

113TH CONGRESS
1ST SESSION

H. R. 2651

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

IN THE HOUSE OF REPRESENTATIVES

JULY 10, 2013

Mr. PAULSEN (for himself, Mr. MATHESON, and Mr. RUPPERSBERGER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 improve the understanding and coordination of critical care health services.

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 “Critical Care Assess-
5 ment and Improvement Act of 2013”.

6 **SEC. 2. FINDINGS; PURPOSES.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Critical care medicine is the care for pa-
9 tients whose illnesses or injuries present a signifi-

1 cant danger to life, limb, or organ function and re-
2 quire comprehensive care and constant monitoring,
3 usually in intensive care units (ICUs).

4 (2) Each year, approximately five million Amer-
5 icans are admitted into adult medical, surgical, pedi-
6 atric, or neonatal ICUs.

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

13 (4) Critical care medicine consumes a signifi-
14 cant amount of financial resources, accounting for
15 more than 17 percent of all hospital costs.

16 (5) According to a recent study published in the
17 Journal of Critical Care Medicine, despite the fact
18 that cancer care and critical care place similar eco-
19 nomic burdens on society, proportionally 3.1 to 11.4
20 times more research money was spent on cancer care
21 research than critical care research.

22 (6) According to a 2006 report by the Health
23 Resources and Services Administration (“HRSA”),
24 demand in the United States for critical care med-
25 ical services is on the rise, due in part to the grow-

1 ing elderly population, as individuals over the age of
2 65 consume a large percentage of critical care serv-
3 ices.

4 (7) The HRSA report also found that the grow-
5 ing aging population will further exacerbate an exist-
6 ing shortage of intensivists, the physicians certified
7 in critical care who primarily deliver care in inten-
8 sive care units, potentially compromising the quality
9 and availability of care. Today, intensivist-led teams
10 treat only one-third of critically ill patients despite
11 substantial evidence that these teams lead to im-
12 proved outcomes.

13 (8) Ensuring the strength of our critical care
14 medical delivery infrastructure is integral to the im-
15 provement of the quality and delivery of health care
16 in the United States.

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

22 **SEC. 3. STUDIES ON CRITICAL CARE.**

23 (a) INSTITUTE OF MEDICINE STUDY.—

24 (1) IN GENERAL.—The Secretary of Health and
25 Human Services (in this Act referred to as the “Sec-

1 retary”) shall enter into an agreement with the In-
2 stitute of Medicine under which, not later than 1
3 year after the date of the enactment of this Act, the
4 Institute will—

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

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

11 (C) submit to Congress a report including
12 the analysis and recommendations under sub-
13 paragraphs (A) and (B).

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

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

19 (i) the system’s capacity and re-
20 sources, including the size of the critical
21 care workforce and the availability of
22 health information technology and medical
23 equipment;

24 (ii) the system’s strengths, limitations,
25 and future challenges; and

1 (iii) the system's ability to provide
2 adequate care for the critically ill or in-
3 jured in response to a national health
4 emergency, including a pandemic or nat-
5 ural disaster.

6 (B) Analysis and recommendations regard-
7 ing regionalizing critical care systems.

8 (C) Analysis regarding the status of crit-
9 ical care research in the United States and rec-
10 ommendations for future research priorities.

11 (b) HEALTH RESOURCES AND SERVICES ADMINIS-
12 TRATION STUDY.—

13 (1) IN GENERAL.—The Secretary, acting
14 through the Administrator of the Health Resources
15 and Services Administration, shall review and update
16 the Administration's 2006 study entitled "The Crit-
17 ical Care Workforce: A Study of the Supply and De-
18 mand for Critical Care Physicians".

19 (2) SCOPE.—In carrying out paragraph (1), the
20 Secretary shall expand the scope of the study to ad-
21 dress the supply and demand of other providers
22 within the spectrum of critical care delivery, includ-
23 ing critical care nurses, mid-level providers (such as
24 physician assistants and nurse practitioners), inten-

1 sive care unit pharmacists, and intensive care unit
2 respiratory care practitioners.

3 **SEC. 4. NIH CRITICAL CARE COORDINATING COUNCIL.**

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

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

12 (1) the National Heart, Lung, and Blood Insti-
13 tute;

14 (2) the National Institute of Nursing Research;

15 (3) the Eunice Kennedy Shriver National Insti-
16 tute of Child Health and Human Development;

17 (4) the National Institute of General Medical
18 Sciences;

19 (5) the National Institute on Aging; and

20 (6) any other national research institute or na-
21 tional center of the National Institutes of Health
22 that the Secretary deems appropriate.

23 (c) DUTIES.—The Council shall—

24 (1) serve as the focal point and catalyst across
25 the National Institutes of Health for advancing re-

1 search and research training in the critical care set-
2 ting;

3 (2) coordinate funding opportunities that in-
4 volve multiple national research institutes or na-
5 tional centers of the National Institutes of Health;

6 (3) catalyze the development of new funding op-
7 portunities;

8 (4) inform investigators about funding opportu-
9 nities in their areas of interest;

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

13 (6) coordinate the collection and analysis of in-
14 formation on current research of the National Insti-
15 tutes of Health relating to the care of the critically
16 ill and injured and identify gaps in such research;

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

21 (8) make recommendations in each such report
22 on how to strengthen partnerships within the Na-
23 tional Institutes of Health and between the Insti-
24 tutes and public and private entities to expand col-
25 laborative, cross-cutting research.

1 **SEC. 5. CENTERS FOR MEDICARE AND MEDICAID INNOVA-**
2 **TION CRITICAL CARE DEMONSTRATION**
3 **PROJECT.**

4 (a) IN GENERAL.—Not later than one year after the
5 date of the enactment of this Act, the Secretary, acting
6 through the Center for Medicare and Medicaid Innovation
7 created under section 1115A of the Social Security Act
8 (42 U.S.C. 1315a), shall carry out a demonstration
9 project designed to improve the quality and efficiency of
10 care provided to critically ill and injured patients receiving
11 critical care in intensive care units or other areas of acute
12 care hospitals.

13 (b) ACTIVITIES UNDER DEMONSTRATION
14 PROJECT.—The activities conducted under the
15 demonstration project under subsection (a) may, in addi-
16 tion to any other activity specified by the Center for Medi-
17 care and Medicaid Innovation, include activities that seek
18 to—

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

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

1 (3) improve prediction models that help health
2 care providers and hospitals identify patients at high
3 risk for requiring critical care services and stream-
4 line care delivery to prevent unexpected hospital re-
5 admissions for critical illnesses; and

6 (4) utilize bundled payment approaches and in-
7 centive care redesign, such as efforts to facilitate
8 and support comprehensive team delivered care.

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