

119TH CONGRESS
1ST SESSION

H. R. 6510

To amend title 10, United States Code, to direct the Secretary of Defense to establish the Military-Civilian Medical Surge Program.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 9, 2025

Mr. BACON introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to direct the Secretary of Defense to establish the Military-Civilian Medical Surge Program.

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 “National Military Civil-
5 ian Medical Surge Program Act of 2025”.

6 **SEC. 2. MILITARY-CIVILIAN MEDICAL SURGE PROGRAM.**

7 Section 1096 of title 10, United States Code, is
8 amended—

9 (1) in the section heading, by adding at the end
10 the following: “; **medical surge program**”; and

1 (2) by adding at the end the following new sub-
2 section:

3 “(e) MEDICAL SURGE PROGRAM.—(1) The Secretary
4 of Defense, in collaboration with the Secretary of Health
5 and Human Services, shall carry out a program of record
6 known as the Military-Civilian Medical Surge Program
7 to—

8 “(A) support locations that the Secretary of
9 Defense selects under paragraph (3)(B); and

10 “(B) enhance the interoperability and medical
11 surge capability and capacity of the National Dis-
12 aster Medical System in response to a declaration or
13 other action described in subparagraphs (A) through
14 (F) of paragraph (4).

15 “(2)(A) The Secretary of Defense, acting through the
16 Institute for Defense Health Cooperation at the Uni-
17 formed Services University of the Health Sciences (or such
18 successor center), shall oversee the management, staffing,
19 and deployment of the Program, in coordination with the
20 Chairman of the Joint Chiefs of Staff, the Director of the
21 Defense Health Agency, and, for purposes of ensuring
22 that the Program is carried out in a manner that is con-
23 sistent with paragraph (6), the Secretary of Health and
24 Human Services.

1 “(B) In carrying out subparagraph (A) during a con-
2 tingency operation, the Secretary of Defense shall ensure
3 that the Program provides support, acting through the
4 Defense Health Agency serving as a combat support agen-
5 cy, to the relevant combatant command.

6 “(C) The Secretary of Defense shall ensure the pro-
7 gram is administrated in coordination with the military
8 departments, the Joint Staff, the Defense Health Agency,
9 and the Department of Health and Human Services
10 through semiannual coordination meetings and quarterly
11 updates. On an annual basis, one such meeting shall in-
12 clude the participation of partners specified in paragraph
13 (3)(A).

14 “(D) In carrying out the Program, the Secretary of
15 Defense shall maintain requirements for staffing, special-
16 ized training, research, and education, regarding patient
17 regulation, movement, definitive care, and other matters
18 the Secretary determines critical to sustaining the health
19 of members of the armed forces.

20 “(3)(A) In carrying out the Program, the Secretary
21 of Defense shall establish partnerships at locations se-
22 lected under subparagraph (B) with public, private, and
23 nonprofit health care organizations, health care institu-
24 tions, health care entities, academic medical centers of in-
25 stitutions of higher education, and hospitals that the Sec-

1 retary and the Secretary of Health and Human Services
2 determine—

3 “(i) are critical in mobilizing a civilian medical
4 response in support of a wartime contingency or
5 other catastrophic event in the United States; and

6 “(ii) have demonstrated technical proficiency in
7 critical national security domains, including high-
8 consequence infectious disease and special pathogen
9 preparedness, and matters relating to defense, con-
10 tainment, management, care, and transportation.

11 “(B) The Secretary of Defense shall select not fewer
12 than eight locations that are operationally relevant to the
13 missions of the Department of Defense under the National
14 Disaster Medical System and are aeromedical or other
15 transport hubs or logistics centers in the United States
16 for partnerships under subparagraph (A). The Secretary
17 may select more than eight locations, including locations
18 outside of the continental United States, if the Secretary
19 determines such additional locations cover areas of stra-
20 tegic and operational relevance to the Department.

21 “(4) The Secretary of Defense and the Secretary of
22 Health and Human Services shall ensure that the partner-
23 ships under paragraph (3)(A) allow for civilian medical
24 personnel to quickly and effectively mobilize direct support
25 to military medical treatment facilities and provide sup-

1 port to other requirements of the military health system
2 pursuant to the following:

3 “(A) A declaration of a national emergency
4 under the National Emergencies Act (50 U.S.C.
5 1621 et seq.).

6 “(B) A public health emergency declared under
7 section 319 of the Public Health Service Act (42
8 U.S.C. 247d).

9 “(C) A declaration of war by Congress.

10 “(D) A contingency operation.

11 “(E) The President’s exercise of executive pow-
12 ers under the War Powers Resolution (50 U.S.C.
13 1541 et seq.).

14 “(F) Any other emergency or major disaster as
15 declared by the President.

16 “(5) Not later than 180 days after the date of the
17 enactment of the National Defense Authorization Act for
18 Fiscal Year 2026, and annually thereafter, the Secretary
19 of Defense shall submit to the Committee on Armed Serv-
20 ices and the Committee on Health, Education, Labor, and
21 Pensions of the Senate and the Committee on Armed
22 Services and the Committee on Energy and Commerce of
23 the House of Representatives a report on the status, readi-
24 ness, and operational capabilities of the Program. Each
25 report shall include an assessment of personnel readiness,

1 resource availability, interagency coordination efforts, and
2 recommendations for continued improvements to the Pro-
3 gram.

4 “(6) Nothing in this section shall be construed to au-
5 thorize the Secretary of Defense to control, direct, limit,
6 or otherwise affect the authorities of the Secretary of
7 Health and Human Services with respect to the leadership
8 and administration of the National Disaster Medical Sys-
9 tem, public health and medical preparedness and response,
10 staffing levels, or resource allocation.

11 “(7) In this subsection:

12 “(A) The term ‘institution of higher education’
13 means a four-year institution of higher education (as
14 defined in section 101(a) of the Higher Education
15 Act of 1965 (20 U.S.C. 1001(a))).

16 “(B) The term ‘National Disaster Medical Sys-
17 tem’ means the system established under section
18 2812 of the Public Health Service Act (42 U.S.C.
19 300hh–11).

20 “(C) The term ‘Program’ means the Military-
21 Civilian Medical Surge Program established under
22 paragraph (1).”.

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