

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 880
OFFERED BY MR. BURGESS OF TEXAS**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

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

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

8 Title XII of the Public Health Service Act (42 U.S.C.
9 300d et seq.) is amended by adding at the end the fol-
10 lowing new part:

**11 “PART I—MILITARY AND CIVILIAN PARTNERSHIP
12 FOR TRAUMA READINESS GRANT PROGRAM**

**13 “SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR
14 TRAUMA READINESS GRANT PROGRAM.**

15 “(a) MILITARY TRAUMA TEAM PLACEMENT PRO-
16 GRAM.—

17 “(1) IN GENERAL.—The Secretary shall award
18 grants to not more than 20 eligible high-acuity trau-

1 ma centers to enable military trauma teams to pro-
2 vide, on a full-time basis, trauma care and related
3 acute care at such trauma centers.

4 “(2) LIMITATIONS.—In the case of a grant
5 awarded under paragraph (1) to an eligible high-
6 acuity trauma center, such grant—

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

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

12 “(3) AVAILABILITY OF FUNDS AFTER PER-
13 FORMANCE PERIOD.—Notwithstanding section 1552
14 of title 31, United States Code, or any other provi-
15 sion of law, funds available to the Secretary for obli-
16 gation for a grant under this subsection shall remain
17 available for expenditure for 100 days after the last
18 day of the performance period of such grant.

19 “(b) MILITARY TRAUMA CARE PROVIDER PLACE-
20 MENT PROGRAM.—

21 “(1) IN GENERAL.—The Secretary shall award
22 grants to eligible trauma centers to enable military
23 trauma care providers to provide trauma care and
24 related acute care at such trauma centers.

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

4 “(A) shall be for a period of at least 1 year
5 and not more than 3 years (and may be re-
6 newed at the end of such period); and

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

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

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

15 “(c) GRANT REQUIREMENTS.—

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

22 “(2) USE OF FUNDS.—Grants awarded under
23 this section to an eligible trauma center may be used
24 to train and incorporate military trauma care pro-
25 viders into such trauma center, including expendi-

1 tures for malpractice insurance, office space, infor-
2 mation technology, specialty education and super-
3 vision, trauma programs, research, and State license
4 fees for such military trauma care providers.

5 “(d) REPORTING REQUIREMENTS.—

6 “(1) REPORT TO THE SECRETARY AND THE
7 SECRETARY OF DEFENSE.—Each eligible trauma
8 center or eligible high-acuity trauma center awarded
9 a grant under subsection (a) or (b) for a year shall
10 submit to the Secretary and the Secretary of De-
11 fense a report for such year that includes informa-
12 tion on—

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

17 “(B) the financial impact of such grant on
18 the trauma center;

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

22 “(D) any research conducted during such
23 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
5 once every 2 years, the Secretary, in consultation
6 with the Secretary of Defense, shall submit a report
7 to Congress that includes information on the effect
8 of placing military trauma care providers in trauma
9 centers 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;

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

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

23 “(A) Such trauma center has an agree-
24 ment with the Secretary of Defense to enable
25 military trauma care providers to provide trau-

1 ma care and related acute care at such trauma
2 center.

3 “(B) Such trauma center utilizes a risk-ad-
4 justed benchmarking system to measure per-
5 formance and outcomes, such as the Trauma
6 Quality Improvement Program of the American
7 College 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 CEN-
13 TER.—The term ‘eligible high-acuity trauma center’
14 means a Level I trauma center that satisfies each of
15 the following:

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

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

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

1 formance and outcomes, such as the Trauma
2 Quality Improvement Program of the American
3 College 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
18 as by participating in a partnership for State
19 and regional hospital preparedness established
20 under section 319C-2.

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

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

1 trauma 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, com-
9 bat medic, or enlisted medical technician.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—For
11 each of fiscal years 2018 through 2022, there are author-
12 ized to be appropriated—

13 “(1) \$20,000,000 for carrying out subsection
14 (a); and

15 “(2) \$20,000,000 for carrying out subsection
16 (b).”.

