

118TH CONGRESS
2D SESSION

H. R. 8042

To authorize the Secretary of Health and Human Services to award grants to qualified entities to support community paramedicine programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 17, 2024

Mr. CLEAVER (for himself and Mr. ARMSTRONG) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize the Secretary of Health and Human Services to award grants to qualified entities to support community paramedicine programs, 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 “Community
5 Paramedicine Act of 2024”.

6 **SEC. 2. COMMUNITY PARAMEDICINE GRANT PROGRAM.**

7 Part P of title III of the Public Health Service Act
8 (42 U.S.C. 280g et seq.) is amended by adding at the end
9 the following:

1 **“SEC. 399V-8. COMMUNITY PARAMEDICINE GRANT PRO-**
2 **GRAM.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Administrator of the Health Resources and Services
5 Administration, shall award grants to qualified entities to
6 support community paramedicine programs.

7 “(b) USE OF FUNDS.—A grant received under sub-
8 section (a) may be used for any of the following:

9 “(1) Hiring community paramedicine personnel.

10 “(2) Recruiting and retaining community
11 paramedicine personnel.

12 “(3) Reimbursing costs associated with a med-
13 ical director providing medical oversight (as the
14 terms ‘medical director’ and ‘medical oversight’ are
15 defined in section 303(k)(13) of the Controlled Sub-
16 stances Act).

17 “(4) Purchasing necessary equipment, including
18 personal protective equipment, uniforms, medical
19 supplies, and vehicles.

20 “(5) Reimbursing costs associated with certifi-
21 cation and recertification courses.

22 “(6) Conducting public outreach and education
23 on the patient-centered outcomes that can be
24 achieved through community paramedicine.

25 “(7) Any other activity the Secretary deter-
26 mines appropriate related to paramedicine services.

1 “(c) QUALIFIED ENTITIES.—

2 “(1) IN GENERAL.—To be qualified to receive a
3 grant under this section, an entity shall be (subject
4 to paragraph (2)) one of the following:

5 “(A) An emergency medical services agen-
6 cy (as defined in section 303(k)(13) of the Con-
7 trolled Substances Act).

8 “(B) A State, Indian Tribe, Tribal organi-
9 zation, county, or municipality.

10 “(C) An organization representing the in-
11 terests of one or more emergency medical serv-
12 ices organizations.

13 “(2) LIMITATION.—A for-profit entity is ineli-
14 gible to receive a grant under this section, but is eli-
15 gible to receive a subgrant from, or enter into a con-
16 tract with, a grantee under this section to provide
17 items or services in connection with the grant.

18 “(d) APPLICATIONS.—

19 “(1) IN GENERAL.—To seek a grant under this
20 section, a qualified entity shall submit an application
21 at such time, in such manner, and containing such
22 information and assurances as the Secretary may re-
23 quire.

24 “(2) CONTENTS.—Any such application shall,
25 at a minimum, include the following:

1 “(A) A description of the financial need of
2 the qualified entity.

3 “(B) The costs and benefits of the commu-
4 nity paramedicine program to be supported
5 through the grant.

6 “(3) JOINT APPLICATIONS.—A qualified entity
7 may submit an application for a grant under this
8 section jointly with one or more other qualified enti-
9 ties.

10 “(e) ADVISORY BOARD.—The Secretary, after con-
11 sultation with national community paramedicine, national
12 fire service, national emergency medical service, and Trib-
13 al health organizations, shall appoint an advisory board—

14 “(1) to advise the Secretary on carrying out the
15 grant program under this section;

16 “(2) to assist the Secretary in preparing the re-
17 port required under subsection (a); and

18 “(3) to conduct peer review of applications for
19 grants under this section.

20 “(f) SELECTION CONSIDERATIONS.—In selecting the
21 recipients of grants under this section, the Secretary shall
22 consider each of the following:

23 “(1) The recommendations of the advisory
24 board appointed under paragraph (1) with respect to
25 the applications for such grants.

1 “(2) The need in the geographic area involved
2 for the community paramedicine program proposed
3 to be funded.

4 “(g) NOTICE TO TRIBAL COMMUNITIES.—The Sec-
5 retary shall give notice of the grant program under this
6 section to the heads of community emergency management
7 for Tribal communities.

8 “(h) MAXIMUM AMOUNT OF AWARDS.—The max-
9 imum amount of an award under this section shall be—

10 “(1) in the case of a qualified entity applying
11 individually, \$750,000; and

12 “(2) in the case of two or more qualified enti-
13 ties applying jointly, \$1,500,000.

14 “(i) PERIOD OF A GRANT.—The period of a grant
15 under this section shall not exceed 5 years.

16 “(j) ADMINISTRATIVE COSTS.—Of the amount re-
17 ceived through a grant under this section for a fiscal year,
18 a grantee may use not more than—

19 “(1) 10 percent for administrative costs for the
20 first year of grant funding; and

21 “(2) 5 percent for administrative costs for any
22 subsequent year of grant funding.

23 “(k) REPORTING BY GRANTEES.—As a condition on
24 receipt of a grant under this section, a qualified entity
25 shall agree to submit to the Secretary such information

1 as the Secretary may require regarding the activities fund-
2 ed through the grant and the results of such activities.

3 “(l) REPORTING BY SECRETARY.—Not later than 90
4 days after the date of enactment of this section, the Sec-
5 retary shall submit a report to the Congress—

6 “(1) detailing the challenges of establishing and
7 operating community paramedicine programs, espe-
8 cially to serve rural and underserved communities;

9 “(2) demonstrating the cost-savings and value
10 of community paramedicine programs to patients,
11 communities, and the health care system; and

12 “(3) providing recommendations for—

13 “(A) establishing, and providing support
14 for ongoing operations of, community
15 paramedicine programs;

16 “(B) serving rural and underserved com-
17 munities through such programs; and

18 “(C) best practices for community
19 paramedicine programs.

20 “(m) DEFINITION.—In this section, the term ‘com-
21 munity paramedicine’ means mobile-integrated health care
22 through which communities utilize specially trained para-
23 medics, often teamed with other health care practitioners
24 or social workers, to—

25 “(1) address health problems;

1 “(2) minimize the use of emergency care re-
2 resources in circumstances when non-emergency re-
3 sources like community paramedic or mobile inte-
4 grated healthcare (MIH) programs might be used,
5 thereby making emergency resources more available;
6 and

7 “(3) enhance access to primary care for medi-
8 cally underserved populations and those with acute
9 and chronic health issues.

10 “(n) FUNDING.—

11 “(1) AUTHORIZATION OF APPROPRIATIONS.—
12 To carry out this section, there is authorized to be
13 appropriated \$25,000,000 for each of fiscal years
14 2025 through 2029.

15 “(2) RESERVATION.—Of the amount appro-
16 priated to award grants under this section for a fis-
17 cal year, the Secretary—

18 “(A) shall reserve 15 percent for appli-
19 cants proposing to use a grant to serve one or
20 more Tribal communities; and

21 “(B) if the full amount of such reservation
22 is not obligated, may reallocate the unobligated
23 portion for grants to other qualified entities.”.

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