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.

Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Preserve Access to
Rapid Ambulance Emergency Medical Treatment Act of
2023” or the “PARA–EMT Act of 2023”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Paramedics and emergency medical techni-
cians (in this section referred to as “EMTs”) pro-
vide care to ill or injured people in emergency medical settings and are a vital component of the Nation's Emergency Medical Services (in this section referred to as “EMS”) system.

(2) EMTs provide basic emergency medical care and transportation for patients while paramedics provide advanced emergency medical care such as intubation, oral and intravenous drug administration, and other procedures.

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

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

(5) The COVID–19 pandemic has further exacerbated this workforce shortage, with ambulance crews suffering the effects of surging demand, burnout, fear of illness and stress on their families.

(6) A 2021 survey of nearly 20,000 employees working at 258 EMS organizations found that overall turnover among paramedics and EMTs ranges from 20 to 30 percent annually.
(7) With COVID–19 halting clinical and in-person trainings for a significant period of time, the pipeline of new EMS staff has been stretched even thinner.

SEC. 3. EMS PREPAREDNESS AND RESPONSE WORKFORCE SHORTAGE PILOT PROGRAM.

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

“SEC. 1205. EMS PREPAREDNESS AND RESPONSE WORKFORCE SHORTAGE PILOT PROGRAM.

“(a) GRANTS.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall establish a pilot program to award grants to eligible emergency medical services agencies to support the recruitment and training of emergency medical technicians and paramedics to improve access to, and enhance the quality of, emergency medical services.

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

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

“(1) recruit and retain emergency medical services personnel, which may include volunteer personnel;

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

“(3) conduct courses and implement apprenticeship programs that qualify graduates to serve in an emergency medical services agency in accordance with State and local requirements;

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

“(5) develop new ways to educate emergency medical services personnel through the use of technology-enhanced educational methods;

“(6) establish wellness and fitness programs for emergency medical services personnel to ensure that such personnel are able to carry out their duties, including programs dedicated to raising awareness of, and prevention of, job-related mental health issues; or
“(7) train emergency medical services personnel to care for people with mental and substance use disorders in emergency situations.

“(d) PRIORITIZATION.—In awarding grants under this section, the Secretary shall prioritize eligible emergency medical services agencies that—

“(1) seek to promote diversity and ensure equal opportunity for participation in the emergency medical services workforce;

“(2) emphasize the recruitment and training of youth, particularly high school students, rural youth, and youth from low-income or disadvantaged backgrounds;

“(3) develop and implement programs to assist veterans who completed military emergency medical technician training while serving in the Armed Forces of the United States to meet certification, licensure, and other requirements applicable to becoming an emergency medical technician or paramedic;

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

“(5) address such other priorities as the Secretary considers appropriate.
“(e) Allocation of Grants to Rural Emergency Medical Services Agencies.—The Secretary shall ensure that not less than 20 percent of the total number of grants under this section are made to emergency medical services agencies located in rural areas.

“(f) Maximum Grant Amount.—The amount of a grant made under this section to a single grant recipient shall not exceed $1,000,000.

“(g) Reports.—

“(1) Report to Secretary.—An eligible emergency medical services agency receiving a grant under subsection (a) shall periodically submit to the Secretary a report evaluating the activities supported by the grant.

“(2) Report to Public.—The Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, and make publicly available, a report on the Secretary’s findings with respect to the success of the program under this section in improving access to, and enhancing the quality of, emergency medical services.
“(h) DEFINITION.—In this section, the term ‘eligible emergency medical services agency’ means an entity that is—

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

“(2) delivers services (either on a compensated or volunteer basis) by an emergency medical services provider or other provider that is licensed or certified by the State involved as an emergency medical technician, a paramedic, or an equivalent professional (as determined by the State).

“(i) AUTHORIZATION OF APPROPRIATIONS.—

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

“(2) ADMINISTRATIVE COSTS.—The Secretary may use not more than 10 percent of the amount appropriated pursuant to paragraph (1) for a fiscal year for the administrative expenses of carrying out this section.”.
SEC. 4. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS.

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

“SEC. 320C. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS.

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

“(b) USES OF FUNDS.—A State receiving a grant under this section shall use amounts received through the grant to prepare and implement a plan to streamline State
requirements and procedures as described in subsection (a), including by—

“(1) determining the extent to which the requirements for the education, training, and skill level of emergency medical technicians in the State are equivalent to requirements for the education, training, and skill level of military emergency medical technicians; and

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

“(c) ELIGIBILITY.—To be eligible for a grant under this section, a State shall demonstrate to the satisfaction of the Secretary that the State has a shortage of emergency medical technicians.

“(d) REPORT.—Beginning on the date that is one year after the date on which the first grant is awarded under this section, and annually thereafter, the Secretary shall submit to the Congress an report on the success of the program under this section in assisting military emergency medical technicians to receive certification or licensure as an emergency medical technician or paramedic in a State.

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appro-
appropriated $20,000,000 for each of fiscal years 2024 through 2028.’’

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

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

(1) the number of currently available emergency medical technician and paramedic jobs, categorized by type of employer (such as ambulance services, local governments other than hospitals, and hospitals);

(2) the projected increase in available emergency medical technician and paramedic jobs from 2023 through 2032, categorized by type of employer;

(3) the percentage of available emergency medical technician and paramedic jobs from 2023 through 2032 that are expected to result from the need to replace workers who transfer to different occupations or exit the labor force;

(4) the availability of appropriate training and education programs in the United States sufficient to meet the projected demand for emergency medical
(5) the projected shortage of emergency medical technicians and paramedics from 2023 through 2032.

(b) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary of Labor, in coordination with the Secretary of Health and Human Services, shall submit to Congress a report on the study conducted under subsection (a) together with such recommendations that the Secretaries determine are appropriate to address the projected shortage of emergency medical technicians and paramedics, including whether Schedule A should be expanded to include these occupations.