To amend the Public Health Service Act to provide grants to State emergency medical service departments to provide for the expedited training and licensing of veterans with prior medical training, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 2, 2012

Mrs. CAPPs (for herself and Mr. YOUNG of Indiana) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide grants to State emergency medical service departments to provide for the expedited training and licensing of veterans with prior medical training, and for other purposes.

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 “Emergency Medic
Transition Act of 2012” or the “EMT Act of 2012”.


SEC. 2. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO BECOME STATE-LICENSED OR CERTIFIED EMERGENCY MEDICAL TECHNICIANS (EMTS).

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

“SEC. 315. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO BECOME STATE-LICENSED OR CERTIFIED EMERGENCY MEDICAL TECHNICIANS (EMTS).

“(a) PROGRAM.—The Secretary shall establish a program consisting of awarding grants to States to assist veterans who received and completed military emergency medical training while serving in the Armed Forces of the United States to become, upon their discharge or release from active duty service, State-licensed or certified emergency medical technicians.

“(b) USE OF FUNDS.—Amounts received as a grant under this section may be used to assist veterans described in subsection (a) to become State-licensed or certified emergency medical technicians as follows:

“(1) Providing to such veterans required course work and training that take into account, and are not duplicative of, medical course work and training received when such veterans were active members of
the Armed Forces of the United States, to enable
such veterans to satisfy emergency medical services
personnel certification requirements in the civilian
sector, as determined by the appropriate State regu-
lar entity.

“(2) Providing reimbursement for costs associ-
ated with—

“(A) such course work and training; or

“(B) applying for licensure or certification.

“(3) Expediting the licensing or certification
process.

“(4) Entering into an agreement with any insti-
tution of higher education, or other educational in-
stitution certified to provide course work and train-
ing to emergency medical personnel, for purposes of
providing course work and training under this sec-
tion if such institution has developed a suitable cur-
riculum that meets the requirements of paragraph
(1).

“(e) ELIGIBILITY.—To be eligible for a grant under
this section, a State shall demonstrate to the Secretary’s
satisfaction that the State has a shortage of emergency
medical technicians.
“(d) REPORT.—The Secretary shall submit to the Congress an annual report on the program under this section.

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $5,000,000 for each of fiscal years 2013 through 2017.”.

(b) GAO STUDY AND REPORT.—The Comptroller General of the United States shall—

(1) conduct a study on the barriers experienced by veterans who received training as medical personnel while serving in the Armed Forces of the United States and, upon their discharge or release from active duty service, seek to become licensed or certified in a State as civilian health professionals; and

(2) not later than 2 years after the date of the enactment of this Act, submit to the Congress a report on the results of such study, including recommendations on whether the program established under section 315 of the Public Health Service Act, as added by subsection (a), should be expanded to assist veterans seeking to become licensed or cer-
1 tified in a State as health providers other than emer-
2 gency medical technicians.