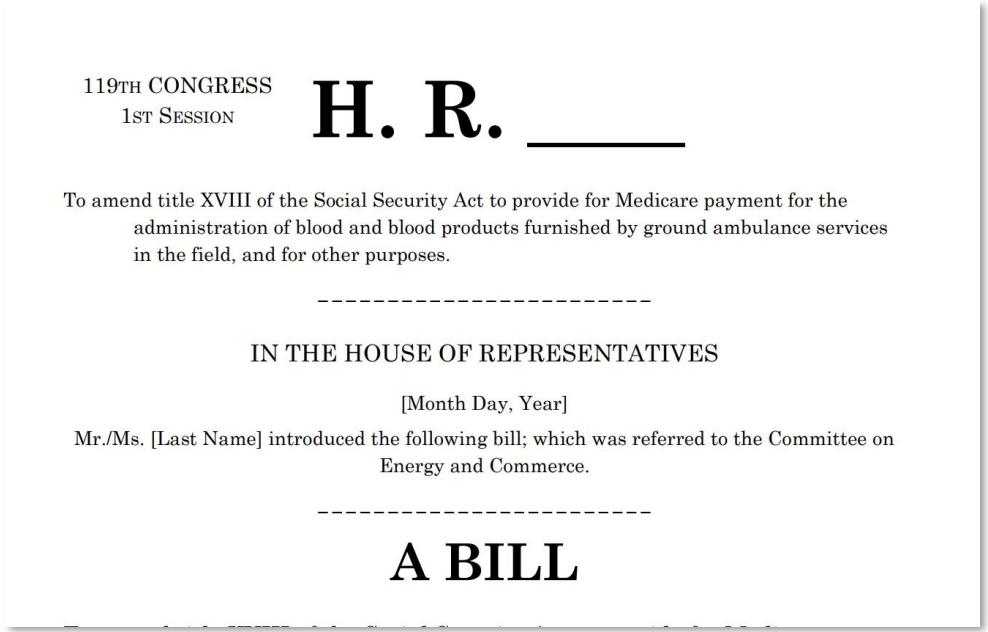
RESCUE Blood Act

Status: still in committee



119TH CONGRESS
1ST SESSION

H. R. _____

To amend title XVIII of the Social Security Act to provide for Medicare payment for the administration of blood and blood products furnished by ground ambulance services in the field, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

[Month Day, Year]

Mr./Ms. [Last Name] introduced the following bill; which was referred to the Committee on Energy and Commerce.

A BILL

FUNDING

FEDERAL REGISTER

The Daily Journal of the United States Government

Notice

TRICARE Demonstration Project for TRICARE Ambulance Add-On Reimbursement for Pre-Hospital Blood Transfusion

A Notice by the Defense Department on 07/06/2026

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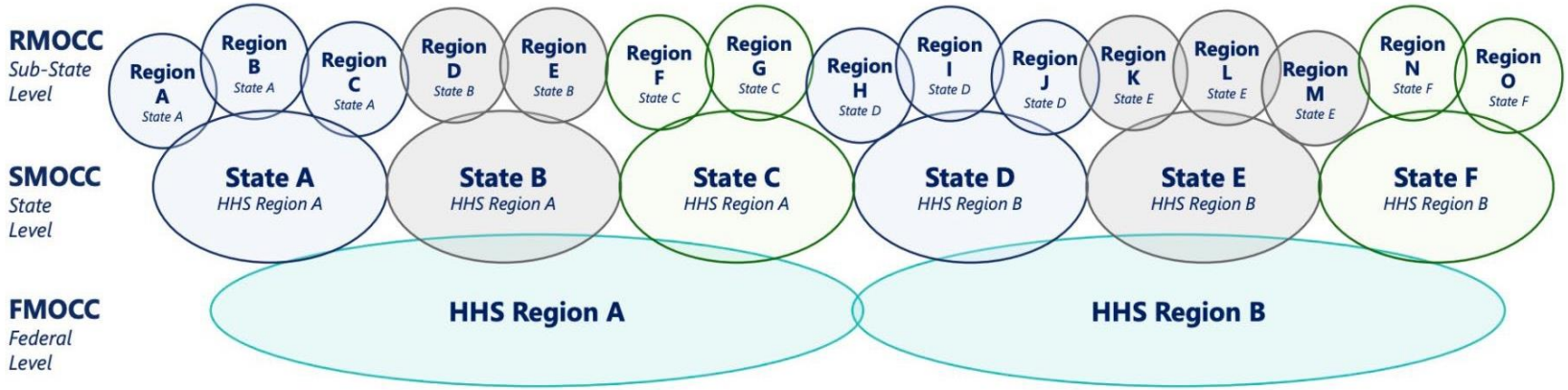
RMOCCS AND PHB

Regionalization Facilitates Resource Matching



https://asprtracie.hhs.gov/MOCC accessed 7.22.25

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RMOCCS, TRAUMA SYSTEMS, AND PHB

Visibility

A regional blood common operating system

Facilitate load-balancing & rotation

Rotate short-dated units regionally before they expire

Surge & shock

Coordinated triage of supply across competing demand

Honest caveat: RMOCCs are early, variably funded, and were built for patient movement.

RMOCCS, GEOGRAPHY AND NEED-SUPPLY MISMATCH

NEED

Rural and frontier regions have long transport times, greatest per-patient benefit from blood in the field

SOLUTIONS

Should not be hyperlocal solutions that rely on regional supply

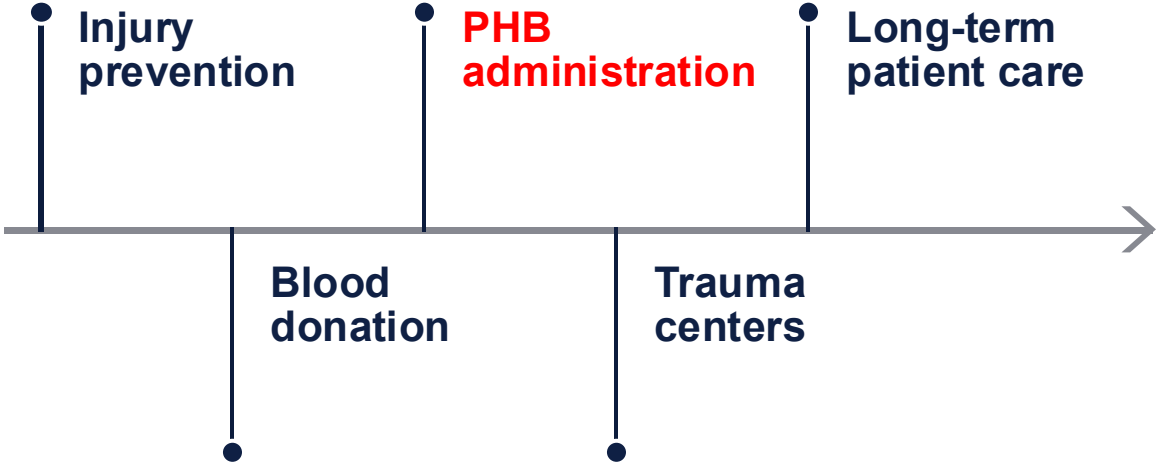
RMOCC STANDARDS

The ACS COT is developing RMOCC standards

Standards serve as a foundation for evaluation, improvement, and accountability, ensuring patients receive safe, effective, and coordinated treatment.

TRAUMA SYSTEMS AND PHB

More than moving blood



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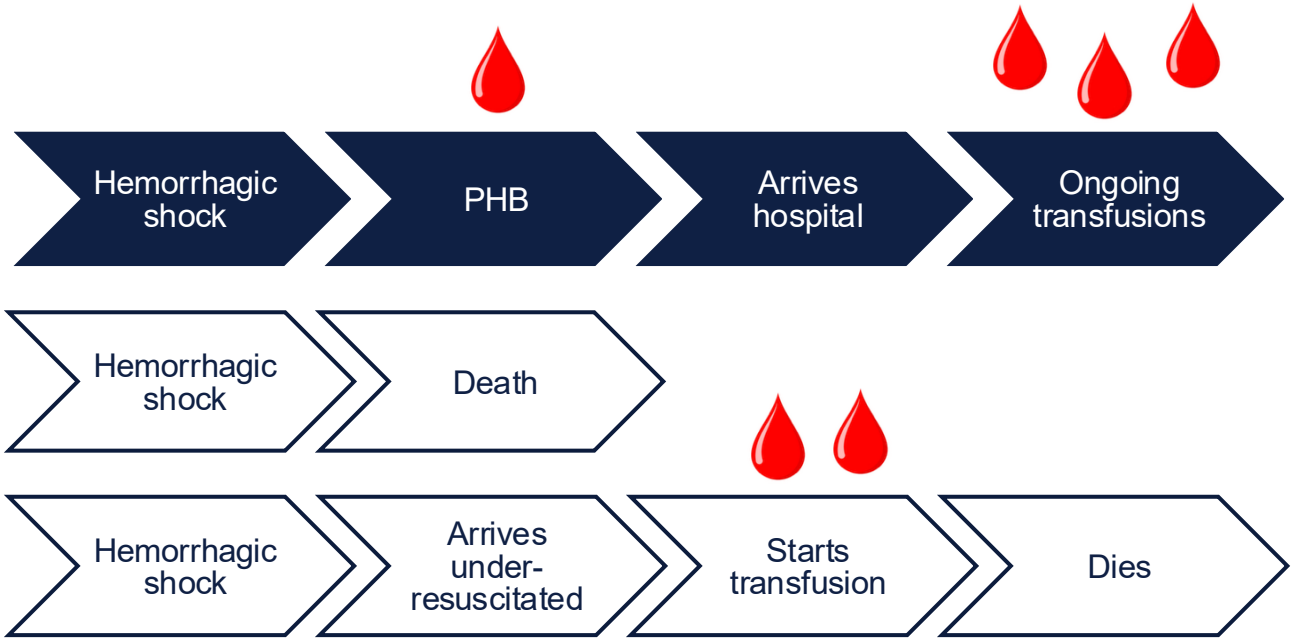
Red Cross Declares Emergency Blood Shortage after Blood Supply Falls 25%

July 13, 2026

SUCCESS MEANS WE MAY NEED MORE BLOOD



INCREASING SUPPLY

Pair outreach activities with donation efforts

Donation Events & Messaging

Stop the Bleed

American College of Surgeons

TRAUMA CENTER POLICY/PROTOCOLS

(Shameless picture of grand-nephew not related to story)

Coordination and Communication

- Patient received previous T&C at another hospital in a large healthcare system
- GI bleeding-received PHB
- Physician ordered crossmatched blood
- Discrepancy noted in T&C's between 2 hospitals that kicked off an investigation-->Wrong patient? Received blood? Test wrong?

45-minute delay

TRAUMA CENTER POLICY/PROTOCOLS

PH vs. In-Hospital blood product allocation	Allocation of specific products in a region must conform to demand
Continuity of PHB data from the prehospital to inpatient settings	Data continuity so that the hospital blood banks can track transfusions, and properly manage any transfusion-related complications
Notification protocols for LTOWB in females of childbearing age	Scaled prehospital blood competes with oncology, obstetrics, and surgery for the same finite units.

WHERE THE COT IS

COT Support of PHB and Improving Trauma Systems to Deliver It

So Far

Payment	Lobbied the CMS ALS2 rule change · MEDS Act sign-on
Evidence	COT White paper approved for publication · PHB TQIP study (Hashmi)
Advocacy	PBTC founding member + Steering Committee · National Blood Summit organizing committee · Economics of PHB meeting + Hill advocacy + NHTSA presenting at COT meetings
Coordination	RMOCC / NTEPS — to solve challenges such as resources→patient

Next Steps

- Blood workgroup→
  - Increase activity
  - Mature position statements and advocacy work
  - Synthesize guidelines

Three takeaways

1	This is reshaping not just blood, but the trauma system
2	Mutli-pronged approach
3	ACS COT is supporting efforts to improve access to PHB directly and by working towards improvement in trauma systems