

Suspend the Rules and Pass the Bill, H.R. 880, With an Amendment**(The amendment strikes all after the enacting clause and inserts a new text)**115TH CONGRESS
1ST SESSION**H. R. 880**

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

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

1 Achieve ZERO Preventable Deaths Act” or the “MIS-
2 SION ZERO Act”.

3 **SEC. 2. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAU-**
4 **MA READINESS GRANT PROGRAM.**

5 Title XII of the Public Health Service Act (42 U.S.C.
6 300d et seq.) is amended by adding at the end the fol-
7 lowing new part:

8 **“PART I—MILITARY AND CIVILIAN PARTNERSHIP**
9 **FOR TRAUMA READINESS GRANT PROGRAM**
10 **“SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR**
11 **TRAUMA READINESS GRANT PROGRAM.**

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

14 “(1) IN GENERAL.—The Secretary 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 at least 3
23 years and not more than 5 years (and may be
24 renewed at the end of such period); and

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

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

10 “(b) MILITARY TRAUMA CARE PROVIDER PLACE-
11 MENT PROGRAM.—

12 “(1) IN GENERAL.—The Secretary shall award
13 grants to eligible trauma centers to enable military
14 trauma care providers to provide trauma care and
15 related acute care at such trauma centers.

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

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

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

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

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

7 “(c) GRANT REQUIREMENTS.—

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

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

22 “(d) RULE OF CONSTRUCTION.—Nothing in this sec-
23 tion shall be construed to affect the extent to which State
24 licensing requirements for health care professionals are

1 preempted by other Federal law from applying to military
2 trauma care providers.

3 “(e) REPORTING REQUIREMENTS.—

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

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

15 “(B) the financial impact of such grant on
16 the trauma center;

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

20 “(D) any research conducted during such
21 year supported by such grant; and

22 “(E) any other information required by the
23 Secretaries for the purpose of evaluating the ef-
24 fect of such grant.

1 “(2) REPORT TO CONGRESS.—Not less than
2 once every 2 years, the Secretary, in consultation
3 with the Secretary of Defense, shall submit a report
4 to Congress that includes information on the effect
5 of placing military trauma care providers in trauma
6 centers awarded grants under this section on—

7 “(A) maintaining readiness of military
8 trauma care providers for battlefield injuries;

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

11 “(C) the capability to respond to surges in
12 trauma cases, including as a result of a large
13 scale event; and

14 “(D) the financial State of the trauma cen-
15 ters.

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

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

20 “(A) Such trauma center has an agree-
21 ment with the Secretary of Defense to enable
22 military trauma care providers to provide trau-
23 ma care and related acute care at such trauma
24 center.

1 “(B) Such trauma center utilizes a risk-ad-
2 justed benchmarking system to measure per-
3 formance and outcomes, such as the Trauma
4 Quality Improvement Program of the American
5 College of Surgeons.

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

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

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

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

22 “(C) Such trauma center utilizes a risk-ad-
23 justed benchmarking system to measure per-
24 formance and outcomes, such as the Trauma

1 Quality Improvement Program of the American
2 College of Surgeons.

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

5 “(i) affiliated with a medical school;

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

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

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

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

23 “(4) MILITARY TRAUMA TEAM.—The term
24 ‘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 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this sec-
12 tion—

13 “(1) \$7,000,000 for fiscal year 2018, of
14 which—

15 “(A) \$4,500,000 shall be for carrying out
16 subsection (a); and

17 “(B) \$2,500,000 shall be for carrying out
18 subsection (b);

19 “(2) \$12,000,000 for fiscal year 2019, of
20 which—

21 “(A) \$8,000,000 shall be for carrying out
22 subsection (a); and

23 “(B) \$4,000,000 shall be for carrying out
24 subsection (b); and

1 “(3) \$15,000,000 for each of fiscal years 2020
2 through 2022, of which—

3 “(A) \$10,000,000 shall be for carrying out
4 subsection (a); and

5 “(B) \$5,000,000 shall be for carrying out
6 subsection (b).”.

7 **SEC. 3. CUT-GO COMPLIANCE.**

8 Subsection (f) of section 319D of the Public Health
9 Service Act (42 U.S.C. 247d–4) is amended by striking
10 “through 2018” and inserting “through 2017, and
11 \$75,300,000 for fiscal year 2018”.