I

112TH CONGRESS
1ST SESSION

H. R. 971

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2011

Ms. BALDWIN (for herself, Mr. PAULSEN, and Mr. LANCE) introduced the following bill; which was referred to the Committee on Energy and Commerce

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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 2011''.

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.

(2) Each year, approximately five million Americans are admitted into traditional, surgical, pediatric, or neo-natal intensive care units.

(3) Nearly 80 percent of all Americans will experience a critical care injury or illness as a patient, family member, or friend of a patient.

(4) Critical care medicine consumes a significant amount of financial resources, accounting for more than 13 percent of all hospital costs.

(5) According to a 2006 report by the Health Resources and Services Administration (''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 intensive care units, potentially compromising the quality and availability of care.

(7) The demand on critical services and trained personnel increases exponentially in the event of a natural disaster or pandemic outbreak such as the H1N1 virus.

(8) 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) GOVERNMENT ACCOUNTABILITY OFFICE STUDY.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall issue a report including the following:

(1) An inventory of all current and recent critical care research and critical care-related programs of the Federal Government and recommendations on how to better coordinate critical care research efforts.

(2) An economic analysis of critical care costs as a percentage of overall Federal health care spending, and a comparison of such percentage to the percentage of Federal critical research expenditures relative to overall Federal health research spending.

(c) HEALTH RESOURCES AND SERVICES ADMINISTRATION STUDY.—

(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall review and update the 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, including 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 COUNCIL.

(a) ESTABLISHMENT.—The Secretary, acting through the Director of the National Institutes of Health, shall establish a council within the Institutes to be known as the Critical Care Coordinating Council (in this section referred to as the ''Council'').

(b) MEMBERSHIP.—The Secretary shall ensure that the membership of the Council includes representatives of each of—

(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) any other national research institute or national center of the National Institutes of Health that Secretary deems appropriate.

(c) DUTIES.—The Council shall—

(1) 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, identify gaps in such research, and make recommendations to the Director of such Institutes on how to improve such research; and

(2) provide annual reports to the Director regarding research efforts of the National Institutes of Health relating to the care of the critically ill and injured, and make recommendations in such reports on how to strengthen partnerships within the National Institutes of Health and between the National Institutes of Health and public and private entities to expand collaborative, cross-cutting research.

SEC. 5. IMPROVING FEDERAL DISASTER PREPAREDNESS EFFORTS TO CARE FOR THE CRITICALLY ILL AND INJURED.

(a) REPORT ON AVAILABILITY OF CRITICAL CARE PRACTITIONERS.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit a report to the Congress on the adequacy of the number of

critical care practitioners in disaster medical assistance teams, the Medical Reserve Corps, and the Public Health Service Commissioned Corps. Such report shall include recommendations, as necessary, for addressing any shortages in the number of such practitioners.

(b) GUIDELINES OR BEST PRACTICES FOR EMERGENCY ICU EVACUATION PRACTICES.—

(1) DEVELOPMENT.—Not later than 1 year after the date of the enactment of this Act, the Secretary, acting through the Director of the Agency for Healthcare Research and Quality and the Assistant Secretary for Preparedness and Response, in consultation with critical care practitioners, shall develop guidelines or best practices for the evacuation of intensive care units during a national health emergency, including a pandemic or natural disaster.

(2) REQUIREMENT.—The Secretary shall design the guidelines and best practices under paragraph (1) so as to ensure the safe and effective evacuation of all individuals regardless of age, disability, or life expectancy.

(c) PANEL ON EMERGENCY PREPAREDNESS DATABASES.—

(1) ESTABLISHMENT.—The Secretary shall establish a panel of emergency preparedness experts to

be known as the Panel on Emergency Preparedness Databases (in this section referred to as the ''Panel'').

(2) MEMBERSHIP.—The Secretary shall ensure that the membership of the Panel includes experts from the public and private sector and experts from the critical care community.

(3) DUTIES.—The Panel shall—

(A) assess the adequacy of existing national preparedness databases in facilitating effective and coordinated local, State, and Federal medical responses during a national health emergency, including a pandemic or natural disaster;

(B) identify gaps in existing information networks;

(C) recommend specific ways to improve awareness of the availability of resources before, during, and after an incident; and

(D) submit to the Secretary a report including the assessment, identification, and recommendations made under subparagraphs (A) through (C), respectively.

SEC. 6. LIMITATION ON USE OF FINDINGS AND RECOMMENDATIONS IN OTHER PROGRAMS.

(a) PROHIBITION.—In making coverage, reimbursement, or incentive determinations under any program, the Secretary may not use any finding or recommendation developed under this Act—

(1) in a manner that precludes an individual from choosing a health care treatment based on how the individual values the tradeoff between extending the length of life and the risk of disability; or

(2) with an intent to discourage an individual from so choosing a health care treatment.

(b) RULE OF CONSTRUCTION.—Subsection (a) shall not be construed to prevent the issuance by the Secretary of a finding or recommendation addressing differences due to a patient's age, disability, or terminal illness in the effectiveness of alternative health care treatments that may extend the patient's life.

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