

114TH CONGRESS
2D SESSION

H. R. 6229

To amend the Public Health Service Act to facilitate assignment of military trauma care providers to civilian trauma centers in order to maintain military trauma readiness and to support such centers, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 28, 2016

Mr. BURGESS (for himself, Mr. GENE GREEN of Texas, Mr. HUDSON, and Ms. CASTOR of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to facilitate assignment of military trauma care providers to civilian trauma centers in order to maintain military trauma readiness and to support such centers, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Military Injury Sur-
5 gical Systems Integrated Operationally Nationwide to
6 Achieve ZERO Preventable Deaths Act” or the “MIS-
7 SION ZERO Act”.

1 **SEC. 2. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA**
2 **READINESS GRANT PROGRAM.**

3 Title XII of the Public Health Service Act (42 U.S.C.
4 300d et seq.) is amended by adding at the end the fol-
5 lowing new part:

6 **“PART I—MILITARY AND CIVILIAN PARTNERSHIP**
7 **FOR TRAUMA READINESS GRANT PROGRAM**

8 **“SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR**
9 **TRAUMA READINESS GRANT PROGRAM.**

10 “(a) MILITARY TRAUMA TEAM PLACEMENT PRO-
11 GRAM.—

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Assistant Secretary for Preparedness
14 and Response and in consultation with the Secretary
15 of Defense, shall award grants to not more than 20
16 eligible high acuity trauma centers to enable military
17 trauma teams to provide, on a full-time basis, trauma
18 care and related acute care at such trauma cen-
19 ters.

20 “(2) LIMITATIONS.—In the case of a grant
21 awarded under paragraph (1) to an eligible high
22 acuity trauma center, such grant—

23 “(A) shall be for a period of not fewer
24 than 3 fiscal years and not more than 5 fiscal
25 years (and may be renewed at the end of such
26 period); and

1 “(B) shall be in an amount that does not
2 exceed \$1,000,000 per fiscal year.

3 “(b) MILITARY TRAUMA CARE PROVIDER PLACE-
4 MENT PROGRAM.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Assistant Secretary for Preparedness
7 and Response and in consultation with the Secretary
8 of Defense, shall award grants to eligible trauma
9 centers to enable military trauma care providers to
10 provide trauma care and related acute care at such
11 trauma centers.

12 “(2) LIMITATIONS.—In the case of a grant
13 awarded under paragraph (1) to an eligible trauma
14 center, such grant—

15 “(A) shall be for a period of at least 1 fis-
16 cal year and not more than 3 fiscal years (and
17 may be renewed at the end of such period); and

18 “(B) shall be in an amount that does not
19 exceed, in a fiscal year—

20 “(i) \$100,000 for each military trau-
21 ma care provider that is a physician at
22 such eligible trauma center; and

23 “(ii) \$50,000 for each other military
24 trauma care provider at such eligible trau-
25 ma center.

1 “(c) GRANT REQUIREMENTS.—

2 “(1) DEPLOYMENT.—As a condition of receipt
3 of a grant under this section, a grant recipient shall
4 agree to allow military trauma care providers pro-
5 viding care pursuant to such grant to be deployed by
6 the Secretary of Defense for military operations, for
7 training, or for response to a mass casualty incident.

8 “(2) USE OF FUNDS.—Grants awarded under
9 this section to an eligible trauma center may be used
10 to train and incorporate military trauma care pro-
11 viders into such trauma center, including expendi-
12 tures for malpractice insurance, office space, infor-
13 mation technology, specialty education and super-
14 vision, trauma programs, and State license fees for
15 such military trauma care providers.

16 “(d) REPORTING REQUIREMENTS.—

17 “(1) REPORT TO THE SECRETARY AND THE
18 SECRETARY OF DEFENSE.—Each eligible trauma
19 center or eligible high acuity trauma center awarded
20 a grant under subsection (a) or (b) for a fiscal year
21 shall submit to the Secretary and the Secretary of
22 Defense a report for such fiscal year that includes
23 information on—

24 “(A) the number and types of trauma
25 cases managed by military trauma teams or

1 military trauma care providers pursuant to such
2 grant during such fiscal year;

3 “(B) the financial impact of such grant on
4 the trauma center;

5 “(C) the educational impact on resident
6 trainees in centers where military trauma teams
7 are assigned;

8 “(D) any research conducted during such
9 fiscal year supported by such grant; and

10 “(E) any other information required by the
11 Secretaries for the purpose of evaluating the ef-
12 fect of such grant.

13 “(2) REPORT TO CONGRESS.—Not less than
14 once every 2 fiscal years, the Secretary, in consulta-
15 tion with the Secretary of Defense, shall submit a
16 report to Congress that includes information on the
17 effect of placing military trauma care providers in
18 trauma centers awarded grants under this section
19 on—

20 “(A) maintaining readiness of military
21 trauma care providers for battlefield injuries;

22 “(B) providing health care to civilian trau-
23 ma patients;

1 “(C) the capability to respond to surges in
2 trauma cases, including as a result of a large
3 scale event; and

4 “(D) the financial State of the trauma cen-
5 ters.

6 “(e) DEFINITIONS.—For purposes of this part:

7 “(1) ELIGIBLE TRAUMA CENTER.—The term
8 ‘eligible trauma center’ means a Level I, II, or III
9 trauma center that satisfies each of the following:

10 “(A) Such trauma center has an agree-
11 ment with the Secretary of Defense to enable
12 military trauma care providers to provide trau-
13 ma care and related acute care at such trauma
14 center.

15 “(B) Such trauma center utilizes a risk-ad-
16 justed benchmarking system to measure per-
17 formance and outcomes, such as the Trauma
18 Quality Improvement Program of the American
19 College of Surgeons.

20 “(C) Such trauma center demonstrates a
21 need for integrated military trauma care pro-
22 viders to maintain or improve the trauma clin-
23 ical capability of such trauma center.

24 “(2) ELIGIBLE HIGH ACUITY TRAUMA CEN-
25 TER.—The term ‘eligible high acuity trauma center’

1 means a Level I trauma center that satisfies each of
2 the following:

3 “(A) Such trauma center has an agree-
4 ment with the Secretary of Defense to enable
5 military trauma teams to provide trauma care
6 and related acute care at such trauma center.

7 “(B) At least 20 percent of patients of
8 such trauma center in the most recent three-
9 month period for which data is available are
10 treated for a major trauma at such trauma cen-
11 ter.

12 “(C) Such trauma center utilizes a risk-ad-
13 justed benchmarking system to measure per-
14 formance and outcomes, such as the Trauma
15 Quality Improvement Program of the American
16 College of Surgeons.

17 “(D) Such trauma center is an academic
18 training center—

19 “(i) affiliated with a medical school;

20 “(ii) that maintains residency pro-
21 grams and fellowships in critical trauma
22 specialties and subspecialties, and provides
23 education and supervision of military trau-
24 ma team members according to those spe-
25 cialties and subspecialties; and

1 “(iii) that undertakes research in the
2 prevention and treatment of traumatic in-
3 jury.

4 “(E) Such trauma center serves as a dis-
5 aster response leader for its community, such
6 as by participating in a partnership for State
7 and regional hospital preparedness established
8 under section 319C-2.

9 “(3) MAJOR TRAUMA.—The term ‘major trau-
10 ma’ means an injury that is greater than or equal
11 to 15 on the injury severity score.

12 “(4) MILITARY TRAUMA TEAM.—The term
13 ‘military trauma team’ means a complete military
14 trauma team consisting of military trauma care pro-
15 viders.

16 “(5) MILITARY TRAUMA CARE PROVIDER.—The
17 term ‘military trauma care provider’ means a mem-
18 ber of the Armed Forces who furnishes emergency,
19 critical care, and other trauma acute care, including
20 a physician, military surgeon, physician assistant,
21 nurse, respiratory therapist, flight paramedic, com-
22 bat medic, or enlisted medical technician.

23 “(f) AUTHORIZATION OF APPROPRIATIONS.—For
24 each of fiscal years 2017 through 2021, there are author-
25 ized to be appropriated—

1 “(1) \$20,000,000 for carrying out subsection
2 (a); and
3 “(2) \$20,000,000 for carrying out subsection
4 (b).”.

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