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110TH CONGRESS
1ST SESSION

H. R. 3173

To amend the Public Health Service Act to establish demonstration programs on regionalized systems for emergency care, to support emergency medicine research, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 25, 2007

Mr. WAXMAN introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend the Public Health Service Act to establish demonstration programs on regionalized systems for emergency care, to support emergency medicine research, 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 ''Improving Emergency Medical Care and Response Act of 2007''.

SEC. 2. FINDINGS AND PURPOSES.

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

(1) Emergency medical services play a critically important role in health care, public health, and public safety by frequently providing immediate lifesustaining care and making decisions with limited time and information.

(2) Between 1993 and 2003, the population of the United States grew by 12 percent and hospital admissions increased by 13 percent, yet emergency department visits rose by more than 25 percent during this same period of time, from 90,300,000 visits in 1993 to 113,900,000 visits in 2003.

(3) The demand for emergency care in the United States continues to grow at a rapid pace.

(4) In 2003, hospital emergency departments received nearly 114,000,000 visits, which is more than 1 visit for every 3 people in the United States; however, between 1993 and 2003, the number of emergency departments declined by 425.

(5) Many emergency medical services are highly fragmented, overburdened, poorly equipped, and insufficiently prepared for day-to-day operations and response to major disasters.

(6) There are more than 6,000 Public Safety Answering Points that receive 9–1–1 calls.

(7) These Public Safety Answering Points are often operated by police departments, fire departments, city or county governments, or other local entities, which makes attempts to coordinate efforts between locations very difficult.

(8) Regionalized, accountable systems of emergency care show substantial promise in improving the day-to-day system-wide coordination essential to ensure that Public Safety Answering Points, emergency medical services organizations, public safety agencies, public health agencies, medical facilities, and others coordinate their activities to ensure that patients receive the appropriate care at the scene, are transported to the most appropriate facility in the shortest time, and receive excellent care at the destination medical facility.

(9) Regionalized, accountable systems of emergency care also show promise in management of the special problems of disaster preparation and response, including management of patient surge, tracking of patients, and coordination and allocation of medical resources.

(10) While there are potentially substantial benefits to be derived from regionalized, accountable emergency care systems, little is known about the

most effective and efficient methods of regional emergency care system development.

(b) PURPOSES.—The purposes of this Act are to design, implement, and evaluate regionalized, comprehensive, and accountable systems of emergency care that—

(1) support and improve the day-to-day operations and coordination of a regional emergency medical care system;

(2) increase disaster preparedness and medical surge capacity;

(3) include different models of regionalized emergency care systems, including models for urban and rural communities;

(4) can be implemented by private or public entities; and

(5) meet quality and accountability standards for the operation of emergency care systems and the impact of such systems on patient outcomes.

SEC. 3. DESIGN AND IMPLEMENTATION OF REGIONALIZED SYSTEMS FOR EMERGENCY CARE.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

"SEC. 315. REGIONALIZED COMMUNICATION SYSTEMS FOR EMERGENCY CARE RESPONSE.

"(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall award not fewer than 4 multiyear contracts or competitive grants to eligible entities to support demonstration programs that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care systems.

"(b) ELIGIBLE ENTITY; REGION.—

"(1) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means a State or a partnership of 1 or more States and 1 or more local governments.

"(2) REGION.—In this section, the term 'region' means an area within a State, an area that lies within multiple States, or a similar area (such as a multicounty area), as determined by the Secretary.

"(c) DEMONSTRATION PROGRAM.—The Secretary shall award a contract or grant under subsection (a) to an eligible entity that proposes a demonstration program to design, implement, and evaluate an emergency medical system that—

"(1) coordinates with public safety services, public health services, emergency medical services, medical facilities, and other entities within a region;

''(2) coordinates an approach to emergency medical system access throughout the region, including 9–1–1 Public Safety Answering Points and emergency medical dispatch;

''(3) includes a mechanism, such as a regional medical direction or transport communications system, that operates throughout the region to ensure that the correct patient is taken to the medically appropriate facility (whether an initial facility or a higher-level facility) in a timely fashion;

''(4) allows for the tracking of prehospital and hospital resources, including inpatient bed capacity, emergency department capacity, on-call specialist coverage, ambulance diversion status, and the coordination of such tracking with regional communications and hospital destination decisions; and

''(5) includes a consistent region-wide prehospital, hospital, and interfacility data management system that—

''(A) complies with the National EMS Information System, the National Trauma Data Bank, and others;

''(B) reports data to appropriate Federal and State databanks and registries; and

"(C) contains information sufficient to evaluate key elements of prehospital care, hospital destination decisions, including initial hospital and interfacility decisions, and relevant outcomes of hospital care.

"(d) APPLICATION.—

"(1) IN GENERAL.—An eligible entity that seeks a contract or grant described in subsection (a) shall submit to the Secretary an application at such time and in such manner as the Secretary may require.

"(2) APPLICATION INFORMATION.—Each application shall include—

"(A) an assurance from the eligible entity that the proposed system—

"(i) has been coordinated with the applicable State Office of Emergency Medical Services (or equivalent State office);

"(ii) is compatible with the applicable State emergency medical services system;

"(iii) includes consistent indirect and direct medical oversight of prehospital, hospital, and interfacility transport throughout the region;

"(iv) coordinates prehospital treatment and triage, hospital destination, and interfacility transport throughout the region;

"(v) includes a categorization or designation system for special medical facilities throughout the region that is—

"(I) consistent with State laws and regulations; and

"(II) integrated with the protocols for transport and destination throughout the region; and

"(vi) includes a regional medical direction system, a patient tracking system, and a resource allocation system that—

"(I) support day-to-day emergency care system operation;

"(II) can manage surge capacity during a major event or disaster; and

"(III) are integrated with other components of the national and State emergency preparedness system;

"(B) an agreement to make available non-Federal contributions in accordance with subsection (f); and

"(C) such other information as the Secretary may require.

"(e) MATCHING FUNDS.—

"(1) IN GENERAL.—With respect to the costs of the activities to be carried out each year with a contract or grant under subsection (a), a condition for the receipt of the contract or grant is that the eligible entity involved agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs.

"(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

"(f) PRIORITY.—The Secretary shall give priority for the award of the contracts or grants described subsection (a) to any eligible entity that serves a medically underserved population (as defined in section 330(b)(3)).

''(g) REPORT.—Not later than 90 days after the completion of a demonstration program under subsection (a), the recipient of such contract or grant described in such subsection shall submit to the Secretary a report containing the results of an evaluation of the program, including an identification of—

''(1) the impact of the regional, accountable emergency care system on patient outcomes for various critical care categories, such as trauma, stroke, cardiac emergencies, and pediatric emergencies;

''(2) the system characteristics that contribute to the effectiveness and efficiency of the program (or lack thereof);

''(3) methods of assuring the long-term financial sustainability of the emergency care system;

''(4) the State and local legislation necessary to implement and to maintain the system; and

''(5) the barriers to developing regionalized, accountable emergency care systems, as well as the methods to overcome such barriers.

''(h) EVALUATION.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall enter into a contract with an academic institution or other entity to conduct an independent evaluation of

the demonstration programs funded under subsection (a), including an evaluation of—

''(1) the performance of the eligible entities receiving the funds; and

''(2) the impact of the demonstration programs.

''(i) DISSEMINATION OF FINDINGS.—The Secretary shall, as appropriate, disseminate to the public and to the appropriate Committees of the Congress, the information contained in a report made under subsection (h).

''(j) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There are authorized to be appropriated to carry out this section $12,000,000 for each of fiscal years 2008 through 2013.

''(2) RESERVATION.—Of the amount appropriated to carry out this section for a fiscal year, the Secretary shall reserve 3 percent of such amount to carry out subsection (i) (relating to an independent evaluation).''.

SEC. 4. SUPPORT FOR EMERGENCY MEDICINE RESEARCH.

Part H of title IV of the Public Health Service Act (42 U.S.C. 289 et seq.) is amended by inserting after the section 498C the following:

"SEC. 498D. SUPPORT FOR EMERGENCY MEDICINE RESEARCH.

"(a) EMERGENCY MEDICAL RESEARCH.—The Secretary shall support Federal programs administered by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and other agencies involved in improving the emergency care system to expand and accelerate research in emergency medical care systems and emergency medicine, including—

"(1) the basic science of emergency medicine;

"(2) the model of service delivery and the components of such models that contribute to enhanced patient outcomes;

"(3) the translation of basic scientific research into improved practice; and

"(4) the development of timely and efficient delivery of health services.

"(b) IMPACT RESEARCH.—The Secretary shall support research to determine the estimated economic impact of, and savings that result from, the implementation of coordinated emergency care systems.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section

such sums as may be necessary for each of fiscal years 2008 through 2013.''.

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