

118TH CONGRESS
1ST SESSION

H. R. 1737

To direct the Secretary of Health and Human Services to establish the Emergency Medical Services (EMS) Grant Program through which the Secretary may make grants to qualified applicants, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 23, 2023

Mr. KIM of New Jersey (for himself, Mr. CAREY, Mr. FITZPATRICK, Mr. MOLINARO, and Ms. PEREZ) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to establish the Emergency Medical Services (EMS) Grant Program through which the Secretary may make grants to qualified applicants, and for other purposes.

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 “Supporting Our First
5 Responders Act”.

1 **SEC. 2. EMERGENCY MEDICAL SERVICES GRANT PROGRAM.**

2 (a) EMERGENCY MEDICAL SERVICES GRANT PRO-
3 GRAM.—

4 (1) IN GENERAL.—The Secretary of Health and
5 Human Services (referred to in this Act as the “Sec-
6 retary”) shall establish a program, to be known as
7 the “Emergency Medical Services (EMS) Grant Pro-
8 gram” (in this section referred to as the “Pro-
9 gram”), through which the Secretary shall award
10 grants on a competitive basis to qualified applicants.

11 (2) ELIGIBILITY.—To be eligible for a grant
12 under the Program, a qualified applicant shall sub-
13 mit to the Secretary an application at such a time,
14 in such manner, and containing such information as
15 the Secretary may require, including the following:

16 (A) A description of the financial need of
17 the qualified applicant.

18 (B) An analysis of the costs and benefits,
19 with respect to improving medical transport and
20 emergency medical services (referred to in this
21 section as “EMS”), of the activities to be car-
22 ried out through the grant.

23 (3) JOINT APPLICATIONS.—A qualified appli-
24 cant may submit a joint application with one or
25 more other qualified applicants under this sub-
26 section.

1 (4) PEER REVIEW OF GRANT APPLICATIONS.—
2 The Secretary, after consultation with national
3 qualified applicants, shall appoint representatives of
4 volunteer, governmental, Tribal, for-profit, and non-
5 profit qualified applicants and entities to conduct
6 peer review of applications.

7 (5) SELECTION CONSIDERATIONS.—In award-
8 ing grants under the Program the Secretary shall
9 consider each of the following:

10 (A) The findings and recommendations of
11 the peer reviews carried out under paragraph
12 (4).

13 (B) The degree to which an award will im-
14 prove the coverage, response times, and ability
15 of qualified applicants to provide medical trans-
16 port and emergency medical services.

17 (C) The extent of the need of an applicant
18 for a grant under this subsection and the need
19 to protect the United States as a whole.

20 (D) Whether a qualified applicant has pre-
21 viously received Federal funding.

22 (6) PRIORITIZATION AMONG FOR-PROFIT QUALI-
23 FIED APPLICANTS.—In awarding grants under the
24 Program, the Secretary shall, in selecting among
25 qualified applicants that operate for profit, give pri-

1 ority to such applicants that are smaller for profit
2 entities, determined on an annual basis based on the
3 net profits of the entity and the number of employ-
4 ees hired during the preceding year.

5 (b) PURPOSES.—Grants made under the Program
6 may be used by recipient qualified applicants for the fol-
7 lowing purposes:

8 (1) Maintaining, or, if appropriate, increasing,
9 the number of trained front-line EMS responders,
10 whether paid or volunteer, including providing sala-
11 ries and stipends.

12 (2) Providing mental health programs for quali-
13 fied applicant personnel.

14 (3) Covering or reimbursing costs associated
15 with certification and recertification courses.

16 (4) Obtaining resources, including purchasing
17 personal protective equipment, uniforms, medicine,
18 and medical supplies.

19 (5) Constructing or modifying facilities in such
20 a way so as to improve coverage, response time, and
21 ability of qualified applicants to provide medical
22 transport and emergency medical services.

23 (6) Upgrading or purchasing EMS vehicles,
24 communications equipment, and mapping equip-
25 ment.

1 (7) Establishing or supporting community
2 paramedicine or mobile integrated healthcare initia-
3 tives.

4 (c) ALLOCATION OF GRANT AWARDS.—

5 (1) LIMITATION.—

6 (A) FOR PROFIT.—

7 (i) IN GENERAL.—Not more than two
8 percent of grants awarded under the Pro-
9 gram may be made available to qualified
10 applicants that operate for profit or to oth-
11 erwise support efforts to establish or pro-
12 vide emergency medical services, or med-
13 ical transport, for profit.

14 (ii) MAXIMUM AMOUNT.—A grant
15 under the Program to such a for-profit
16 qualified applicant (if singly) or to such
17 qualified applicants (if a result of a joint
18 application) or to otherwise so support
19 such efforts shall be in an amount not to
20 exceed \$100,000.

21 (iii) PURPOSES.—A qualified appli-
22 cant that operates for profit may use funds
23 awarded through a grant under the Pro-
24 gram only for the purposes specified in

1 paragraphs (1), (2), and (3) of subsection
2 (b).

3 (B) TIME-BASED.—A for-profit qualified
4 applicant (if singly) or qualified applicants (if a
5 result of a joint application) awarded a grant
6 under the Program may not apply for another
7 such award for a period of three years.

8 (2) FURTHER LIMITATION.—A grant under the
9 Program to a not-for-profit qualified applicant or a
10 joint application shall be in an amount not to exceed
11 \$300,000.

12 (3) RESERVATION.—Not less than 20 percent
13 of grants awarded under the Program shall be made
14 available to qualified applicants in rural areas.

15 (d) METRICS.—The Secretary of Health and Human
16 Services shall develop metrics to assess the effectiveness
17 of the Program in improving the coverage, response times,
18 and ability of qualified applicants to provide medical
19 transport and emergency medical services.

20 (e) CLAW BACKS.—The Secretary of Health and
21 Human Services shall make every available effort to re-
22 cover grant funds in case of noncompliance. To carry out
23 this subsection, the Secretary shall establish a process
24 through which notification is conveyed to qualified appli-
25 cants determined to be in noncompliance, and such organi-

1 zations are provided an opportunity to respond to such
2 notification prior to the recovery of such funds.

3 (f) ASSESSMENTS; REPORTS.—Not later than two
4 years after the date of the enactment of this Act and not
5 less frequently than biennially after, the Secretary of
6 Health and Human Services shall—

7 (1) conduct an assessment of the Program
8 based on the metrics developed pursuant to sub-
9 section (d); and

10 (2) submit to the Committee on Energy and
11 Commerce of the House of Representatives and the
12 Committee on Health, Education, Labor, and Pen-
13 sions of the Senate a report summarizing the find-
14 ings of the assessment and recommendations to
15 strengthen the overall program.

16 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to the Secretary of Health
18 and Human Services—

19 (1) for each of the first 5 fiscal years following
20 the date of the enactment of this Act, \$50,000,000
21 to carry out the Program; and

22 (2) for each of such fiscal years, \$5,000,000 to
23 provide technical assistance to qualified applicants
24 completing and submitting applications.

25 (h) REPORTS.—

1 (1) IN GENERAL.—Not later than 90 days after
2 the date of the enactment of this Act, the Secretary
3 of Health and Human Services, in consultation with
4 the Administrator of the Centers for Medicare and
5 Medicaid Services, the Administrator of the Health
6 Resources and Services Administration, the Assist-
7 ant Secretary for Preparedness and Response, and
8 EMS stakeholders, shall submit to Congress a report
9 that—

10 (A) details the challenges, disparities, and
11 inadequacies in providing Federal, State, and
12 private (including commercial insurers) reim-
13 bursement for medical transport and emergency
14 medical services; and

15 (B) provides recommendations for improve-
16 ment with respect to providing such reimburse-
17 ment.

18 (2) QUALIFIED APPLICANTS.—Not later than
19 90 days after the date of the enactment of this Act,
20 the Secretary of Health and Human Services, in
21 consultation with the Administrator of the Centers
22 for Medicare and Medicaid Services, the Adminis-
23 trator of the Health Resources and Services Admin-
24 istration, the Assistant Secretary for Preparedness

1 and Response, and EMS stakeholders, shall submit
2 to Congress a report that—

3 (A) describes the challenges specific to
4 qualified applicants, including with respect to
5 Federal, State, and private (including private
6 insurers) reimbursement rates and policies; and

7 (B) contains an action plan to address
8 such challenges through grants and other ad-
9 ministrative action.

10 (3) ESTABLISHING A FEDERAL EMS OFFICE.—

11 Not later than 90 days after the date of the enact-
12 ment of this Act, the Secretary of Health and
13 Human Services, in consultation with the Adminis-
14 trator of the Centers for Medicare and Medicaid
15 Services, the Administrator of the Health Resources
16 and Services Administration, the Assistant Secretary
17 for Preparedness and Response, and EMS stake-
18 holders, shall submit to Congress a report that as-
19 sesses the feasibility of establishing a Federal office
20 to—

21 (A) better advocate for EMS personnel,
22 collect data, promote EMS education, research,
23 and training; and

1 (B) implement recommendations and ac-
2 tion plans based on the findings in the reports
3 under paragraphs (1) and (2).

4 (i) DEFINITIONS.—In this section:

5 (1) EMS ORGANIZATION.—The term “EMS or-
6 ganization” means a nongovernmental or govern-
7 mental entity that provides emergency medical serv-
8 ices.

9 (2) EMERGENCY MEDICAL SERVICES.—The
10 term “emergency medical services”—

11 (A) means resources used by a licensed en-
12 tity to deliver medical care outside of a medical
13 facility under emergency conditions that occur
14 as a result of the condition of the patient; and

15 (B) includes services provided (either on a
16 compensated or volunteer basis) at the location
17 of the emergency or en route to, or at, a health
18 care facility by an emergency medical services
19 provider or other provider that is licensed or
20 certified by the State involved as an emergency
21 medical technician, a paramedic, or an equiva-
22 lent professional (as determined by the State).

23 (3) MEDICAL TRANSPORT.—The term “medical
24 transport” means the transportation, by ambulance,
25 of sick, injured, or otherwise incapacitated persons

1 who require emergency medical care to a health care
2 facility, including a hospital, clinic, or alternative
3 destination.

4 (4) QUALIFIED APPLICANT.—The term “quali-
5 fied applicant” means—

6 (A) an EMS organization; or

7 (B) a State (or a political subdivision
8 thereof), Indian Tribe, Tribal organization (as
9 those terms are defined in section 4 of the In-
10 dian Self-Determination and Education Assist-
11 ance Act (25 U.S.C. 5304)), territory, or mu-
12 nicipality.

13 (5) RURAL AREA.—The term “rural area”
14 means—

15 (A) a nonmetropolitan statistical area;

16 (B) an area designated as a rural area by
17 any law or regulation of a State; or

18 (C) a rural census tract of a metropolitan
19 statistical area (as determined under the most
20 recent rural urban commuting area code as set
21 forth by the Office of Management and Budg-
22 et).

23 (6) STATE.—The term “State” means a State
24 of the United States, the District of Columbia, Puer-

- 1 to Rico, the Virgin Islands, American Samoa, the
- 2 Northern Mariana Islands, and Guam.

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