

adults, necessitating specialized training to recognize and treat these patients properly. Ninety percent of the children who require emergency care receive it in general hospitals, not in free-standing specialty children's hospitals. Of those hospitals that lack pediatric intensive care units, only 47 percent have appropriate written transfer agreements with hospitals that do have such specialized units. One-third of states do not have a physician available on-call 24 hours to provide medical direction to EMTs or other non-physician emergency care providers. Of those states that do, many do not have full state coverage.

It is clear that despite the progress made since the Emergency Medical Services for Children Act was first enacted, deficiencies in our pediatric emergency care system remain. What is more, the need for a strong and healthy population, as well as a robust, prepared, and responsive health care system, has never been greater. This cannot occur in the absence of an emergency medical structure that is fully trained and ready to care for our nation's youth.

The Wakefield Act fills this role by supporting states' efforts to improve the care of children within their emergency medical services systems. EMSC-supported projects include strengthening emergency care infrastructures, assessing local provider needs, and developing comprehensive education and training modules. The impact of this program is undeniable: in 2003, 78 percent of States reported that either all or some of their pediatric emergency training programs were dependent on EMSC grant funding.

The EMSC program also ensures timely distribution of best practices and lessons learned in the area of pediatric emergency care, as well as facilitating the sharing of innovations through its national resource center. Furthermore, EMSC-supported projects have a proven record of success at the State and local level. For example, in 1997, no State disaster plan had specific pediatric components, but by 2003, 13 EMSC projects were working actively with their State's disaster preparedness offices to address children's needs in the event of a disaster.

I am proud that my home State of Utah has played a vital role in advancing the level of emergency medical care for children and teenagers. Working with the Emergency Medical Services for Children program, Utah has participated in the Intermountain Regional Emergency Medical Services for Children Coordinating Council. The University of Utah is home to both the National Emergency Medical Services for Children Data Analysis Resource Center and the Central Data Management Coordinating Center for the Pediatric Emergency Care Applied Research Network. Utah-based projects also helped pioneer the development of training materials on caring for special needs pediatric patients.

Over the course of its 20 year history, the Emergency Medical Services for Children program has made great strides in improving the lives of our Nation's children. It has largely eliminated discrepancies in regulations among States, establishing a national norm and making children's issues in emergency medical care a priority. The national EMSC program is a dynamic and flexible program that has proved to be responsive to both the Nation's and the individual States' needs. The program has funded pediatric emergency care improvement initiatives in every State, territory and the District of Columbia, as well as national improvement programs.

I urge my colleagues to support this important and necessary legislation.

Mr. CONRAD. Mr. President, I rise today to support the introduction of the Wakefield Act, which will reauthorize the Emergency Medical Services for Children, EMSC, program. This program is the only Federal program that focuses specifically on improving the quality of children's emergency care. With more than 31 million child and adolescent visits to emergency rooms each year, the EMSC program is important to ensuring that our children receive the best trauma care available.

As research shows, first responders cannot treat children as small adults, a different approach is needed. The EMSC program provides vital funding to States to improve the quality of pediatric emergency care. EMSC funds can be used for a variety of initiatives, including for the purchase of child appropriate equipment and training programs for nurses, physicians and emergency responders. These funds fill an important need. For example, 43 percent of hospitals in this country lack cervical collars for infants. The EMSC program is helping to address inadequacies in our Nation's EMS system.

This bill is particularly important to me because it is named for the family of a dear friend of mine, Mary Wakefield, who suffered a horrible tragedy this past January. Mary lost her brother, Thomas Wakefield, and two of his children, Mikal and Nicole, in a car accident. This terrible tragedy highlights the importance of providing appropriate training and equipment for children involved in trauma cases, and I urge all of my colleagues to cosponsor this important legislation.

#### SUBMITTED RESOLUTIONS

SENATE RESOLUTION 102—COM-MENDING THE VIRGINIA UNION UNIVERSITY PANTHERS MEN'S BASKETBALL TEAM FOR WINNING THE 2005 NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION II NATIONAL BASKETBALL CHAMPIONSHIP

Mr. ALLEN (for himself and Mr. WARNER) submitted the following reso-

lution; which was considered and agreed to:

S. RES. 102

Whereas the students, alumni, faculty, and supporters of Virginia Union University are to be congratulated for their commitment to and pride in the Virginia Union University Panthers National Champion men's basketball team;

Whereas in the National Collegiate Athletic Association (NCAA) championship game against the Bryant Bulldogs, the Panthers led throughout the first half, on the strength of senior forward Antwan Walton's 19 points and 11 rebounds;

Whereas the Panthers won the 2005 NCAA Division II National Basketball Championship with an outstanding second-half performance, answering a 17 to 9 run by Bryant to regain the lead in the final moments of the game, winning the Championship game by a score of 63 to 58;

Whereas the Panthers added the NCAA Division II title to the Central Intercollegiate Athletic Association title to claim their second championship in 2005;

Whereas every player on the Panthers basketball team—Luqman Jaaber, Lantrice Green, Duan Crockett, Antwan Walton, Steve Miller, Remington Hart, Emerson Kidd, Trevor Bryant, Quincy Smith, B.J. Stevenson, Justin Wingfield, Arthur Kidd, Ralph Brown, Darius Hargrove, Phillip Moore and Chris Moore—contributed to the team's success in this impressive championship season;

Whereas the Panthers basketball team Head Coach Dave Robbins has become only the third man to win 3 Division II National Championships;

Whereas Coach Robbins is the first coach to win at least 1 Division II National Championship in 3 different decades; and

Whereas Assistant Coaches Willard Coker, Jerome Furtado, and Mike Walker deserve high recommendation for their strong leadership of, and superb coaching support to, the Virginia Union University Panthers men's basketball team: Now, therefore, be it

*Resolved*, That the Senate—

(1) congratulates the Virginia Union University Panthers men's basketball team for winning the 2005 National Collegiate Athletic Association Division II National Championship;

(2) recognizes the achievements of all of the team's players, Head Coach Dave Robbins, assistant coaches, and support staff; and

(3) directs the Secretary of the Senate to transmit an enrolled copy of this resolution to the Head Coach of the National Champion Virginia Union University Panthers basketball team.

SENATE RESOLUTION 103—COM-MENDING THE LADY BEARS OF BAYLOR UNIVERSITY FOR WINNING THE 2005 NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION I WOMEN'S BASKETBALL CHAMPIONSHIP

Mrs. HUTCHISON (for herself and Mr. CORNYN) submitted the following resolution; which was considered and agreed to:

S. RES. 103

Whereas the Baylor University women's basketball team won its first national championship by defeating Michigan State, 84 to 62, the second largest margin of victory in the history of women's basketball championship games;