

Union Calendar No. 240

115TH CONGRESS
1ST SESSION

H. R. 880

[Report No. 115–330]

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

FEBRUARY 6, 2017

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

SEPTEMBER 25, 2017

Additional sponsors: Mr. RUPPERSBERGER, Mr. GUTHRIE, Mr. KILMER, Mr. NORCROSS, Mr. POCAN, Ms. SHEA-PORTER, Mr. COHEN, Mr. HECK, Mr. DEFazio, Mr. VELA, Mr. WALZ, Mr. BARR, Mr. PASCRELL, Mr. HARPER, Mr. SENSENBRENNER, Mr. HILL, Ms. JAYAPAL, Ms. MATSUI, Mr. BILIRAKIS, Ms. JENKINS of Kansas, Mr. WALBERG, and Mr. KINZINGER

SEPTEMBER 25, 2017

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in *italie*]

[For text of introduced bill, see copy of bill as introduced on February 6, 2017]

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 Surgical*
 5 *Systems Integrated Operationally Nationwide to Achieve*
 6 *ZERO Preventable Deaths Act” or the “MISSION ZERO*
 7 *Act”.*

8 **SEC. 2. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAU-**
 9 **MA READINESS GRANT PROGRAM.**

10 *Title XII of the Public Health Service Act (42 U.S.C.*
 11 *300d et seq.) is amended by adding at the end the following*
 12 *new part:*

13 **“PART I—MILITARY AND CIVILIAN PARTNERSHIP**
 14 **FOR TRAUMA READINESS GRANT PROGRAM**

15 **“SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR**
 16 **TRAUMA READINESS GRANT PROGRAM.**

17 *“(a) MILITARY TRAUMA TEAM PLACEMENT PRO-*
 18 *GRAM.—*

19 *“(1) IN GENERAL.—The Secretary shall award*
 20 *grants to not more than 20 eligible high-acuity trau-*
 21 *ma centers to enable military trauma teams to pro-*
 22 *vide, on a full-time basis, trauma care and related*
 23 *acute care at such trauma centers.*

1 “(2) *LIMITATIONS.—In the case of a grant*
2 *awarded under paragraph (1) to an eligible high-acu-*
3 *ity trauma center, such grant—*

4 “(A) *shall be for a period of at least 3 years*
5 *and not more than 5 years (and may be renewed*
6 *at the end of such period); and*

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

9 “(3) *AVAILABILITY OF FUNDS AFTER PERFORM-*
10 *ANCE PERIOD.—Notwithstanding section 1552 of title*
11 *31, United States Code, or any other provision of law,*
12 *funds available to the Secretary for obligation for a*
13 *grant under this subsection shall remain available for*
14 *expenditure for 100 days after the last day of the per-*
15 *formance period of such grant.*

16 “(b) *MILITARY TRAUMA CARE PROVIDER PLACEMENT*
17 *PROGRAM.—*

18 “(1) *IN GENERAL.—The Secretary shall award*
19 *grants to eligible trauma centers to enable military*
20 *trauma care providers to provide trauma care and re-*
21 *lated acute care at such trauma centers.*

22 “(2) *LIMITATIONS.—In the case of a grant*
23 *awarded under paragraph (1) to an eligible trauma*
24 *center, such grant—*

1 “(A) shall be for a period of at least 1 year
2 and not more than 3 years (and may be renewed
3 at the end of such period); and

4 “(B) shall be in an amount that does not
5 exceed, in a year—

6 “(i) \$100,000 for each military trauma
7 care provider that is a physician at such el-
8 igible trauma center; and

9 “(ii) \$50,000 for each other military
10 trauma care provider at such eligible trauma
11 center.

12 “(c) GRANT REQUIREMENTS.—

13 “(1) DEPLOYMENT.—As a condition of receipt of
14 a grant under this section, a grant recipient shall
15 agree to allow military trauma care providers pro-
16 viding care pursuant to such grant to be deployed by
17 the Secretary of Defense for military operations, for
18 training, or for response to a mass casualty incident.

19 “(2) USE OF FUNDS.—Grants awarded under
20 this section to an eligible trauma center may be used
21 to train and incorporate military trauma care pro-
22 viders into such trauma center, including expendi-
23 tures for malpractice insurance, office space, informa-
24 tion technology, specialty education and supervision,

1 *trauma programs, research, and State license fees for*
 2 *such military trauma care providers.*

3 “(d) *RULE OF CONSTRUCTION.—Nothing in this sec-*
 4 *tion shall be construed to affect the extent to which State*
 5 *licensing requirements for health care professionals are pre-*
 6 *empted by other Federal law from applying to military*
 7 *trauma care providers.*

8 “(e) *REPORTING REQUIREMENTS.—*

9 “(1) *REPORT TO THE SECRETARY AND THE SEC-*
 10 *RETARY OF DEFENSE.—Each eligible trauma center*
 11 *or eligible high-acuity trauma center awarded a grant*
 12 *under subsection (a) or (b) for a year shall submit to*
 13 *the Secretary and the Secretary of Defense a report*
 14 *for such year that includes information on—*

15 “(A) *the number and types of trauma cases*
 16 *managed by military trauma teams or military*
 17 *trauma care providers pursuant to such grant*
 18 *during such year;*

19 “(B) *the financial impact of such grant on*
 20 *the trauma center;*

21 “(C) *the educational impact on resident*
 22 *trainees in centers where military trauma teams*
 23 *are assigned;*

24 “(D) *any research conducted during such*
 25 *year supported by such grant; and*

1 “(E) any other information required by the
2 Secretaries for the purpose of evaluating the ef-
3 fect of such grant.

4 “(2) *REPORT TO CONGRESS.*—Not less than once
5 every 2 years, the Secretary, in consultation with the
6 Secretary of Defense, shall submit a report to Con-
7 gress that includes information on the effect of plac-
8 ing military trauma care providers in trauma centers
9 awarded grants under this section on—

10 “(A) maintaining readiness of military
11 trauma care providers for battlefield injuries;

12 “(B) providing health care to civilian trau-
13 ma patients in both urban and rural settings;

14 “(C) the capability to respond to surges in
15 trauma cases, including as a result of a large
16 scale event; and

17 “(D) the financial State of the trauma cen-
18 ters.

19 “(f) *DEFINITIONS.*—For purposes of this part:

20 “(1) *ELIGIBLE TRAUMA CENTER.*—The term ‘eli-
21 gible trauma center’ means a Level I, II, or III trau-
22 ma center that satisfies each of the following:

23 “(A) Such trauma center has an agreement
24 with the Secretary of Defense to enable military

1 *trauma care providers to provide trauma care*
2 *and related acute care at such trauma center.*

3 *“(B) Such trauma center utilizes a risk-ad-*
4 *justed benchmarking system to measure perform-*
5 *ance and outcomes, such as the Trauma Quality*
6 *Improvement Program of the American College*
7 *of Surgeons.*

8 *“(C) Such trauma center demonstrates a*
9 *need for integrated military trauma care pro-*
10 *viders to maintain or improve the trauma clin-*
11 *ical capability of such trauma center.*

12 *“(2) ELIGIBLE HIGH-ACUITY TRAUMA CENTER.—*
13 *The term ‘eligible high-acuity trauma center’ means*
14 *a Level I trauma center that satisfies each of the fol-*
15 *lowing:*

16 *“(A) Such trauma center has an agreement*
17 *with the Secretary of Defense to enable military*
18 *trauma teams to provide trauma care and re-*
19 *lated acute care at such trauma center.*

20 *“(B) At least 20 percent of patients of such*
21 *trauma center in the most recent 3-month period*
22 *for which data is available are treated for a*
23 *major trauma at such trauma center.*

24 *“(C) Such trauma center utilizes a risk-ad-*
25 *justed benchmarking system to measure perform-*

1 *ance and outcomes, such as the Trauma Quality*
 2 *Improvement Program of the American College*
 3 *of Surgeons.*

4 *“(D) Such trauma center is an academic*
 5 *training center—*

6 *“(i) affiliated with a medical school;*

7 *“(ii) that maintains residency pro-*
 8 *grams and fellowships in critical trauma*
 9 *specialties and subspecialties, and provides*
 10 *education and supervision of military trau-*
 11 *ma team members according to those spe-*
 12 *cialties and subspecialties; and*

13 *“(iii) that undertakes research in the*
 14 *prevention and treatment of traumatic in-*
 15 *jury.*

16 *“(E) Such trauma center serves as a dis-*
 17 *aster response leader for its community, such as*
 18 *by participating in a partnership for State and*
 19 *regional hospital preparedness established under*
 20 *section 319C–2.*

21 *“(3) MAJOR TRAUMA.—The term ‘major trauma’*
 22 *means an injury that is greater than or equal to 15*
 23 *on the injury severity score.*

24 *“(4) MILITARY TRAUMA TEAM.—The term ‘mili-*
 25 *tary trauma team’ means a complete military trau-*

1 *ma team consisting of military trauma care pro-*
2 *viders.*

3 “(5) *MILITARY TRAUMA CARE PROVIDER.*—*The*
4 *term ‘military trauma care provider’ means a mem-*
5 *ber of the Armed Forces who furnishes emergency,*
6 *critical care, and other trauma acute care, including*
7 *a physician, military surgeon, physician assistant,*
8 *nurse, respiratory therapist, flight paramedic, combat*
9 *medic, or enlisted medical technician.*

10 “(g) *AUTHORIZATION OF APPROPRIATIONS.*—*For each*
11 *of fiscal years 2018 through 2022, there are authorized to*
12 *be appropriated—*

13 “(1) *\$10,000,000 for carrying out subsection (a);*
14 *and*

15 “(2) *\$5,000,000 for carrying out subsection (b).”.*

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