

VETERAN EMERGENCY MEDICAL TECHNICIAN SUPPORT  
 ACT OF 2016

MAY 10, 2016.—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. 1818]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1818) 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 with an amendment and recommend that the bill as amended do pass.

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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 “Veteran Emergency Medical Technician Support Act of 2016”.

**SEC. 2. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS.**

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 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 forgo 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.—No additional funds are authorized to be appropriated for the purpose of carrying out this section. This section shall be carried out using amounts otherwise available for such purpose.”.

**PURPOSE AND SUMMARY**

H.R. 1818, the “Veteran Emergency Medical Technician Support Act of 2016,” was introduced by Rep. Adam Kinzinger (R-IL) on April 15, 2015.

The legislation amends 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 (EMT).

**BACKGROUND AND NEED FOR 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.

H.R. 1818 would provide demonstration grants to states with EMT shortages to help streamline State requirements for veterans to enter the EMT workforce without unnecessary duplication of their training. No additional funds are authorized to be appropriated for this legislation.

## HEARINGS

On January 27, 2015, the Subcommittee on Health held a hearing on a discussion draft of H.R. 1818. The Subcommittee received testimony from:

- LTC (Ret.) Ben Chlapek, the National Association of Emergency Medical Technicians.

## COMMITTEE CONSIDERATION

On April 20, 2016 the Subcommittee on Health met in open markup session and forwarded H.R. 1818 to the full Committee, without amendment, by a voice vote. On April 26, 27, and 28, 2016, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 1818 reported to the House, as amended, 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 the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 1818 reported.

## COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee held a hearing and made findings that are reflected in this report.

## 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. 1818 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. 1818 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, May 6, 2016.*

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. 1818, the Veteran Emergency Medical Technician Support Act of 2016.

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

KEITH HALL.

Enclosure.

*H.R. 1818—Veteran Emergency Medical Technician Support Act of 2016*

Summary: H.R. 1818 would direct the Secretary of Health and Human Services (HHS) to award demonstration grants to states to streamline procedures for licensing and certifying emergency medical technicians (EMT) who received similar certifications while serving in the armed forces.

CBO estimates that implementing H.R. 1818 would cost \$30 million over the 2017–2021 period; any such spending would be subject to the availability of appropriated funds. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues. CBO estimates that enacting H.R. 1818 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 1818 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 effect of H.R. 1818 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					2017–2021
	2017	2018	2019	2020	2021	
INCREASES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level .....	3	5	8	11	12	39
Estimated Outlays .....	1	3	6	9	11	30

Basis of estimate: The bill would authorize a demonstration program of grants to states to help them streamline requirements and procedures necessary for licensing emergency medical technicians who have backgrounds and experience as military medical technicians.

Based on information from the Department of Labor’s interim report on the Veterans’ Licensing and Certification Demonstration,

CBO expects most states would use grant funds provided by HHS to provide training and education assistance to veterans who would like to become a certified or licensed EMT. Based on data from the Department of Defense and information from training providers, CBO estimates that approximately 5,000 veterans per year would participate in the training program once it is fully implemented and that training costs would average about \$2,000 per participant. In total, CBO estimates that implementing H.R. 1818 would cost \$30 million over the 2017–2021 period; such spending would be subject to the availability of appropriated funds.

Pay-As-You-Go considerations: None.

Increase in long-term direct spending and deficits: CBO estimates that enacting H.R. 1818 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

Intergovernmental and private-sector impact: H.R. 1818 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

Estimate prepared by: Federal costs: Lisa Ramirez-Branum; Impact on state, local, and tribal governments: Leo Lex; Impact on the private sector: Amy Petz.

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. 1818 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. 1818 specifically directs to be completed 0 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 2016.”

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

Section 2 amends the PHSA 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.

## 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 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 forgo 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.—No additional funds are authorized to be appropriated for the purpose of carrying out this section. This section shall be carried out using amounts otherwise available for such purpose.*

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