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

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A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Critical Care Assessment and Improvement Act of 2014''.

SEC. 2. FINDINGS; PURPOSES.

(a) FINDINGS.—Congress finds the following:

(1) Critical care medicine is the care for patients whose illnesses or injuries present a significant danger to life, limb, or organ function and re-

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

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

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

(4) Critical care medicine consumes a significant amount of financial resources, accounting for more than 17 percent of all hospital costs.

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

(6) The HRSA report also found that the growing aging population will further exacerbate an existing shortage of intensivists, the physicians certified in critical care who primarily deliver care in inten-

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

(7) Ensuring the strength of our critical care medical delivery infrastructure is integral to the improvement of the quality and delivery of health care in the United States.

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

SEC. 3. STUDIES ON CRITICAL CARE.

(a) INSTITUTE OF MEDICINE STUDY.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this Act referred to as the ''Secretary'') shall enter into an agreement with the Institute of Medicine under which, not later than 1 year after the date of the enactment of this Act, the Institute will—

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

(B) develop recommendations to bolster critical care capabilities to meet future demand; and

(C) submit to Congress a report including the analysis and recommendations under subparagraphs (A) and (B).

(2) ISSUES TO BE STUDIED.—The agreement under paragraph (1) shall, at a minimum, provide for the following:

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

(i) the system's capacity and resources, including the size of the critical care workforce and the availability of health information technology and medical equipment;

(ii) the system's strengths, limitations, and future challenges; and

(iii) the system's ability to provide adequate care for the critically ill or injured in response to a national health emergency, including a pandemic or natural disaster.

(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.

(b) HEALTH RESOURCES AND SERVICES ADMINISTRATION STUDY.—

(1) IN GENERAL.—The Secretary shall review and update the Health Resources and Services Administration's 2006 study entitled ''The Critical Care Workforce: A Study of the Supply and Demand for Critical Care Physicians''.

(2) SCOPE.—In carrying out paragraph (1), the Secretary shall expand the scope of the study to address the supply and demand of other providers within the spectrum of critical care delivery, such as critical care nurses, mid-level providers (such as physician assistants and nurse practitioners), intensive care unit pharmacists, and intensive care unit respiratory care practitioners.

SEC. 4. NIH CRITICAL CARE COORDINATING WORKING GROUP.

(a) ESTABLISHMENT.—The Secretary shall establish a working group within the National Institutes of Health to be known as the Critical Care Coordinating Working Group (in this section referred to as the ''Working Group'').

(b) MEMBERSHIP.—The Secretary shall ensure that the membership of the Working Group includes representatives throughout the National Institutes of Health and any other component of the Department of Health and Human Services, as the Secretary determines appropriate to increase agency coordination on critical care, and based on existing resources, such as—

(1) the National Heart, Lung, and Blood Institute;

(2) the National Institute of Nursing Research;

(3) the Eunice Kennedy Shriver National Institute of Child Health and Human Development;

(4) the National Institute of General Medical Sciences;

(5) the National Institute on Aging; and

(6) the National Institute of Minority Health.

(c) DUTIES.—The Working Group shall—

(1) serve as the focal point and catalyst across the National Institutes of Health and any other component of the Department of Health and Human Services, as the Secretary determines appropriate for advancing research and research training in the critical care setting;

(2) coordinate funding opportunities that involve multiple components of the Department of Health and Human Services;

(3) catalyze the development of new funding opportunities;

(4) inform investigators about funding opportunities in their areas of interest;

(5) represent the National Institutes of Health in government-wide efforts to improve the Nation's critical care system;

(6) coordinate the collection and analysis of information on current research of the National Institutes of Health relating to the care of the critically ill and injured and identify gaps in such research;

(7) provide an annual report to the Director of the National Institutes of Health regarding research efforts of the Institutes relating to the care of the critically ill and injured; and

(8) make recommendations in each such report on how to strengthen partnerships within the National Institutes of Health and between the Department of Health and Human Services and public and private entities to expand collaborative, cross-cutting research.

SEC. 5. CENTERS FOR MEDICARE AND MEDICAID INNOVATION CRITICAL CARE DEMONSTRATION PROJECT.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall carry out a demonstration project under Section 1115A of the Social Security Act (42 U.S.C. 1315a), designed to improve the quality and efficiency of care provided to critically ill and injured patients receiving critical care in intensive care units or other areas of acute care hospitals.

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

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

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

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

line care delivery to prevent unexpected hospital readmissions for critical illnesses; and

(4) utilize bundled payment approaches and incentive care redesign, such as efforts to facilitate and support comprehensive team delivered care.

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