

Last year, I was proud to support the enactment of the Veterans' Compensation Cost-of-Living Adjustment Act of 2008, which resulted in a 5.8 percent increase in VA benefits. Under this bill, the amount of the increase for 2009 would be the same as that provided to Social Security recipients, which will be announced later this year.

By Mr. INOUE (for himself, Mr. HATCH, Mr. KENNEDY, Mr. CONRAD, Mr. DORGAN, and Mr. AKAKA):

S. 408. A bill to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children; to the committee on Health, Education, Labor, and Pensions.

Mr. INOUE. Mr. President. Today, along with my colleagues, Senators HATCH, KENNEDY, CONRAD, DORGAN, and AKAKA, I introduce The Wakefield Act, also known as the Emergency Medical Services for Children Act of 2009. Since Senator HATCH and I worked toward authorization of EMSC in 1984, this program has become the impetus for improving children's emergency services nationwide. From specialized training for emergency care providers to ensuring ambulances and emergency departments have state-of-the-art pediatric sized equipment, EMSC has served as the vehicle for improving survival of our smallest and most vulnerable citizens when accidents or medical emergencies threatened their lives.

It remains no secret that children present unique anatomic, physiologic, emotional and developmental challenges to our primarily adult-oriented emergency medical system. As has been said many times before, children are not little adults. Evaluation and treatment must take into account their special needs, or we risk letting them fall through the gap between adult and pediatric care. The EMSC has bridged that gap while fostering collaborative relationships among emergency medical technicians, paramedics, nurses, emergency physicians, surgeons, and pediatricians.

The Institute of Medicine's recently released study on Emergency Care for Children indicated that our Nation is not as well prepared as once we thought. Only 6 percent of all emergency departments have the essential pediatric supplies and equipment necessary to manage pediatric emergencies. Many of the providers of emergency care have received fragmented and limited training in the skills necessary to resuscitate this specialized population. Even our disaster preparedness plans have not fully addressed the unique needs posed by children injured in such events.

EMSC remains the only federal program dedicated to examining the best ways to deliver various forms of care to children in emergency settings. Reauthorization of EMSC will ensure that children's needs will be given the due attention they deserve and that coordi-

nation and expansion of services for victims of life-threatening illnesses and injuries will be available throughout the United States.

I look forward to reauthorization of this important legislation and the continued advances in our emergency healthcare delivery system.

Mr. President, I ask unanimous consent that the text of the bill be printed in the Record.

There being no objection, the text of the bill was ordered to be placed in the Record, as follows:

S. 408

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 "Wakefield Act".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

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

(2) Over 90 percent of children requiring emergency care are seen in general hospitals, not in free-standing children's hospitals, with one-quarter to one-third of the patients being children in the typical general hospital emergency department.

(3) Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are the other common pediatric emergencies, followed by cardiac arrest and severe trauma.

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

(5) Significant gaps remain in emergency medical care delivered to children. Only about 6 percent of hospitals have available all the pediatric supplies deemed essential by the American Academy of Pediatrics and the American College of Emergency Physicians for managing pediatric emergencies, while about half of hospitals have at least 85 percent of those supplies.

(6) Providers must be educated and trained to manage children's unique physical and psychological needs in emergency situations, and emergency systems must be equipped with the resources needed to care for this especially vulnerable population.

(7) Systems of care must be continually maintained, updated, and improved to ensure that research is translated into practice, best practices are adopted, training is current, and standards and protocols are appropriate.

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

(9) The EMSC Program promotes the nationwide exchange of pediatric emergency medical care knowledge and collaboration by those with an interest in such care and is dependent upon by Federal agencies and national organizations to ensure that this exchange of knowledge and collaboration takes place.

(10) The EMSC Program also supports a multi-institutional network for research in pediatric emergency medicine, thus allowing providers to rely on evidence rather than an-

ecdotal experience when treating ill or injured children.

(11) The Institute of Medicine stated in its 2006 report, "Emergency Care for Children: Growing Pains", that the EMSC Program "boasts many accomplishments ... and the work of the program continues to be relevant and vital".

(12) The EMSC Program is celebrating its 25th anniversary, marking a quarter-century of driving key improvements in emergency medical services to children, and should continue its mission to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and emergency surgical care children receive.

(b) PURPOSE.—It is the purpose of this Act to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive.

SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

Section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is amended—

(1) in subsection (a), by striking "3-year period (with an optional 4th year)" and inserting "4-year period (with an optional 5th year)"; and

(2) in subsection (d)—

(A) by striking "and such sums" and inserting "such sums"; and

(B) by inserting before the period the following: " \$25,000,000 for fiscal year 2010, \$26,250,000 for fiscal year 2011, \$27,562,500 for fiscal year 2012, \$28,940,625 for fiscal year 2013, and \$30,387,656 for fiscal year 2014".

AMENDMENTS SUBMITTED AND PROPOSED

SA 572. Mr. BAUCUS submitted an amendment intended to be proposed to amendment SA 570 proposed by Mr. REID (for Ms. COLLINS (for herself and Mr. NELSON of Nebraska)) to the bill H.R. 1, making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for fiscal year ending September 30, 2009, and for other purposes; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 572. Mr. BAUCUS submitted an amendment intended to be proposed to amendment SA 570 proposed by Mr. REID (for Ms. COLLINS (for herself and Mr. NELSON of Nebraska)) to the bill H.R. 1, making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for fiscal year ending September 30, 2009, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 421, line 16, strike all through page 422, line 13, and insert the following:

"(d) DEFINITIONS AND SPECIAL RULES.—For purposes of this section—

"(1) ELIGIBLE INDIVIDUAL.—

"(A) IN GENERAL.—The term 'eligible individual' means any individual other than—

"(i) any nonresident alien individual,

"(ii) any individual with respect to whom a deduction under section 151 is allowable to another taxpayer for a taxable year beginning in the calendar year in which the individual's taxable year begins, and