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(Original Signature of Member)

114TH CONGRESS
2D 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.

IN THE HOUSE OF REPRESENTATIVES

Mr. BURGESS introduced the following bill; which was referred to the
Committee on _____

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, acting
15 through the Assistant Secretary for Preparedness
16 and Response and in consultation with the Secretary
17 of Defense, shall award grants to not more than 20
18 eligible high acuity trauma centers to enable military
19 trauma teams to provide, on a full-time basis, trau-
20 ma care and related acute care at such trauma cen-
21 ters.

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

1 “(A) shall be for a period of not fewer
2 than 3 fiscal years and not more than 5 fiscal
3 years (and may be renewed at the end of such
4 period); and

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

7 “(b) MILITARY TRAUMA CARE PROVIDER PLACE-
8 MENT PROGRAM.—

9 “(1) IN GENERAL.—The Secretary, acting
10 through the Assistant Secretary for Preparedness
11 and Response and in consultation with the Secretary
12 of Defense, shall award grants to eligible trauma
13 centers to enable military trauma care providers to
14 provide trauma care and related acute care at such
15 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 fis-
20 cal year and not more than 3 fiscal years (and
21 may be renewed at the end of such period);

22 “(B) shall be in an amount that does not
23 exceed, in a fiscal 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, and State license fees for
21 such military trauma care providers.

22 “(d) REPORTING REQUIREMENTS.—

23 “(1) REPORT TO THE SECRETARY AND THE
24 SECRETARY OF DEFENSE.—Each eligible trauma
25 center or eligible high acuity trauma center awarded

1 a grant under subsection (a) or (b) for a fiscal year
2 shall submit to the Secretary and the Secretary of
3 Defense a report for such fiscal year that includes
4 information on—

5 “(A) the number and types of trauma
6 cases managed by military trauma teams or
7 military trauma care providers pursuant to such
8 grant during such fiscal year;

9 “(B) the financial impact of such grant on
10 the trauma center;

11 “(C) the educational impact on resident
12 trainees in centers where military trauma teams
13 are assigned;

14 “(D) any research conducted during such
15 fiscal year supported by such grant; and

16 “(E) any other information required by the
17 Secretaries for the purpose of evaluating the ef-
18 fect of such grant.

19 “(2) REPORT TO CONGRESS.—Not less than
20 once every 2 fiscal years, the Secretary, in consulta-
21 tion with the Secretary of Defense, shall submit a
22 report to Congress that includes information on the
23 effect of placing military trauma care providers in
24 trauma centers awarded grants under this section
25 on—

1 “(A) maintaining readiness of military
2 trauma care providers for battlefield injuries;

3 “(B) providing health care to civilian trau-
4 ma patients;

5 “(C) the capability to respond to surges in
6 trauma cases, including as a result of a large
7 scale event; and

8 “(D) the financial State of the trauma cen-
9 ters.

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

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

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

19 “(B) Such trauma center utilizes a risk-ad-
20 justed benchmarking system to measure per-
21 formance and outcomes, such as the Trauma
22 Quality Improvement Program of the American
23 College of Surgeons.

24 “(C) Such trauma center demonstrates a
25 need for integrated military trauma care pro-

1 viders to maintain or improve the trauma clin-
2 ical capability of such trauma center.

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

7 “(A) Such trauma center has an agree-
8 ment with the Secretary of Defense to enable
9 military trauma teams to provide trauma care
10 and related acute care at such trauma center.

11 “(B) At least 20 percent of patients of
12 such trauma center in the most recent three-
13 month period for which data is available are
14 treated for a major trauma at such trauma cen-
15 ter.

16 “(C) Such trauma center utilizes a risk-ad-
17 justed benchmarking system to measure per-
18 formance and outcomes, such as the Trauma
19 Quality Improvement Program of the American
20 College of Surgeons.

21 “(D) Such trauma center is an academic
22 training center—

23 “(i) affiliated with a medical school;

24 “(ii) that maintains residency pro-
25 grams and fellowships in critical trauma

1 specialties and subspecialties, and provides
2 education and supervision of military trauma
3 team members according to those specialties
4 and subspecialties; and

5 “(iii) that undertakes research in the
6 prevention and treatment of traumatic injury.
7

8 “(E) Such trauma center serves as a disaster
9 response leader for its community, such
10 as by participating in a partnership for State
11 and regional hospital preparedness established
12 under section 319C–2.

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

16 “(4) MILITARY TRAUMA TEAM.—The term
17 ‘military trauma team’ means a complete military
18 trauma team consisting of military trauma care
19 providers.

20 “(5) MILITARY TRAUMA CARE PROVIDER.—The
21 term ‘military trauma care provider’ means a member
22 of the Armed Forces who furnishes emergency,
23 critical care, and other trauma acute care, including
24 a physician, military surgeon, physician assistant,

1 nurse, respiratory therapist, flight paramedic, com-
2 bat medic, or enlisted medical technician.

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

6 “(1) \$20,000,000 for carrying out subsection
7 (a); and

8 “(2) \$20,000,000 for carrying out subsection
9 (b).”.