

110TH CONGRESS
1ST SESSION

H. R. 3886

To optimize the delivery of critical care medicine and expand the critical care workforce.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 18, 2007

Ms. SCHAKOWSKY (for herself and Mr. CANTOR) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To optimize the delivery of critical care medicine and expand the critical care workforce.

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 “Patient-Focused Crit-
5 ical Care Enhancement Act”.

6 **SEC. 2. PURPOSE.**

7 The purpose of this Act is to optimize the delivery
8 of critical care medicine and expand the critical care work-
9 force.

1 **SEC. 3. FINDINGS.**

2 Based on the Health Resources and Services Admin-
3 istration's May 2006 Report to Congress, The Critical
4 Care Workforce: A Study of the Supply and Demand for
5 Critical Care Physicians, the Senate makes the following
6 findings:

7 (1) In 2000, an estimated 18,000,000 inpatient
8 days of ICU care were provided in the United States
9 through approximately 59,000 ICU beds in 3,200
10 hospitals.

11 (2) Patient outcomes and the quality of care in
12 the ICU are related to who delivers that care and
13 how care is organized.

14 (3) The demand in the United States for crit-
15 ical care medical services is rising sharply and will
16 continue to rise sharply largely as a result of the fol-
17 lowing 3 factors:

18 (A) There is strong evidence dem-
19 onstrating improvements in outcomes and effi-
20 ciency when intensive care services are provided
21 by nurses and intensivist physicians who have
22 advanced specialty training in critical care med-
23 icine.

24 (B) The Leapfrog Group, health care
25 payors, and providers are encouraging greater
26 use of such personnel in intensive care settings.

1 (C) Critical care services are overwhelm-
2 ingly consumed by patients over the age of 65
3 and the aging of the United States population
4 is driving demand for these services.

5 (4) The future growth in the number of critical
6 care physicians in ICU settings will be insufficient
7 to keep pace with growing demand.

8 (5) This growing shortage of critical care physi-
9 cians presents a serious threat to the quality and
10 availability of health care services in the United
11 States.

12 (6) This shortage will disproportionately impact
13 rural and other areas of the United States that al-
14 ready often suffer from a suboptimal level of critical
15 care services.

16 **SEC. 4. RESEARCH.**

17 (a) IN GENERAL.—The Secretary of Health and
18 Human Services, through the Agency for Healthcare Re-
19 search and Quality, shall conduct research to assess—

20 (1) the standardization of critical care proto-
21 cols, intensive care unit layout, equipment interoper-
22 ability, and medical informatics;

23 (2) the impact of differences in staffing, organi-
24 zation, size, and structure of intensive care units on
25 access, quality, and efficiency of care; and

1 (3) coordinated community and regional ap-
2 proaches to providing critical care services, including
3 approaches whereby critical care patients are as-
4 sessed and provided care based upon intensity of
5 services required.

6 (b) REPORT.—Not later than 18 months after the
7 date of enactment of this Act, the Agency for Healthcare
8 Research and Quality shall submit a report to Congress,
9 that, based on the review under subsection (a), evaluates
10 and makes recommendations regarding best practices in
11 critical care medicine.

12 **SEC. 5. INNOVATIVE APPROACHES TO CRITICAL CARE**
13 **SERVICES.**

14 The Secretary of Health and Human Services shall
15 undertake the following demonstration projects:

16 (1) OPTIMIZATION OF CRITICAL CARE SERV-
17 ICES.—

18 (A) IN GENERAL.—The Administrator of
19 the Centers for Medicare & Medicaid Services
20 shall solicit proposals submitted by inpatient
21 providers of critical care services who propose
22 to demonstrate methods to optimize the provi-
23 sion of critical care services to Medicare bene-
24 ficiaries through innovations in such areas as

1 staffing, ICU arrangement, and utilization of
2 technology.

3 (B) FUNDING OF PROPOSALS.—The Ad-
4 ministrators of the Centers for Medicare & Med-
5 icaid Services shall fund not more than 5 pro-
6 posals, not less than 1 of which shall focus on
7 the training of hospital-based physicians in
8 rural or community, or both, hospital facilities
9 in the provision of critical care medicine. Such
10 projects shall emphasize outcome measures
11 based on the Institute of Medicine’s following 6
12 domains of quality care:

- 13 (i) Care should be safe.
14 (ii) Care should be effective.
15 (iii) Care should be patient-centered.
16 (iv) Care should be timely.
17 (v) Care should be efficient.
18 (vi) Care should be equitable.

19 (2) FAMILY ASSISTANCE PROGRAMS FOR THE
20 CRITICALLY ILL.—

21 (A) IN GENERAL.—The Secretary of
22 Health and Human Services shall solicit pro-
23 posals and make an award to support a consor-
24 tium consisting of 1 or more providers of inpa-
25 tient critical care services and a medical spe-

1 cialty society involved in the education and
2 training of critical care providers.

3 (B) MEASUREMENT AND EVALUATION.—A
4 provider that receives support under subpara-
5 graph (A) shall measure and evaluate outcomes
6 derived from a “family-centered” approach to
7 the provision of inpatient critical care services
8 that includes direct and sustained communica-
9 tion and contact with beneficiary family mem-
10 bers, involvement of family members in the crit-
11 ical care decisionmaking process, and respon-
12 siveness of critical care providers to family re-
13 quests. Such project shall evaluate the impact
14 of a family-centered, multiprofessional team ap-
15 proach on, and the correlation between—

- 16 (i) family satisfaction;
17 (ii) staff satisfaction;
18 (iii) length of patient stay in an inten-
19 sive care unit; and
20 (iv) cost of care.

21 (C) OUTCOME MEASURES.—A provider
22 that receives support under subparagraph (A)
23 shall emphasize outcome measures based on the
24 Institute of Medicine’s following 6 domains of
25 quality care:

- 1 (i) Care should be safe.
- 2 (ii) Care should be effective.
- 3 (iii) Care should be patient-centered.
- 4 (iv) Care should be timely.
- 5 (v) Care should be efficient.
- 6 (vi) Care should be equitable.

7 **SEC. 6. USE OF TELEMEDICINE TO ENHANCE CRITICAL**
8 **CARE SERVICES IN RURAL AREAS.**

9 (a) AMENDMENT TO RURAL UTILITIES SERVICE DIS-
10 TANCE LEARNING AND TELEMEDICINE PROGRAM.—
11 Chapter 1 of subtitle D of title XXIII of the Food, Agri-
12 culture, Conservation, and Trade Act of 1990 (7 U.S.C.
13 950aaa et seq.) is amended by adding at the end the fol-
14 lowing:

15 **“SEC. 2335B. ADDITIONAL AUTHORIZATION OF APPROPRIA-**
16 **TIONS FOR TELEMEDICINE CRITICAL CARE**
17 **INITIATIVES.**

18 “In addition to amounts authorized under section
19 2335A, there is authorized to be appropriated \$5,000,000
20 in each of fiscal years 2008 through 2013 to carry out
21 telemedicine initiatives under this chapter whereby 1 or
22 more rural providers of inpatient critical care services pro-
23 pose, through collaboration with other providers, to aug-
24 ment the delivery of critical care services in the rural inpa-
25 tient setting through the use of telecommunications sys-

1 tems that allow for consultation with critical care pro-
2 viders not located in the rural facility regarding the care
3 of such patients.”.

4 (b) AMENDMENT TO TELEHEALTH NETWORK GRANT
5 PROGRAM.—Section 330I(i)(1)(B) of the Public Health
6 Service Act (42 U.S.C. 254c–14(i)(1)(B)) is amended by
7 striking the period at the end and inserting “, or that aug-
8 ment the delivery of critical care services in rural inpatient
9 settings through consultation with providers located else-
10 where.”.

11 **SEC. 7. INCREASING THE SUPPLY OF CRITICAL CARE PRO-**
12 **VIDERS.**

13 Section 338B of the Public Health Service Act (42
14 U.S.C. 254l–1) is amended by adding at the end the fol-
15 lowing:

16 “(i) CRITICAL CARE INITIATIVE.—

17 “(1) ESTABLISHMENT.—The Secretary shall
18 undertake an initiative that has as its goal the an-
19 nual recruitment of not less than 50 providers of
20 critical care services into the National Health Serv-
21 ice Corps Loan Repayment Program. Providers re-
22 cruited pursuant to this initiative shall be additional
23 to, and not detract from, existing recruitment activi-
24 ties otherwise authorized by this section.

1 “(2) CLARIFYING AMENDMENT.—The initiative
2 described in paragraph (1) shall be undertaken pur-
3 suant to the authority of this section, and for pur-
4 poses of the initiative—

5 “(A) the term ‘primary health services’ as
6 used in subsection (a) shall be understood to in-
7 clude critical care services; and

8 “(B) ‘an approved graduate training pro-
9 gram’ as that term is used in subsection
10 (b)(1)(B) shall be limited to pulmonary fellow-
11 ships or critical care fellowships, or both, for
12 physicians.”.

13 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

14 There are authorized to be appropriated to carry out
15 this Act—

16 (1) \$5,000,000 for the research to be conducted
17 under section 4; and

18 (2) \$4,000,000 for the demonstration projects
19 authorized under section 5.

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