To amend the Public Health Service Act to authorize medical simulation enhancement programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES
FEBRUARY 4, 2009
Mr. FORBES (for himself and Mr. KENNEDY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL
To amend the Public Health Service Act to authorize medical simulation enhancement programs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.
This Act may be cited as the “Enhancing Safety in Medicine Utilizing Leading Advanced Simulation Technologies to Improve Outcomes Now Act of 2009”.

SEC. 2. FINDINGS.
The Congress finds as follows:

(1) Simulation-based education and training in medicine, nursing, allied health, podiatry, osteo-
athy, dentistry, and emergency response teams can enhance procedural skills and reinforce best practices by allowing students, experienced clinicians, and health care professionals to practice procedures in a realistic setting.

(2) The enhanced clinical skill development provided by simulation-based training benefits patients and health care consumers in the form of improved health outcomes, patient safety, and quality; reduced medical errors and deaths; and reduced costs associated with providing patient care.

(3) Many educational institutions and health care providers, particularly those in urban and rural settings, have difficulty acquiring medical simulation technology. Financial assistance in the form of Federal grants would significantly enhance the ability of these entities to deploy medical simulation technology and incorporate such technology into training protocols.

(4) The creation of medical simulation centers of excellence to provide guidance and leadership to educational institutions and health care entities will facilitate the deployment of medical simulation technologies and the commercialization of cutting-edge medical simulation research.
(5) A Federal medical simulation coordinating
council would promote better communication and
collaboration between the Federal entities with expe-
rience or interest in simulation-based education and
medical simulation technology deployment.

SEC. 3. MEDICAL SIMULATION ENHANCEMENT.

Part B of title IX of the Public Health Service Act
(42 U.S.C. 299b et seq.) is amended by adding at the end
the following:

“SEC. 918. MEDICAL SIMULATION ENHANCEMENT.

“(a) IN GENERAL.—The Director shall conduct and
support research, evaluations, initiatives, and demonstra-
tion projects, and provide grants or enter into contracts
or cooperative agreements, to enhance the deployment of
medical simulation technologies and the incorporation of
such technologies and equipment into medical, nursing, al-
lied health, podiatric, osteopathic, and dental education
and training protocols.

“(b) PROGRAMS.—In carrying out subsection (a), the
Director shall establish the following programs:

“(1) MEDICAL SIMULATION CENTERS OF EX-
CELLENCE.—

“(A) ESTABLISHMENT.—The Director
shall establish medical simulation centers of ex-
cellence—
“(i) to provide leadership and conduct research with respect to enhancing and expanding the utilization of medical simulation technologies and simulation-based skills training for physicians, nurses, allied health professionals, and qualified students; and

“(ii) to improve the efficiency and effectiveness of medical simulation research and programs.

“(B) PURPOSE.—Each medical simulation center of excellence established under subsection (a) shall—

“(i) provide leadership in a specific area of medical simulation technology or knowledge;

“(ii) enhance and expand the knowledge base within the specific area of medical simulation technology or knowledge in line with the program requirements and the long-term interests of the medical simulation community; and

“(iii) serve as a resource center to interested health professional schools and in-
dividuals who want to learn about medical simulation.

“(2) MEDICAL SIMULATION INNOVATION.—The Director shall promote innovation in medical simulation technologies and encourage development and deployment of challenging and complex medical simulation technologies and applications by—

“(A) conducting and supporting research on the development and deployment of complex or challenging medical simulation and interdisciplinary simulation technologies;

“(B) identifying, in consultation with the Telemedicine and Advanced Technology Research Center, particularly challenging or complex medical simulation technologies and applications; and

“(C) developing, in consultation with the National Library of Medicine, an electronic clearinghouse of medical simulation technologies currently available and those being developed.

“(3) MEDICAL SIMULATION TECHNOLOGY ACQUISITION.—

“(A) GRANTS.—The Director shall award grants to eligible entities for the purchase of medical simulation technologies for use in the
training of physicians, nurses, allied health professionals, and qualified students.

“(B) DEFINITION.—In this paragraph, the term ‘eligible entity’ means a hospital, an academic medical center, or a school of allied health, dentistry, medicine, nursing, osteopathic medicine, or podiatric medicine.

“(4) MEDICAL AND INTERDISCIPLINARY SIMULATION CURRICULA.—

“(A) GRANTS.—The Director shall award grants to eligible entities to incorporate medical simulation and interdisciplinary simulation technologies into curricula and training of physicians, nurses, and allied health professionals.

“(B) DEFINITION.—In this subsection, the term ‘eligible entity’ means an academic medical center or a school of medicine, osteopathy, podiatry, dentistry, nursing, or allied health.

“(5) GRANTS TO PROFESSIONAL ORGANIZATIONS.—

“(A) GRANTS.—The Director shall award grants to eligible entities to deploy medical simulation technologies for the purpose of providing training to health care providers.
“(B) DEFINITION.—In this paragraph, the term ‘eligible entity’ means an academic medical center, a professional organization that provides accreditation or quality assurance to health care professionals, a health profession licensing board, or an agency studying utilization of simulation-based methods in credentialing and accreditation in health care.

“(6) FEDERAL MEDICAL SIMULATION COORDINATING COUNCIL.—

“(A) ESTABLISHMENT.—There is established within the Department of Health and Human Services the Federal Medical Simulation Coordinating Council (in this paragraph referred to as the ‘Coordinating Council’).

“(B) PURPOSE.—The Coordinating Council shall coordinate the Federal Government’s activities regarding the research on and development, deployment, and utilization of medical simulation technologies.

“(C) VOTING MEMBERS.—The voting members of the Coordinating Council shall consist of representatives of Federal agencies with responsibility for improving health care delivery to patients, as follows:
“(i) A majority of the voting members of the Coordinating Council shall be representatives of the Department of Health and Human Services. Such majority shall consist of the Director and such individuals as may be appointed by the Secretary of Health and Human Services. At a minimum, the Secretary shall appoint representatives of—

“(I) the Agency for Healthcare Research and Quality;

“(II) the National Institutes of Health;

“(III) the Health Resources and Services Administration;

“(IV) the Centers for Medicare & Medicaid Services; and

“(V) the Food and Drug Administration.

“(ii) The remainder of the voting members of the Coordinating Council shall consist of—

“(I) representatives of the Department of Defense, appointed by the Secretary of Defense; and
“(II) representatives of the Department of Veterans Affairs, appointed by the Secretary of Veterans Affairs.

“(D) Liaisons.—In addition to the voting members appointed pursuant to subparagraph (C), the membership of the Coordinating Council shall include 2 representatives of the advisory panel established under subsection (e) who—

“(i) shall be selected by the Secretary of Health and Human Services, the Secretary of Defense, and the Secretary of Veterans Affairs acting jointly;

“(ii) shall be nonvoting members; and

“(iii) shall serve as liaisons between the advisory panel and the Coordinating Council.

“(E) Leadership.—The Director shall serve as the Chair of the Coordinating Council and shall be responsible for the leadership and oversight of the activities of the Coordinating Council.

“(F) Consultation.—In carrying out the purpose described in subparagraph (B), the Co-
ordinating Council shall consult with outside organizations on ways to improve medical simulation policy and access.

“(G) MEETINGS.—

“(i) IN GENERAL.—The Coordinating Council shall meet regularly and no less than 2 times each year.

“(ii) NOTICE.—Notice of any upcoming meeting of the Coordinating Council shall be published in the Federal Register.

“(iii) PUBLIC ACCESS.—Any meeting of the Coordinating Council shall be open to the public.

“(c) ADVISORY PANEL.—The Director shall establish an advisory panel to make recommendations on how to structure the programs under subsection (b). The members of such advisory panel shall consist of a total of at least 10 representatives of the medical simulation community, including representatives of—

“(1) academic medical centers or schools of medicine, osteopathy, podiatry, dentistry, nursing, or allied health;

“(2) health care professionals who are actively involved in medical simulation centers; and
“(3) at least 2 multidisciplinary associations which are recognized as having a primary focus on medical simulation.

“(d) DEFINITIONS.—

“(1) MEDICAL SIMULATION.—The term ‘medical simulation’ means the use of a device, such as a mannequin, a task trainer, virtual reality, or a standardized patient, to emulate a real device, patient, or patient care situation or environment to teach therapeutic and diagnostic procedures, processes, medical concepts, and decisionmaking to a health care professional.

“(2) QUALIFIED STUDENT.—The term ‘qualified student’ means a student enrolled full-time or part-time in—

“(A) a school of allied health, a school of dentistry, a school of medicine, a school of osteopathic medicine, or a school of podiatric medicine (as such terms are defined in section 799B); or

“(B) a school of nursing (as such term is defined in section 801).

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated—
“(1) $50,000,000 for fiscal year 2010; and

“(2) such sums as may be necessary for fiscal years 2011 through 2014.”.