

[Committee Print]

[SHOWING THE TEXT OF THE BILL AS FORWARDED BY THE SUBCOMMITTEE ON HEALTH ON MARCH 11, 2008]

110TH CONGRESS
1ST SESSION

H. R. 2464

To amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children.

IN THE HOUSE OF REPRESENTATIVES

MAY 23, 2007

Mr. MATHESON (for himself, Mrs. CAPPS, and Mr. KING of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children.

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 “Wakefield Act”.

5 **SEC. 2. FINDINGS AND PURPOSE.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

1 (1) There are 31,000,000 child and adolescent
2 visits to the Nation's emergency departments every
3 year.

4 (2) Over 90 percent of children requiring emer-
5 gency care are seen in general hospitals, not in free-
6 standing children's hospitals, with one-quarter to
7 one-third of the patients being children in the typical
8 general hospital emergency department.

9 (3) Severe asthma and respiratory distress are
10 the most common emergencies for pediatric patients,
11 representing nearly one-third of all hospitalizations
12 among children under the age of 15 years, while sei-
13 zures, shock, and airway obstruction are other com-
14 mon pediatric emergencies, followed by cardiac ar-
15 rest and severe trauma.

16 (4) Up to 20 percent of children needing emer-
17 gency care have underlying medical conditions such
18 as asthma, diabetes, sickle-cell disease, low birth
19 weight, and bronchopulmonary dysplasia.

20 (5) Significant gaps remain in emergency med-
21 ical care delivered to children. Only about 6 percent
22 of hospitals have available all the pediatric supplies
23 deemed essential by the American Academy of Pedi-
24 atrics and the American College of Emergency Phy-
25 sicians for managing pediatric emergencies, while

1 about half of hospitals have at least 85 percent of
2 those supplies.

3 (6) Providers must be educated and trained to
4 manage children's unique physical and psychological
5 needs in emergency situations, and emergency sys-
6 tems must be equipped with the resources needed to
7 care for this especially vulnerable population.

8 (7) Systems of care must be continually main-
9 tained, updated, and improved to ensure that re-
10 search is translated into practice, best practices are
11 adopted, training is current, and standards and pro-
12 tocols are appropriate.

13 (8) The Emergency Medical Services for Chil-
14 dren (EMSC) Program under section 1910 of the
15 Public Health Service Act (42 U.S.C. 300w-9) is
16 the only Federal program that focuses specifically on
17 improving the pediatric components of emergency
18 medical care.

19 (9) The EMSC Program promotes the nation-
20 wide exchange of pediatric emergency medical care
21 knowledge and collaboration by those with an inter-
22 est in such care and is depended upon by Federal
23 agencies and national organizations to ensure that
24 this exchange of knowledge and collaboration takes
25 place.

1 (10) The EMSC Program also supports a
2 multi-institutional network for research in pediatric
3 emergency medicine, thus allowing providers to rely
4 on evidence rather than anecdotal experience when
5 treating ill or injured children.

6 (11) The Institute of Medicine stated in its
7 2006 report, “Emergency Care for Children: Grow-
8 ing Pains”, that the EMSC Program “boasts many
9 accomplishments ... and the work of the program
10 continues to be relevant and vital”.

11 (12) The EMSC Program has proven effective
12 over two decades in driving key improvements in
13 emergency medical services to children, and should
14 continue its mission to reduce child and youth mor-
15 bidity and mortality by supporting improvements in
16 the quality of all emergency medical and emergency
17 surgical care children receive.

18 (b) PURPOSE.—It is the purpose of this Act to reduce
19 child and youth morbidity and mortality by supporting im-
20 provements in the quality of all emergency medical care
21 children receive.

22 **SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL**
23 **SERVICES FOR CHILDREN PROGRAM.**

24 Section 1910 of the Public Health Service Act (42
25 U.S.C. 300w-9) is amended—

1 (1) in subsection (a), by striking “3-year period
2 (with an optional 4th year” and inserting “4-year
3 period (with an optional 5th year”;

4 (2) in subsection (d)—

5 (A) by striking “and such sums” and in-
6 serting “such sums”; and

7 (B) by inserting before the period the fol-
8 lowing: “, \$25,000,000 for fiscal year 2009,
9 \$26,250,000 for fiscal year 2010, \$27,562,500
10 for fiscal year 2011, \$28,940,625 for fiscal year
11 2012, and \$30,387,656 for fiscal year 2013”;

12 (3) by redesignating subsections (b) through (d)
13 as subsections (c) through (e), respectively; and

14 (4) by inserting after subsection (a) the fol-
15 lowing:

16 “(b)(1) The purpose of the program established
17 under this section is to reduce child and youth morbidity
18 and mortality by supporting improvements in the quality
19 of all emergency medical care children receive, through the
20 promotion of projects focused on the expansion and im-
21 provement of such services, including those in rural areas
22 and those for children with special healthcare needs. In
23 carrying out this purpose, the Secretary shall support
24 emergency medical services for children by supporting
25 projects that—

1 “(A) develop and present scientific evidence;

2 “(B) promote existing and innovative tech-
3 nologies appropriate for the care of children; or

4 “(C) provide information on health outcomes
5 and effectiveness and cost-effectiveness.

6 “(2) The program established under this section
7 shall—

8 “(A) strive to enhance the pediatric capability
9 of emergency medical service systems originally de-
10 signed primarily for adults; and

11 “(B) in order to avoid duplication and ensure
12 that Federal resources are used efficiently and effec-
13 tively, be coordinated with all research, evaluations,
14 and awards related to emergency medical services
15 for children undertaken and supported by the Fed-
16 eral Government.”.