

110TH CONGRESS
1ST SESSION

S. 60

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

JANUARY 4, 2007

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

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Wakefield Act”.

5 **SEC. 2. FINDINGS AND PURPOSE.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

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

4 (2) Over 90 percent of children requiring emer-
5 gency care are seen in general hospitals, not in free-
6 standing children's hospitals, with one-quarter to
7 one-third of the patients being children in the typical
8 general hospital emergency department.

9 (3) Severe asthma and respiratory distress are
10 the most common emergencies for pediatric patients,
11 representing nearly one-third of all hospitalizations
12 among children under the age of 15 years, while sei-
13 zures, shock, and airway obstruction are other com-
14 mon pediatric emergencies, followed by cardiac ar-
15 rest and severe trauma.

16 (4) Up to 20 percent of children needing emer-
17 gency care have underlying medical conditions such
18 as asthma, diabetes, sickle-cell disease, low birth-
19 weight, and bronchopulmonary dysplasia.

20 (5) Significant gaps remain in emergency med-
21 ical care delivered to children. Only about 6 percent
22 of hospitals have available all the pediatric supplies
23 deemed essential by the American Academy of Pedi-
24 atricians and the American College of Emergency
25 Physicians for managing pediatric emergencies while

1 about half of hospitals have at least 85 percent of
2 those supplies.

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

8 (7) Systems of care must be continually main-
9 tained, updated, and improved to ensure that re-
10 search is translated into practice, best practices are
11 adopted, training is current, and standards and pro-
12 tocols are appropriate.

13 (8) The Emergency Medical Services for Chil-
14 dren (EMSC) Program under section 1910 of the
15 Public Health Service Act (42 U.S.C. 300w-9) is
16 the only Federal program that focuses specifically on
17 improving the pediatric components of emergency
18 medical care.

19 (9) The EMSC Program promotes the nation-
20 wide exchange of pediatric emergency medical care
21 knowledge and collaboration by those with an inter-
22 est in such care and is depended upon by Federal
23 agencies and national organizations to ensure that
24 this exchange of knowledge and collaboration takes
25 place.

1 (10) The EMSC Program also supports a
2 multi-institutional network for research in pediatric
3 emergency medicine, thus allowing providers to rely
4 on evidence rather than anecdotal experience when
5 treating ill or injured children.

6 (11) The Institute of Medicine stated in its
7 2006 report, “Emergency Care for Children: Grow-
8 ing Pains”, that the EMSC Program “boasts many
9 accomplishments . . . and the work of the program
10 continues to be relevant and vital”.

11 (12) The EMSC Program has proven effective
12 over 2 decades in driving key improvements in emer-
13 gency medical services to children, and should con-
14 tinue its mission to reduce child and youth morbidity
15 and mortality by supporting improvements in the
16 quality of all emergency medical and emergency sur-
17 gical care children receive.

18 (b) PURPOSE.—It is the purpose of this Act to reduce
19 child and youth morbidity and mortality by supporting im-
20 provements in the quality of all emergency medical care
21 children receive.

22 **SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL**
23 **SERVICES FOR CHILDREN PROGRAM.**

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

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

4 (2) in subsection (d)—

5 (A) by striking “and such sums” and in-
6 serting “such sums”; and

7 (B) by inserting before the period the fol-
8 lowing: “\$25,000,000 for fiscal year 2008, and
9 such sums as may be necessary for each of fis-
10 cal years 2009 through 2011”;

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

13 (4) by inserting after subsection (a) the fol-
14 lowing:

15 “(b)(1) The purpose of the program established
16 under this section is to reduce child and youth morbidity
17 and mortality by supporting improvements in the quality
18 of all emergency medical care children receive, through the
19 promotion of projects focused on the expansion and im-
20 provement of such services, including those in rural areas
21 and those for children with special healthcare needs. In
22 carrying out this purpose, the Secretary shall support
23 emergency medical services for children by supporting
24 projects that—

25 “(A) develop and present scientific evidence;

1 “(B) promote existing and innovative tech-
2 nologies appropriate for the care of children; or

3 “(C) provide information on health outcomes
4 and effectiveness and cost-effectiveness.

5 “(2) The program established under this section
6 shall—

7 “(A) strive to enhance the pediatric capability
8 of emergency medical service systems originally de-
9 signed primarily for adults; and

10 “(B) in order to avoid duplication and ensure
11 that Federal resources are used efficiently and effec-
12 tively, be coordinated with all research, evaluations,
13 and awards related to emergency medical services
14 for children undertaken and supported by the Fed-
15 eral Government.”.

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