

113TH CONGRESS
2D SESSION

S. 2966

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

IN THE SENATE OF THE UNITED STATES

NOVEMBER 20, 2014

Ms. BALDWIN (for herself and Mr. PORTMAN) introduced the following bill;
which was read twice and referred to the Committee on Finance

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 2014”.

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 require comprehensive care and constant monitoring,
2 usually in intensive care units (ICUs).

3 (2) Each year, approximately 5,000,000 people
4 in the United States are admitted into adult med-
5 ical, surgical, pediatric, or neonatal ICUs.

6 (3) Critical care medicine encompasses a wide
7 array of diseases and health issues. The care pro-
8 vided in the ICU is highly specialized and complex
9 due to the extreme severity of illness of its patient
10 population, often involving multiple disease processes
11 in different organ systems at the same time.

12 (4) Critical care medicine consumes a signifi-
13 cant amount of financial resources, accounting for
14 more than 17 percent of all hospital costs.

15 (5) According to a 2006 report by the Health
16 Resources and Services Administration (referred to
17 in this section as “HRSA”), demand in the United
18 States for critical care medical services is on the
19 rise, due in part to the growing elderly population,
20 as individuals over the age of 65 consume a large
21 percentage of critical care services.

22 (6) The HRSA report also found that the grow-
23 ing aging population will further exacerbate an exist-
24 ing shortage of intensivists, the physicians certified
25 in critical care who primarily deliver care in inten-

1 sive care units, potentially compromising the quality
2 and availability of care. Today, intensivist-led teams
3 treat only one-third of critically ill patients despite
4 substantial evidence that these teams lead to im-
5 proved outcomes.

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

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

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

16 (a) INSTITUTE OF MEDICINE STUDY.—

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

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

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

(B) Analysis and recommendations regarding regionalizing critical care systems.

(C) Analysis regarding the status of critical care research in the United States and recommendations for future research priorities.

4 (b) HEALTH RESOURCES AND SERVICES ADMINIS-
5 TRATION STUDY.—

19 SEC. 4. NIH CRITICAL CARE COORDINATING WORKING
20 GROUP.

21 (a) ESTABLISHMENT.—The Secretary shall establish
22 a working group within the National Institutes of Health
23 to be known as the Critical Care Coordinating Working
24 Group (in this section referred to as the “Working
25 Group”).

1 (b) MEMBERSHIP.—The Secretary shall ensure that
2 the membership of the Working Group includes represent-
3 atives throughout the National Institutes of Health and
4 any other component of the Department of Health and
5 Human Services, as the Secretary determines appropriate
6 to increase agency coordination on critical care, and based
7 on existing resources, such as—
8 (1) the National Heart, Lung, and Blood Insti-
9 tute;
10 (2) the National Institute of Nursing Research;
11 (3) the Eunice Kennedy Shriver National Insti-
12 tute of Child Health and Human Development;
13 (4) the National Institute of General Medical
14 Sciences;
15 (5) the National Institute on Aging; and
16 (6) the National Institute of Minority Health.
17 (c) DUTIES.—The Working Group shall—
18 (1) serve as the focal point and catalyst across
19 the National Institutes of Health and any other
20 component of the Department of Health and Human
21 Services, as the Secretary determines appropriate for
22 advancing research and research training in the crit-
23 ical care setting;

- 1 (2) coordinate funding opportunities that in-
- 2 volve multiple components of the Department of
- 3 Health and Human Services;
- 4 (3) catalyze the development of new funding op-
- 5 portunities;
- 6 (4) inform investigators about funding opportu-
- 7 nities in their areas of interest;
- 8 (5) represent the National Institutes of Health
- 9 in government-wide efforts to improve the Nation's
- 10 critical care system;
- 11 (6) coordinate the collection and analysis of in-
- 12 formation on current research of the National Insti-
- 13 tutes of Health relating to the care of the critically
- 14 ill and injured and identify gaps in such research;
- 15 (7) provide an annual report to the Director of
- 16 the National Institutes of Health regarding research
- 17 efforts of the Institutes relating to the care of the
- 18 critically ill and injured; and
- 19 (8) make recommendations in each such report
- 20 on how to strengthen partnerships within the Na-
- 21 tional Institutes of Health and between the Depart-
- 22 ment of Health and Human Services and public and
- 23 private entities to expand collaborative, cross-cutting
- 24 research.

1 **SEC. 5. CENTERS FOR MEDICARE AND MEDICAID INNOVA-**

2 **TION CRITICAL CARE DEMONSTRATION**

3 **PROJECT.**

4 (a) IN GENERAL.—Not later than one year after the
5 date of the enactment of this Act, the Secretary shall carry
6 out a demonstration project under Section 1115A of the
7 Social Security Act (42 U.S.C. 1315a), designed to im-
8 prove the quality and efficiency of care provided to criti-
9 cally ill and injured patients receiving critical care in in-
10 tensive care units or other areas of acute care hospitals.

11 (b) ACTIVITIES UNDER DEMONSTRATION
12 PROJECT.—The activities conducted under the demonstra-
13 tion project under subsection (a) may, in addition to any
14 other activity specified by the Center for Medicare and
15 Medicaid Innovation, include activities that seek to—

16 (1) improve the coordination and transitions of
17 care to and from an intensive care unit and the next
18 point of care;

19 (2) incorporate value-based purchasing meth-
20 odologies or novel informatics, monitoring, or other
21 methodologies to eliminate error, improve outcomes,
22 and reduce waste from the delivery of critical care;

23 (3) improve prediction models that help health
24 care providers and hospitals identify patients at high
25 risk for requiring critical care services and stream-

- 1 line care delivery to prevent unexpected hospital re-
- 2 admissions for critical illnesses; and
- 3 (4) utilize bundled payment approaches and in-
- 4 centive care redesign, such as efforts to facilitate
- 5 and support comprehensive team delivered care.

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