

114TH CONGRESS
2D SESSION

H. R. 6132

To establish a task force to develop a national trauma care system, to improve the trauma care system of the Department of Defense, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 22, 2016

Ms. DUCKWORTH introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish a task force to develop a national trauma care system, to improve the trauma care system of the Department of Defense, 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; FINDINGS AND SENSE OF CON-**
4 **GRESS.**

5 (a) SHORT TITLE.—This Act may be cited as the
6 “National Trauma Care System Act”.

7 (b) FINDINGS.—Congress finds the following:

1 (1) Trauma is the leading killer of Americans
2 under the age of 46 in the United States, killing
3 more than 192,000 Americans each year.

4 (2) The National Research Council has indi-
5 cated since 1966 that Federal funding for trauma
6 research was inadequate—leading the Institute of
7 Medicine in 1999 to conclude that, “The nation’s
8 current investment in injury [trauma] research is
9 not commensurate with the magnitude of the prob-
10 lem.”.

11 (3) The National Academies of Sciences found
12 that between 200,000 and 300,000 Americans may
13 have died from survivable traumatic injuries between
14 2001 and 2011.

15 (4) According to the Centers for Disease Con-
16 trol and Prevention, the economic burden of trauma
17 was more than \$671,000,000,000 in 2013 and it is
18 one of the most expensive health care problems in
19 the country.

20 (5) According to the National Trauma Center,
21 the National Institutes of Health spends less than
22 \$200 each year on trauma research for each year of
23 potential life lost.

1 (6) The Institute of Medicine has recommended
2 greater consideration of a disease’s societal and eco-
3 nomic burden when allocating research funding.

4 (7) Nearly all combat deaths in the Armed
5 Forces are due to trauma-related incidents, and be-
6 tween 2001 and 2011, nearly 25 percent of battle-
7 field deaths were caused by survivable injuries.

8 (8) The 75th Ranger Regiment of the Army
9 nearly eliminated its preventable fatalities by imple-
10 menting data-driven performance improvement poli-
11 cies and taking command-ownership of treatment
12 outcomes.

13 (9) Military and civilian trauma practitioners
14 must be able to share data, techniques, and proce-
15 dures easily so they can institutionalize advances in
16 care within their respective organizations.

17 (10) The National Academy of Sciences con-
18 cluded “that a national strategy and joint military–
19 civilian approach for improving trauma care is lack-
20 ing, placing lives unnecessarily at risk . . . that a
21 unified effort is needed to address this gap and en-
22 sure the delivery of optimal trauma care to save the
23 lives of Americans injured within the United States
24 and on the battlefield.”.

1 (c) SENSE OF CONGRESS.—It is the sense of Con-
2 gress that—

3 (1) the President should establish and articu-
4 late a goal of achieving zero preventable deaths after
5 injury and minimizing trauma-related disability and
6 direct efforts towards that end;

7 (2) the Federal Government should promote the
8 development of a learning health system that enables
9 a continuous improvement of military and civilian
10 trauma systems through evidence-based initiatives;
11 and

12 (3) the Federal Government should promote
13 greater collaboration between, and integration of,
14 military and civilian trauma systems, including with
15 respect to the permanent assignment of military
16 trauma teams in civilian trauma centers, to prepare
17 for mass trauma incidents in the homeland.

18 **SEC. 2. TASK FORCE ON ELIMINATING PREVENTABLE**
19 **DEATHS OR DISABILITIES DUE TO TRAU-**
20 **MATIC INJURIES.**

21 (a) ESTABLISHMENT.—There is established a task
22 force to be known as the “Task Force on Eliminating Pre-
23 ventable Deaths or Disabilities due to Traumatic Injuries”
24 (in this section referred to as the “Task Force”).

1 (b) MEMBERSHIP.—The Task Force shall be com-
2 posed of the following:

3 (1) The Director of the Office of Management
4 and Budget, who shall serve as the chairperson of
5 the Task Force.

6 (2) The Secretary of Defense.

7 (3) The Secretary of Health and Human Serv-
8 ices.

9 (4) The Secretary of Transportation.

10 (5) The Secretary of Veterans Affairs.

11 (6) The Secretary of Homeland Security.

12 (7) The Commissioner of Food and Drugs.

13 (8) The Director of the Domestic Policy Coun-
14 cil.

15 (9) The Director of the National Institutes of
16 Health.

17 (10) The Administrator of the Centers for
18 Medicare & Medicaid Services.

19 (11) The Director of the Centers for Disease
20 Control and Prevention.

21 (12) The Assistant Secretary of Health of the
22 Department of Health and Human Services.

23 (13) The Assistant Secretary of Preparedness
24 and Response of the Department of Health and
25 Human Services.

1 (14) The head of the Office of the National Co-
2 ordinator for Health Information Technology of the
3 Department of Health and Human Services.

4 (15) A representative from the National Acad-
5 emies of Sciences, Engineering, and Medicine.

6 (c) PLAN.—

7 (1) DEVELOPMENT.—The Task Force shall de-
8 velop a plan to establish a national trauma care sys-
9 tem to facilitate the ability of the United States to—

10 (A) eliminate the occurrence of preventable
11 deaths related to injuries;

12 (B) eliminate the occurrence of trauma-re-
13 lated disabilities; and

14 (C) respond to mass trauma incidents.

15 (2) GOALS.—The Task Force shall establish
16 specific goals and milestones, and responsibilities for
17 heads of departments and agencies of the Federal
18 Government to meet such goals and milestones, to
19 carry out the plan under paragraph (1).

20 (3) ELEMENTS.—The plan under paragraph (1)
21 shall include the following elements:

22 (A) Establishing a national trauma care
23 system capable of continuous learning and im-
24 provement.

1 (B) Fostering of greater collaboration and
2 uniformity of standards of care.

3 (C) Promoting access to patient-level data
4 from across the continuum of care and just-in-
5 time access to high-quality knowledge for trau-
6 ma care teams and personnel who support such
7 teams.

8 (d) ESTABLISHMENT OF NATIONAL TRAUMA CARE
9 SYSTEM.—

10 (1) GOVERNANCE.—The Task Force shall col-
11 laborate with representatives of State and local gov-
12 ernments, the private sector, and academia to—

13 (A) establish the national trauma care sys-
14 tem pursuant to the plan developed under sub-
15 section (c), including by developing and car-
16 rying out the aims, design, and governance of
17 the national trauma care system; and

18 (B) jointly define a framework for the na-
19 tional trauma care system, including the des-
20 ignation of the roles, responsibilities, authori-
21 ties, and accountabilities of stakeholders.

22 (2) CRITERIA.—The Task Force shall ensure
23 the following:

1 (A) The national trauma care system de-
2 scribed in subsection (c)(3)(A) includes mecha-
3 nisms for accountability.

4 (B) Each budget of the President sub-
5 mitted to Congress under section 1105(a) of
6 title 31, United States Code, requests funding
7 in amounts necessary to develop and support
8 the national trauma care system.

9 (C) The national trauma care system in-
10 cludes a data-driven research agenda.

11 (D) The national trauma care system—

12 (i) ensures military and civilian trau-
13 ma systems collect and share common data
14 covering the entire continuum of care; and

15 (ii) is capable of disseminating data
16 related to prevention, mortality, disability,
17 mental health, patient experience, and
18 other intermediate and final clinical and
19 cost outcomes.

20 (E) The national trauma care system is
21 developed and carried out in a manner that re-
22 duces regulatory and legal barriers to the full
23 integration of the trauma continuum of care
24 from the point of injury, to acute hospitaliza-
25 tion, and through rehabilitation and recovery.

1 (F) The national trauma care system is ca-
2 pable of responding domestically to any inten-
3 tional or unintentional mass casualty incident.

4 (e) NATIONAL TRAUMA RESEARCH ACTION PLAN.—

5 (1) IN GENERAL.—The Task Force shall de-
6 velop and implement a national trauma research ac-
7 tion plan to carry out a coordinated approach to
8 trauma care research conducted by the Federal Gov-
9 ernment (including by the Department of Defense,
10 the Department of Health and Human Services, the
11 Department of Veterans Affairs, and the National
12 Institutes of Health) and academia and other private
13 institutions.

14 (2) ELEMENTS.—The plan under paragraph (1)
15 shall include the following elements:

16 (A) An analysis of the performance gaps
17 with respect to trauma care provided by the
18 Armed Forces and trauma care provided by ci-
19 vilian health care providers, including with re-
20 spect to the full continuum of care and with re-
21 spect to needs specific to intentional or uninten-
22 tional mass casualty incidents and specific pa-
23 tient populations.

24 (B) Requirements-driven and patient-cen-
25 tered research strategies and priorities for ad-

1 dressing the gaps identified under subpara-
2 graph (A).

3 (C) An integrated strategy for the Armed
4 Forces and civilians with short, intermediate
5 and long-term steps for—

6 (i) ensuring that appropriate military
7 and civilian resources are directed toward
8 efforts to fill the gaps identified under sub-
9 paragraph (A) (particularly between peri-
10 ods in which the Armed Forces are en-
11 gaged in conflicts or contingency oper-
12 ations); and

13 (ii) designating the responsibilities
14 and milestones for implementing the strat-
15 egy by the Armed Forces, the Federal Gov-
16 ernment, and industry stakeholders.

17 (D) The promotion of military-civilian re-
18 search partnerships to ensure that knowledge is
19 transferred to and from the Armed Forces and
20 that lessons learned from combat can be refined
21 during periods in which the Armed Forces are
22 not engaged in conflicts or contingency oper-
23 ations.

24 (f) STAFF.—

1 (1) DETAILEES.—Upon request of the chair-
2 person of the Task Force, the head of any Federal
3 department or agency may detail, on a reimbursable
4 basis, any of the personnel of that department or
5 agency to the Task Force to assist it in carrying out
6 its duties under this section.

7 (2) APPOINTMENT OF ADDITIONAL PER-
8 SONNEL.—With the approval of the Task Force, the
9 Chairperson may appoint and fix the pay of addi-
10 tional personnel of the Task Force.

11 (g) REPORTS.—Not later than 540 days after the
12 date of the enactment of this Act, and annually thereafter,
13 the Task Force shall submit to Congress a report on the
14 activities of the Task Force, including—

15 (1) the plan under subsection (c);

16 (2) the national trauma research action plan
17 under subsection (e); and

18 (3) any recommendations regarding legislative
19 action required to fully implement such plans and to
20 carry out this Act.

21 (h) TRAUMA CARE SYSTEM DEFINED.—In this sec-
22 tion, the term “trauma care system” means an organized,
23 inclusive approach to facilitating and coordinating a multi-
24 disciplinary system response to severely injured patients

1 that encompasses a continuum of care provision and inclu-
2 sive of—

3 (1) injury prevention and control;

4 (2) public health;

5 (3) emergency medical services field interven-
6 tion;

7 (4) emergency department care;

8 (5) surgical interventions;

9 (6) intensive and general surgical in-hospital
10 care;

11 (7) rehabilitative services; and

12 (8) social services and support groups that as-
13 sist injured people and significant others of such in-
14 jured people with returning to society at the most
15 productive level possible.

16 **SEC. 3. TRAUMA STANDARDS AND POLICIES FOR THE DE-**
17 **PARTMENT OF HEALTH AND HUMAN SERV-**
18 **ICES.**

19 The Secretary of Health and Human Services shall—

20 (1) not later than 540 days after the date of
21 the enactment of this Act, develop and publish
22 standards for trauma care in pre-hospital and hos-
23 pital settings;

24 (2) identify, evaluate, and, to the extent prac-
25 ticable, implement policies to ensure coordination be-

1 tween prehospital trauma care and trauma care at
2 trauma centers and hospitals;

3 (3) work with the Secretary of Defense, the
4 Secretary of Veterans Affairs, and other stake-
5 holders as the Secretary of Health and Human Serv-
6 ices determines necessary to facilitate the collection
7 and sharing of data among trauma systems of the
8 Federal Government and non-governmental trauma
9 systems across the continuum of care, to the extent
10 practicable pursuant to the regulations described in
11 paragraph (4);

12 (4) revise regulations and clarify existing regu-
13 lations through policy statements to clarify the scope
14 and applicability of regulations and guidance issued
15 pursuant to the Health Insurance Portability and
16 Accountability Act with respect to trauma care such
17 that barriers to the use and disclosure of protected
18 health information across the continuum of care are
19 minimized;

20 (5) ensure the civilian trauma systems partici-
21 pate in a structured trauma quality improvement
22 process;

23 (6) not later than one year after the date of the
24 enactment of this Act, submit a report to Congress

1 that identifies statutory or regulatory changes need-
2 ed to—

3 (A) ensure that emergency medical services
4 are appropriately compensated under Federal
5 law;

6 (B) condition reimbursement under Fed-
7 eral law of ambulance services on the quality of
8 care provided;

9 (C) waive or modify the requirement of in-
10 formed consent for minimal-risk research in the
11 emergency medical service context; and

12 (D) improve data collection in health care
13 settings where practical and ethical concerns
14 constrain the use of randomized control trials,
15 including settings in which emergency medical
16 services are provided; and

17 (7) in developing the report in paragraph (6),
18 consult with relevant stakeholders in the private and
19 public sectors and provide an analysis of the effects
20 of any proposed statutory or regulatory changes, in-
21 cluding—

22 (A) the costs of delivery of trauma care in
23 different care settings; and

24 (B) anticipated changes in treatment out-
25 comes for emergency medical services.

1 **SEC. 4. JOINT TRAUMA SYSTEM OF THE DEPARTMENT OF**
2 **DEFENSE.**

3 (a) PLAN.—

4 (1) IN GENERAL.—Not later than 180 days
5 after the date of the enactment of this Act, the Sec-
6 retary of Defense shall submit to the Committees on
7 Armed Services of the House of Representatives and
8 the Senate an implementation plan to establish a
9 Joint Trauma System within the Defense Health
10 Agency that promotes improved trauma care to
11 members of the Armed Forces and other individuals
12 who are eligible to be treated for trauma at a mili-
13 tary medical treatment facility.

14 (2) IMPLEMENTATION.—The Secretary shall
15 implement the plan under paragraph (1) after a 90-
16 day period has elapsed following the date on which
17 the Comptroller General of the United States is re-
18 quired to submit to the Committees on Armed Serv-
19 ices of the House of Representatives and the Senate
20 the review under subsection (c). In implementing
21 such plan, the Secretary shall take into account any
22 recommendation made by the Comptroller General
23 under such review.

24 (b) ELEMENTS.—The Joint Trauma System de-
25 scribed in subsection (a)(1) shall include the following ele-
26 ments:

1 (1) Serve as the reference body for all trauma
2 care provided across the military health system.

3 (2) Establish standards of care for trauma
4 services provided at military medical treatment fa-
5 cilities.

6 (3) Coordinate the translation of research from
7 the centers of excellence of the Department of De-
8 fense into standards of clinical trauma care.

9 (4) Coordinate the incorporation of lessons
10 learned from the trauma education and training
11 partnerships pursuant to section 5 into clinical prac-
12 tice.

13 (5) Participate in a structured trauma quality
14 improvement process.

15 (c) REVIEW.—Not later than 120 days after the date
16 on which the Secretary submits to the Committees on
17 Armed Services of the House of Representatives and the
18 Senate the implementation plan under subsection (a)(1),
19 the Comptroller General of the United States shall submit
20 to such committees a review of such plan to determine if
21 each element under subsection (b) is included in such plan.

22 (d) REVIEW OF MILITARY TRAUMA SYSTEM.—In es-
23 tablishing a Joint Trauma System, the Secretary of De-
24 fense shall seek to enter into an agreement with a non-
25 governmental entity with subject matter experts to—

1 (1) conduct a system-wide review of the military
2 trauma system; and

3 (2) not later than 180 days after the date of
4 the enactment of this Act, make publicly available a
5 report containing such review and recommendations
6 to establish a comprehensive trauma system for the
7 Armed Forces.

8 **SEC. 5. JOINT TRAUMA EDUCATION AND TRAINING DIREC-**
9 **TORATE OF THE DEPARTMENT OF DEFENSE.**

10 (a) **ESTABLISHMENT.**—The Secretary of Defense
11 shall establish a Joint Trauma Education and Training
12 Directorate (in this section referred to as the “Direc-
13 torate”) to ensure that the military trauma care providers
14 maintain readiness and are able to be rapidly deployed for
15 future armed conflicts. The Secretary shall carry out this
16 section in collaboration with the Secretaries of the military
17 departments.

18 (b) **DUTIES.**—The duties of the Directorate are as
19 follows:

20 (1) To enter into and coordinate the partner-
21 ships under subsection (c).

22 (2) To establish the goals of such partnerships
23 necessary for military trauma teams led by military
24 trauma care providers to maintain professional com-
25 petency in trauma care.

1 (3) To establish metrics for measuring the per-
2 formance of such partnerships in achieving such
3 goals.

4 (4) To develop methods of data collection and
5 analysis for carrying out paragraph (3).

6 (5) To communicate and coordinate lessons
7 learned from such partnerships with the Joint Trau-
8 ma System established under section 4.

9 (c) PARTNERSHIPS.—

10 (1) IN GENERAL.—The Secretary shall enter
11 into partnerships with civilian trauma centers.

12 (2) MILITARY TRAUMA TEAMS.—Under the
13 partnerships entered into with civilian trauma cen-
14 ters under paragraph (1), military trauma teams led
15 by military trauma care providers shall embed within
16 the civilian trauma centers on an enduring basis.

17 (3) SELECTION.—The Secretary shall select ci-
18 vilian trauma centers to enter into partnerships
19 under paragraph (1) based on patient volume, acu-
20 ity, and other factors the Secretary determines nec-
21 essary to ensure that the military trauma care pro-
22 viders and the associated clinical support teams have
23 adequate and continuous exposure to critically in-
24 jured patients.

1 (4) CONSIDERATION.—In entering into partner-
2 ships under paragraph (1), the Secretary may con-
3 sider the experiences and lessons learned by the mili-
4 tary departments that have entered into memoranda
5 of understanding with civilian medical centers for
6 trauma care.

7 (5) RESERVE COMPONENTS.—The Secretary
8 shall ensure that the partnerships under paragraph
9 (1) provide opportunities for the participation of
10 military trauma care providers and military trauma
11 teams of the reserve components of the Armed
12 Forces.

13 (d) ANALYSIS.—The Secretary of Defense shall con-
14 duct an analysis to determine the number of military trau-
15 ma care providers, by specialty and component, that must
16 be maintained within the Department of Defense to meet
17 the requirements of the combatant commands.

18 (e) IMPLEMENTATION PLAN.—Not later than one
19 year after the date of the enactment of this Act, the Sec-
20 retary shall submit to the Committees on Armed Services
21 of the House of Representatives and the Senate an imple-
22 mentation plan for establishing the Joint Trauma Edu-
23 cation and Training Directorate under subsection (a) and
24 entering into partnerships under subsection (c).

25 (f) DEFINITIONS.—In this section:

1 (1) The term “military trauma care provider”
2 means a member of the Armed Forces who furnishes
3 emergency, critical care, and other trauma acute
4 care, including a physician, military surgeon, physi-
5 cian assistant, nurse, respiratory therapist, flight
6 paramedic, combat medic, or enlisted medical techni-
7 cian.

8 (2) The term and “military trauma team”
9 means a complete military trauma team consisting
10 of military trauma care providers.

11 **SEC. 6. EVALUATION OF THE SECRETARIAL DESIGNEE PRO-**
12 **GRAM.**

13 (a) IN GENERAL.—Not later than one year after the
14 date of the enactment of this Act, the Secretary of Defense
15 shall submit to the Committees on Armed Services of the
16 House of Representatives and the Senate a report on the
17 activities of the Secretarial Designee Program, includ-
18 ing—

19 (1) the number of applicants admitted to the
20 Program since the inception of the Program;

21 (2) the criteria used to grant admittance to the
22 Program;

23 (3) the admittance rate into the Program;

24 (4) the costs associated with administering the
25 Program;

1 (5) the feasibility of allowing private institu-
2 tions and individuals to nominate applicants for ad-
3 mission to the Program;

4 (6) recommendations for improving processing
5 times of applications for the Program;

6 (7) the current ability of the military health
7 system to provide support to civil authorities during
8 a mass casualty incident; and

9 (8) an assessment of the Program.

10 (b) STANDARDIZED ADMISSION POLICIES AND PROC-
11 ESSES.—The Secretary shall standardize the admission
12 policies and processes of the Secretarial Designee Program
13 with respect to the Secretary and each Secretary con-
14 cerned implementing the Program.

15 (c) DEFINITIONS.—In this section:

16 (1) The term “Secretarial Designee Program”
17 means the program under which health care is pro-
18 vided to individuals other than members of the uni-
19 form services and dependents of such members at
20 military medical treatment facilities, as described in
21 Department of Defense Instruction 6025.23, dated
22 October 2, 2013, and implemented by the Office of
23 the Secretary of Defense and the military depart-
24 ments.

1 (2) The term “Secretary concerned” has the
2 meaning given that term in section 101(a)(9) of title
3 10, United States Code.

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