

EMERGENCY MEDICAL SERVICES FOR CHILDREN
PROGRAM REAUTHORIZATION ACT OF 2019

JULY 23, 2019.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

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

R E P O R T

[To accompany H.R. 776]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 776) to amend the Public Health Service Act to reauthorize the Emergency Medical Services for Children program, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

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I. PURPOSE AND SUMMARY

H.R. 776, the “Emergency Medical Services for Children Program Reauthorization Act of 2019” was introduced on January 24, 2019, by Reps. King (R–NY), Castor (D–FL), Butterfield (D–NC), and Stewart (R–UT) and referred to the Committee on Energy and

Commerce. H.R. 776 would reauthorize the Emergency Medical Services for Children (EMSC) program at \$22.334 million each fiscal year 2020 through 2024.

II. BACKGROUND AND NEED FOR LEGISLATION

First enacted in 1984 as part of the Preventive Health Amendments of 1984,¹ the EMSC program is the only federal grant program specifically focused on addressing needs of children in emergency medical systems.² The program consists of six main investments: (1) the Pediatric Emergency Care Applied Research Network, which conducts research in Emergency Department and prehospital Emergency Medical Service (EMS) settings to improve health outcomes; (2) the State Partnership, which improves a state’s capacity for delivery of evidence-based pediatric emergency care while maintaining best practices; (3) the State Partnership Regionalization of Care, which develops models of regionalized care for pediatric emergency services for children in tribal and rural communities; (4) the Targeted Issues initiative, which supports investigator-driven research translation into practice; (5) the EMSC Data Center, which provides monitoring, data management, and other support for Pediatric Emergency Care Applied Research Network studies; and (6) the EMSC Innovation and Improvement Center, which helps state EMS systems achieve improved health outcomes in pediatric emergency care by testing and scaling demonstrated improvements.³ The current authorization for the EMSC program expires at the end of fiscal year 2019.⁴

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 776:

The Subcommittee on Health held a legislative hearing on June 25, 2019, on H.R. 776, the “Emergency Medical Services for Children Program Reauthorization Act of 2019” and three other bills. The hearing was entitled “Reauthorizing Vital Health Programs for American Families.” The Subcommittee received testimony from:

- Amy Hewitt, Ph.D., Director, Institute on Community Integration, University of Minnesota;
- Joseph Bocchini, M.D., Professor, Department of Pediatrics, Louisiana State University Health, Shreveport;
- Patricia Kunz Howard, Ph.D., RN, President, Emergency Nurses Association, Director, Emergency Services, University of Kentucky Healthcare; and
- Jill Kagan, Director, ARCH National Respite Network and Resource Center.

IV. COMMITTEE CONSIDERATION

H.R. 776, the “Emergency Medical Services for Children Program Reauthorization Act of 2019” was introduced in the House on Janu-

¹Pub. L. No. 98–555.

²Health Resources and Services Administration, Child Health (June 2019) (mchb.hrsa.gov/maternal-child-health-topics/child-health).

³*Id.*

⁴42 U.S.C. 300w–9(d).

ary 24, 2019, by Reps. King (R–NY), Castor (D–FL), Butterfield (D–NC), and Stewart (R–UT) and referred to the Committee on Energy and Commerce. Subsequently, the bill was referred to the Subcommittee on Health on January 25, 2019. Following a legislative hearing, the Subcommittee met in open markup session, pursuant to notice, on July 11, 2019, for consideration of the bill H.R. 776. No amendments were offered during consideration of the bill. Subsequently, the Subcommittee on Health agreed to a motion by Ms. Eshoo, Chairwoman of the Subcommittee, that H.R. 776 be forwarded favorably to the full Committee on Energy and Commerce, without amendment, by a voice vote.

On July 17, 2019, the full Committee met in open markup session, pursuant to notice, to consider the bill H.R. 776. During consideration of the bill, an amendment in the nature of a substitute was offered by Mr. Doyle. There were no amendments offered during consideration and therefore, the full Committee on Energy and Commerce agreed to a motion offered by Mr. Pallone, Chairman of the Committee, that H.R. 776 be ordered reported favorably to the House, without amendment, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 776.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee’s oversight findings and recommendations are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. 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.

IX. 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 reauthorize the Emergency Medical Services for Children program.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 776 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.

XI. 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.

XII. EARMARKS, 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. 776 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

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

XIV. 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.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Emergency Medical Services for Children Program Reauthorization Act of 2019”.

Sec. 2. Reauthorization of the Emergency Medical Service for Children Program

Section 2 amends the Public Health Service Act to reauthorize the Emergency Medical Services for Children program at \$22.334 million each fiscal year 2020 through 2024.

XVI. 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,

and 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) For activities in addition to the activities which may be carried out by States under section 1904(a)(1)(F), the Secretary may make grants to States or accredited schools of medicine in States to support a program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. Any grant made under this subsection shall be for not more than a 4-year period (with an optional 5th year based on performance), subject to annual evaluation by the Secretary. Only 3 grants under this subsection may be made in a State (to a State or to a school of medicine in such State) in any fiscal year.

(b) The Secretary may renew a grant made under subsection (a) for one additional one-year period only if the Secretary determines that renewal of such grant will provide significant benefits through the collection, analysis, and dissemination of information or data which will be useful to States in which grants under such subsection have not been made.

(c) For purposes of this section—

(1) the term “school of medicine” has the same meaning as in section 701(4); and

(2) the term “accredited” has the same meaning as in section 701(5).

(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, \$30,387,656 for fiscal year **2014, and** *2014*, \$20,213,000 for each of fiscal years 2015 through 2019, *and* \$22,334,000 for each of fiscal years 2020 through 2024.

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