



For Immediate Release

Media Contact

March 9, 2011

Sara Skubikowski: (202) 466-8700

House Bipartisan Proposal Calls for Needed Evaluation of U.S. Critical Care Delivery System

Bill Advances a Comprehensive Federal Critical Care Agenda to Address Needs of Nation's Critically Ill and Injured

WASHINGTON, D.C. - This morning, Representatives Tammy Baldwin (D-WI) and Erik Paulsen (R-MN) introduced bipartisan legislation to identify gaps and improve coordination in the delivery of critical care health services in the United States. The Critical Care Assessment and Improvement Act of 2011 transcends the current political climate on Capitol Hill and stands out among few legislative initiatives in the 112th Congress to address health care in a bipartisan fashion.

The annual costs of critical care services in the U.S. exceed \$80 billion. Each year, five million Americans are admitted into intensive care units (ICUs), and critical care medicine consumes more than 13 percent of all hospital costs. The legislation is designed to determine inefficiencies in the system and bolster capabilities to meet future demands, including improving federal disaster preparedness efforts.

"Identifying and addressing our nation's critical care needs is essential for the vast majority of Americans who will experience a critical care injury or illness in their lifetime, either directly or through a loved one," said Congresswoman Baldwin. "If the United States is to lead in innovation, we must understand where our strengths, capabilities, and weaknesses lie. This legislation takes important steps necessary for us to meet our present and future demands for the critically ill or injured."

Added Congressman Paulsen: "Americans cannot afford to continue shouldering the costs of an inefficient health care system. This bill seeks to remedy these inefficiencies by calling for a serious inventory of our critical care infrastructure," said Rep. Paulsen. "Taxpayers, hardworking medical professionals and emergency responders alike all deserve a robust analysis of what's working and

what's not so that we can move forward and fix this vital, yet costly, element of our health care delivery."

Among its provisions, the bill calls for the establishment of a coordinating council at the National Institutes of Health to identify gaps in critical care research and strengthen partnerships to expand cross-cutting research; authorizes the development of best practices for ICU evacuations in case of an emergency; and provides an assessment of the state of the critical care workforce.

Dr. Brad Poss, a member of the Roundtable Board and of the leadership at the American Academy of Pediatrics, praised the bill for "beginning a much-needed policy dialogue to address troubling shortages in the critical care workforce." Poss, a pediatric critical care intensivist at the University of Utah, noted that there are only about 1,500 U.S. pediatric critical care physicians in existence today to treat the nearly half million infants, children and youth who are in intensive care facilities every year.

"This legislation is a major step forward in advancing a comprehensive federal critical care agenda in Congress," said Dr. Jeffrey Grossman, President and Chief Executive Officer of the University of Wisconsin Medical Foundation, and Senior Associate Dean for Clinical Affairs at the University of Wisconsin School of Medicine and Public Health. Grossman, who chairs the Board of the Roundtable, added, "the bill will provide a roadmap for aligning our current resources with our policy goals – so that we can better serve our patients and our communities. "

The Roundtable on Critical Care Policy is a nonprofit advocacy organization that provides a collaborative forum for leaders in critical care and public health to advance a common federal policy agenda to improve the quality, delivery and efficiency of critical care in the United States.

###