

115TH CONGRESS  
2D SESSION

# H. R. 880

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## AN ACT

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,*

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 **MA 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-  
19 ma centers to enable military trauma teams to pro-  
20 vide, on a full-time basis, trauma care and related  
21 acute care at such trauma centers.

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 at least 3  
2           years and not more than 5 years (and may be  
3           renewed at the end of such period); and

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

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

13          “(b) MILITARY TRAUMA CARE PROVIDER PLACE-  
14          MENT PROGRAM.—

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

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

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

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

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

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

9           “(c) GRANT REQUIREMENTS.—

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

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

24                   “(d) RULE OF CONSTRUCTION.—Nothing in this sec-  
25                   tion shall be construed to affect the extent to which State

1 licensing requirements for health care professionals are  
2 preempted by other Federal law from applying to military  
3 trauma care providers.

4 “(e) REPORTING REQUIREMENTS.—

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

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

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

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

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

23 “(E) any other information required by the  
24 Secretaries for the purpose of evaluating the ef-  
25 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”.

          Passed the House of Representatives February 26,  
2018.

Attest:

*Clerk.*



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