115TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
115–330

MILITARY INJURY SURGICAL SYSTEMS INTEGRATED OPERATIONALLY NATIONWIDE TO ACHIEVE ZERO PREVENTABLE DEATHS ACT

SEPTEMBER 25, 2017.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

---

Mr. WALDEN, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 880]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (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, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

	Page
Purpose and Summary	3
Background and Need for Legislation	4
Committee Action	4
Committee Votes	4
Oversight Findings and Recommendations	5
New Budget Authority, Entitlement Authority, and Tax Expenditures	5
Congressional Budget Office Estimate	5
Federal Mandates Statement	6
Statement of General Performance Goals and Objectives	6
Duplication of Federal Programs	6
Committee Cost Estimate	6
Earmark, Limited Tax Benefits, and Limited Tariff Benefits	6
Disclosure of Directed Rule Makings	6
Advisory Committee Statement	7
Applicability to Legislative Branch	7
Section-by-Section Analysis of the Legislation	7
Changes in Existing Law Made by the Bill, as Reported	7

69–006

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act" or the "MISSION ZERO Act".

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

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

"PART I—MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM

"SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM.

"(a) MILITARY TRAUMA TEAM PLACEMENT PROGRAM.—

"(1) IN GENERAL.—The Secretary shall award grants to not more than 20 eligible high-acuity trauma centers to enable military trauma teams to provide, on a full-time basis, trauma care and related acute care at such trauma centers.

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

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

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

"(3) AVAILABILITY OF FUNDS AFTER PERFORMANCE PERIOD.—Notwithstanding section 1552 of title 31, United States Code, or any other provision of law, funds available to the Secretary for obligation for a grant under this subsection shall remain available for expenditure for 100 days after the last day of the performance period of such grant.

"(b) MILITARY TRAUMA CARE PROVIDER PLACEMENT PROGRAM.—

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

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

"(A) shall be for a period of at least 1 year and not more than 3 years (and may be renewed at the end of such period); and

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

"(i) $100,000 for each military trauma care provider that is a physician at such eligible trauma center; and

"(ii) $50,000 for each other military trauma care provider at such eligible trauma center.

"(c) GRANT REQUIREMENTS.—

"(1) DEPLOYMENT.—As a condition of receipt of a grant under this section, a grant recipient shall agree to allow military trauma care providers providing care pursuant to such grant to be deployed by the Secretary of Defense for military operations, for training, or for response to a mass casualty incident.

"(2) USE OF FUNDS.—Grants awarded under this section to an eligible trauma center may be used to train and incorporate military trauma care providers into such trauma center, including expenditures for malpractice insurance, office space, information technology, specialty education and supervision, trauma programs, research, and State license fees for such military trauma care providers.

"(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to affect the extent to which State licensing requirements for health care professionals are preempted by other Federal law from applying to military trauma care providers.

"(e) REPORTING REQUIREMENTS.—

"(1) REPORT TO THE SECRETARY AND THE SECRETARY OF DEFENSE.—Each eligible trauma center or eligible high-acuity trauma center awarded a grant under subsection (a) or (b) for a year shall submit to the Secretary and the Secretary of Defense a report for such year that includes information on—

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

"(B) the financial impact of such grant on the trauma center;

"(C) the educational impact on resident trainees in centers where military trauma teams are assigned;

"(D) any research conducted during such year supported by such grant; and

"(E) any other information required by the Secretaries for the purpose of evaluating the effect of such grant.

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

"(A) maintaining readiness of military trauma care providers for battlefield injuries;

"(B) providing health care to civilian trauma patients in both urban and rural settings;

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

"(D) the financial State of the trauma centers.

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

"(1) ELIGIBLE TRAUMA CENTER.—The term 'eligible trauma center' means a Level I, II, or III trauma center that satisfies each of the following:

"(A) Such trauma center has an agreement with the Secretary of Defense to enable military trauma care providers to provide trauma care and related acute care at such trauma center.

"(B) Such trauma center utilizes a risk-adjusted benchmarking system to measure performance and outcomes, such as the Trauma Quality Improvement Program of the American College of Surgeons.

"(C) Such trauma center demonstrates a need for integrated military trauma care providers to maintain or improve the trauma clinical capability of such trauma center.

"(2) ELIGIBLE HIGH-ACUITY TRAUMA CENTER.—The term 'eligible high-acuity trauma center' means a Level I trauma center that satisfies each of the following:

"(A) Such trauma center has an agreement with the Secretary of Defense to enable military trauma teams to provide trauma care and related acute care at such trauma center.

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

"(C) Such trauma center utilizes a risk-adjusted benchmarking system to measure performance and outcomes, such as the Trauma Quality Improvement Program of the American College of Surgeons.

"(D) Such trauma center is an academic training center—

"(i) affiliated with a medical school;

"(ii) that maintains residency programs and fellowships in critical trauma specialties and subspecialties, and provides education and supervision of military trauma team members according to those specialties and subspecialties; and

"(iii) that undertakes research in the prevention and treatment of traumatic injury.

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

"(3) MAJOR TRAUMA.—The term 'major trauma' means an injury that is greater than or equal to 15 on the injury severity score.

"(4) MILITARY TRAUMA TEAM.—The term 'military trauma team' means a complete military trauma team consisting of military trauma care providers.

"(5) MILITARY TRAUMA CARE PROVIDER.—The term 'military trauma care provider' means a member of the Armed Forces who furnishes emergency, critical care, and other trauma acute care, including a physician, military surgeon, physician assistant, nurse, respiratory therapist, flight paramedic, combat medic, or enlisted medical technician.

"(g) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2018 through 2022, there are authorized to be appropriated—

"(1) $10,000,000 for carrying out subsection (a); and

"(2) $5,000,000 for carrying out subsection (b).".

PURPOSE AND SUMMARY

H.R. 880 was introduced on February 6, 2017, by Rep. Michael C. Burgess (R–TX). The bill establishes a grant program for mili-

tary-civilian partnerships in trauma care, which will allow both sectors to benefit from the others' expertise and experience.

BACKGROUND AND NEED FOR LEGISLATION

Traumatic injury imposes an incredible burden on the nation's health system. The military has made significant strides in improving trauma care based on wartime lessons learned. Unfortunately, these lessons are often not translated to civilian trauma care or are not sustained during peacetime.

Increasing military civilian partnerships is a critical step toward achieving the goal of zero preventable injury deaths, as highlighted in the 2016 National Academies of Sciences, Engineering and Medicine (NASEM) report, "A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury." By utilizing civilian trauma centers as opportunities for military trauma providers to practice skills prior to deployment and/or to maintain skills after returning home from service, both military readiness is achieved and access to civilian trauma care is improved by assigning more trauma providers to domestic hospitals.

COMMITTEE ACTION

During the 114th Congress, on July 12, 2016, the Subcommittee on Health held a hearing on a discussion draft entitled "Military, Civilian, and Mass Casualty Trauma Readiness Partnership Act," which was substantially similar to H.R. 880. The hearing was entitled "Strengthening our National Trauma System." The Subcommittee received testimony from:

- Jorie Klein, BSN, RN; Director, Trauma Program, Rees-Jones Trauma Center at Parkland;
- David Marcozzi, MD; University of Maryland Department of Emergency Medicine;
- C. William Schwab, MD, FACS; Professor of Surgery, Penn Presbyterian Medical Center;
- Craig Manifold, DO, FACEP; Committee Chair, American College of Emergency Physicians; and,
- J. Brent Myers, MD, MPH, FACEP; President-Elect, National Association of EMS Physicians.

On June 29, 2017, the Subcommittee on Health met in open markup session and forwarded H.R. 880, as amended, to the full Committee by a voice vote. On July 27, 2017, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 880, as amended, favorably reported to the House by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 880 reported.

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee has not held hearings on this legislation.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 880 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

H.R. 880—MISSION ZERO Act

Summary: H.R. 880 would establish a grant program for qualified military personnel to provide trauma care in civilian trauma centers. The bill would provide a total of $15 million annually for grants to eligible trauma centers through fiscal year 2022.

CBO estimates that implementing H.R. 880 would cost $63 million over the 2018–2022 period, assuming appropriation of the specified amounts.

Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues. CBO estimates that enacting H.R. 880 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 880 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Estimated cost to the Federal Government: The estimated budgetary effect of H.R. 880 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—						
	2017	2018	2019	2020	2021	2022	2017–2022
INCREASES IN SPENDING SUBJECT TO APPROPRIATION							
Authorization Level	0	15	15	15	15	15	75
Estimated Outlays	0	7	12	15	15	15	63

Note: Components may not add to totals because of rounding.

Basis of estimate: H.R. 880 would authorize the Secretary of Health and Human Services to award grants to trauma centers for the purpose of training and incorporating military trauma providers into civilian trauma centers. The bill would authorize a total of $15 million per year for fiscal years 2018–2022 for such grants. Assuming appropriation of the authorized amounts, the Military Trauma Team Placement Program would award $10 million annually, through up to 20 grants, to Level I trauma centers that meet certain eligibility criteria. The Military Trauma Care Provider Placement Program would award $5 million in grants annually to eligible Level I, II, or III trauma centers.

Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 880 would cost $63 million over the 2018–2022 period; the remaining amounts would be spent in years after 2022. For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2018 and that the specified amounts will be appropriated.

Pay-As-You-Go Considerations: None.

Increase in long–term direct spending and deficits: CBO estimates that enacting H.R. 880 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

Intergovernmental and private-sector impact: H.R. 880 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

Estimate prepared by: Federal Costs: Emily King; Impact on state, local, and tribal governments: Zach Byrum; Impact on the private sector: Amy Petz.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to establish a grant program that bolsters access to high quality domestic trauma care.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 880 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 880 contains no earmarks, limited tax benefits, or limited tariff benefits.

DISCLOSURE OF DIRECTED RULE MAKINGS

Pursuant to section 3(i) of H. Res. 5, the Committee finds that H.R. 880 contains no directed rule makings.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides that the Act may be cited as the "Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act" or the "MISSION ZERO Act."

Section 2. Military and civilian partnership for trauma readiness grant program

Section 2 authorizes the appropriation of $15 million for each of fiscal years 2018 to 2022 to establish a grant program to assist civilian trauma centers in partnering with military trauma professionals. Grants may be used to train and integrate military trauma practitioners into trauma center staffs in order to maintain battlefield currency and to help translate military trauma care lessons to the civilian trauma system. The Secretary of Health and Human Services, in consultation with the Secretary of Defense, is required to report on the effects of military-civilian trauma integration, including its impacts on military readiness, the civilian community, and the financial impacts of trauma care.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE XII—TRAUMA CARE

* * * * * * *

PART I—MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM

SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM.

(a) MILITARY TRAUMA TEAM PLACEMENT PROGRAM.—

(1) IN GENERAL.—The Secretary shall award grants to not more than 20 eligible high-acuity trauma centers to enable military trauma teams to provide, on a full-time basis, trauma care and related acute care at such trauma centers.

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

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

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

(3) AVAILABILITY OF FUNDS AFTER PERFORMANCE PERIOD.—Notwithstanding section 1552 of title 31, United States Code, or any other provision of law, funds available to the Secretary for obligation for a grant under this subsection shall remain available for expenditure for 100 days after the last day of the performance period of such grant.

(b) MILITARY TRAUMA CARE PROVIDER PLACEMENT PROGRAM.—

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

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

(A) shall be for a period of at least 1 year and not more than 3 years (and may be renewed at the end of such period); and

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

(i) $100,000 for each military trauma care provider that is a physician at such eligible trauma center; and

(ii) $50,000 for each other military trauma care provider at such eligible trauma center.

(c) GRANT REQUIREMENTS.—

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

(2) USE OF FUNDS.—Grants awarded under this section to an eligible trauma center may be used to train and incorporate military trauma care providers into such trauma center, including expenditures for malpractice insurance, office space, information technology, specialty education and supervision, trauma programs, research, and State license fees for such military trauma care providers.

(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to affect the extent to which State licensing requirements for health care professionals are preempted by other Federal law from applying to military trauma care providers.

(e) REPORTING REQUIREMENTS.—

(1) REPORT TO THE SECRETARY AND THE SECRETARY OF DEFENSE.—Each eligible trauma center or eligible high-acuity trauma center awarded a grant under subsection (a) or (b) for

a year shall submit to the Secretary and the Secretary of Defense a report for such year that includes information on—

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

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

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

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

(E) any other information required by the Secretaries for the purpose of evaluating the effect of such grant.

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

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

(B) providing health care to civilian trauma patients in both urban and rural settings;

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

(D) the financial State of the trauma centers.

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

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

(A) Such trauma center has an agreement with the Secretary of Defense to enable military trauma care providers to provide trauma care and related acute care at such trauma center.

(B) Such trauma center utilizes a risk-adjusted benchmarking system to measure performance and outcomes, such as the Trauma Quality Improvement Program of the American College of Surgeons.

(C) Such trauma center demonstrates a need for integrated military trauma care providers to maintain or improve the trauma clinical capability of such trauma center.

(2) ELIGIBLE HIGH-ACUITY TRAUMA CENTER.—The term "eligible high-acuity trauma center" means a Level I trauma center that satisfies each of the following:

(A) Such trauma center has an agreement with the Secretary of Defense to enable military trauma teams to provide trauma care and related acute care at such trauma center.

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

(C) Such trauma center utilizes a risk-adjusted benchmarking system to measure performance and outcomes, such as the Trauma Quality Improvement Program of the American College of Surgeons.

(D) Such trauma center is an academic training center—

(i) affiliated with a medical school;

(ii) that maintains residency programs and fellowships in critical trauma specialties and subspecialties, and provides education and supervision of military trauma team members according to those specialties and subspecialties; and

(iii) that undertakes research in the prevention and treatment of traumatic injury.

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

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

(4) MILITARY TRAUMA TEAM.—The term "military trauma team" means a complete military trauma team consisting of military trauma care providers.

(5) MILITARY TRAUMA CARE PROVIDER.—The term "military trauma care provider" means a member of the Armed Forces who furnishes emergency, critical care, and other trauma acute care, including a physician, military surgeon, physician assistant, nurse, respiratory therapist, flight paramedic, combat medic, or enlisted medical technician.

(g) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2018 through 2022, there are authorized to be appropriated—

(1) $10,000,000 for carrying out subsection (a); and

(2) $5,000,000 for carrying out subsection (b).

* * * * * * *

○