

111TH CONGRESS
1ST SESSION

S. 616

To amend the Public Health Service Act to authorize medical simulation enhancement programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 17, 2009

Mr. HARKIN 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 authorize medical simulation enhancement programs, and for other purposes.

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 “Enhancing Safety in
5 Medicine Utilizing Leading Advanced Simulation Tech-
6 nologies to Improve Outcomes Now Act of 2009”.

7 **SEC. 2. FINDINGS.**

8 The Congress finds as follows:

9 (1) Simulation-based education and training in
10 medicine, nursing, allied health, podiatry, osteop-

1 athy, dentistry, and emergency response teams can
2 enhance procedural skills and reinforce best prac-
3 tices by allowing students, experienced clinicians,
4 and health care professionals to practice procedures
5 in a realistic setting.

6 (2) The enhanced clinical skill development pro-
7 vided by simulation-based training benefits patients
8 and health care consumers in the form of improved
9 health outcomes, patient safety, and quality; reduced
10 medical errors and deaths; and reduced costs associ-
11 ated with providing patient care.

12 (3) Many educational institutions and health
13 care providers, particularly those in urban and rural
14 settings, have difficulty acquiring medical simulation
15 technology. Financial assistance in the form of Fed-
16 eral grants would significantly enhance the ability of
17 these entities to deploy medical simulation tech-
18 nology and incorporate such technology into training
19 protocols.

20 (4) The creation of medical simulation centers
21 of excellence to provide guidance and leadership to
22 educational institutions and health care entities will
23 facilitate the deployment of medical simulation tech-
24 nologies and the commercialization of cutting-edge
25 medical simulation research.

1 (5) A Federal medical simulation coordinating
 2 council would promote better communication and
 3 collaboration between the Federal entities with expe-
 4 rience or interest in simulation-based education and
 5 medical simulation technology deployment.

6 **SEC. 3. MEDICAL SIMULATION ENHANCEMENT.**

7 Part B of title IX of the Public Health Service Act
 8 (42 U.S.C. 299b et seq.) is amended by adding at the end
 9 the following:

10 **“SEC. 918. MEDICAL SIMULATION ENHANCEMENT.**

11 “(a) IN GENERAL.—The Director shall conduct and
 12 support research, evaluations, initiatives, and demonstra-
 13 tion projects, and provide grants or enter into contracts
 14 or cooperative agreements, to enhance the deployment of
 15 medical simulation technologies and the incorporation of
 16 such technologies and equipment into medical, nursing, al-
 17 lied health, podiatric, osteopathic, and dental education
 18 and training protocols.

19 “(b) PROGRAMS.—In carrying out subsection (a), the
 20 Director shall establish the following programs:

21 “(1) MEDICAL SIMULATION CENTERS OF EX-
 22 CELLENCE.—

23 “(A) ESTABLISHMENT.—The Director
 24 shall establish medical simulation centers of ex-
 25 cellence—

1 “(i) to provide leadership and conduct
2 research with respect to enhancing and ex-
3 panding the utilization of medical simula-
4 tion technologies and simulation-based
5 skills training for physicians, nurses, allied
6 health professionals, and qualified stu-
7 dents; and

8 “(ii) to improve the efficiency and ef-
9 fectiveness of medical simulation research
10 and programs.

11 “(B) PURPOSE.—Each medical simulation
12 center of excellence established under sub-
13 section (a) shall—

14 “(i) provide leadership in a specific
15 area of medical simulation technology or
16 knowledge;

17 “(ii) enhance and expand the knowl-
18 edge base within the specific area of med-
19 ical simulation technology or knowledge in
20 line with the program requirements and
21 the long-term interests of the medical sim-
22 ulation community; and

23 “(iii) serve as a resource center to in-
24 terested health professional schools and in-

1 individuals who want to learn about medical
2 simulation.

3 “(2) MEDICAL SIMULATION INNOVATION.—The
4 Director shall promote innovation in medical simula-
5 tion technologies and encourage development and de-
6 ployment of challenging and complex medical simula-
7 tion technologies and applications by—

8 “(A) conducting and supporting research
9 on the development and deployment of complex
10 or challenging medical simulation and inter-
11 disciplinary simulation technologies;

12 “(B) identifying, in consultation with the
13 Telemedicine and Advanced Technology Re-
14 search Center, particularly challenging or com-
15 plex medical simulation technologies and appli-
16 cations; and

17 “(C) developing, in consultation with the
18 National Library of Medicine, an electronic
19 clearinghouse of medical simulation technologies
20 currently available and those being developed.

21 “(3) MEDICAL SIMULATION TECHNOLOGY AC-
22 QUISSION.—

23 “(A) GRANTS.—The Director shall award
24 grants to eligible entities for the purchase of
25 medical simulation technologies for use in the

1 training of physicians, nurses, allied health pro-
 2 fessionals, and qualified students.

3 “(B) DEFINITION.—In this paragraph, the
 4 term ‘eligible entity’ means a hospital, an aca-
 5 demic medical center, or a school of allied
 6 health, dentistry, medicine, nursing, osteopathic
 7 medicine, or podiatric medicine.

8 “(4) MEDICAL AND INTERDISCIPLINARY SIM-
 9 ULATION CURRICULA.—

10 “(A) GRANTS.—The Director shall award
 11 grants to eligible entities to incorporate medical
 12 simulation and interdisciplinary simulation
 13 technologies into curricula and training of phy-
 14 sicians, nurses, and allied health professionals.

15 “(B) DEFINITION.—In this subsection, the
 16 term ‘eligible entity’ means an academic med-
 17 ical center or a school of medicine, osteopathy,
 18 podiatry, dentistry, nursing, or allied health.

19 “(5) GRANTS TO PROFESSIONAL ORGANIZA-
 20 TIONS.—

21 “(A) GRANTS.—The Director shall award
 22 grants to eligible entities to deploy medical sim-
 23 ulation technologies for the purpose of pro-
 24 viding training to health care providers.

1 “(B) DEFINITION.—In this paragraph, the
 2 term ‘eligible entity’ means an academic med-
 3 ical center, a professional organization that pro-
 4 vides accreditation or quality assurance to
 5 health care professionals, a health profession li-
 6 censing board, or an agency studying utilization
 7 of simulation-based methods in credentialing
 8 and accreditation in health care.

9 “(6) FEDERAL MEDICAL SIMULATION COORDI-
 10 NATING COUNCIL.—

11 “(A) ESTABLISHMENT.—There is estab-
 12 lished within the Department of Health and
 13 Human Services the Federal Medical Simula-
 14 tion Coordinating Council (in this paragraph re-
 15 ferred to as the ‘Coordinating Council’).

16 “(B) PURPOSE.—The Coordinating Coun-
 17 cil shall coordinate the Federal Government’s
 18 activities regarding the research on and devel-
 19 opment, deployment, and utilization of medical
 20 simulation technologies.

21 “(C) VOTING MEMBERS.—The voting
 22 members of the Coordinating Council shall con-
 23 sist of representatives of Federal agencies with
 24 responsibility for improving health care delivery
 25 to patients, as follows:

1 “(i) A majority of the voting members
 2 of the Coordinating Council shall be rep-
 3 resentatives of the Department of Health
 4 and Human Services. Such majority shall
 5 consist of the Director and such individ-
 6 uals as may be appointed by the Secretary
 7 of Health and Human Services. At a min-
 8 imum, the Secretary shall appoint rep-
 9 resentatives of—

10 “(I) the Agency for Healthcare
 11 Research and Quality;

12 “(II) the National Institutes of
 13 Health;

14 “(III) the Health Resources and
 15 Services Administration;

16 “(IV) the Centers for Medicare &
 17 Medicaid Services; and

18 “(V) the Food and Drug Admin-
 19 istration.

20 “(ii) The remainder of the voting
 21 members of the Coordinating Council shall
 22 consist of—

23 “(I) representatives of the De-
 24 partment of Defense, appointed by the
 25 Secretary of Defense; and

1 “(II) representatives of the De-
2 partment of Veterans Affairs, ap-
3 pointed by the Secretary of Veterans
4 Affairs.

5 “(D) LIAISONS.—In addition to the voting
6 members appointed pursuant to subparagraph
7 (C), the membership of the Coordinating Coun-
8 cil shall include 2 representatives of the advi-
9 sory panel established under subsection (c)
10 who—

11 “(i) shall be selected by the Secretary
12 of Health and Human Services, the Sec-
13 retary of Defense, and the Secretary of
14 Veterans Affairs acting jointly;

15 “(ii) shall be nonvoting members; and

16 “(iii) shall serve as liaisons between
17 the advisory panel and the Coordinating
18 Council.

19 “(E) LEADERSHIP.—The Director shall
20 serve as the Chair of the Coordinating Council
21 and shall be responsible for the leadership and
22 oversight of the activities of the Coordinating
23 Council.

24 “(F) CONSULTATION.—In carrying out the
25 purpose described in subparagraph (B), the Co-

1 ordinating Council shall consult with outside or-
2 ganizations on ways to improve medical simula-
3 tion policy and access.

4 “(G) MEETINGS.—

5 “(i) IN GENERAL.—The Coordinating
6 Council shall meet regularly and no less
7 than 2 times each year.

8 “(ii) NOTICE.—Notice of any upcom-
9 ing meeting of the Coordinating Council
10 shall be published in the Federal Register.

11 “(iii) PUBLIC ACCESS.—Any meeting
12 of the Coordinating Council shall be open
13 to the public.

14 “(c) ADVISORY PANEL.—The Director shall establish
15 an advisory panel to make recommendations on how to
16 structure the programs under subsection (b). The mem-
17 bers of such advisory panel shall consist of a total of at
18 least 10 representatives of the medical simulation commu-
19 nity, including representatives of—

20 “(1) academic medical centers or schools of
21 medicine, osteopathy, podiatry, dentistry, nursing, or
22 allied health;

23 “(2) health care professionals who are actively
24 involved in medical simulation centers; and

1 “(3) at least 2 multidisciplinary associations
2 which are recognized as having a primary focus on
3 medical simulation.

4 “(d) DEFINITIONS.—

5 “(1) MEDICAL SIMULATION.—The term ‘med-
6 ical simulation’ means the use of a device, such as
7 a mannequin, a task trainer, virtual reality, or a
8 standardized patient, to emulate a real device, pa-
9 tient, or patient care situation or environment to
10 teach therapeutic and diagnostic procedures, proc-
11 esses, medical concepts, and decisionmaking to a
12 health care professional.

13 “(2) QUALIFIED STUDENT.—The term ‘quali-
14 fied student’ means a student enrolled full-time or
15 part-time in—

16 “(A) a school of allied health, a school of
17 dentistry, a school of medicine, a school of os-
18 teopathic medicine, or a school of podiatric
19 medicine (as such terms are defined in section
20 799B); or

21 “(B) a school of nursing (as such term is
22 defined in section 801).

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
24 carry out this section, there are authorized to be appro-
25 priated—

- 1 “(1) \$50,000,000 for fiscal year 2010; and
- 2 “(2) such sums as may be necessary for fiscal
- 3 years 2011 through 2014.”.

