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(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To preserve access to emergency medical services.

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

Ms. PEREZ introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_  
\_\_\_\_\_

**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.