

**[DISCUSSION DRAFT]**114<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**H. R.** \_\_\_\_\_

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.

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**IN THE HOUSE OF REPRESENTATIVES**

M\_\_\_\_ introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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**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, Civilian, and  
5 Mass Casualty Trauma Readiness Partnership Act”.

1 **SEC. 2. MILITARY, CIVILIAN, AND MASS CASUALTY TRAUMA**  
2 **READINESS PARTNERSHIP PROGRAM.**

3 Title XII of the Public Health Service Act (41 U.S.C.  
4 300d et seq.) is amended by adding at the end the fol-  
5 lowing new part:

6 **“PART I—MILITARY, CIVILIAN, AND MASS CAS-**  
7 **UALTY TRAUMA READINESS GRANT PRO-**  
8 **GRAM**

9 **“SEC. 1291. MILITARY, CIVILIAN, AND MASS CASUALTY**  
10 **TRAUMA READINESS GRANT PROGRAM.**

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

13 **“(1) IN GENERAL.—**The Secretary, in consulta-  
14 tion with the Secretary of Defense, shall award  
15 grants to not more than 20 eligible high acuity trau-  
16 ma centers to enable military trauma teams to pro-  
17 vide, on a full-time basis, trauma care and related  
18 acute care at such trauma centers.

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

22 **“(A)** shall be for a period of not fewer  
23 than 3 fiscal years and not more than 5 fiscal  
24 years (and may be renewed at the end of such  
25 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, in consulta-  
6           tion with the Secretary of Defense, shall award  
7           grants to eligible trauma centers to enable military  
8           trauma care providers to provide trauma care and  
9           related acute care at such trauma centers.

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

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

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

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

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

24           “(c) GRANT REQUIREMENTS.—

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

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

14           “(d) REPORTING REQUIREMENTS.—

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

22           “(A) the number and types of trauma  
23 cases managed by military trauma teams or  
24 military trauma care providers pursuant to such  
25 grant during such fiscal year;

1           “(B) the financial impact of such grant on  
2           the trauma center;

3           “(C) any research conducted during such  
4           fiscal year supported by such grant; and

5           “(D) any other information required by the  
6           Secretaries for the purpose of evaluating the ef-  
7           fect of such grant.

8           “(2) REPORT TO CONGRESS.—Not less than  
9           once every 2 fiscal years, the Secretary and the Sec-  
10          retary of Defense shall submit a report to the Con-  
11          gress including information on the effect of place-  
12          ment of military trauma care providers in trauma  
13          centers awarded grants under this section on—

14                 “(A) maintaining readiness of military  
15                 trauma care providers for battlefield injuries;

16                 “(B) civilian trauma patients;

17                 “(C) the capability to respond to mass cas-  
18                 ualty incidents; and

19                 “(D) the financial State of the trauma cen-  
20                 ters.

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

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

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

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

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

16          “(D) Such trauma center demonstrates a  
17          need for integrated military trauma care pro-  
18          viders to maintain or improve the trauma clin-  
19          ical capability of such trauma center.

20          “(2) ELIGIBLE HIGH ACUITY TRAUMA CEN-  
21          TER.—The term ‘eligible high acuity trauma center’  
22          means a Level I trauma center that satisfies each of  
23          the following:

24                 “(A) Such trauma center has an agree-  
25                 ment with the Secretary of Defense to enable

1 military trauma teams to provide trauma care  
2 and related acute care at such trauma center.

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

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

13 “(D) Such trauma center is an academic  
14 training center—

15 “(i) affiliated with a medical school;

16 “(ii) that maintains residency pro-  
17 grams and fellowships in critical trauma  
18 specialties and subspecialties; and

19 “(iii) that undertakes research in the  
20 prevention and treatment of traumatic in-  
21 jury.

22 “(E) Such trauma center serves as a dis-  
23 aster response leader for its community, includ-  
24 ing by participating in a partnership for State

1           and regional hospital preparedness established  
2           under section 319C-2.

3           “(3) MAJOR TRAUMA.—The term ‘major trauma’  
4           means an injury that is greater than 15 on the  
5           injury severity score.

6           “(4) MILITARY TRAUMA TEAM.—The term  
7           ‘military trauma team’ means a complete military  
8           trauma team consisting of military trauma care pro-  
9           viders.

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

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

20                 “(1) \$20,000,000 for carrying out subsection  
21                 (a); and

22                 “(2) \$6,000,000 for carrying out subsection  
23                 (b).”.



1 **SEC. 3. EVALUATION OF PAYMENT FOR TRAUMA CARE AS-**  
2 **SOCIATED WITH ACTIVATION OF A TRAUMA**  
3 **TEAM.**

4 (a) IN GENERAL.—Not later than 180 day after the  
5 date of the enactment of this Act, the Secretary of Health  
6 and Human Services shall submit to Congress a report  
7 on payment that may be made under the Medicare pro-  
8 gram under title XVIII of the Social Security Act (42  
9 U.S.C. 1395 et seq.), the Medicaid program under title  
10 XIX of such Act (42 U.S.C. 1396 et seq.), and the State  
11 Children’s Health Insurance Program under title XXI of  
12 such Act (42 U.S.C. 1397aa et seq.) for items and services  
13 furnished by trauma centers with respect to traumatic in-  
14 juries that often require activation of a trauma team,  
15 whether such items and services are furnished on an inpa-  
16 tient basis or an outpatient basis and whether the indi-  
17 vidual with such injuries dies before or soon after arrival  
18 at the trauma center, including the following topics:

19 (1) Current payment levels under such titles for  
20 such items and services and whether such levels ade-  
21 quately reflect the cost of caring for such injuries.

22 (2) How the cost of such activation and cost of  
23 maintaining such a trauma team could best be con-  
24 sidered when providing payment under such titles.

25 (3) The feasibility of differentiating payment  
26 under such titles for items and services furnished

1 with respect to traumatic injuries for which a trauma  
2 team is activated, including the possibility of an  
3 additional payment in cases in which a trauma team  
4 is activated.

5 (4) The feasibility of providing differential  
6 treatment under such titles for trauma centers that  
7 care for a disproportionate number of beneficiaries  
8 of such programs with traumatic injuries for which  
9 a trauma team is activated.

10 (b) CONSULTATION.—In preparing the report de-  
11 scribed in subsection (a), the Secretary of Health and  
12 Human Services shall consult with relevant stakeholders,  
13 including organizations representing trauma centers, phy-  
14 sicians, surgeons, and nurses that furnish emergency serv-  
15 ices.

16 **SEC. 4. ASSISTANT SECRETARY FOR PREPAREDNESS AND**  
17 **RESPONSE DUTIES.**

18 Section 2811(c)(2)(F) of the Public Health Service  
19 Act (42 U.S.C. 300hh–10(c)(2)(F)) is amended by strik-  
20 ing “under parts A through C” and all that follows  
21 through the semicolon at the end and inserting “under  
22 parts A, B, C, D, H, and I of title XII;”.