

EMERGENCY MEDICAL SERVICES FOR CHILDREN
 REAUTHORIZATION ACT OF 2024

MAY 7, 2024.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 6960]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 6960) to amend the Public Health Service Act to reauthorize the Emergency Medical Services for Children program, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 6960 reauthorizes the Emergency Medical Services for Children program for five years.

BACKGROUND AND NEED FOR LEGISLATION

The program reauthorized under the Emergency Medical Services for Children Reauthorization Act provides support to states and schools of medicine to expand and improve emergency care for children.¹ Recent data suggests that emergency departments with high pediatric readiness are associated with lower mortality rates among children with critical illness.² The same study also found that over 1,400 pediatric deaths may have been avoided (during the study years) had all emergency departments surveyed been well-prepared.³ This legislation will continue support for this critical program to expand and improve emergency care for children and help prevent avoidable pediatric deaths.

COMMITTEE ACTION

On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 6960. The title of the hearing was “Legislative Proposals to Support Patients and Caregivers.” The Subcommittee received testimony from:

- Andy Shih, PhD, Chief Science Officer, Autism Speaks;
- Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes’ Foundation;
- Joanne Pike, DrPH, President and CEO, Alzheimer’s Association;
- Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein College of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;
- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

On March 12, 2024, the Subcommittee on Health met in open markup session and forwarded H.R. 6960, without amendment, to the full Committee by a record vote of 23 yeas and 0 nays.

On March 20, 2024, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 6960, without amendment, favorably reported to the House by a record vote of 48 yeas and 0 nays.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto.

¹ <https://mchb.hrsa.gov/programs-impact/emergency-medical-services-children-emsc>.

² Newgard CD, Lin A, Malveau S, Cook JNB, Smith M, Kuppermann N, Remick KE, Gausche-Hill M, Goldhaber-Fiebert J, Burd RS, Hewes HA, Salvi A, Xin H, Ames SG, Jenkins PC, Marin J, Hansen M, Glass NE, Nathens AB, McConnell KJ, Dai M, Carr B, Ford R, Yanez D, Babcock SR, Lang B, Mann NC; Pediatric Readiness Study Group. Emergency Department Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care. *JAMA Netw Open*. 2023 Jan 3;6(1):e2250941. doi: 10.1001/jamanetworkopen.2022.50941. Erratum in: *JAMA Netw Open*. 2023 Feb 1;6(2):e231365. PMID: 36637819; PMCID: PMC9857584.

³ *Ibid*.

The following reflects the record votes taken during the Committee consideration:

**COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 12**

BILL: H.R. 6960, Emergency Medical Services for Children Reauthorization Act of 2024

AMENDMENT: A motion by Chair Rodgers to order H.R. 6960 favorably reported to the House, without amendment (Final Passage).

DISPOSITION: **AGREED TO**, by a roll call vote of 48 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess	X			Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette	X		
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis	X			Rep. Castor	X		
Rep. Bucshon	X			Rep. Sarbanes	X		
Rep. Hudson	X			Rep. Tonko	X		
Rep. Walberg	X			Rep. Clarke	X		
Rep. Carter	X			Rep. Cárdenas	X		
Rep. Duncan	X			Rep. Ruiz	X		
Rep. Palmer	X			Rep. Peters	X		
Rep. Dunn	X			Rep. Dingell	X		
Rep. Curtis	X			Rep. Veasey	X		
Rep. Lesko	X			Rep. Kuster			
Rep. Pence	X			Rep. Kelly	X		
Rep. Crenshaw	X			Rep. Barragán	X		
Rep. Joyce	X			Rep. Blunt Rochester			
Rep. Armstrong	X			Rep. Soto	X		
Rep. Weber				Rep. Craig	X		
Rep. Allen	X			Rep. Schrier	X		
Rep. Balderson	X			Rep. Trahan	X		
Rep. Fulcher	X			Rep. Fletcher	X		
Rep. Pfluger	X						
Rep. Harshbarger	X						
Rep. Miller-Meeks	X						
Rep. Cammack	X						
Rep. Obernolte	X						

03/20/2024

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 6960 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

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.

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 continue resources to states and schools of medicine to expand and improve emergency care for children.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 6960 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.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 6960:

- On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 6960. The title of the hearing was “Legislative Proposals to Support Patients and Caregivers.” The Subcommittee received testimony from:
 - Andy Shih, PhD, Chief Science Officer, Autism Speaks;
 - Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes’ Foundation;
 - Joanne Pike, DrPH, President and CEO, Alzheimer’s Association;
 - Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein Col-

lege of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;

- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

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. At the time this report was filed, the estimate was not available.

EARMARK, 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. 6960 contains no earmarks, limited tax benefits, or limited tariff benefits.

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 provides that the Act may be cited as the “Emergency Medical Services for Children Reauthorization Act of 2024”.

Section 2. Reauthorization of grants for emergency medical services for children

Section 2 reauthorizes Section 1910 of the Public Health Service Act for five fiscal years.

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 italics, 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, \$20,213,000 for each of fiscal years 2015 through 2019, **[and \$22,334,000 for each of fiscal years 2020 through 2024]** *\$22,334,000 for each of fiscal years 2020 through 2024, and \$24,334,000 for each of fiscal years 2025 through 2029.*

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