

EMT ACT OF 2010

SEPTEMBER 16, 2010.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. WAXMAN, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 3199]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3199) 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, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Emergency Medic Transition Act of 2010” or the “EMT Act of 2010”.

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 regulatory entity.

“(2) Providing reimbursement for costs associated 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 institution of higher education, or other educational institution certified to provide course work and training to emergency medical personnel, for purposes of providing course work and training under this section if such institution has developed a suitable curriculum that meets the requirements of paragraph (1).

“(c) 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 2011 through 2015.”.

(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 certified in a State as health providers other than emergency medical technicians.

PURPOSE AND SUMMARY

H.R. 3199, the “Emergency Medic Transition (EMT) Act of 2009”, was introduced by Rep. Jane Harman (D-CA) and referred to the Committee on Energy and Commerce on July 14, 2009. The goal of H.R. 3199 is to help states with a shortage of emergency medical technicians (EMTs) qualify veterans with military medical training to become state-certified EMTs.

H.R. 3199 amends the Public Health Service Act to direct the Secretary of Health and Human Services (HHS) to establish a program consisting of grants to state entities with jurisdiction over emergency medical personnel to help defray the costs to veterans with military medical training to become a state-qualified or licensed EMT. The legislation authorizes such grants to be used to:

- Provide EMT training.
- Provide reimbursement for costs associated with EMT training and the application process for EMT licensure or certification.
- Expedite the EMT licensing or certification process.

The legislation also authorizes \$5 million in each of fiscal years 2011 through 2015 to support these activities.

During consideration of H.R. 3199, the Subcommittee on Health adopted a substitute amendment (manager's amendment) offered by Rep. Harman that made several changes to the bill. The substitute amendment includes the following provisions:

- Clarifies that grant money can be used for training veterans to become EMTs.
- Requires states to demonstrate that they have a shortage of EMTs in the state in order to be eligible for grant funds.
- Requires the Government Accountability Office (GAO) to (1) conduct a study to examine existing barriers that restrict the ability of returning veterans with medical training to become civilian health professionals; and (2) make recommendations on whether the program established under the legislation should be expanded to help returning veterans with medical training become other kinds of state-qualified health professionals.

BACKGROUND AND NEED FOR LEGISLATION

Veterans with military medical training often encounter significant certification fees and burdensome requirements to study entry-level curricula when they seek to qualify as civilian EMTs, making their entry into this field more difficult and time-consuming. These barriers come at a time when states with EMT shortages are seeking additional personnel to help build their emergency response capability. H.R. 3199 is designed to address both of these concerns.

COMMITTEE CONSIDERATION

H.R. 3199, the "Emergency Medic Transition (EMT) Act of 2009", was introduced by Rep. Harman (D-CA) and referred to the Committee on Energy and Commerce on July 14, 2009. The bill was subsequently referred to the Subcommittee on Health on July 15, 2009. On July 22, 2010, the Subcommittee on Health met in open markup session to consider H.R. 3199. An amendment in the nature of a substitute (manager's amendment) by Rep. Harman was adopted by a voice vote. Subsequently, H.R. 3199 was favorably forwarded to the full Committee, amended, by a voice vote.

On July 28, 2010, the Committee on Energy and Commerce met in open markup session and considered H.R. 3199 as approved by the Subcommittee. Subsequently, the Committee ordered H.R. 3199

favorably reported to the House, as amended by the Subcommittee on Health, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. A motion by Mr. Waxman ordering H.R. 3199 reported to the House, as amended by the Subcommittee on Health on July 22, 2010, was approved by a voice vote. There were no record votes taken during consideration of this bill.

COMMITTEE OVERSIGHT FINDINGS AND RECOMMENDATIONS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portions of this report, including the finding that veterans with military medical training often encounter significant obstacles when seeking to qualify as civilian EMTs.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 3199 would result in no new budget authority, entitlement authority, or tax expenditures or revenues.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the performance goals and objectives of the Committee are reflected in the descriptive portions of this report, including the goal of helping states with a shortage of emergency medical technicians qualify veterans with military medical training to become state-certified EMTs.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the constitutional authority for H.R. 3199 is provided under Article I, section 8, clauses 3 and 18 of the Constitution of the United States.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 3199 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI of the Rules of the House of Representatives.

FEDERAL ADVISORY COMMITTEE STATEMENT

The Committee finds that the legislation does not establish or authorize the establishment of an advisory committee within the definition of 5 U.S.C. App., section 5(b) of the Federal Advisory Committee Act.

APPLICABILITY OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch where the bill relates to terms and conditions of employment or access to public services and accommodations. H.R. 3199 contains no such provisions.

FEDERAL MANDATES STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act of 1974 (as amended by section 101(a)(2) of the Unfunded Mandates Reform Act, P.L. 104–4) requires a statement on whether the provisions of the report include unfunded mandates. In compliance with this requirement the Committee adopts as its own the estimates of federal mandates prepared by the Director of the Congressional Budget Office.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the cost estimate of H.R. 3199 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

With respect to the requirements of clause (3)(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the Congressional Budget Act of 1974, the Committee has received the following cost estimate for H.R. 3199 from the Director of the Congressional Budget Office:

SEPTEMBER 7, 2010.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3199, the Emergency Medic Transition Act of 2010.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Lisa Ramirez-Branum.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 3199—Emergency Medic Transition Act of 2010

Summary: H.R. 3199 would authorize a grant program to provide funds to states to assist veterans who received and completed military emergency medical training while serving in the Armed Forces to become licensed or certified emergency medical technicians.

The bill would authorize the appropriation of \$5 million for fiscal year 2011 and \$25 million over the 2011–2015 period. Assuming the appropriation of those amounts, CBO estimates that implementing the act would cost \$3 million in 2011 and \$23 million over the 2011–2015 period. Enacting H.R. 3199 would not affect direct

spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 3199 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 3199 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2011	2012	2013	2014	2015	2011–2015
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	5	5	5	5	5	25
Estimated Outlays	3	5	5	5	5	23

Basis of estimate: The bill would direct the Secretary of Health and Human Services to award grants to states to assist veterans to become licensed or certified to work in states as a certified emergency medical technician (EMT). The bill would authorize \$5 million in fiscal year 2011 and for each fiscal year through 2015. For this estimate, CBO assumes that H.R. 3199 will be enacted near the beginning of fiscal year 2011 and that the full amounts authorized will be appropriated. The outlays are estimated based on the projected number of military personnel discharged or released from active duty service who would be eligible to receive grant assistance, the average costs to train and license an EMT, and the assumption that the authorized amounts would be appropriated near the beginning of each fiscal year.

Grant funds would be available to support the costs of classes, other training, and licensing fees. H.R. 3199 also would require the Government Accountability Office to conduct a study on the barriers experienced by veterans who receive 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 a civilian health professional.

Intergovernmental and private-sector impact: H.R. 3199 contains no intergovernmental or private-sector mandates as defined in UMRA. Funds authorized in the bill would benefit states that provide training and education assistance to veterans.

Estimate prepared by: Federal Costs and Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum, Impact on the Private Sector: Sarah Axeen.

Estimate approved by: Peter H. Fontaine, Assistant Director for Budget Analysis.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title; Table of contents

Section 1 designates that the short title may be cited as the “Emergency Medic Transition Act of 2010” or “EMT Act of 2010”.

Section 2. Assisting veterans with military emergency medical training to become State-licensed or certified emergency medical technicians (EMTs)

Section 2(a) establishes a program at HHS to award grants to states to assist veterans with military emergency medical training to become state-licensed or certified EMTs. It sets forth grant eligibility criteria and specifies the requirements for use of grant funds. It also requires that the HHS Secretary submit an annual report to Congress on the program.

Section 2(b) requires the Government Accountability Office to conduct a study on the barriers experienced by veterans with military medical training to become civilian EMTs. It also requires GAO to make recommendations as to whether the program established under the legislation should be expanded to assist veterans seeking to become licensed or certified in a State as a health provider other than an EMT.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italic and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART B—FEDERAL-STATE COOPERATION

* * * * *

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 regulatory entity.

(2) *Providing reimbursement for costs associated 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 institution of higher education, or other educational institution certified to provide course work and training to emergency medical personnel, for purposes of providing course work and training under this section if such institution has developed a suitable curriculum that meets the requirements of paragraph (1).*

(c) *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 2011 through 2015.*

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