109TH CONGRESS
1ST SESSION

S. 760

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

IN THE SENATE OF THE UNITED STATES

APRIL 11, 2005

Mr. INOUYE (for himself, Mr. HATCH, Mr. KENNEDY, Mr. DODD, Mr. DEWINE, and Mr. CONRAD) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

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

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 ''Wakefield Act''.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) There are 31,000,000 child and adolescent visits to the nation's emergency departments every

year, with children under the age of 3 years accounting for most of these visits.

(2) Ninety percent of children requiring emergency care are seen in general hospitals, not in freestanding children's hospitals, with one-quarter to one-third of the patients being children in the typical general hospital emergency department.

(3) Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are other common pediatric emergencies, followed by cardiac arrest and severe trauma.

(4) Up to 20 percent of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birthweight, and bronchopulmonary dysplasia.

(5) Significant gaps remain in emergency medical care delivered to children, with 43 percent of hospitals lacking cervical collars (used to stabilize spinal injuries) for infants, less than half (47 percent) of hospitals with no pediatric intensive care unit having a written transfer agreement with a hospital that does have such a unit, one-third of States

lacking a physician available on-call 24 hours a day to provide medical direction to emergency medical technicians or other non-physician emergency care providers, and even those States with such availability lacking full State coverage.

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

(7) The Emergency Medical Services for Children (EMSC) Program under section 1910 of the Public Health Service Act (42 U.S.C. 300w–9) is the only Federal program that focuses specifically on improving the pediatric components of emergency medical care.

(8) The EMSC Program promotes the nationwide exchange of pediatric emergency medical care knowledge and collaboration by those with an interest in such care and is depended upon by Federal agencies and national organizations to ensure that this exchange of knowledge and collaboration takes place.

(9) The EMSC Program also supports a multi-institutional network for research in pediatric emer-

gency medicine, thus allowing providers to rely on evidence rather than anecdotal experience when treating ill or injured children.

(10) States are better equipped to handle occurrences of critical or traumatic injury due to advances fostered by the EMSC program, with—

(A) forty-eight States identifying and requiring all EMSC-recommended pediatric equipment on Advanced Life Support ambulances;

(B) forty-four States employing pediatric protocols for medical direction;

(C) forty-one States utilizing pediatric guidelines for acute care facility identification, ensuring that children get to the right hospital in a timely manner; and

(D) thirty-six of the forty-two States having statewide computerized data collection systems now producing reports on pediatric emergency medical services using statewide data.

(11) Systems of care must be continually maintained, updated, and improved to ensure that research is translated into practice, best practices are adopted, training is current, and standards and protocols are appropriate.

(12) Now celebrating its twentieth anniversary, the EMSC Program has proven effective over two decades in driving key improvements in emergency medical services to children, and should continue its mission to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and emergency surgical care children receive.

(b) PURPOSE.—It is the purpose of this Act to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive.

SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

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

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

(2) in subsection (d)—

(A) by striking ''and such sums'' and inserting ''such sums''; and

(B) by inserting before the period the following: ''$23,000,000 for fiscal year 2006, and

such sums as may be necessary for each of fiscal years 2007 through 2010'';

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

(4) by inserting after subsection (a) the following:

''(b)(1) The purpose of the program established under this section is to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive, through the promotion of projects focused on the expansion and improvement of such services, including those in rural areas and those for children with special healthcare needs. In carrying out this purpose, the Secretary shall support emergency medical services for children by supporting projects that—

''(A) develop and present scientific evidence;

''(B) promote existing and innovative technologies appropriate for the care of children: or

''(C) provide information on health outcomes and effectiveness and cost-effectiveness.

''(2) The program established under this section shall—

''(A) strive to enhance the pediatric capability of emergency medical service systems originally designed primarily for adults; and

''(B) in order to avoid duplication and ensure that Federal resources are used efficiently and effectively, be coordinated with all research, evaluations, and awards related to emergency medical services for children undertaken and supported by the Federal Government.''.

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