

113TH CONGRESS
2D SESSION

H. R. 4290

To amend the Public Health Service Act to reauthorize the Emergency Medical Services for Children Program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 2014

Mr. MATHESON (for himself and Mr. KING of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to reauthorize the Emergency Medical Services for Children Program.

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 “Wakefield Act of
5 2014”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) There are approximately 26,000,000 child
9 and adolescent visits to the Nation’s emergency de-
10 partments every year.

1 (2) Approximately 90 percent of children re-
2 quiring emergency care are seen in general hospitals,
3 not in free standing children's hospitals, with one-
4 quarter to one-third of the patients being seen in
5 hospitals with no separate pediatric ward.

6 (3) Injury and poisoning combined are the most
7 common reason for pediatric emergency department
8 visits, accounting for nearly thirty percent of such
9 visits, while respiratory disorders such as asthma ac-
10 count for another 26 percent of pediatric emergency
11 department visits.

12 (4) Up to one-quarter of children needing emer-
13 gency care have special health care needs due to un-
14 derlying medical conditions such as asthma, diabe-
15 tes, sickle-cell disease, low birth weight, and
16 Broncho pulmonary dysplasia.

17 (5) The Emergency Medical Services for Chil-
18 dren Program under section 1910 of the Public
19 Health Service Act is the only Federal program that
20 focuses specifically on improving the pediatric com-
21 ponents of the emergency medical services (EMS)
22 system.

23 (6) The Emergency Medical Services for Chil-
24 dren Program has, in the past and present, funded
25 and supported pediatric emergency care improve-

1 ment initiatives in every State and United States
2 Territory to expand and improve emergency care for
3 children who need treatment for life threatening ill-
4 nesses and injuries by—

5 (A) completing the only national assess-
6 ment of pediatric pre-hospital emergency care
7 in the Nation;

8 (B) assessing the access to medical direc-
9 tion for emergency medical services providers
10 treating and transporting pediatric patients, ap-
11 propriate pediatric equipment and supplies on
12 ambulances to treat children, and availability of
13 inter-facility transfer agreements and guidelines
14 designed to expedite the transfer of pediatric
15 patients to the most appropriate facility;

16 (C) assuring that Basic and Advance Life
17 Support providers receive pediatric education to
18 maintain competencies necessary to treat pedi-
19 atric patients; and

20 (D) addressing regionalization of care and
21 telemedicine that allow for timely transfers or
22 care delivery to critically ill or injured children
23 in rural or tribal settings where specialty care
24 is not readily available.

1 (7) The Emergency Medical Services for Chil-
2 dren Program is celebrating its 30th anniversary,
3 marking three decades of driving key improvements
4 in emergency medical services to children, and
5 should continue its mission to reduce child and
6 youth morbidity and mortality by supporting im-
7 provements in the quality of all emergency medical
8 and emergency surgical care children receive.

9 **SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL**
10 **SERVICES FOR CHILDREN PROGRAM.**

11 Section 1910(d) of the Public Health Service Act (42
12 U.S.C. 300w-9(d)) is amended by striking “fiscal year
13 2014” and inserting “each of fiscal years 2014 through
14 2019”.

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