

118TH CONGRESS
1ST SESSION

H. R. 6433

To preserve access to emergency medical services.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 15, 2023

Ms. PEREZ (for herself and Mr. FINSTAD) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, 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 preserve access to emergency medical 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 “Preserve Access to
5 Rapid Ambulance Emergency Medical Treatment Act of
6 2023” or the “PARA–EMT Act of 2023”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) Paramedics and emergency medical techni-
10 cians (in this section referred to as “EMTs”) pro-

1 vide care to ill or injured people in emergency med-
2 ical settings and are a vital component of the Na-
3 tion’s Emergency Medical Services (in this section
4 referred to as “EMS”) system.

5 (2) EMTs provide basic emergency medical care
6 and transportation for patients while paramedics
7 provide advanced emergency medical care such as
8 intubation, oral and intravenous drug administra-
9 tion, and other procedures.

10 (3) The United States EMS system is facing a
11 crippling workforce shortage, a long-term problem
12 that has been building for more than a decade.

13 (4) In 2019, the Health Resources and Services
14 Administration reported that by 2030, there would
15 be a need for an additional 42,000 EMTs and Para-
16 medics to meet the nation’s demand for healthcare
17 services.

18 (5) The COVID–19 pandemic has further exac-
19 erbated this workforce shortage, with ambulance
20 crews suffering the effects of surging demand, burn-
21 out, fear of illness and stress on their families.

22 (6) A 2021 survey of nearly 20,000 employees
23 working at 258 EMS organizations found that over-
24 all turnover among paramedics and EMTs ranges
25 from 20 to 30 percent annually.

1 (7) With COVID–19 halting clinical and in-per-
2 son trainings for a significant period of time, the
3 pipeline of new EMS staff has been stretched even
4 thinner.

5 **SEC. 3. EMS PREPAREDNESS AND RESPONSE WORKFORCE**
6 **SHORTAGE PILOT PROGRAM.**

7 Title XII of the Public Health Service Act (42 U.S.C.
8 300d et seq.) is amended by inserting after section 1204
9 the following:

10 **“SEC. 1205. EMS PREPAREDNESS AND RESPONSE WORK-**
11 **FORCE SHORTAGE PILOT PROGRAM.**

12 “(a) GRANTS.—The Secretary, acting through the
13 Assistant Secretary for Preparedness and Response, shall
14 establish a pilot program to award grants to eligible emer-
15 gency medical services agencies to support the recruitment
16 and training of emergency medical technicians and para-
17 medics to improve access to, and enhance the quality of,
18 emergency medical services.

19 “(b) APPLICATION.—An eligible emergency medical
20 services agency seeking a grant under this section shall
21 submit to the Secretary an application at such time, in
22 such manner, and containing such information as the Sec-
23 retary may require.

24 “(c) USE OF FUNDS.—An eligible emergency medical
25 services agency receiving a grant under this section shall

1 use funds received through the grant to implement a new
2 program or enhance an existing program to—

3 “(1) recruit and retain emergency medical serv-
4 ices personnel, which may include volunteer per-
5 sonnel;

6 “(2) train emergency medical services personnel
7 to obtain and maintain licenses and certifications
8 relevant to service in an emergency medical services
9 agency;

10 “(3) conduct courses and implement apprentice-
11 ship programs that qualify graduates to serve in an
12 emergency medical services agency in accordance
13 with State and local requirements;

14 “(4) fund specific training to meet Federal or
15 State licensing or certification requirements;

16 “(5) develop new ways to educate emergency
17 medical services personnel through the use of tech-
18 nology-enhanced educational methods;

19 “(6) establish wellness and fitness programs for
20 emergency medical services personnel to ensure that
21 such personnel are able to carry out their duties, in-
22 cluding programs dedicated to raising awareness of,
23 and prevention of, job-related mental health issues;
24 or

1 “(7) train emergency medical services personnel
2 to care for people with mental and substance use
3 disorders in emergency situations.

4 “(d) PRIORITIZATION.—In awarding grants under
5 this section, the Secretary shall prioritize eligible emer-
6 gency medical services agencies that—

7 “(1) seek to promote diversity and ensure equal
8 opportunity for participation in the emergency med-
9 ical services workforce;

10 “(2) emphasize the recruitment and training of
11 youth, particularly high school students, rural youth,
12 and youth from low-income or disadvantaged back-
13 grounds;

14 “(3) develop and implement programs to assist
15 veterans who completed military emergency medical
16 technician training while serving in the Armed
17 Forces of the United States to meet certification, li-
18 censure, and other requirements applicable to be-
19 coming an emergency medical technician or para-
20 medic;

21 “(4) are small or are located in rural areas and
22 serve rural populations; or

23 “(5) address such other priorities as the Sec-
24 retary considers appropriate.

1 “(e) ALLOCATION OF GRANTS TO RURAL EMER-
2 GENCY MEDICAL SERVICES AGENCIES.—The Secretary
3 shall ensure that not less than 20 percent of the total
4 number of grants under this section are made to emer-
5 gency medical services agencies located in rural areas.

6 “(f) MAXIMUM GRANT AMOUNT.—The amount of a
7 grant made under this section to a single grant recipient
8 shall not exceed \$1,000,000.

9 “(g) REPORTS.—

10 “(1) REPORT TO SECRETARY.—An eligible
11 emergency medical services agency receiving a grant
12 under subsection (a) shall periodically submit to the
13 Secretary a report evaluating the activities sup-
14 ported by the grant.

15 “(2) REPORT TO PUBLIC.—The Secretary shall
16 submit to the Committee on Energy and Commerce
17 of the House of Representatives and the Committee
18 on Health, Education, Labor, and Pensions of the
19 Senate, and make publicly available, a report on the
20 Secretary’s findings with respect to the success of
21 the program under this section in improving access
22 to, and enhancing the quality of, emergency medical
23 services.

1 “(h) DEFINITION.—In this section, the term ‘eligible
2 emergency medical services agency’ means an entity that
3 is—

4 “(1) licensed to deliver medical care outside of
5 a medical facility under emergency conditions that
6 occur as a result of the condition of the patient; and

7 “(2) delivers services (either on a compensated
8 or volunteer basis) by an emergency medical services
9 provider or other provider that is licensed or cer-
10 tified by the State involved as an emergency medical
11 technician, a paramedic, or an equivalent profes-
12 sional (as determined by the State).

13 “(i) AUTHORIZATION OF APPROPRIATIONS.—

14 “(1) IN GENERAL.—To carry out this section,
15 there are authorized to be appropriated \$50,000,000
16 for each of fiscal years 2024 through 2028.

17 “(2) ADMINISTRATIVE COSTS.—The Secretary
18 may use not more than 10 percent of the amount
19 appropriated pursuant to paragraph (1) for a fiscal
20 year for the administrative expenses of carrying out
21 this section.”.

1 **SEC. 4. ASSISTING VETERANS WITH MILITARY EMERGENCY**
2 **MEDICAL TRAINING TO MEET REQUIRE-**
3 **MENTS FOR BECOMING CIVILIAN EMER-**
4 **GENCY MEDICAL TECHNICIANS AND PARA-**
5 **MEDICS.**

6 Part B of title III of the Public Health Service Act
7 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
8 tion 320B the following:

9 **“SEC. 320C. ASSISTING VETERANS WITH MILITARY EMER-**
10 **GENCY MEDICAL TRAINING TO MEET RE-**
11 **QUIREMENTS FOR BECOMING CIVILIAN**
12 **EMERGENCY MEDICAL TECHNICIANS AND**
13 **PARAMEDICS.**

14 “(a) PROGRAM.—The Secretary shall establish a
15 demonstration program under which the Secretary will
16 award grants to States to streamline State requirements
17 and procedures in order to assist veterans who have com-
18 pleted military emergency medical technician training
19 while serving in the Armed Forces of the United States
20 meet the certification, licensure, and other requirements
21 applicable to becoming an emergency medical technician
22 or paramedic in the State.

23 “(b) USES OF FUNDS.—A State receiving a grant
24 under this section shall use amounts received through the
25 grant to prepare and implement a plan to streamline State

1 requirements and procedures as described in subsection
2 (a), including by—

3 “(1) determining the extent to which the re-
4 quirements for the education, training, and skill level
5 of emergency medical technicians in the State are
6 equivalent to requirements for the education, train-
7 ing, and skill level of military emergency medical
8 technicians; and

9 “(2) identifying methods, such as waivers, for
10 military emergency medical technicians to forego or
11 meet any such equivalent State requirements.

12 “(c) ELIGIBILITY.—To be eligible for a grant under
13 this section, a State shall demonstrate to the satisfaction
14 of the Secretary that the State has a shortage of emer-
15 gency medical technicians.

16 “(d) REPORT.—Beginning on the date that is one
17 year after the date on which the first grant is awarded
18 under this section, and annually thereafter, the Secretary
19 shall submit to the Congress an report on the success of
20 the program under this section in assisting military emer-
21 gency medical technicians to receive certification or licen-
22 sure as an emergency medical technician or paramedic in
23 a State.

24 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section, there are authorized to be appro-

1 priated \$20,000,000 for each of fiscal years 2024 through
2 2028.”.

3 **SEC. 5. STUDY AND REPORT ON EMERGENCY MEDICAL**
4 **TECHNICIAN AND PARAMEDIC WORKFORCE**
5 **SHORTAGE.**

6 (a) STUDY.—The Secretary of Labor, in coordination
7 with the Secretary of Health and Human Services, shall
8 conduct a study on—

9 (1) the number of currently available emergency
10 medical technician and paramedic jobs, categorized
11 by type of employer (such as ambulance services,
12 local governments other than hospitals, and hos-
13 pitals);

14 (2) the projected increase in available emer-
15 gency medical technician and paramedic jobs from
16 2023 through 2032, categorized by type of employer;

17 (3) the percentage of available emergency med-
18 ical technician and paramedic jobs from 2023
19 through 2032 that are expected to result from the
20 need to replace workers who transfer to different oc-
21 cupations or exit the labor force;

22 (4) the availability of appropriate training and
23 education programs in the United States sufficient
24 to meet the projected demand for emergency medical

1 technician and paramedic jobs from 2023 through
2 2032; and

3 (5) the projected shortage of emergency medical
4 technicians and paramedics from 2023 through
5 2032.

6 (b) REPORT TO CONGRESS.—Not later than one year
7 after the date of the enactment of this Act, the Secretary
8 of Labor, in coordination with the Secretary of Health and
9 Human Services, shall submit to Congress a report on the
10 study conducted under subsection (a) together with such
11 recommendations that the Secretaries determine are ap-
12 propriate to address the projected shortage of emergency
13 medical technicians and paramedics, including whether
14 Schedule A should be expanded to include these occupa-
15 tions.

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