

119TH CONGRESS
1ST SESSION

H. R. 2220

To preserve access to emergency medical services.

IN THE HOUSE OF REPRESENTATIVES

MARCH 18, 2025

Ms. PEREZ (for herself, Mr. FINSTAD, Mr. FEENSTRA, Ms. BONAMICI, Mr. LAWLER, and Mr. HARDER of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and 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 2025” or the “PARA–EMT Act of 2025”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

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

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

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

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

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

24 (6) A 2021 survey of nearly 20,000 employees
25 working at 258 EMS organizations found that over-

1 all turnover among paramedics and EMTs ranges
2 from 20 to 30 percent annually.

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

7 **SEC. 3. EMS PREPAREDNESS AND RESPONSE WORKFORCE**
8 **SHORTAGE PILOT PROGRAM.**

9 Title XII of the Public Health Service Act (42 U.S.C.
10 300d et seq.) is amended by inserting after section 1204
11 the following:

12 **“SEC. 1205. EMS PREPAREDNESS AND RESPONSE WORK-**
13 **FORCE SHORTAGE PILOT PROGRAM.**

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

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

1 “(c) USE OF FUNDS.—An eligible emergency medical
2 services agency receiving a grant under this section shall
3 use funds received through the grant to implement a new
4 program or enhance an existing program to—

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

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

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

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

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

21 “(6) establish wellness and fitness programs for
22 emergency medical services personnel to ensure that
23 such personnel are able to carry out their duties, in-
24 cluding programs dedicated to raising awareness of,

1 and prevention of, job-related mental health issues;
2 or

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

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

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

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

20 “(3) are small or are located in rural areas and
21 serve rural populations; or

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

24 “(e) ALLOCATION OF GRANTS TO RURAL EMER-
25 GENCY MEDICAL SERVICES AGENCIES.—The Secretary

1 shall ensure that not less than 20 percent of the total
2 number of grants under this section are made to emer-
3 gency medical services agencies located in rural areas.

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

7 “(g) REPORTS.—

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

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

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

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

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

10 “(i) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—To carry out this section,
12 there are authorized to be appropriated \$50,000,000
13 for each of fiscal years 2026 through 2030.

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

1 **SEC. 4. ASSISTING VETERANS WITH MILITARY EMERGENCY**
2 **MEDICAL TRAINING TO MEET REQUIRE-**
3 **MENTS FOR BECOMING EMERGENCY MED-**
4 **ICAL TECHNICIANS AND CIVILIAN 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 (42 U.S.C. 247d–11) the following:

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

14 “(a) PROGRAM.—The Secretary shall—

15 “(1) establish a program consisting of awarding
16 demonstration grants to States to cover transition
17 costs in order to assist veterans who completed ro-
18 bust military emergency medical technician or para-
19 medic training while serving in the Armed Forces of
20 the United States to meet certification, licensure,
21 and other requirements applicable to becoming a ci-
22 vilian emergency medical technician or paramedic in
23 the State; and

24 “(2) in implementing such program, assist
25 States in honoring the service of such veterans who
26 have completed training through such service in the

1 Armed Forces of the United States and passed the
2 respective National Registry of Emergency Medical
3 Technicians exam to ease the transition to the civil-
4 ian Nation’s Emergency Medical Services workforce.

5 “(b) USE OF FUNDS.—A State receiving a grant
6 under this section shall use amounts of such grants to pre-
7 pare and implement a plan to assist with the transition
8 of a veteran to becoming a civilian emergency medical
9 technician or paramedic as described in subsection (a), in-
10 cluding by establishing a grant program within the appli-
11 cable State agency responsible for emergency medical serv-
12 ices to cover—

13 “(1) the costs of training, education, certifi-
14 cation, and credentialing by an accredited institu-
15 tion; and

16 “(2) fees for national testing for official certifi-
17 cation and State fees to acquire State licensure.

18 “(c) REPORT.—The Secretary shall submit to the
19 Congress an annual report on the program under this sec-
20 tion.

21 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
22 carry out this section, there are authorized to be appro-
23 priated \$20,000,000 for each of fiscal years 2026 through
24 2030.”.

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

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

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

12 (2) the projected increase in available emer-
13 gency medical technician and paramedic jobs from
14 2025 through 2034, categorized by type of employer;

15 (3) the percentage of available emergency med-
16 ical technician and paramedic jobs from 2025
17 through 2034 that are expected to result from the
18 need to replace workers who transfer to different oc-
19 cupations or exit the labor force;

20 (4) the availability of appropriate training and
21 education programs in the United States sufficient
22 to meet the projected demand for emergency medical
23 technician and paramedic jobs from 2025 through
24 2034; and

1 (5) the projected shortage of emergency medical
2 technicians and paramedics from 2025 through
3 2034.

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

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