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HOUSE OF REPRESENTATIVES
REPORT
113–559

WAKEFIELD ACT OF 2014

JULY 24, 2014.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

[To accompany H.R. 4290]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4290) to amend the Public Health Service Act to reauthorize the Emergency Medical Services for Children Program, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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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 "Wakefield Act of 2014".

SEC. 2. REAUTHORIZATION OF EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

Section 1910(d) of the Public Health Service Act (42 U.S.C. 300w–9(d)) is amended by striking "fiscal year 2014" and inserting "each of fiscal years 2015 through 2019".

PURPOSE AND SUMMARY

H.R. 4290, the "Wakefield Act of 2014" was introduced on March 25, 2014, by Rep. Matheson (D-UT) and Rep. King (R-NY) to reauthorize the Emergency Medical Services for Children Program.

BACKGROUND AND NEED FOR LEGISLATION

Children have special health care needs, especially in the field of emergency medical services (EMS). Despite that need, the emergency and trauma care system has been slow to develop an adequate response. Some of the problems are endemic to emergency services in general, such as fragmentation and poor coordination among pre-hospital services, hospitals, and public health. The problem is worse for children when hospitals lack the appropriate medical personnel, pediatric supplies, or transfer agreements that lead to better care within the "golden hour," when chances of survival are higher. Evidence indicates that pediatric treatment patterns vary widely among emergency care providers. Many providers do not properly stabilize seriously injured children and even undertreat children in comparison with adults. These shortcomings are worse in rural areas, where necessary resources are scarcer.[1]

In 1984, Congress passed the Emergency Medical Services for Children (EMSC) as part of the Preventive Health Amendments of 1984. Last reauthorized in 2010, the program aims to reduce child and youth mortality and morbidity caused by severe illness or trauma. EMSC was designed to ensure that pediatric service is well integrated into an emergency medical service system and that the entire spectrum of emergency services is provided to children and adolescents as well as adults.[2]

H.R. 4290 would reauthorize EMSC through 2019. The program supports the training and education of EMS providers and identifies innovative models that can increase pediatric care in rural and tribal communities. The bill supports the Pediatric Emergency Care Applied Research Network (PECARN) that facilitates collaborative research on pediatric EMSC. Data collection and quality improvements projects that help identify and address gaps in services are also a part of the EMSC.

HEARINGS

The Committee on Energy and Commerce has not held hearings on the legislation.

COMMITTEE CONSIDERATION

On June 19, 2014, the Subcommittee on Health met in open markup session and forwarded H.R. 4290 to the full Committee, as amended, by a voice vote. On July 15, 2014, the Committee on En-

[1] *http://www.iom.edu/reports/2006/emergency-care-for-children-growing-pains.aspx.*
[2] *http://mchb.hrsa.gov/programs/emergencymedical/.*

ergy and Commerce met in open markup session and ordered H.R. 4290 to be reported to the House, as amended, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives 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 approved H.R. 4290. A motion by Mr. Upton to order H.R. 4290 reported to the House, as amended, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held hearings on this legislation.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(1) of rule XIII of the House of Representatives, the goal of H.R. 4290 is to reauthorize the EMSC.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 4290, "The Wakefield Act of 2014" would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 4290 contains no earmarks, limited tax benefits, or limited tariff benefits.

COMMITTEE COST ESTIMATE

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.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

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

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 22, 2014.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4290, the Wakefield Act of 2014.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Lisa Ramirez-Branum.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 4290—Wakefield Act of 2014

Summary: H.R. 4290 would amend the Public Health Service Act to reauthorize activities intended to reduce child morbidity and mortality by improving emergency medical services for children. Those activities are supported by grants administered by the Health Resources and Services Administration (HRSA).

The bill would authorize appropriations of about $30 million in 2015 and $152 million over the 2015–2019 period. CBO estimates that implementing H.R. 4290 would cost $135 million over the 2015–2019 period, assuming appropriation of the authorized amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary effect of H.R. 4290 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2015	2016	2017	2018	2019	2015–2019
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	30	30	30	30	30	152
Estimated Outlays	15	25	30	30	30	135

Note: Numbers may not sum to totals because of rounding.

Basis of estimate: For this estimate, CBO assumes that H.R. 4290 will be enacted before the end of fiscal year 2014, that the Congress will appropriate the authorized amounts, and that spending will follow historical patterns for HRSA activities.

H.R. 4290 would authorize the appropriation of about $30 million a year for fiscal years 2015 through 2019 for HRSA to provide grants to states, territories, and institutions of higher education. Those grants support research and training to improve the quality of emergency care services provided to children. In fiscal year 2014, the HRSA allocated $20 million of its appropriation for such activities. CBO estimates that implementing the bill would cost $135 million over the 2015–2019 period.

Pay-As-You-Go considerations: None.

Intergovernmental and private-sector impact: H.R. 4290 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments. The bill would reauthorize grant funding to expand and improve emergency medical services for children in need of treatment for trauma or critical care. State, local, or tribal governments that choose to apply for those grants would benefit from the additional support.

Estimate prepared by: Federal costs: Lisa Ramirez-Branum; Impact on state, local, and tribal governments: J'nell L. Blanco; Impact on the private sector: Alexia Diorio.

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.

DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 4290 establishes or reauthorizes a program of the Federal government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 4290 would not specifically direct a rulemaking within the meaning of 5 U.S.C. 551.

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 states the legislation may be cited as the "Wakefield Act of 2014".

Section 2. Reauthorization of Emergency Medical Services for Children Program

Section 2 would reauthorize grants programs that support demonstration projects for the expansion and improvement of emergency medical services for children at $30,387,656 for each of fiscal years 2015 through 2019.

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 (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE XIX—BLOCK GRANTS

PART A—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

* * * * * * *

EMERGENCY MEDICAL SERVICES FOR CHILDREN

SEC. 1910. (a) * * *

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(d) To carry out this section, there are authorized to be appropriated $2,000,000 for fiscal year 1985 and for each of the two succeeding fiscal years, $3,000,000 for fiscal year 1989, $4,000,000 for fiscal year 1990, $5,000,000 for each of the fiscal years 1991 and 1992, such sums as may be necessary for each of the fiscal years 1993 through 2005, $25,000,000 for fiscal year 2010, $26,250,000 for fiscal year 2011, $27,562,500 for fiscal year 2012, $28,940,625 for fiscal year 2013, and $30,387,656 for [fiscal year 2014] *each of fiscal years 2015 through 2019*.

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