

111TH CONGRESS
2D SESSION

H. R. 6306

To improve the understanding and coordination of critical care health services.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 29, 2010

Ms. BALDWIN introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To improve the understanding and coordination of critical
care health services.

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 “Critical Care Assess-
5 ment and Improvement Act of 2010”.

6 **SEC. 2. FINDINGS; PURPOSES.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Critical care medicine is the care for pa-
9 tients whose illnesses or injuries present a signifi-
10 cant danger to life, limb, or organ function and re-

1 quire comprehensive care and constant monitoring,
2 usually in intensive care units.

3 (2) Each year, approximately five million Amer-
4 icans are admitted into traditional, surgical, pedi-
5 atric, or neo-natal intensive care units.

6 (3) Nearly 80 percent of all Americans will ex-
7 perience a critical care injury or illness as a patient,
8 family member, or friend of a patient.

9 (4) Critical care medicine consumes a signifi-
10 cant amount of financial resources, accounting for
11 more than 13 percent of all hospital costs.

12 (5) According to a 2006 report by the Health
13 Resources and Services Administration (“HRSA”),
14 demand in the United States for critical care med-
15 ical services is on the rise, due in part to the grow-
16 ing elderly population, as individuals over the age of
17 65 consume a large percentage of critical care serv-
18 ices.

19 (6) The HRSA report also found that the grow-
20 ing aging population will further exacerbate an exist-
21 ing shortage of intensivists, the physicians certified
22 in critical care who primarily deliver care in inten-
23 sive care units, potentially compromising the quality
24 and availability of care.

1 (7) The demand on critical services and trained
2 personnel increases exponentially in the event of a
3 natural disaster or pandemic outbreak such as the
4 H1N1 virus.

5 (8) Ensuring the strength of our critical care
6 medical delivery infrastructure is integral to the im-
7 provement of the quality and delivery of health care
8 in the United States.

9 (b) PURPOSE.—The purpose of this Act is to assess
10 the current state of the United States critical care medical
11 delivery system and implement policies to improve the
12 quality and effectiveness of care delivered to the critically
13 ill and injured.

14 **SEC. 3. STUDIES ON CRITICAL CARE.**

15 (a) INSTITUTE OF MEDICINE STUDY.—

16 (1) IN GENERAL.—The Secretary of Health and
17 Human Services (in this Act referred to as the “Sec-
18 retary”) shall enter into an agreement with the In-
19 stitute of Medicine under which, not later than 1
20 year after the date of the enactment of this Act, the
21 Institute will—

22 (A) conduct an analysis of the current
23 state of critical care health services in the
24 United States;

1 (B) develop recommendations to bolster
2 critical care capabilities to meet future demand;
3 and

4 (C) submit to Congress a report including
5 the analysis and recommendations under sub-
6 paragraphs (A) and (B).

7 (2) ISSUES TO BE STUDIED.—The agreement
8 under paragraph (1) shall, at a minimum, provide
9 for the following:

10 (A) Analysis of the current critical care
11 system in the United States, including—

12 (i) the system's capacity and re-
13 sources, including the size of the critical
14 care workforce and the availability of
15 health information technology and medical
16 equipment;

17 (ii) the system's strengths, limitations,
18 and future challenges; and

19 (iii) the system's ability to provide
20 adequate care for the critically ill or in-
21 jured in response to a national health
22 emergency, including a pandemic or nat-
23 ural disaster.

24 (B) Analysis and recommendations regard-
25 ing regionalizing critical care systems.

1 (C) Analysis regarding the status of crit-
2 ical care research in the United States and rec-
3 ommendations for future research priorities.

4 (b) GOVERNMENT ACCOUNTABILITY OFFICE
5 STUDY.—Not later than 1 year after the date of the enact-
6 ment of this Act, the Comptroller General of the United
7 States shall issue a report including the following:

8 (1) An inventory of all current and recent crit-
9 ical care research and critical care-related programs
10 of the Federal Government and recommendations on
11 how to better coordinate critical care research ef-
12 forts.

13 (2) An economic analysis of critical care costs
14 as a percentage of overall Federal health care spend-
15 ing, and a comparison of such percentage to the per-
16 centage of Federal critical research expenditures rel-
17 ative to overall Federal health research spending.

18 (c) HEALTH RESOURCES AND SERVICES ADMINIS-
19 TRATION STUDY.—

20 (1) IN GENERAL.—The Secretary, acting
21 through the Administrator of the Health Resources
22 and Services Administration, shall review and update
23 the Administration’s 2006 study entitled “The Crit-
24 ical Care Workforce: A Study of the Supply and De-
25 mand for Critical Care Physicians”.

1 (2) SCOPE.—In carrying out paragraph (1), the
2 Secretary shall expand the scope of the study to ad-
3 dress the supply and demand of other providers
4 within the spectrum of critical care delivery, includ-
5 ing critical care nurses, mid-level providers (such as
6 physician assistants and nurse practitioners), inten-
7 sive care unit pharmacists, and intensive care unit
8 respiratory care practitioners.

9 **SEC. 4. NIH CRITICAL CARE COORDINATING COUNCIL.**

10 (a) ESTABLISHMENT.—The Secretary, acting
11 through the Director of the National Institutes of Health,
12 shall establish a council within the Institutes to be known
13 as the Critical Care Coordinating Council (in this section
14 referred to as the “Council”).

15 (b) MEMBERSHIP.—The Secretary shall ensure that
16 the membership of the Council includes representatives of
17 each of—

18 (1) the National Heart, Lung, and Blood Insti-
19 tute;

20 (2) the National Institute of Nursing Research;

21 (3) the Eunice Kennedy Shriver National Insti-
22 tute of Child Health and Human Development; and

23 (4) any other national research institute or na-
24 tional center of the National Institutes of Health
25 that Secretary deems appropriate.

1 (c) DUTIES.—The Council shall—

2 (1) coordinate the collection and analysis of in-
3 formation on current research of the National Insti-
4 tutes of Health relating to the care of the critically
5 ill and injured, identify gaps in such research, and
6 make recommendations to the Director of such Insti-
7 tutes on how to improve such research; and

8 (2) provide annual reports to the Director re-
9 garding research efforts of the National Institutes of
10 Health relating to the care of the critically ill and
11 injured, and make recommendations in such reports
12 on how to strengthen partnerships within the Na-
13 tional Institutes of Health and between the National
14 Institutes of Health and public and private entities
15 to expand collaborative, cross-cutting research.

16 **SEC. 5. IMPROVING FEDERAL DISASTER PREPAREDNESS**
17 **EFFORTS TO CARE FOR THE CRITICALLY ILL**
18 **AND INJURED.**

19 (a) REPORT ON AVAILABILITY OF CRITICAL CARE
20 PRACTITIONERS.—Not later than 1 year after the date of
21 the enactment of this Act, the Secretary shall submit a
22 report to the Congress on the adequacy of the number of
23 critical care practitioners in disaster medical assistance
24 teams, the Medical Reserve Corps, and the Public Health
25 Service Commissioned Corps. Such report shall include

1 recommendations, as necessary, for addressing any short-
2 ages in the number of such practitioners.

3 (b) RECOMMENDATIONS FOR EMERGENCY ICU
4 EVACUATION PRACTICES.—Not later than 1 year after the
5 date of the enactment of this Act, the Secretary, acting
6 through the Director of the Agency for Healthcare Re-
7 search and Quality, in consultation with critical care prac-
8 titioners, shall develop guidelines or best practices for the
9 evacuation of intensive care units during a national health
10 emergency, including a pandemic or natural disaster.

11 (c) PANEL ON EMERGENCY PREPAREDNESS DATA-
12 BASES.—

13 (1) ESTABLISHMENT.—The Secretary shall es-
14 tablish a panel of emergency preparedness experts to
15 be known as the Panel on Emergency Preparedness
16 Databases (in this section referred to as the
17 “Panel”).

18 (2) MEMBERSHIP.—The Secretary shall ensure
19 that the membership of the Panel includes experts
20 from the public and private sector and experts from
21 the critical care community.

22 (3) DUTIES.—The Panel shall—

23 (A) assess the adequacy of existing na-
24 tional preparedness databases in facilitating ef-
25 fective and coordinated local, State, and Fed-

1 eral medical responses during a national health
2 emergency, including a pandemic or natural dis-
3 aster;

4 (B) identify gaps in existing information
5 networks;

6 (C) recommend specific ways to improve
7 awareness of the availability of resources before,
8 during, and after an incident; and

9 (D) submit to the Director of the National
10 Institutes of Health a report including the as-
11 sessment, identification, and recommendations
12 made under subparagraphs (A) through (C), re-
13 spectively.

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