

117TH CONGRESS
2^D SESSION

H. R. 8994

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 EMS organizations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 28, 2022

Mr. KIM of New Jersey (for himself, Mr. MULLIN, Mrs. AXNE, Mr. VEASEY, Mr. LAWSON of Florida, Mr. WESTERMAN, and Mr. CAREY) 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 EMS organizations, 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 shall establish a program, to be
6 known as the “Emergency Medical Services (EMS)
7 Grant Program” (in this section referred to as the
8 “Program”), through which the Secretary shall
9 award grants on a competitive basis to EMS organi-
10 zations.

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

17 (A) A description of the financial need of
18 the EMS organization.

19 (B) An analysis of the costs and benefits,
20 with respect to improving medical transport and
21 emergency medical services, of the activities to
22 be carried out through the grant.

23 (3) JOINT APPLICATIONS.—An EMS organiza-
24 tion may submit a joint application with one or more
25 other EMS organizations under this subsection.

1 (4) PEER REVIEW OF GRANT APPLICATIONS.—

2 The Secretary of Health and Human Services, after
3 consultation with national EMS organizations, shall
4 appoint representatives of volunteer, municipal, for-
5 profit, and nonprofit EMS organizations and entities
6 to conduct peer review of applications.

7 (5) PRIORITIZATION OF GRANT AWARDS.—In
8 awarding grants under the Program the Secretary of
9 Health and Human Services shall consider each of
10 the following:

11 (A) The findings and recommendations of
12 the peer reviews carried out under paragraph
13 (4).

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

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

21 (D) Whether an EMS organization has
22 previously received Federal funding.

23 (b) PURPOSES.—Grants made under the Program
24 may be used by recipient EMS organizations for the fol-
25 lowing purposes:

1 (1) Maintaining, or, if appropriate, increasing,
2 the number of trained front-line EMS responders,
3 including providing salaries and stipends, providing
4 wellness and fitness programs for EMS organization
5 personnel, and covering or reimbursing costs associ-
6 ated with certification and recertification courses.

7 (2) Obtaining resources, including purchasing
8 EMS vehicles, personal protective equipment, uni-
9 forms, medicine, and medical supplies.

10 (3) Modifying facilities.

11 (4) Any other activity the Secretary determines
12 appropriate.

13 (c) ALLOCATION OF GRANT AWARDS.—

14 (1) LIMITATION.—Not more than two percent
15 of grants awarded under the Program may be made
16 available to EMS organizations that operate for
17 profit or to otherwise support efforts to establish or
18 provide emergency medical services, or medical
19 transport, for profit. A grant under the Program to
20 such a for-profit EMS organization (if singly) or to
21 such EMS organizations (if a result of a joint appli-
22 cation) or to otherwise so support such efforts shall
23 be in an amount not to exceed \$100,000.

24 (2) FURTHER LIMITATION.—A grant under the
25 Program to a not-for-profit EMS organization or a

1 joint application shall be in an amount not to exceed
2 \$300,000.

3 (3) RESERVATION.—Not less than 20 percent
4 of grants awarded under the Program shall be made
5 available to EMS organizations in rural areas.

6 (d) METRICS.—The Secretary of Health and Human
7 Services shall develop metrics to assess the effectiveness
8 of the Program in improving the coverage, response times,
9 and ability of EMS organizations to provide medical trans-
10 port and emergency medical services.

11 (e) CLAW BACKS.—The Secretary of Health and
12 Human Services shall make every available effort to re-
13 cover grant funds in case of noncompliance. To carry out
14 this subsection, the Secretary shall establish a process
15 through which notification is conveyed to EMS organiza-
16 tions determined to be in noncompliance, and such organi-
17 zations are provided an opportunity to respond to such
18 notification prior to the recovery of such funds.

19 (f) ASSESSMENTS; REPORTS.—Not later than two
20 years after the date of the enactment of this Act and not
21 less frequently than biennially after, the Secretary of
22 Health and Human Services shall—

23 (1) conduct an assessment of the Program
24 based on the metrics developed pursuant to sub-
25 section (d); and

1 (2) submit to the Committee on Energy and
2 Commerce of the House of Representatives and the
3 Committee on Health, Education, Labor, and Pen-
4 sions of the Senate a report summarizing the find-
5 ings of the assessment and recommendations to
6 strengthen the overall program.

7 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
8 authorized to be appropriated to the Secretary of Health
9 and Human Services—

10 (1) \$50,000,000 for each of fiscal years 2023
11 through 2027 to carry out the Program; and

12 (2) \$5,000,000 for each of such fiscal years to
13 provide technical assistance to EMS organizations
14 completing and submitting applications.

15 (h) DEFINITIONS.—In this section:

16 (1) EMS ORGANIZATION.—The term “EMS or-
17 ganization” means a nongovernmental or govern-
18 mental entity that provides medical transport and
19 emergency medical services.

20 (2) EMERGENCY MEDICAL SERVICES.—The
21 term “emergency medical services”—

22 (A) means resources used by a licensed en-
23 tity to deliver medical care outside of a medical
24 facility under emergency conditions that occur
25 as a result of the condition of the patient; and

1 (B) includes services delivered (either on a
2 compensated or volunteer basis) by an emer-
3 gency medical services provider or other pro-
4 vider that is licensed or certified by the State
5 involved as an emergency medical technician, a
6 paramedic, or an equivalent professional (as de-
7 termined by the State).

8 (3) RURAL AREA.—The term “rural area”
9 means—

10 (A) a nonmetropolitan statistical area;

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

13 (C) a rural census tract of a metropolitan
14 statistical area (as determined under the most
15 recent rural urban commuting area code as set
16 forth by the Office of Management and Budg-
17 et).

18 **SEC. 3. REPORTS.**

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

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

3 (1) details the challenges, disparities, and inad-
4 equacies in providing Federal, State, and private (in-
5 cluding commercial insurers) reimbursement for
6 medical transport and emergency medical services;
7 and

8 (2) provides recommendations for improvement
9 with respect to providing such reimbursement.

10 (b) EMS ORGANIZATIONS.—Not later than 90 days
11 after the date of the enactment of this Act, the Secretary
12 of Health and Human Services, in consultation with the
13 Administrator of the Centers for Medicare and Medicaid
14 Services, the Administrator of the Health Resources and
15 Services Administration, the Assistant Secretary for Pre-
16 paredness and Response, and EMS stakeholders, shall
17 submit to Congress a report that—

18 (1) describes the challenges specific to EMS or-
19 ganizations, including with respect to Federal, State,
20 and private (including private insurers) reimburse-
21 ment rates and policies; and

22 (2) contains an action plan to address such
23 challenges through grants and other administrative
24 action.

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