

VETERAN EMERGENCY MEDICAL TECHNICIAN SUPPORT  
 ACT OF 2013

FEBRUARY 4, 2013.—Committed to the Committee of the Whole House on the State  
 of the Union and ordered to be printed

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

R E P O R T

[To accompany H.R. 235]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 235) to amend the Public Health Service Act to provide grants to States to streamline State requirements and procedures for veterans with military emergency medical training to become civilian emergency medical technicians, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

CONTENTS

	Page
Purpose and Summary .....	2
Background and Need for the Legislation .....	2
Hearings .....	2
Committee Consideration .....	3
Committee Votes .....	3
Committee Oversight Findings .....	3
Statement of General Performance Goals and Objectives .....	3
New Budget Authority, Entitlement Authority, and Tax Expenditures .....	3
Earmark, Limited Tax Benefits, and Limited Tariff Benefits .....	3
Committee Cost Estimate .....	3
Congressional Budget Office Estimate .....	3
Federal Mandates Statement .....	5
Duplication of Federal Programs .....	5
Disclosure of Directed Rule Makings .....	5
Advisory Committee Statement .....	5
Applicability to Legislative Branch .....	5
Section-by-Section Analysis of the Legislation .....	5
Changes in Existing Law Made by the Bill, as Reported .....	6

## PURPOSE AND SUMMARY

H.R. 235, the “Veteran Emergency Medical Technician Support Act of 2013,” was introduced on January 14, 2013, by Rep. Adam Kinzinger (R-IL) and referred to the Committee on Energy and Commerce.

The legislation would amend the Public Health Service Act (PHSA) to provide demonstration grants to states with emergency medical technician (EMT) shortages to streamline state requirements for returning veterans with military EMT training to enter the EMT workforce without unnecessary duplication of their training.

## BACKGROUND AND NEED FOR THE LEGISLATION

Members of the U.S. military who trained as combat medics face State licensing challenges when they try to find similar work after discharge. Many States do not recognize their qualifications as applicable to the licensing requirements of the civilian health care system for emergency medical services, such as EMTs or paramedics. State licensing laws vary, and while some States make exceptions for former military medics to allow for reciprocity and a chance to sit for the licensing exam without repeating their training, many States do not. With many EMT shortage areas, and a 10% unemployment rate among post 9/11 veterans,<sup>1</sup> the legislation addresses two important policy goals and will help veterans transition into the civilian workforce as quickly as possible.

H.R. 235, the “Veteran Emergency Medical Technician Support Act of 2013,” would provide demonstration grants to States with emergency medical technician (EMT) shortages to help streamline State requirements for returning veterans to enter the EMT workforce without unnecessary duplication of their training. States could determine the extent to which the State requirements for education and training of EMTs are equivalent to that of the military and identify methods, such as waivers, for qualified military EMTs to forego duplicative requirements. The bill would provide for an annual report to Congress on the demonstration grants.

H.R. 235 would make available a total of \$1,000,000 over a five-year period (FY 2014–FY 2018) for the program. Funding would be offset by authorizing it within total amounts authorized for the Area Health Education Centers (Section 751 of the PHSA). Any cost associated with enacting the provisions of this Act should be paid for out of existing funds.

This bill is essentially the same as H.R. 4124, the “Veteran Emergency Medical Technician Support Act of 2012” that was passed by the House in September 2012 and sent to the Senate. No further action was taken on H.R. 4124 in the 112th Congress.

## HEARINGS

The Committee on Energy and Commerce has not held hearings on H.R. 235 during the 113th Congress. However, the Subcommittee on Health held a hearing on H.R. 4124 during the 112th Congress.

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<sup>1</sup> <http://vets.syr.edu/wp-content/uploads/2012/09/Employment-Situation-July-20121.pdf>

## COMMITTEE CONSIDERATION

On January 22, 2012, the Committee on Energy and Commerce met in open markup session and approved H.R. 235, the “Veteran Emergency Medical Technician Support Act of 2013,” by unanimous consent.

## COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 235 reported. A motion by Mr. Upton to order H.R. 235 reported to the House, without amendment, was agreed to by unanimous consent.

## COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held oversight hearings on this legislation.

## STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The goal of the legislation is to help Veteran EMTs to enter the civilian EMT workforce without unnecessary duplication of their training.

## NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 235, the “Veteran Emergency Medical Technician Support Act of 2013,” would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

## EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 235, the “Veteran Emergency Medical Technician Support Act of 2013,” contains no earmarks, limited tax benefits, or limited tariff benefits.

## COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, January 31, 2013.*

Hon. FRED UPTON,  
*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. 235, the Veteran Emergency Medical Technician Support Act of 2013.

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. 235—Veteran Emergency Medical Technician Support Act of 2013*

Summary: H.R. 235 would authorize grants to states for streamlining state certification and licensing requirements for veterans to become licensed or certified emergency medical technicians (EMT).

The bill would authorize the appropriation of \$1 million and CBO estimates that implementing the bill would cost \$1 million over the 2014–2018 period, assuming the appropriation of the authorized amount. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

The bill 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. 235 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—						2013– 2018
	2013	2014	2015	2016	2017	2018	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION							
Estimated Authorization Level .....	0	1	0	0	0	0	1
Estimated Outlays .....	0	*	*	*	*	0	1

Note: \* = less than \$500,000.

Basis of estimate: The bill would direct the Secretary of Health and Human Services to award demonstration grants to states to streamline state licensing and certification standards to assist veterans to meet state requirements applicable to becoming a certified or licensed EMT in the state if they have completed military EMT training while serving in the Armed Forces. The bill would authorize the appropriation of \$1 million for the period of 2014 through 2018 and direct that the authorized amount come from funds appropriated in fiscal year 2014 to provide grants to area health education centers.

For this estimate, CBO assumes that H.R. 225 will be enacted near the end of fiscal year 2013 and that the full amount authorized will be appropriated. Based on historical patterns of spending for the similar demonstration programs, CBO estimates that implementing the bill would cost less than \$1 million in 2014 and a total

of \$1 million over the 2014–2018 period, assuming appropriation of the specified amounts.

Intergovernmental and private-sector impact: H.R. 235 contains no intergovernmental or private-sector mandates as defined in UMRA. Funds authorized in the bill would benefit states that restructure state procedures to certify or license eligible veterans as emergency medical technicians.

Estimate prepared by: Federal costs: Lisa Ramirez-Branum, Impact on state, local, and tribal governments: Lisa Ramirez-Branum, Impact on the private sector: Michael Levine.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

#### FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 235, the “Veteran Emergency Medical Technician Support Act of 2013,” establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

#### DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 235, the “Veteran Emergency Medical Technician Support Act of 2013,” specifically directs to be completed no specific rule makings within the meaning of 5 U.S.C. 551.

#### ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

#### APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

#### SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

##### *Section 1. Short title*

Section 1 states that the legislation may be cited as the “Veteran Emergency Medical Technician Support Act of 2013.”

*Section 2. Assisting Veterans with military emergency medical training to meet requirements for becoming civilian emergency medical technicians*

Section 2 amends the PHS Act by adding a new Section 315. The new section would allow the Secretary of Health and Human Services (HHS) to establish a program for awarding demonstration grants to states to streamline state requirements and procedures and assist veterans who have completed military emergency medical training in meeting state certification and licensing requirements. In addition, the HHS Secretary would be required to submit an annual report on the demonstration projects to Congress. Funding would be authorized within total amounts authorized for the Area Health Education Centers program (PHSA Section 751(j)(1))

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 (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, 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**

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**PART B—FEDERAL-STATE COOPERATION**

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**SEC. 315. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS.**

(a) *PROGRAM.*—The Secretary shall establish a program consisting of awarding demonstration grants to States to streamline State requirements and procedures in order to assist veterans who completed military emergency medical technician training while serving in the Armed Forces of the United States to meet certification, licensure, and other requirements applicable to becoming an emergency medical technician in the State.

(b) *USE OF FUNDS.*—Amounts received as a demonstration grant under this section shall be used to prepare and implement a plan to streamline State requirements and procedures as described in subsection (a), including by—

(1) *determining the extent to which the requirements for the education, training, and skill level of emergency medical technicians in the State are equivalent to requirements for the education, training, and skill level of military emergency medical technicians; and*

(2) *identifying methods, such as waivers, for military emergency medical technicians to forego or meet any such equivalent State requirements.*

(c) *ELIGIBILITY.*—To be eligible for a grant under this section, a State shall demonstrate 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) *FUNDING.*—Of the amount authorized by section 751(j)(1) to be appropriated to carry out section 751 for fiscal year 2014, there is authorized to be appropriated to carry out this section \$1,000,000 for the period of fiscal years 2014 through 2018.

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**TITLE VII—HEALTH PROFESSIONS  
EDUCATION**

\* \* \* \* \*

**PART D—INTERDISCIPLINARY, COMMUNITY-  
BASED LINKAGES**

\* \* \* \* \*

**SEC. 751. AREA HEALTH EDUCATION CENTERS.**

(a) \* \* \*

\* \* \* \* \*

(j) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—**[**There is authorized to be appropriated] *Subject to section 315(e), there is authorized to be appropriated to carry out this section \$125,000,000 for each of the fiscal years 2010 through 2014.*

\* \* \* \* \*