

CONGRESSMAN JESSE L. JACKSON, JR. INTRODUCES
THE ELAINE SULLIVAN ACT -- H.R. 2560

Mr. Speaker,

Today, I introduced legislation -- H.R. 2560 -- that is specifically designed to save lives. It is a small, but significant measure to protect the voiceless and the vulnerable.

In an instant -- a wrong turn, a sudden fall, a missed step -- someone, anyone, can be faced with a crisis and need emergency medical care. In California alone, nearly ten million people require emergency room care every year, and of those, one and a half million arrive in critical condition. In fact, nationwide, nearly one million people arrive in emergency rooms each year unconscious or physically unable to give informed consent for their care.

What happens, or what fails to happen, in the critical, precious and immediate moments after the single split second of an emergency can be the difference between healing and heartbreak, between calamity and recovery, between life and death.

Consider the story of Elaine Sullivan.

A very active 71 year-old woman, Elaine fell at home while getting into the bathtub. When paramedics arrived, they realized that injuries to her mouth and head had made her unable to communicate, or as the hospital later discovered, to give informed consent for her own care.

Although stable for the first few days, she began to slip into critical condition. Despite having her daughter's contact information clearly indicated on the front of her chart, the hospital failed to notify her family until six days later.

Hours later, Elaine Sullivan died-- alone -- in the hospital.

In the aftermath of this tragedy, Elaine Sullivan's daughter, Jan, and granddaughter, Laura, turned their personal pain to public action.

Jan and Laura Greenwald went to work to make sure that what happened to their loved one would not happen to others. From their research, the Greenwalds learned about other incidents, like their own, in which families of hospitalized patients were not notified at all, or notified after lengthy delay. Although uncommon, these stories were alarming. But, alas, they were avoidable.

Let me be clear. Most hospitals notify the Next of Kin of unconscious emergency room arrivals relatively quickly. However, emergency rooms are extremely high-pressured, intense and sometimes chaotic environments. In the hustle and bustle of the ER, despite

the dedication and professionalism of staff, there are real risks that a simple phone call may not be made in a timely fashion.

In the case of Elaine Sullivan, that phone call was not made. In her memory and honor, I have introduced this bill so that, in the future, phone calls to loved ones always will be made.

The bill -- the Elaine Sullivan Act -- is sensible.

It requires hospitals that receive Medicare funding to make reasonable efforts to contact a family member, specified healthcare agent, or surrogate decision-maker of incapacitated patients within 24 hours of arrival at the emergency department.

The bill is realistic.

Modeled after state laws in Illinois and California, the bill recognizes that such notifications would be difficult, and even impractical, in certain instances and under certain circumstances. Therefore, the 24-hour notification requirement does not apply when hospitals implement a disaster or mass casualty program, or during a declared state of emergency or other local mass casualty situation.

The bill is constructive.

The legislation makes federal grants available to qualified not-for-profit organizations like the recently established Next of Kin Education Project, to provide training and patient care tools to hospitals nationwide, to enable emergency room personnel to find patient's emergency contact information or identify unidentified patients quickly and easily. Or qualified not-for-profit organizations like NOKR, to establish and operate a national Next of Kin registry. As a high-speed, electronic, password protected, free search service, the voluntary registry would help hospitals and government agencies to locate family members of the injured, missing and deceased.

How would the registry work? Consider for a moment, just one distressing, but relevant, scenario.

Your loved one -- say your spouse -- is on a business trip. She is out of state, and on her own. On the way, she is involved in a serious head-on collision. Unconscious and unable to communicate, she is rushed to the nearest hospital.

Unbeknownst to you, your wife lay comatose, fighting for her life, miles from home.

Doctors and nurses work feverishly to provide emergency medical care to the patient who is only a name on a license. But, to you, she is the love of your life.

If the two of you had signed up for the Next of Kin registry, the hospital staff would be

able to quickly notify you about your wife's critical condition. You could rush to be by her side. You could share critical medical history and information that could help save her life.

Hence, this legislation is necessary.

It is not intended to frustrate the mission of hospitals, but rather, to facilitate it. It is about notifying the right people at the right time in order to share the right information during an emergency. And using this crucial medical information while caring for a critically ill patient, reduces the hospital's own liability.

Such notification is vital.

Not only is it important to have a family member present to comfort the patient, but also to make informed decisions the patient can't make for him or herself and to provide the medical history that could very well be the difference between life and death.

So, Mr. Speaker, I hope my colleagues will join me in supporting H.R. 2560 -- the Elaine Sullivan Act. It is a small but sensible measure designed to save lives.

I yield back the balance of my time.