

110TH CONGRESS
2^D SESSION

H. R. 2464

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Wakefield Act”.

3 **SEC. 2. FINDINGS AND PURPOSE.**

4 (a) FINDINGS.—Congress makes the following find-
5 ings:

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

9 (2) Over 90 percent of children requiring emer-
10 gency care are seen in general hospitals, not in free-
11 standing children’s hospitals, with one-quarter to
12 one-third of the patients being children in the typical
13 general hospital emergency department.

14 (3) Severe asthma and respiratory distress are
15 the most common emergencies for pediatric patients,
16 representing nearly one-third of all hospitalizations
17 among children under the age of 15 years, while sei-
18 zures, shock, and airway obstruction are other com-
19 mon pediatric emergencies, followed by cardiac ar-
20 rest and severe trauma.

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

25 (5) Significant gaps remain in emergency med-
26 ical care delivered to children. Only about 6 percent

1 of hospitals have available all the pediatric supplies
2 deemed essential by the American Academy of Pedi-
3 atrics and the American College of Emergency Phy-
4 sicians for managing pediatric emergencies, while
5 about half of hospitals have at least 85 percent of
6 those supplies.

7 (6) Providers must be educated and trained to
8 manage children’s unique physical and psychological
9 needs in emergency situations, and emergency sys-
10 tems must be equipped with the resources needed to
11 care for this especially vulnerable population.

12 (7) Systems of care must be continually main-
13 tained, updated, and improved to ensure that re-
14 search is translated into practice, best practices are
15 adopted, training is current, and standards and pro-
16 tocols are appropriate.

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

23 (9) The EMSC Program promotes the nation-
24 wide exchange of pediatric emergency medical care
25 knowledge and collaboration by those with an inter-

1 est in such care and is depended upon by Federal
2 agencies and national organizations to ensure that
3 this exchange of knowledge and collaboration takes
4 place.

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

10 (11) The Institute of Medicine stated in its
11 2006 report, “Emergency Care for Children: Grow-
12 ing Pains”, that the EMSC Program “boasts many
13 accomplishments ... and the work of the program
14 continues to be relevant and vital”.

15 (12) The EMSC Program has proven effective
16 over two decades in driving key improvements in
17 emergency medical services to children, and should
18 continue its mission to reduce child and youth mor-
19 bidity and mortality by supporting improvements in
20 the quality of all emergency medical and emergency
21 surgical care children receive.

22 (b) PURPOSE.—It is the purpose of this Act to reduce
23 child and youth morbidity and mortality by supporting im-
24 provements in the quality of all emergency medical care
25 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”;

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 2009,
13 \$26,250,000 for fiscal year 2010, \$27,562,500
14 for fiscal year 2011, \$28,940,625 for fiscal year
15 2012, and \$30,387,656 for fiscal year 2013”;

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

18 (4) by inserting after subsection (a) the fol-
19 lowing:

20 “(b)(1) The purpose of the program established
21 under this section is to reduce child and youth morbidity
22 and mortality by supporting improvements in the quality
23 of all emergency medical care children receive, through the
24 promotion of projects focused on the expansion and im-
25 provement of such services, including those in rural areas
26 and those for children with special healthcare needs. In

1 carrying out this purpose, the Secretary shall support
2 emergency medical services for children by supporting
3 projects that—

4 “(A) develop and present scientific evidence;

5 “(B) promote existing and innovative tech-
6 nologies appropriate for the care of children; or

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

9 “(2) The program established under this section
10 shall—

11 “(A) strive to enhance the pediatric capability
12 of emergency medical service systems originally de-
13 signed primarily for adults; and

14 “(B) in order to avoid duplication and ensure
15 that Federal resources are used efficiently and effec-
16 tively, be coordinated with all research, evaluations,
17 and awards related to emergency medical services
18 for children undertaken and supported by the Fed-
19 eral Government.”.

Passed the House of Representatives April 8, 2008.

Attest:

Clerk.

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