111TH CONGRESS
1ST SESSION

S. 408

To amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 10, 2009

Mr. INOUYE (for himself, Mr. HATCH, Mr. KENNEDY, Mr. CONRAD, Mr. DORGAN, and Mr. AKAKA) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children.

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''.

5 **SEC. 2. FINDINGS AND PURPOSE.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

1 (1) There are 31,000,000 child and adolescent
2 visits to the Nation's emergency departments every
3 year.
4 (2) Over 90 percent of children requiring emer-
5 gency care are seen in general hospitals, not in free-
6 standing children's hospitals, with one-quarter to
7 one-third of the patients being children in the typical
8 general hospital emergency department.
9 (3) Severe asthma and respiratory distress are
10 the most common emergencies for pediatric patients,
11 representing nearly one-third of all hospitalizations
12 among children under the age of 15 years, while sei-
13 zures, shock, and airway obstruction are the other
14 common pediatric emergencies, followed by cardiac
15 arrest and severe trauma.
16 (4) Up to 20 percent of children needing emer-
17 gency care have underlying medical conditions such
18 as asthma, diabetes, sickle-cell disease, low birth
19 weight, and bronchopulmonary dysplasia.
20 (5) Significant gaps remain in emergency med-
21 ical care delivered to children. Only about 6 percent
22 of hospitals have available all the pediatric supplies
23 deemed essential by the American Academy of Pedi-
24 atrics and the American College of Emergency Phy-
25 sicians for managing pediatric emergencies, while

1 about half of hospitals have at least 85 percent of
2 those supplies.
3 (6) Providers must be educated and trained to
4 manage children's unique physical and psychological
5 needs in emergency situations, and emergency sys-
6 tems must be equipped with the resources needed to
7 care for this especially vulnerable population.
8 (7) Systems of care must be continually main-
9 tained, updated, and improved to ensure that re-
10 search is translated into practice, best practices are
11 adopted, training is current, and standards and pro-
12 tocols are appropriate.
13 (8) The Emergency Medical Services for Chil-
14 dren (EMSC) Program under section 1910 of the
15 Public Health Service Act (42 U.S.C. 300w–9) is
16 the only Federal program that focuses specifically on
17 improving the pediatric components of emergency
18 medical care.
19 (9) The EMSC Program promotes the nation-
20 wide exchange of pediatric emergency medical care
21 knowledge and collaboration by those with an inter-
22 est in such care and is depended upon by Federal
23 agencies and national organizations to ensure that
24 this exchange of knowledge and collaboration takes
25 place.

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

6 (11) The Institute of Medicine stated in its
7 2006 report, ''Emergency Care for Children: Grow-
8 ing Pains'', that the EMSC Program ''boasts many
9 accomplishments . . . and the work of the program
10 continues to be relevant and vital''.

11 (12) The EMSC Program is celebrating its
12 25th anniversary, marking a quarter-century of driv-
13 ing key improvements in emergency medical services
14 to children, and should continue its mission to re-
15 duce child and youth morbidity and mortality by
16 supporting improvements in the quality of all emer-
17 gency medical and emergency surgical care children
18 receive.

19 (b) PURPOSE.—It is the purpose of this Act to reduce
20 child and youth morbidity and mortality by supporting im-
21 provements in the quality of all emergency medical care
22 children receive.

1 **SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL**
2 **SERVICES FOR CHILDREN PROGRAM.**

3 Section 1910 of the Public Health Service Act (42
4 U.S.C. 300w–9) is amended—
5 (1) in subsection (a), by striking ‘‘3-year period
6 (with an optional 4th year’’ and inserting ‘‘4-year
7 period (with an optional 5th year’’; and
8 (2) in subsection (d)—
9 (A) by striking ‘‘and such sums’’ and in-
10 serting ‘‘such sums’’; and
11 (B) by inserting before the period the fol-
12 lowing: ‘‘, $25,000,000 for fiscal year 2010,
13 $26,250,000 for fiscal year 2011, $27,562,500
14 for fiscal year 2012, $28,940,625 for fiscal year
15 2013, and $30,387,656 for fiscal year 2014’’.

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