110TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
110–568

WAKEFIELD ACT

APRIL 8, 2008.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 2464]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2464) to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:

69–006

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Wakefield Act".

SEC. 2. FINDINGS AND PURPOSE.

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

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

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

(3) Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are other common pediatric emergencies, followed by cardiac arrest and severe trauma.

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

(5) Significant gaps remain in emergency medical care delivered to children. Only about 6 percent of hospitals have available all the pediatric supplies deemed essential by the American Academy of Pediatrics and the American College of Emergency Physicians for managing pediatric emergencies, while about half of hospitals have at least 85 percent of those supplies.

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

(7) Systems of care must be continually maintained, updated, and improved to ensure that research is translated into practice, best practices are adopted, training is current, and standards and protocols are appropriate.

(8) The Emergency Medical Services for Children (EMSC) Program under section 1910 of the Public Health Service Act (42 U.S.C. 300w–9) is the only Federal program that focuses specifically on improving the pediatric components of emergency medical care.

(9) The EMSC Program promotes the nationwide exchange of pediatric emergency medical care knowledge and collaboration by those with an interest in such care and is depended upon by Federal agencies and national organizations to ensure that this exchange of knowledge and collaboration takes place.

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

(11) The Institute of Medicine stated in its 2006 report, "Emergency Care for Children: Growing Pains", that the EMSC Program "boasts many accomplishments . . . and the work of the program continues to be relevant and vital".

(12) The EMSC Program has proven effective over two decades in driving key improvements in emergency medical services to children, and should continue its mission to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and emergency surgical care children receive.

(b) PURPOSE.—It is the purpose of this Act to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive.

SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

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

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

(2) in subsection (d)—

(A) by striking "and such sums" and inserting "such sums"; and

(B) by inserting before the period the following: ", $25,000,000 for fiscal year 2009, $26,250,000 for fiscal year 2010, $27,562,500 for fiscal year 2011, $28,940,625 for fiscal year 2012, and $30,387,656 for fiscal year 2013";

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

(4) by inserting after subsection (a) the following:

"(b)(1) The purpose of the program established under this section is to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive, through the promotion of projects focused on the expansion and improvement of such services, including those in rural areas and those for children with special healthcare needs. In carrying out this purpose, the Secretary shall support emergency medical services for children by supporting projects that—

"(A) develop and present scientific evidence;

"(B) promote existing and innovative technologies appropriate for the care of children; or

"(C) provide information on health outcomes and effectiveness and cost-effectiveness.

"(2) The program established under this section shall—

"(A) strive to enhance the pediatric capability of emergency medical service systems originally designed primarily for adults; and

"(B) in order to avoid duplication and ensure that Federal resources are used efficiently and effectively, be coordinated with all research, evaluations, and awards related to emergency medical services for children undertaken and supported by the Federal Government.".

PURPOSE AND SUMMARY

The purpose of H.R. 2464, the "Wakefield Act", is to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children.

BACKGROUND AND NEED FOR LEGISLATION

Each year, injury alone claims more lives of children between the ages of 1 and 19 than do all forms of illness. Although Early Emergency Medical Services (EMS) systems were designed to provide rapid intervention for sudden cardiac arrest in adults and rapid transport for motor vehicle crash victims, there has been limited recognition that children require specialized care. Although EMS systems and hospital emergency departments are widely assumed to be equally capable of caring for children and adults, in fact, in many EMS systems, children's needs have been overlooked as services were developed for adult trauma and cardiac patients.

H.R. 2464 reauthorizes the Emergency Medical Services for Children (EMSC) program within the U.S. Department of Health and Human Services (HHS). The EMSC program began in 1984 and is designed to ensure state-of-the-art emergency medical care for ill or injured children and adolescents. It covers the entire spectrum of emergency medical care. The EMSC program provides grants to States to improve existing EMS systems and to schools of medicine to develop and evaluate improved procedures and protocols for treating children.

Since its establishment more than 20 years ago, the EMSC program has driven major improvements in emergency care for children. Injury-related deaths among children have dropped by 40 percent over that period. Enormous strides have been made in areas such as ensuring that all ambulances carry appropriate pediatric equipment and supplies, establishing transfer protocols to assure that severely injured children are sent to the facilities best able to care for them, and collecting and analyzing data on pediatric emergency care to inform future efforts towards improvement.

Although much progress has been achieved, more remains to be done. The EMSC program's authorization expired in September 2005, and there are numerous important improvements that can be made to the program.

HEARINGS

There were no hearings held in connection to the bill reported by the Committee.

COMMITTEE CONSIDERATION

On Tuesday, March 11, 2008, the Subcommittee on Health met in open markup session and favorably forwarded H.R. 2464, amended, to the full Committee for consideration, by a voice vote. On Thursday, March 13, 2008, the full Committee met in open markup session and ordered H.R. 2464 favorably reported to the House, as amended by the Subcommittee on Health, by a voice vote. No amendments were offered during full Committee consideration.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 2464 reported to the House. A motion by Mr. Dingell to order H.R. 2464 favorably reported to the House, as amended, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Regarding clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the oversight findings of the Committee regarding H.R. 2464 are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The objective of H.R. 2464 is to extend by one year the length of time for which a grant may be awarded under the EMSC grant program, which allows the Secretary of HHS to make grants to States or schools of medicine to support projects to expand and improve EMS for children who need treatment for trauma or critical care. Furthermore, H.R. 2464 sets forth as the purpose of the program the reduction of child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive. H.R. 2464 requires the Secretary of HHS to support emergency medical services for children by supporting projects that: (1) develop and present scientific evidence; (2) promote existing innovative technologies appropriate for the care of children; and (3) provide information on health outcomes and effectiveness and cost-effectiveness. Lastly, H.R. 2464 states that the EMSC program shall strive to enhance the pediatric capability of EMS systems and must be coordinated with all research, evaluations, and awards undertaken by the Federal Government related to EMS for children.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R.

2464 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARKS AND TAX AND TARIFF BENEFITS

Regarding compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 2464 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 2464 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate on H.R. 2464 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

APRIL 4, 2008.

Hon. JOHN D. DINGELL,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2464, the Wakefield Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Mindy Cohen.

Sincerely,

ROBERT A. SUNSHINE
(For Peter R. Orszag.)

Enclosure.

H.R. 2464—Wakefield Act

H.R. 2464 would amend the Public Health Service Act to direct the Secretary of Health and Human Services to provide grants to states and medical schools for several activities intended to reduce child and youth morbidity and mortality by improving emergency medical services for children.

The bill would authorize the appropriation of $25 million for 2009 and $138 million over the 2009–2013 period for those purposes. Based on historical patterns of spending for similar activities, CBO estimates that implementing H.R. 2464 would cost $4 million in 2009 and $93 million over the 2009–2013 period, assuming appropriation of the specified amounts. Enacting H.R. 2464 would have no effect on direct spending or revenues.

H.R. 2464 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

The estimated budgetary impact of H.R 2464 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—				
	2009	2010	2011	2012	2013
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Authorization Level	25	26	28	29	30
Estimated Outlays	4	15	23	27	24

The CBO staff contact for this estimate is Mindy Cohen. This estimate was approved by Keith J. Fontenot, Deputy Assistant Director for Health and Human Resources, Budget Analysis Division.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 2464 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 2464.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 2464 is provided in the provisions of Article I, section 8, clause 1, that relate to expending funds to provide for the general welfare of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 2464 does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act of 1995.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 establishes the short title of the Act as the "Wakefield Act".

Section 2. Findings and purpose

Section 2 states the Congressional findings.

Section 3. Reauthorization of emergency medical services for children program

Section 3 of this legislation amends Section 1910 of the Public Health Service Act (42 U.S.C. 300w–9).

Section 3 extends, by 1 year, the length of time for which a grant may be awarded under the EMSC program. The Secretary of HHS awards these grants to States or schools of medicine to support projects to expand and improve emergency medical services for children who need treatment for trauma or critical care.

Section 3 sets forth as the purpose of the program the reduction of child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive.

Section 3 requires that the Secretary of HHS support emergency medical services for children by supporting projects that develop and present scientific evidence, which promote existing innovative technologies appropriate for the care of children, and which provide information on health outcomes, effectiveness, and cost-effectiveness.

Section 3 states that the EMSC program shall strive to enhance the pediatric capability of EMS systems and, in order to avoid duplication, coordinate with all research, evaluations, and awards undertaken by the Federal Government related to EMS for children.

Finally, Section 3 amends the authorization of appropriations for the EMSC program. H.R. 2464 changes "such sums" to $25,000,000 for fiscal year 2009, $26,250,000 for fiscal year 2010, $27,562,500 for fiscal year 2011, $28,940,625 for fiscal year 2012, and $30,387,656 for fiscal year 2013. This change provides a 5 percent increase in authorizations for each fiscal year.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE XIX—BLOCK GRANTS

PART A—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

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EMERGENCY MEDICAL SERVICES FOR CHILDREN

SEC. 1910. (a) For activities in addition to the activities which may be carried out by States under section 1904(a)(1)(F), the Secretary may make grants to States or accredited schools of medicine in States to support a program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. Any grant made under this subsection shall be for not more than a [3-year period (with an optional 4th year] *4-year period (with an optional 5th year* based on performance), subject to annual evaluation by the Secretary. Only 3 grants under this subsection may be made in a State (to a State or to a school of medicine in such State) in any fiscal year.

(b)(1) The purpose of the program established under this section is to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive, through the promotion of projects focused on the expansion and improvement of such services, including those in rural areas

and those for children with special healthcare needs. In carrying out this purpose, the Secretary shall support emergency medical services for children by supporting projects that—

(A) develop and present scientific evidence;

(B) promote existing and innovative technologies appropriate for the care of children; or

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

(2) The program established under this section shall—

(A) strive to enhance the pediatric capability of emergency medical service systems originally designed primarily for adults; and

(B) in order to avoid duplication and ensure that Federal resources are used efficiently and effectively, be coordinated with all research, evaluations, and awards related to emergency medical services for children undertaken and supported by the Federal Government.

[(b)**]** *(c)* The Secretary may renew a grant made under subsection (a) for one additional one-year period only if the Secretary determines that renewal of such grant will provide significant benefits through the collection, analysis, and dissemination of information or data which will be useful to States in which grants under such subsection have not been made.

[(c)**]** *(d)* For purposes of this section—

(1) * * *

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[(d)**]** *(e)* To carry out this section, there are authorized to be appropriated $2,000,000 for fiscal year 1985 and for each of the two succeeding fiscal years, $3,000,000 for fiscal year 1989, $4,000,000 for fiscal year 1990, $5,000,000 for each of the fiscal years 1991 and 1992, **[**and such sums**]** *such sums* as may be necessary for each of the fiscal years 1993 through 2005*, $25,000,000 for fiscal year 2009, $26,250,000 for fiscal year 2010, $27,562,500 for fiscal year 2011, $28,940,625 for fiscal year 2012, and $30,387,656 for fiscal year 2013*.

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