113TH CONGRESS
2D SESSION

S. 2400

To provide for improvement of field emergency medical services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2014

Mr. BENNET (for himself, Mr. CRAPO, and Mr. JOHNSON of South Dakota) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To provide for improvement of field emergency medical services, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 "Field EMS Innovation Act".

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Recognition of HHS as primary Federal agency for emergency medical services and trauma care.
Sec. 4. Emergency medical services.
Sec. 5. Enhancing research in field EMS.

Sec. 6. Emergency Medical Services Trust Fund.
Sec. 7. Authorization of appropriations.
Sec. 8. Statutory construction.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) All persons throughout the United States
4 should have access to and receive high-quality emer-
5 gency medical care as part of a coordinated emer-
6 gency medical services system.

7 (2) Properly functioning emergency medical
8 services (referred to in this section as ''EMS'') sys-
9 tems, 24 hours per day, 7 days per week, are essen-
10 tial to ensure access to emergency medical care and
11 transport for all patients with emergency medical
12 conditions. Such coordinated EMS systems are also
13 necessary for response to catastrophic incidents.

14 (3) Ensuring high-quality and cost-effective
15 EMS systems requires readiness, preparedness, med-
16 ical direction, oversight, and innovation throughout
17 the continuum of emergency medical care through
18 Federal, State, and local multijurisdictional collabo-
19 ration and sufficient resources for EMS agencies
20 and providers.

21 (4) At the Federal level, EMS responsibilities
22 and resources of several Federal agencies consistent
23 with their expertise and authority must emphasize
24 the critical importance of Federal agency collabora-

1 tion and coordination for all emergency medical serv-
2 ices.
3 (5) At the State and local level, EMS systems
4 and agencies require the coordination and improved
5 capabilities of multiple and diverse stakeholders.
6 (6) Emergency medical services encompass the
7 provision of care provided to patients with emer-
8 gency medical conditions throughout the continuum,
9 including emergency medical care and trauma care
10 provided in the field, hospital, and rehabilitation set-
11 tings.
12 (7) Field EMS comprises essential emergency
13 medical services, including medical care or medical
14 transport provided to patients prior to or outside
15 medical facilities and other clinical settings. The pri-
16 mary purpose of field emergency medical services is
17 to ensure that emergency medical patients receive
18 the right care at the right place in the right amount
19 of time.
20 (8) Coordinated and high-quality field EMS is
21 essential to the Nation's security. Field EMS is an
22 essential public service provided by governmental
23 and nongovernmental agencies and practitioners 24
24 hours a day, 7 days a week, and during catastrophic
25 incidents. To ensure disaster and all-hazards pre-

1 paredness for EMS operations as part of the Na-
2 tion's comprehensive disaster preparedness, Federal
3 funding for preparedness activities, including cata-
4 strophic training and drills, must be provided to gov-
5 ernmental and nongovernmental EMS agencies to
6 ensure a greater capability within each of these
7 areas.

8 (9) Numerous recommendations from several
9 significant national reports and documents have
10 demonstrated the need in multiple areas for substan-
11 tial improvement of emergency medical services pro-
12 vided in the field, including recommendations in the
13 "EMS Agenda for the Future" of the National
14 Highway Traffic Safety Administration and the
15 Health Resources and Services Administration, the
16 Institute of Medicine report "The Future of Emer-
17 gency Care in the United States Health System",
18 and the "EMS Education Agenda for the Future: A
19 Systems Approach", and recommendations of the
20 National EMS Workforce Injury and Illness Surveil-
21 lance Program, the National EMS Advisory Council
22 of the Department of Transportation, and the Fed-
23 eral Interagency Committee on Emergency Medical
24 Services.

1 (10) To substantially improve field EMS, ad-
2 vancements must be made in several essential areas
3 including readiness, innovation, preparedness, edu-
4 cation and workforce development, safety, financing,
5 quality, standards, and research.
6 (11) The recognition of a primary pro-
7 grammatic Federal agency for emergency medical
8 services within the Department of Health and
9 Human Services was recommended by the Institute
10 of Medicine and is necessary to provide a more
11 streamlined, cost-efficient, and comprehensive ap-
12 proach for field EMS and a focal point for practi-
13 tioners and agencies to interface with the Federal
14 Government.
15 (12) The essential role of field EMS in disaster
16 preparedness and response must be incorporated
17 into the national preparedness and response strategy
18 and implementation as provided and overseen by the
19 Department of Homeland Security and the Depart-
20 ment of Health and Human Services pursuant to
21 their respective jurisdictions.
22 (13) The essential role of the National Highway
23 Traffic Safety Administration in the continued de-
24 velopment of the National EMS Information System
25 and in overseeing transportation issues related to

1 field EMS such as EMS and ambulance vehicle safe-
2 ty standards should be maintained.
3 (14) The Federal Interagency Committee on
4 Emergency Medical Services must continue in its es-
5 sential role in coordinating the Federal activities re-
6 lated to the full spectrum of EMS.

7 **SEC. 3. RECOGNITION OF HHS AS PRIMARY FEDERAL**
8 **AGENCY FOR EMERGENCY MEDICAL SERV-**
9 **ICES AND TRAUMA CARE.**

10 Title XXVIII of the Public Health Service Act (42
11 U.S.C. 300hh et seq.) is amended by adding at the end
12 the following:

13 **"Subtitle D—Office of EMS and**
14 **Trauma**

15 **"SEC. 2831. RECOGNITION OF HHS AS PRIMARY FEDERAL**
16 **AGENCY FOR EMERGENCY MEDICAL SERV-**
17 **ICES AND TRAUMA CARE; ESTABLISHMENT**
18 **OF OFFICE OF EMS AND TRAUMA.**

19 "(a) PRIMARY FEDERAL AGENCY.—The Department
20 of Health and Human Services shall serve as the primary
21 Federal agency with responsibility for programs and ac-
22 tivities relating to emergency medical services and trauma
23 care.
24 "(b) OFFICE OF EMS AND TRAUMA.—

1 “(1) ESTABLISHMENT.—There is established
2 within the Department of Health and Human Serv-
3 ices an Office of Emergency Medical Services and
4 Trauma, also to be known as the ‘Office of EMS
5 and Trauma’. The Office of EMS and Trauma shall
6 be headed by a director appointed by the Secretary
7 (referred to in this section as the ‘Director’).
8 “(2) ROLE OF OFFICE WITHIN HHS.—
9 “(A) IN GENERAL.—The Office of EMS
10 and Trauma shall have—
11 “(i) the responsibilities delegated to
12 the Office of EMS and Trauma pursuant
13 to paragraph (3); and
14 “(ii) such responsibilities and authori-
15 ties as may be delegated or transferred to
16 the Office of EMS and Trauma pursuant
17 to subparagraph (B).
18 “(B) ADDITIONAL RESPONSIBILITIES AND
19 AUTHORITIES.—In addition to the responsibil-
20 ities and authorities specified in subparagraph
21 (A), the Secretary may delegate or transfer to
22 the Office of EMS and Trauma any other re-
23 sponsibility or authority of the Department of
24 Health and Human Services relating to emer-
25 gency medical services and trauma care (except

1 that the Secretary may not delegate or transfer
2 such responsibilities or authorities that are oth-
3 erwise granted to a specific agency within the
4 Department in statute), including such services
5 and care relating to—
6 "(i) the full continuum of emergency
7 medical services, including field EMS and
8 trauma and hospital emergency medical
9 care; and
10 "(ii) improving the quality, innova-
11 tion, or cost effectiveness of emergency
12 medical services.
13 "(C) LOCATION OF OFFICE IN HHS.—The
14 Secretary shall locate the Office of EMS and
15 Trauma within the organizational structure of
16 the Department of Health and Human Services
17 in a manner that achieves each of the following:
18 "(i) Recognition of the importance
19 and unique life-saving services associated
20 with field EMS, trauma care, and hospital
21 emergency care as a significant Federal
22 priority.
23 "(ii) Integration of the essential serv-
24 ices described in clause (i) with the larger
25 health care system and within the disaster

1 preparedness system, including through re-
2 gionalization of such services and by en-
3 hancing daily readiness capabilities to en-
4 sure adequate disaster readiness capabili-
5 ties, consistent with the National Health
6 Security Strategy.

7 ''(iii) Consolidation, co-location, and
8 cost efficiencies in administering programs
9 and activities related to field EMS, trauma
10 care, and hospital emergency medical care.

11 ''(iv) Establishment of a Federal focal
12 point for leadership and improved coordi-
13 nation, support, and oversight of field
14 EMS, trauma care, and hospital emergency
15 medical care.

16 ''(v) Sufficient level and stature such
17 that—

18 ''(I) such Office is able to fulfill
19 its role, responsibilities, and authori-
20 ties; and

21 ''(II) the Director of such Office
22 reports directly to the Secretary or an
23 official within the Department who re-
24 ports directly to the Secretary.

1 "(vi) Establishment of a visible and
2 identifiable point of contact with which the
3 public; EMS agencies and practitioners;
4 State and local government agencies; EMS
5 educational institutions; EMS, trauma,
6 and hospital emergency care professional
7 associations; and all other parties may
8 interact.

9 "(3) RESPONSIBILITIES.—The Secretary shall,
10 at a minimum, delegate responsibility to the Office
11 of EMS and Trauma to carry out section 330J and
12 parts A, B, C, D, H, and I (except subsection (c)(1)
13 of section 1294) of title XII.

14 "(c) NATIONAL EMS STRATEGY.—The Secretary,
15 acting through the Director, and in consultation with the
16 Assistant Secretary for Preparedness and Response and
17 the Administrator of the Health Resources and Services
18 Administration, shall develop and implement a cohesive
19 national EMS strategy to strengthen the development of
20 the full continuum of EMS at the Federal, State, and local
21 levels. In establishing such a strategy, the Secretary
22 shall—

23 "(1) solicit and consider the recommendations
24 of the National Emergency Medical Services Advi-
25 sory Council as well as relevant stakeholders;

1 ‘‘(2) consult and collaborate with the Federal
2 Interagency Committee on Emergency Medical Serv-
3 ices to ensure consistency of such national EMS
4 strategy within the larger Federal strategy regarding
5 all of emergency medical services and national pre-
6 paredness and response;

7 ‘‘(3) address issues related to EMS patient and
8 practitioner safety, standardization of EMS practi-
9 tioner licensing and credentialing, field EMS quality
10 and medical oversight, regionalization of field EMS
11 and trauma and emergency care services, availability
12 of field EMS and trauma care and emergency med-
13 ical services throughout the Nation, and integration
14 of field EMS practitioners into the broader health
15 care system, including—

16 ‘‘(A) promotion of the adoption by States
17 of the education standards identified in the
18 ‘Emergency Medical Services Education Agenda
19 for the Future: A Systems Approach’ and any
20 revisions thereto, including the standardization
21 of licensing and credentialing of field EMS
22 practitioners and standards of care, based on
23 best practices and evidence-based medicine, in-
24 cluding by—

1 "(i) the identification of differences in
2 the levels of care, scope of practice, and li-
3 censure and credentialing requirements
4 among the States; and
5 "(ii) the adoption by the States of na-
6 tional standards for such levels of care,
7 scope of practice and licensure and
8 credentialing requirements;
9 "(B) promotion of a culture of safety, in-
10 cluding—
11 "(i) the adoption of an anonymous
12 error reporting system designed to identify
13 systemic problems in field EMS patient
14 and practitioner safety and ensure a single
15 means of collecting and reporting relevant
16 error data by field EMS agencies and
17 States;
18 "(ii) the establishment of field EMS
19 patient and practitioner safety goals and
20 the specific means to improve field EMS
21 practitioner and patient safety to achieve
22 such goals; and
23 "(iii) the adoption of more uniform
24 national ambulance vehicle safety and
25 manufacturing standards as developed by

1 the National Fire Protection Administration or coordinated by the National Highway Traffic Safety Administration;

4 ‘‘(C) the integration and utilization of field EMS practitioners as part of the larger health care system, including—

7 ‘‘(i) the potential utilization of field EMS practitioners for the provision of care to patients with nonemergent medical conditions, such as through mobile integrated health care services or community paramedicine; and

13 ‘‘(ii) strategies to implement the recommendations provided by the National Health Care Workforce Commission, pursuant to section 5101(d)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 294q(d)(2)); and

19 ‘‘(D) such other issues as the Secretary considers appropriate;

21 ‘‘(4) incorporate into such strategy the preparedness and response objectives identified by the Secretary of Homeland Security and the Assistant Secretary for Preparedness and Response in order—

1 "(A) to ensure the capability and capacity
2 of the full spectrum of EMS to respond to ter-
3 rorist attacks, disasters, catastrophic events,
4 and mass casualty events; and
5 "(B) to coordinate with the Secretary of
6 Homeland Security accordingly;
7 "(5) complete the development of such strategy
8 not later than 18 months after the date of enact-
9 ment of this Act;
10 "(6) communicate such strategy to the relevant
11 congressional committees of jurisdiction;
12 "(7) implement such strategy, to the extent
13 practicable, not later than 3 years after the date of
14 enactment of the Field EMS Innovation Act; and
15 "(8) update such strategy not less than every 3
16 years.
17 "(d) DEFINITIONS.—In this section, the terms 'field
18 EMS', 'emergency medical services', and 'medical over-
19 sight' have the meaning given such terms in section
20 1291.".
21 **SEC. 4. EMERGENCY MEDICAL SERVICES.**
22 Title XII of the Public Health Service Act (42 U.S.C.
23 300d et seq.) is amended by adding at the end the fol-
24 lowing:

1 "PART I—EMERGENCY MEDICAL SERVICES

2 "SEC. 1291. DEFINITIONS.

3 ''In this part:

4 ''(1) The term 'ambulance diversion' means the
5 practice of hospitals of denying access to an incom-
6 ing ambulance and requesting that the ambulance
7 proceed to another facility due to a stated lack of ca-
8 pacity at the initial facility, resulting in delayed ac-
9 cess to definitive care.

10 ''(2) The term 'Director' means the Director of
11 the Office of EMS and Trauma established under
12 section 2831.

13 ''(3) The term 'EMS' means emergency medical
14 services.

15 ''(4) The term 'FICEMS' means the Federal
16 Interagency Committee on Emergency Medical Serv-
17 ices.

18 ''(5) The term 'field EMS' means emergency
19 medical services provided to patients (including
20 transport by ground, air, or otherwise) prior to or
21 outside a medical facility or other clinical setting.

22 ''(6) The term 'field EMS agency' means an or-
23 ganization providing field EMS, including—

24 ''(A) governmental (including fire-based
25 agencies), nongovernmental (including hospital-

1 based or private agencies), and volunteer orga-
2 nizations; and
3 ‘‘(B) organizations that provide field EMS
4 by ground, air, or otherwise.
5 ‘‘(7) The term ‘emergency medical services’ or
6 ‘EMS’ means emergency medical care, trauma care,
7 and related services provided to patients at any
8 point in the continuum of health care services, in-
9 cluding emergency medical dispatch and emergency
10 medical care, trauma care, and related services pro-
11 vided in the field, during transport, or in a medical
12 facility or other clinical setting.
13 ‘‘(8) The term ‘field EMS patient care reports’
14 means the information that a field EMS agency
15 typically creates regarding a patient’s medical condi-
16 tion and treatment in the course of providing emer-
17 gency medical services to that patient.
18 ‘‘(9) The term ‘medical oversight’ means the
19 supervision by a physician of the medical aspects of
20 an EMS system or agency and its providers, includ-
21 ing prospective, concurrent, and respective compo-
22 nents of field EMS and the education of EMS pro-
23 viders.
24 ‘‘(10) The term ‘NEMSAC’ means the National
25 Emergency Medical Services Advisory Council.

1 “(11) The term ‘NEMSIS’ means the National
2 EMS Information System.
3 “(12) The term ‘NHTSA’ means the National
4 Highway Traffic Safety Administration.
5 “(13) The term ‘patient parking’ means the
6 practice by hospitals of refusing to accept transfer
7 of a patient’s care from an ambulance crew until a
8 regular emergency department bed is available, re-
9 quiring the crew to continue to provide patient care
10 on the ambulance stretcher rather than in a patient
11 bed in the hospital, until hospital staff will accept
12 the transfer of care, resulting in delayed access to
13 definitive care.
14 “(14) The term ‘State EMS Office’ means an
15 office designated by the State with primary responsi-
16 bility for oversight of the State’s EMS system, such
17 as responsibility for oversight of EMS coordination,
18 licensing or certifying EMS practitioners, and EMS
19 system improvement.
20 “(15) The term ‘STEMI’ means ST–Segment
21 Elevation Myocardial Infarction.

22 **“SEC. 1292. FIELD EMS EXCELLENCE, QUALITY, UNIVERSAL**
23 **ACCESS, INNOVATION, AND PREPAREDNESS.**

24 “(a) IN GENERAL.—The Director shall establish the
25 an EMS Excellence, Quality, Universal Access, Innova-

1 tion, and Preparedness grant program, to be referred to
2 as the 'EQUIP grant program'—
3 "(1) to promote excellence in all aspects of the
4 provision of field EMS by field EMS agencies;
5 "(2) to enhance the quality of emergency med-
6 ical care provided to patients by field EMS practi-
7 tioners through evidence-based, medically directed
8 field emergency care;
9 "(3) to promote universal access to and avail-
10 ability of high-quality field EMS in all geographic lo-
11 cations of the Nation;
12 "(4) to spur innovation in the delivery of field
13 EMS; and
14 "(5) to improve EMS agency readiness and pre-
15 paredness for day-to-day emergency medical re-
16 sponse.
17 "(b) APPLICATION.—
18 "(1) IN GENERAL.—To be eligible to receive a
19 grant under this section, an eligible entity shall sub-
20 mit an application to the Director in such form and
21 manner, and containing such agreements, assur-
22 ances, and information as the Director determines to
23 be necessary to carry out this section.
24 "(2) SIMPLE FORM.—The Director shall ensure
25 that grant application requirements are not unduly

1 burdensome to smaller and volunteer field EMS
2 agencies or other agencies with limited resources.
3 "(3) CONSISTENCY WITH PREPARATION
4 GOALS.—The Director shall ensure that grant appli-
5 cations are consistent with national and relevant
6 State preparedness plans and goals.
7 "(c) USE OF FUNDS.—Grants may be used by eligible
8 entities—
9 "(1) to sustain field EMS practitioners to en-
10 sure 24 hours a day, 7 days a week readiness and
11 preparedness at the local level;
12 "(2) to develop and implement initiatives re-
13 lated to delivery of medical services, including—
14 "(A) innovative clinical practices to im-
15 prove the cost effectiveness and quality of care
16 delivered to emergency patients in the field that
17 results in improved patient outcomes and cost
18 savings to the health system, including for high
19 prevalence emergency medical conditions such
20 as sudden cardiac arrest, STEMI, stroke, and
21 trauma; and
22 "(B) delivery systems to improve patient
23 outcomes, which may include implementing evi-
24 dence-based protocols, interventions, systems,

1 and technologies to reduce clinically meaningful
2 response times;
3 "(3) to purchase and implement—
4 "(A) medical equipment and training for
5 using such equipment;
6 "(B) communication systems to ensure
7 seamless and interoperable communications
8 with other first responders; and
9 "(C) information systems to comply with
10 NEMSIS data collection and integrate field
11 emergency care with electronic medical records;
12 "(4) to participate in federally sponsored field
13 EMS research;
14 "(5) to establish or enhance comprehensive
15 medical oversight and quality assurance programs
16 that include the active participation by medical di-
17 rectors in field EMS medical direction and edu-
18 cational programs; and
19 "(6) for such other uses as the Director deter-
20 mines appropriate.
21 "(d) ADMINISTRATION OF GRANTS.—In establishing
22 and administering the EQUIP grant program, the Direc-
23 tor—
24 "(1) shall establish a grantmaking process that
25 includes—

1 "(A) prioritization for the awarding of
2 grants to eligible entities and consideration of
3 the factors in reviewing grant applications by
4 eligible entities, including—
5 "(i) demonstrated financial need for
6 funding;
7 "(ii) utilization of public and private
8 partnerships;
9 "(iii) enhanced access to high-quality
10 field EMS in under served geographic
11 areas;
12 "(iv) unique needs of volunteer and
13 rural field EMS agencies;
14 "(v) distribution among a variety of
15 geographic areas, including urban, subur-
16 ban, and rural;
17 "(vi) distribution of funds among
18 types of EMS agencies, including govern-
19 mental, nongovernmental and volunteer;
20 "(vii) implementation of evidence-
21 based interventions that improve quality of
22 care, patient outcomes, efficiency, or cost
23 effectiveness; and
24 "(viii) such other factors as the Direc-
25 tor determines necessary;

1 ‘‘(B) a peer-reviewed process to rec-
2 ommend grant allocations in accordance with
3 the prioritization established by the Director,
4 except that final award determinations shall be
5 made by the Director; and

6 ‘‘(C) the provision of grant awards to eligi-
7 ble entities on an annual basis, except that the
8 Director may reserve not more than 25 percent
9 of the available appropriations for multiyear
10 grants and no grant award may exceed a 2-year
11 period;

12 ‘‘(2) shall consult with and take into consider-
13 ation the recommendations of the Assistant Sec-
14 retary for Preparedness and Response, FICEMS,
15 NEMSAC, and relevant stakeholders;

16 ‘‘(3) shall ensure that funds used for day-to-day
17 preparedness activities are consistent and aligned
18 with Federal preparedness priorities; and

19 ‘‘(4) may contract with an independent, third-
20 party, nonprofit organization to administer the grant
21 program if the Director establishes conflict-of-inter-
22 est requirements as part of any such contractual re-
23 lationship.

24 ‘‘(e) ELIGIBILITY.—Eligible grant recipients are field
25 EMS agencies that—

1 "(1) are licensed by or otherwise authorized in
2 the State in which they operate; and
3 "(2) have medical oversight and quality im-
4 provement programs as defined by the Director.
5 "(f) REQUIRED USE OF GUIDELINES.—As a condi-
6 tion on receipt of a grant under this section, the Director
7 shall require the grant recipient to adopt and implement
8 (to the extent applicable) the guidelines promoted, devel-
9 oped, and disseminated under subparagraphs (B) and (C)
10 of section 1294(a)(1).
11 "(g) ANNUAL REPORT.—The Director shall submit
12 an annual report on the EQUIP grant program under this
13 section to Congress.
14 **"SEC. 1293. FIELD EMS SYSTEM PERFORMANCE, INTEGRA-**
15 **TION, AND ACCOUNTABILITY.**
16 "(a) IN GENERAL.—The Director shall establish a
17 Field EMS System Performance, Integration, and Ac-
18 countability grant program, to be referred to as the 'SPIA
19 grant program'—
20 "(1) to improve field EMS system performance,
21 integration, and accountability;
22 "(2) to ensure preparedness for field EMS at
23 the State and local levels;
24 "(3) to enhance physician medical oversight of
25 field EMS systems;

1 "(4) to improve coordination between regional
2 field EMS systems and integration of such regional
3 field EMS systems into the larger health care sys-
4 tem;
5 "(5) to enhance data collection and analysis to
6 improve, on a continuing basis, the field EMS sys-
7 tem; and
8 "(6) to promote standardization of national
9 EMS certification of emergency medical technicians
10 and paramedics.
11 "(b) USE OF FUNDS.—Entities receiving grants
12 under this section may use such grant funds—
13 "(1) to enhance EMS system readiness and pre-
14 paredness for day-to-day emergency medical re-
15 sponse;
16 "(2) to improve cross-border collaboration and
17 planning among States; and
18 "(3) to collect data with regard to—
19 "(A) NEMSIS;
20 "(B) field EMS education;
21 "(C) field EMS workforce;
22 "(D) cardiac events, including STEMI and
23 sudden cardiac arrest;
24 "(E) stroke;

1 "(F) disasters, including injuries and ill-
2 nesses;
3 "(G) ambulance diversion and patient
4 parking;
5 "(H) trauma (in a manner that is com-
6 plementary and not duplicative of other trauma
7 data collection, such as the National Trauma
8 Data Bank);
9 "(I) data determined necessary by the
10 State office of EMS for oversight and coordina-
11 tion of the State field EMS system; and
12 "(J) any other such data that the Director
13 specifies;
14 "(4) to implement and evaluate system-wide
15 quality improvement initiatives, including medical di-
16 rection at the State, local, and regional levels;
17 "(5) to integrate field EMS with other health
18 care services as part of a coordinated system of care
19 provided to patients with emergency medical condi-
20 tions to help ensure the right patient receives the
21 right care by the right crew in the right vehicle and
22 at the right medical facility in the right amount of
23 time, including by enhancing regional emergency
24 medical dispatch;

1 "(6) to incorporate national EMS certification
2 for all levels of emergency medical technicians and
3 paramedics;

4 "(7) to improve the State's planning for ensur-
5 ing a consistent, available EMS workforce;

6 "(8) to fund EMS regional and local oversight
7 and planning organizations or develop regional sys-
8 tems of emergency medical care within the State to
9 further enhance coordination and systemic develop-
10 ment throughout the State; and

11 "(9) for such other uses as the Director deter-
12 mines appropriate.

13 "(c) ADMINISTRATION OF GRANTS.—In establishing
14 and administering the SPIA grant program, the Director
15 shall—

16 "(1) establish State EMS system performance
17 standards to serve as guidance to States in improv-
18 ing EMS systems and in applying for grants under
19 this section, taking into consideration—

20 "(A) the recommendations of the Assistant
21 Secretary for Preparedness and Response,
22 FICEMS, NEMSAC, and relevant stakeholders;

23 "(B) national, evidence-based guidelines;
24 and

1 "(C) the needs and resource limitations of
2 volunteer, smaller agencies, and agencies in
3 rural areas;

4 "(2) provide technical assistance to State EMS
5 offices in conducting comprehensive EMS planning
6 with regard to evidence-based workforce and devel-
7 opment competencies for field EMS management;

8 "(3) allocate, within the available funds, SPIA
9 grants to a maximum of one grant per applicant ac-
10 cording to a formula based on population and geo-
11 graphic area, as determined by the Director, for a
12 period not to exceed 2 years; and

13 "(4) require that States allocate a portion of
14 funds awarded under this section to regional and
15 local oversight and planning EMS organizations
16 within the State for the purpose of field EMS sys-
17 tem development, maintenance, and improvement of
18 coordination among regional organizations.

19 "(d) APPLICATION.—To be eligible to receive a grant
20 under this section, an eligible entity shall submit an appli-
21 cation to the Director in such form and manner, con-
22 taining such agreements, assurances, and information as
23 the Director determines to be necessary to carry out this
24 section.

1 "(e) ELIGIBILITY.—The entities eligible for a grant
2 under this section are the State EMS office in each of
3 the several States, Indian tribes, and territories.
4 "(f) REQUIRED USE OF GUIDELINES.—As a condi-
5 tion on receipt of a grant under this section, the Director
6 shall require the grant recipient to adopt and implement
7 (to the extent applicable) the guidelines promoted, devel-
8 oped, and disseminated under subparagraphs (B) and (C)
9 of section 1294(a)(1).
10 "(g) ANNUAL REPORT.—The Director shall submit
11 an annual report on the SPIA grant program under this
12 section to Congress.
13 **"SEC. 1294. FIELD EMS QUALITY.**
14 "(a) MEDICAL OVERSIGHT.—
15 "(1) IN GENERAL.—To improve medical over-
16 sight of field EMS and ensure continuity and quality
17 for such medical oversight, the Director shall—
18 "(A) promote high-quality and comprehen-
19 sive medical oversight of—
20 "(i) all medical care provided by field
21 EMS practitioners; and
22 "(ii) the education and training of
23 field EMS practitioners;
24 "(B) promote the development, adoption,
25 and utilization of national guidelines for the

1 roles of physicians who provide medical over-
2 sight for field EMS and other health care pro-
3 viders who support physicians in this role;
4 ‘‘(C) support efforts of relevant physician
5 stakeholders in developing and disseminating
6 guidelines for use by EMS medical directors
7 and field EMS practitioners on a national basis;
8 and
9 ‘‘(D) convene a Field EMS Medical Over-
10 sight Advisory Committee, comprised of rep-
11 resentatives of relevant physician stakeholders,
12 to advise the Director on ways and means to
13 advance and support development and mainte-
14 nance of quality medical oversight throughout
15 the Nation’s systems for field EMS.
16 ‘‘(2) ADDITIONAL CONSIDERATIONS.—In car-
17 rying out subparagraphs (B) and (C) of paragraph
18 (1), the Director shall take into consideration—
19 ‘‘(A) existing guidelines developed by na-
20 tional professional physician associations,
21 States, and other relevant governmental or non-
22 governmental entities;
23 ‘‘(B) the input of other relevant stake-
24 holders, including health care providers who

1 support physicians who provide medical over-
2 sight for field EMS; and

3 "(C) the unique needs associated with
4 medical oversight of provision of field EMS in
5 rural areas or by volunteers.

6 "(3) FLEXIBILITY.—The guidelines promoted,
7 developed, and disseminated under subparagraphs
8 (B) and (C) of paragraph (1) shall ensure high-qual-
9 ity training, credentialing, and direction in connec-
10 tion with medical oversight of field EMS at the
11 State, regional, and local levels while providing suffi-
12 cient flexibility to account for historical and legiti-
13 mate differences in field EMS among States, re-
14 gions, and localities.

15 "(b) GAO STUDY AND REPORT.—

16 "(1) IN GENERAL.—The Comptroller General of
17 the United States shall complete a study on—

18 "(A) medical and administrative liability
19 issues that may impede—

20 "(i) medical direction provided by
21 physicians directly regarding specific pa-
22 tients or medical oversight provided by
23 physicians in establishing medical proto-
24 cols, procedures, and other activities re-

1 lated to the provision of emergency medical
2 care in field EMS; or
3 "(ii) the highest quality emergency
4 medical care in field EMS provided by per-
5 sonnel other than physicians such as emer-
6 gency medical technicians and paramedics;
7 "(B) reimbursement for any component of
8 medical oversight; and
9 "(C) such other issues as the Comptroller
10 General determines appropriate relating to im-
11 proving the quality and medical oversight of
12 emergency medical care in field EMS.
13 "(2) REPORT TO CONGRESS.—Not later than
14 18 months after the date of the enactment of the
15 Field EMS Innovation Act, the Comptroller General
16 shall complete the study under paragraph (1) and
17 submit a report to Congress on the results of such
18 study, including any recommendations.
19 "(c) DATA COLLECTION AND EXCHANGE.—
20 "(1) NATIONAL EMS INFORMATION SYSTEM.—
21 "(A) IN GENERAL.—The Administrator of
22 NHTSA may maintain, improve, and expand
23 the National EMS Information System, includ-
24 ing the National EMS Database.

1 "(B) CONSULTATION.—The Administrator
2 of NHTSA shall carry out this paragraph in
3 consultation with the Director.
4 "(C) STANDARDIZATION.—In carrying out
5 subparagraph (A), the Administrator of
6 NHTSA shall promote the collection and re-
7 porting of data on field EMS in a standardized
8 manner.
9 "(D) AVAILABILITY OF DATA.—The Ad-
10 ministrator of NHTSA shall ensure that infor-
11 mation in the National EMS Database (other
12 than individually identifiable information) is
13 available to Federal and State policymakers,
14 EMS stakeholders, and researchers.
15 "(E) TECHNICAL ASSISTANCE.—In car-
16 rying out subparagraph (A), the Administrator
17 of NHTSA may provide technical assistance to
18 State and local agencies, field EMS agencies,
19 and other entities, as the Administrator deter-
20 mines appropriate, to assist in the collection,
21 analysis, and reporting of data.
22 "(2) REPORT ON DATA GAPS.—
23 "(A) IN GENERAL.—Not later than 1 year
24 after the date of the enactment of the Field
25 EMS Innovation Act, the Secretary of Health

1 and Human Services, acting through the Direc-
2 tor, in consultation with the Administrator of
3 NHTSA, shall submit to Congress a report
4 that—
5 ‘‘(i) identifies gaps in the collection of
6 data related to the provision of field EMS;
7 and
8 ‘‘(ii) includes recommendations for
9 improving the collection, reporting, and
10 analysis of such data.
11 ‘‘(B) RECOMMENDATIONS.—The rec-
12 ommendations required by subparagraph (A)(ii)
13 shall—
14 ‘‘(i) take into consideration the rec-
15 ommendations of FICEMS and NEMSAC
16 and relevant stakeholders;
17 ‘‘(ii) recommend methods for improv-
18 ing data collection and reporting and anal-
19 ysis without unduly burdening reporting
20 entities and without duplicating existing
21 data sources (such as data collected by the
22 National Trauma Data Bank);
23 ‘‘(iii) address the quality and avail-
24 ability of data, and linkages with existing
25 patient registries, related to the provision

1 of field EMS and utilization of field EMS
2 with respect to a variety of illnesses and
3 injuries (in both the everyday provision of
4 field EMS and catastrophic or disaster re-
5 sponse), including—
6 ''(I) cardiac events such as chest
7 pain, sudden cardiac arrest, and
8 STEMI;
9 ''(II) stroke;
10 ''(III) trauma;
11 ''(IV) disaster and catastrophic
12 incidents, such as incidents related to
13 terrorism or natural or manmade dis-
14 asters; and
15 ''(V) ambulance diversion and
16 patient parking; and
17 ''(iv) include an analysis of the variety
18 of services provided by field EMS agencies.
19 ''(3) REPORT ON DATA INTEGRATION TO PRO-
20 MOTE QUALITY OF CARE.—Not later than 18
21 months after the date of enactment of the Field
22 EMS Innovation Act, the Secretary, acting through
23 the head of the Office of the National Coordinator
24 for Health Information Technology and the Director,
25 in collaboration with FICEMS and the Adminis-

1 trator of NHTSA as appropriate, and taking into
2 consideration input from relevant stakeholders, shall
3 submit a report (including recommendations) on
4 issues, impediments, and potential solutions per-
5 taining to the following objectives:
6 ‘‘(A) Incorporation of field EMS patient
7 care reports into patient electronic health
8 records, taking into consideration—
9 ‘‘(i) the extent to which field EMS pa-
10 tient care reports are created in electronic
11 format and the potential for elements of
12 such reports to be incorporated into pa-
13 tient electronic health records;
14 ‘‘(ii) the data elements of field EMS
15 patient care reports that would promote
16 quality and efficiency of care if incor-
17 porated into patient electronic health
18 records;
19 ‘‘(iii) potential modifications to the
20 Medicare and Medicaid programs under ti-
21 tles XVIII and XIX, respectively, of the
22 Social Security Act (42 U.S.C. 1395 et
23 seq., 1396 et seq.) or other Federal health
24 programs (including potential modifica-
25 tions to the HITECH Act (title XIII of di-

1 vision A and title IV of Division B of Pub-
2 lic Law 111–5), including modifications to
3 the entities included as eligible for incen-
4 tive payments under section 1848(o),
5 1853(l) (to the extent that such section
6 1848(o) is applied), or 1903(t) of the So-
7 cial Security Act (42 U.S.C. 1395w–4(o),
8 1395w–23(l), 1396b(t)), criteria for cer-
9 tified EHR technology for purposes of
10 such sections, and objectives and measures
11 for determining meaningful use of such
12 technology for purposes of such sections)
13 to provide appropriate reimbursement and
14 financial incentives for EMS agencies—
15 ‘‘(I) to maintain field EMS pa-
16 tient care reports in a structured elec-
17 tronic format; and
18 ‘‘(II) to otherwise adopt and use
19 electronic health records; and
20 ‘‘(iv) potential modifications to the
21 HITECH Act to provide incentives to eligi-
22 ble hospitals under section 1886(n),
23 1853(m) (to the extent that such section
24 1886(n) is applied), or section 1814(l)(3)
25 of the Social Security Act to incorporate

1 appropriate data elements of field EMS
2 patient care reports into patient electronic
3 health records.

4 ''(B) Incorporation of patient health infor-
5 mation created subsequent to the receipt of
6 field EMS emergency care into NEMSIS, tak-
7 ing into consideration—

8 ''(i) the types of medical information
9 created subsequent to the receipt of field
10 EMS emergency care (such as outcomes
11 information or information regarding sub-
12 sequent care and treatment) that would, if
13 included in NEMSIS, be potentially useful
14 in evaluating and improving the quality of
15 EMS care;

16 ''(ii) how best to integrate such infor-
17 mation into NEMSIS;

18 ''(iii) potential modifications to the
19 HITECH Act to require eligible hospitals,
20 as defined in section 1886(n)(6)(B) of the
21 Social Security Act (42 U.S.C.
22 1395ww(n)(6)(B)), for purposes of incen-
23 tive payments under 1886(b)(3)(B)(ix) and
24 1886(n) of such Act, to develop or report

1 relevant data to NEMSIS or other appro-
2 priate State or private registries; and
3 "(iv) potential modifications to the
4 Medicare and Medicaid programs under ti-
5 tles XVIII and XIX, respectively, of the
6 Social Security Act or other Federal health
7 programs to provide appropriate reim-
8 bursement and financial incentives for field
9 EMS agencies to develop or report relevant
10 data to NEMSIS or other appropriate
11 State or private registries.
12 "(d) CLARIFICATION OF HIPAA.—
13 "(1) EXCHANGE OF INFORMATION RELATED TO
14 THE TREATMENT OF PATIENTS.—
15 "(A) IN GENERAL.—Nothing in HIPAA
16 privacy and security law (as defined in section
17 3009(a)(2)) shall be construed as prohibiting
18 the exchange of information between field EMS
19 practitioners treating an individual and per-
20 sonnel of a hospital to which the individual is
21 transported for the purposes of relating infor-
22 mation on the medical history, treatment, care,
23 and outcome of such individual (including any
24 health care personnel safety issues such as in-
25 fectious disease).

1 "(B) GUIDELINES.—The Secretary shall
2 establish guidelines for exchanges of informa-
3 tion between field EMS practitioners treating
4 an individual and personnel of a hospital to
5 which the individual is transported to protect
6 the privacy of the individual while ensuring the
7 ability of such EMS practitioners and hospital
8 personnel to communicate effectively to further
9 the continuity and quality of emergency medical
10 care provided to such individual.
11 "(2) NEMSIS DATA.—Nothing in HIPAA pri-
12 vacy and security law (as defined in section
13 3009(a)(2)) shall be construed as prohibiting—
14 "(A) a field EMS agency from submitting
15 EMS data to the State EMS Office for the pur-
16 pose of quality improvement and data collection
17 by the State for submission to NEMSIS; or
18 "(B) the State EMS Office from submit-
19 ting aggregated nonindividually identifiable
20 EMS data to the National EMS Database
21 maintained by NHTSA.
22 **"SEC. 1295. FIELD EMS EDUCATION GRANTS.**
23 "(a) IN GENERAL.—For the purpose of promoting
24 field EMS as a health profession and ensuring the avail-
25 ability, quality, and capability of field EMS educators,

1 practitioners, and medical directors, the Director may
2 make grants to eligible entities for the development, avail-
3 ability, and dissemination of field EMS education pro-
4 grams and courses that improve the quality and capability
5 of field EMS personnel. In carrying out this section, the
6 Director shall take into consideration recommendations of
7 the Administrators of each of NHTSA, FICEMS, and
8 NEMSAC, the National Health Care Workforce Commis-
9 sion established under section 5101 of the Patient Protec-
10 tion and Affordable Care Act (42 U.S.C. 294q), and rel-
11 evant stakeholders.

12 ''(b) ELIGIBILITY.—In this section, the term 'eligible
13 entity' means an educational organization, an educational
14 institution, a professional association, and any other entity
15 involved with the education of field EMS practitioners.

16 ''(c) USE OF FUNDS.—The Director may award a
17 grant to an eligible entity under paragraph (1) only if the
18 entity agrees to use the grant to—

19 ''(1) develop and implement education programs
20 that—

21 ''(A) train field EMS trainers and promote
22 the adoption and implementation of the edu-
23 cation standards identified in the 'Emergency
24 Medical Services Education Agenda for the Fu-

1 ture: A Systems Approach' including any revi-
2 sions thereto;
3 ''(B) bridge the gap in knowledge and
4 skills in field EMS and among field EMS and
5 other allied health professions to develop a larg-
6 er cadre of educational instructors and build a
7 stronger and more flexible field EMS practi-
8 tioner corps; or
9 ''(C) provide training and retraining pro-
10 grams to provide displaced workers the oppor-
11 tunity to enter a field EMS profession;
12 ''(2) develop and implement educational courses
13 pertaining to—
14 ''(A) instructor courses;
15 ''(B) provision of medical direction of field
16 EMS;
17 ''(C) field EMS practitioners, including
18 physicians, emergency medical technicians,
19 paramedics, nurses, and other relevant clini-
20 cians providing emergency medical care in the
21 field;
22 ''(D) field EMS educational and clinical re-
23 search;
24 ''(E) bridge programs among field EMS,
25 nursing, and other allied health professions;

1 ‘‘(F) field EMS management;
2 ‘‘(G) national, evidence-based guidelines;
3 and
4 ‘‘(H) translation of the lessons learned in
5 military medicine to field EMS;
6 ‘‘(3) evaluate education and training courses
7 and methodologies to identify optimal educational
8 modalities for field EMS practitioners;
9 ‘‘(4) improve the field EMS education infra-
10 structure by increasing the number of field EMS in-
11 structors and the quality of their preparation by im-
12 proving, enhancing, and modernizing the dissemina-
13 tion of EMS education, including distance learning,
14 and by establishing quality improvement for EMS
15 education programs;
16 ‘‘(5) enhance the opportunity for medical direc-
17 tion training and for promoting appropriate medical
18 oversight of field emergency medical care;
19 ‘‘(6) improve systems to design, implement, and
20 evaluate education for prospective and current field
21 EMS providers; or
22 ‘‘(7) carrying out such other activities as the
23 Director determines appropriate.
24 ‘‘(d) PRIORITY.—The Director, in consultation with
25 NHTSA and relevant stakeholders, and taking into con-

1 sideration the recommendations of FICEMS and
2 NEMSAC, shall establish a system of prioritization in
3 awarding grants under this section to eligible entities.

4 "(e) DURATION OF GRANTS.—Grants under this sec-
5 tion shall be for a period of 1 to 3 years.

6 "(f) APPLICATION.—The Director may not award a
7 grant to an eligible entity under this section unless the
8 entity submits an application to the Director in such form,
9 in such manner, and containing such agreements, assur-
10 ances, and information as the Director may require. The
11 Director shall ensure that the requirements for submitting
12 an application under this section are not unduly burden-
13 some.

14 **"SEC. 1296. EVALUATING INNOVATIVE MODELS FOR AC-**
15 **CESS AND DELIVERY OF FIELD EMS FOR PA-**
16 **TIENTS.**

17 "(a) EVALUATION.—

18 "(1) IN GENERAL.—Not later than 1 year after
19 the date of the enactment of the Field EMS Innova-
20 tion Act, the Director, in consultation with the Ad-
21 ministrator of the Centers for Medicare & Medicaid
22 Services, and taking into consideration the rec-
23 ommendations of NEMSAC and FICEMS, shall
24 complete an evaluation of—

1 ‘‘(A) the provision of and reimbursement
2 for alternative delivery models for medical care
3 through field EMS; and
4 ‘‘(B) the integration of field EMS patients
5 with other medical providers and facilities as
6 medically appropriate.
7 ‘‘(2) SPECIFIC ISSUES.—In completing the eval-
8 uation under paragraph (1), the Director shall con-
9 sider each of the following:
10 ‘‘(A) Alternative dispositions of patients,
11 including—
12 ‘‘(i) transporting patients by ambu-
13 lance to destinations other than a hospital
14 such as the office of the patient’s physi-
15 cian, an urgent care center, or the facilities
16 of another health care provider;
17 ‘‘(ii) when medically necessary, the
18 evaluation, treatment, or referral of pa-
19 tients to other medically appropriate health
20 care providers;
21 ‘‘(iii) the provision of medical care re-
22 gardless of the decision to transport, such
23 as reimbursement models based on readi-
24 ness rather than transport and shared sav-
25 ings; and

1 "(iv) the provision of health care
2 using patient centered mobile resources in
3 the out-of-hospital environment, such as
4 mobile integrated health care services and
5 community paramedicine.
6 "(B) Issues related to medical liability and
7 the requirements of section 1867 of the Social
8 Security Act (42 U.S.C. 1395dd; commonly re-
9 ferred to as 'EMTALA') associated with trans-
10 port to destinations other than a hospital emer-
11 gency department.
12 "(C) Necessary protections to ensure that
13 patients receive timely and appropriate care in
14 the appropriate setting.
15 "(D) Whether there are any barriers to
16 providing alternate dispositions to patients who
17 are not in need of care in hospital emergency
18 departments.
19 "(E) Other issues determined by the Di-
20 rector, including, when practicable, issues rec-
21 ommended by FICEMS or NEMSAC for eval-
22 uation under this subsection.
23 "(b) DEMONSTRATION PROJECTS.—
24 "(1) IN GENERAL.—Beginning not later than 1
25 year after the date of the enactment of the Field

1 EMS Innovation Act, the Director shall conduct or
2 support at least 10 demonstration projects to—
3 ''(A) evaluate the implementation and re-
4 imbursement of alternative dispositions of field
5 EMS patients, including—
6 ''(i) transporting patients by ambu-
7 lance to alternate destinations when medi-
8 cally appropriate and in the patients' best
9 interests;
10 ''(ii) when medically necessary, evalu-
11 ating, treating, or referring patients to
12 other medically appropriate providers; and
13 ''(iii) when medically appropriate,
14 treating patients through mobile integrated
15 health care services or community
16 paramedicine.
17 ''(B) evaluate the implementation of reim-
18 bursement models based on readiness rather
19 than transport or shared savings; and
20 ''(C) determine whether such alternative
21 dispositions and reimbursement models—
22 ''(i) improve the safety, effectiveness,
23 timeliness, and efficiency of EMS; and
24 ''(ii) reduce overall utilization and ex-
25 penditures under the Medicare program

1 under title XVIII of the Social Security
2 Act.
3 "(2) EVIDENCE-BASED PROTOCOLS.—The Di-
4 rector shall ensure that at least one demonstration
5 project under paragraph (1) evaluates evidence-
6 based protocols that give guidance on selection of
7 the destination to which patients are transported.
8 "(3) DURATION.—The period of a demonstra-
9 tion project under paragraph (1) shall not exceed 3
10 years.
11 "(4) RESEARCH.—The Director shall conduct
12 or support further research that the Director deter-
13 mines to be necessary prior to or in conjunction with
14 the demonstration projects under this subsection in
15 order to evaluation the implementation of alternative
16 dispositions of field EMS patients.
17 "(5) FUNDING.—Of the amount made available
18 to carry out section 1115A of the Social Security
19 Act (42 U.S.C. 1315a) for a fiscal year, the Sec-
20 retary may transfer such sums as may be necessary
21 to carry out this subsection.
22 "(c) REPORT TO CONGRESS.—Not later than 1 year
23 after the completion of all demonstration projects under
24 subsection (b), the Director shall submit to Congress a
25 report on the results of activities under this section, in-

cluding recommendations on the efficacy of alternative dispositions of field EMS patients.''.

SEC. 5. ENHANCING RESEARCH IN FIELD EMS.

(a) MODELS TO BE TESTED BY CENTER FOR MEDICARE AND MEDICAID INNOVATION.—Section 1115A(b)(2)(B) of the Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amended by adding at the end the following:

''(xxi) Enhancing health outcomes for patients receiving field emergency medical services and improving timely and efficient delivery of high-quality field emergency medical services, such as through—

''(I) regionalization of emergency care;

''(II) medical transport to alternate destinations; or

''(III) when medically necessary, the evaluation, treatment, or referral of patients to other medically appropriate health providers.''.

(b) EMERGENCY MEDICAL RESEARCH.—Section 498D of the Public Health Service Act (42 U.S.C. 289g–4) is amended—

1 (1) by redesignating subsections (c) and (d) as
2 subsections (d) and (e), respectively; and
3 (2) by inserting after subsection (b) the fol-
4 lowing:
5 "(c) FIELD EMS EMERGENCY MEDICAL RE-
6 SEARCH.—
7 "(1) IN GENERAL.—The Secretary shall con-
8 duct research and evaluation relating to field EMS
9 through the Agency for Healthcare Research and
10 Quality and the Center for Medicare and Medicaid
11 Innovation.
12 "(2) DEFINITION.—In this subsection, the term
13 'field EMS' has the meaning given such term in sec-
14 tion 1291.".
15 (c) FIELD EMS PRACTICE CENTER.—Subpart II of
16 part D of title IX of the Public Health Service Act (42
17 U.S.C. 299b–33 et seq.) is amended by adding at the end
18 the following:
19 **"SEC. 938. FIELD EMS PRACTICE CENTER.**
20 "(a) ESTABLISHMENT.—The Director shall establish
21 within the Office of Research and Evaluation a Field EMS
22 Evidence-Based Practice Center (referred to in this sec-
23 tion as the 'Center').
24 "(b) PURPOSE.—The purpose of the Center is to con-
25 duct or support research to promote the highest quality

1 of emergency medical care in field EMS and the most ef-
2 fective delivery system for the provision of such care, in-
3 cluding—

4 ‘‘(1) comparative safety and effectiveness re-
5 search;

6 ‘‘(2) other appropriate clinical or systems re-
7 search; and

8 ‘‘(3) research addressing—

9 ‘‘(A) critical care transport;

10 ‘‘(B) off-shore operations;

11 ‘‘(C) tactical emergency medical services;

12 ‘‘(D) air medical services; and

13 ‘‘(E) the application of lessons learned in
14 military field medicine in the delivery of emer-
15 gency medical care in field EMS.

16 ‘‘(c) DEFINITION.—In this section, the term ‘field
17 EMS’ has the meaning given such term in section 1291.’’.

18 (d) LIMITATIONS ON CERTAIN USES OF RE-
19 SEARCH.—Section 1182 of the Social Security Act (42
20 U.S.C. 1320e–1) is amended by striking ‘‘section 1181’’
21 each place it appears and inserting ‘‘section 1181 of this
22 Act or section 498D(c) or 938 of the Public Health Serv-
23 ice Act’’.

24 (e) REGULATORY BARRIERS.—For the purposes of
25 research conducted pursuant to clause (xxi) of section

1 1115A(b)(2)(B) of the Social Security Act (as added by
2 subsection (a)), subsection (c) of section 498D of the Pub-
3 lic Health Service Act (as added by subsection (b)), section
4 938 of the Public Health Service Act (as added by sub-
5 section (c)), or any other research funded by the Depart-
6 ment of Health and Human Services related to emergency
7 medical services in the field in which informed consent is
8 required but may not be attainable, the Secretary of
9 Health and Human Services shall—

10 (1) evaluate and consider the patient and re-
11 search issues involved; and

12 (2) address regulatory barriers to such research
13 related to the need for informed consent in a man-
14 ner that ensures adequate patient safety and notifi-
15 cation, and submit recommendations to Congress for
16 any changes to Federal statutes necessary to ad-
17 dress such barriers.

18 **SEC. 6. EMERGENCY MEDICAL SERVICES TRUST FUND.**

19 (a) DESIGNATION OF INCOME TAX OVERPAYMENTS
20 AND ADDITIONAL CONTRIBUTIONS FOR EMERGENCY
21 MEDICAL SERVICES.—Subchapter A of chapter 61 of the
22 Internal Revenue Code of 1986 is amended by adding at
23 the end the following new part:

1 **“PART IX—DESIGNATION OF INCOME TAX OVER-**
2 **PAYMENTS AND ADDITIONAL CONTRIBU-**
3 **TIONS FOR EMERGENCY MEDICAL SERVICES**

4 **“SEC. 6097. DESIGNATION BY INDIVIDUALS.**

5 ‘‘(a) IN GENERAL.—Every individual (other than a
6 nonresident alien) may designate that—
7 ‘‘(1) a specified portion of any overpayment of
8 tax for a taxable year, and
9 ‘‘(2) any amount contributed in addition to any
10 payment of tax for such taxable year and any des-
11 ignation under paragraph (1),
12 shall be used to fund the Emergency Medical Services
13 Trust Fund. Designations under the preceding sentence
14 shall be in an amount not less than $1, and the Secretary
15 shall provide for elections in amounts of $1, $5, $10, or
16 such other amount as the taxpayer designates.
17 ‘‘(b) OVERPAYMENTS TREATED AS REFUNDED.—
18 For purposes of this title, any portion of an overpayment
19 of tax designated under subsection (a) shall be treated
20 as—
21 ‘‘(1) being refunded to the taxpayer as of the
22 last date prescribed for filing the return of tax im-
23 posed by chapter 1 (determined without regard to
24 extensions) or, if later, the date the return is filed,
25 and

1 "(2) a contribution made by such taxpayer on
2 such date to the United States.
3 "(c) MANNER AND TIME OF DESIGNATION.—A des-
4 ignation under subsection (a) may be made with respect
5 to any taxable year—
6 "(1) at the time of filing the return of the tax
7 imposed by chapter 1 for such taxable year, or
8 "(2) at any other time (after the time of filing
9 the return of the tax imposed by chapter 1 for such
10 taxable year) specified in regulations prescribed by
11 the Secretary.
12 Such designation shall be made in such manner as the
13 Secretary prescribes by regulations except that, if such
14 designation is made at the time of filing the return of the
15 tax imposed by chapter 1 for such taxable year, such des-
16 ignation shall be made either on the first page of the re-
17 turn or on the page bearing the signature of the tax-
18 payer.".
19 (b) EMERGENCY MEDICAL SERVICES TRUST
20 FUND.—Subchapter A of chapter 98 of the Internal Rev-
21 enue Code of 1986 is amended by adding at the end the
22 following new section:
23 **"SEC. 9512. EMERGENCY MEDICAL SERVICES TRUST FUND.**
24 "(a) CREATION OF TRUST FUND.—There is estab-
25 lished in the Treasury of the United States a trust fund

1 to be known as the 'Emergency Medical Services Trust
2 Fund', consisting of such amounts as may be credited or
3 paid to such trust fund as provided in subsection (b).
4 ''(b) TRANSFERS TO TRUST FUND.—There are here-
5 by appropriated to the Emergency Medical Services Trust
6 Fund amounts equivalent to the amounts of the overpay-
7 ments of tax to which designations under section 6097
8 apply.
9 ''(c) EXPENDITURES FROM TRUST FUND.—Amounts
10 in the Emergency Medical Services Trust Fund shall be
11 available, as provided in appropriation Acts, only for car-
12 rying out the provisions for which amounts are authorized
13 to be appropriated under subsections (a) and (b) of section
14 7 of the Field EMS Innovation Act.''.
15 (c) CLERICAL AMENDMENTS.—
16 (1) CLERICAL AMENDMENT.—The table of
17 parts for subchapter A of chapter 61 of the Internal
18 Revenue Code of 1986 is amended by adding at the
19 end the following new item:

''PART IX. DESIGNATION OF INCOME TAX OVERPAYMENTS AND ADDITIONAL CONTRIBUTIONS FOR EMERGENCY MEDICAL SERVICES.''.

20 (2) The table of sections for subchapter A of
21 chapter 98 of such Code is amended by adding at
22 the end the following new item:

''Sec. 9512. Emergency Medical Services Trust Fund.''.

1 (d) EFFECTIVE DATE.—The amendments made by
2 this section shall apply to taxable years beginning after
3 December 31, 2015.

4 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

5 (a) IN GENERAL.—Out of amounts in the Emergency
6 Medical Services Trust Fund, there are authorized to be
7 transferred—
8 (1) to the Secretary of Health and Human
9 Services—
10 (A) $12,000,000, for the purpose of car-
11 rying out section 2831 of the Public Health
12 Service Act (except for subsection (b)(3) of
13 such section), section 1294 of such Act, and
14 section 1296 of such Act (except for subsection
15 (b) of such section) for each of fiscal years
16 2015 through 2019;
17 (B) $200,000,000 for each of fiscal years
18 2015 through 2019, for the purpose of carrying
19 out section 1292 of the Public Health Service
20 Act;
21 (C) $50,000,000 for each of fiscal years
22 2015 through 2019, for the purpose of carrying
23 out section 1293 of the Public Health Service
24 Act;

1 (D) $15,000,000 for each of fiscal years
2 2015 through 2019, for the purpose of carrying
3 out section 1295 of the Public Health Service
4 Act; and
5 (E) $40,000,000 for each of fiscal years
6 2015 through 2019, for the purpose of carrying
7 out sections 498D(c) and 938 of the Public
8 Health Service Act, as added by section 5; and
9 (2) to the Secretary of Transportation,
10 $4,000,000 for each of fiscal years 2015 through
11 2019, for the purpose of carrying out section
12 1292(c)(1) of the Public Health Service Act.
13 (b) EXCESS AMOUNTS.—If, for any fiscal year,
14 amounts in the Emergency Medical Services Trust Fund
15 exceed the maximum amount authorized to be transferred
16 under subsection (a), the Secretary of Health and Human
17 Services may transfer such excess amounts for the purpose
18 of carrying out section 330J, section 498D, and parts A,
19 B, C, D, and H of title XII of the Public Health Service
20 Act (42 U.S.C. 254c–15, 289g–4, 300d et seq., 300d–11
21 et seq., 300d–31 et seq., and 300d–81 et seq.).
22 (c) START-UP FUNDING.—
23 (1) IN GENERAL.—Out of the discretionary
24 funds available to the Secretary of Health and
25 Human Services for each of fiscal years 2015 and

1 2016, $40,000,000 shall be used for carrying out the
2 amendments made by subsections (a), (b), and (c) of
3 section 5.

4 (2) RELATION TO OTHER FUNDS.—The amount
5 of discretionary funds allocated under paragraph (1)
6 for the purpose of carrying out subsections (a), (b),
7 and (c) of section 5 shall be in addition to, not in
8 lieu of, the amount of discretionary funds that would
9 otherwise be available for such purpose.

10 (d) ADMINISTRATIVE EXPENSES.—Of the amounts
11 made available under subsection (a), (b), or (c) to carry
12 out each of the provisions listed in subsection (a), not
13 more than 5 percent of each such amount may be used
14 for Federal administrative expenses.

15 **SEC. 8. STATUTORY CONSTRUCTION.**

16 Nothing in this Act, including the amendments made
17 by this Act shall be construed to supercede any statutory
18 authority of any Federal agency that is not within the De-
19 partment of Health and Human Services.

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