

SUPPORTING AND IMPROVING RURAL EMS NEEDS
 REAUTHORIZATION ACT

MAY 31, 2024.—Committed to the Committee of the Whole House on the State of
 the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and
 Commerce, submitted the following

R E P O R T

[To accompany H.R. 4646]

The Committee on Energy and Commerce, to whom was referred
 the bill (H.R. 4646) to reauthorize the rural emergency medical
 service training and equipment assistance program, and for other
 purposes, having considered the same, reports favorably thereon
 with an amendment and recommends 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 “Supporting and Improving Rural EMS Needs Reauthorization Act” or the “SIREN Reauthorization Act”.

SEC. 2. RURAL EMERGENCY MEDICAL SERVICE TRAINING AND EQUIPMENT ASSISTANCE PROGRAM.

Section 330J of the Public Health Service Act (42 U.S.C. 254c–15) is amended—

(1) in subsection (a), by striking “the Administrator of the Health Resources and Services Administration (referred to in this section as the ‘Secretary’)” and inserting “the Assistant Secretary,”;

(2) in subsection (c)—

(A) in paragraph (1)—

(i) in subparagraph (C), by striking “; and” and inserting a semicolon; and

(ii) by adding at the end the following:

“(E) ensure emergency medical services personnel are trained on mental health and substance use disorders and care for individuals with such disorders in emergency situations; and”;

(B) in paragraph (2)—

(i) in subparagraph (B), by striking “; or” and inserting a semicolon;

(ii) in subparagraph (C), by striking the period and inserting “; or”;

and

(iii) by adding at the end the following:

“(D) acquire drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected overdose.”;

(3) by striking subsection (f);

(4) by redesignating subsection (g) as subsection (f);

(5) in subsection (f)(1), as so redesignated, by striking “2019 through 2023” and inserting “2025 through 2029”;

(6) by redesignating such section 330J as section 553 of the Public Health Service Act; and

(7) by transferring such section 553, as so redesignated, to appear at the end of part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.).

PURPOSE AND SUMMARY

H.R. 4646 reauthorizes and modifies the rural emergency medical services (EMS) training and equipment assistance program through 2029.

BACKGROUND AND NEED FOR LEGISLATION

H.R. 4646 reauthorizes the SIREN program, which supports and improves emergency medical services (EMS) in rural areas. Eligible applicants are rural local, tribal, and non-profit EMS agencies. Rural EMS and fire agencies experience unique challenges while serving patients—they are often the only health care provider in certain areas and may face difficulty in recruiting and retaining workers. The Rural Emergency Medical Services Training program was originally authorized through the Agriculture Improvement Act of 2018 and provides support to recruit and train EMS personnel in rural areas with a focus on addressing substance use disorders (SUD) and co-occurring disorders.^{1 2} H.R. 4646 grants provide direct assistance to EMS programs to purchase the personal protective equipment (PPE) needed to protect EMS practitioners and firefighters as well as medical supplies. The program also supports volunteer recruitment, retention, and training efforts. In fiscal year 2023, the Substance Abuse and Mental Health Services

¹Public Law 115–334: Agriculture Improvement Act of 2018, <https://www.govinfo.gov/app/details/PLAW-115publ334>.

²Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, “FY2024 Rural Emergency Medical Services Training”, 2024. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-ems-training-nofu.pdf>.

Administration (SAMHSA) awarded approximately 36 EMS agencies in multiple states with grants for recruitment and training purposes.³

COMMITTEE ACTION

On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 4646. The title of the hearing was “Legislative Proposals to Support Patients and Caregivers.” The Subcommittee received testimony from:

- Andy Shih, PhD, Chief Science Officer, Autism Speaks;
- Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes’ Foundation;
- Joanne Pike, DrPH, President and CEO, Alzheimer’s Association;
- Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein College of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;
- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

On March 12, 2024, the Subcommittee on Health met in open markup session and forwarded H.R. 4646, as amended, to the full Committee by a record vote of 24 yeas and 0 nays.

On March 20, 2024, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 4646, as amended, favorably reported to the House by a record vote of 46 yeas and 0 nays.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

³Substance Abuse and Mental Health Services Administration, “Grants Dashboard”. https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_award_fy%3A2023&f%5B1%5D=by_nof_number%3ATI-23-011&page=0%2C1.

**COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 10**

BILL: H.R. 4646, the "Supporting and Improving Rural EMS Needs Reauthorization Act" or the "SIREN Reauthorization Act"

AMENDMENT: A motion by Chair Rodgers to order H.R. 4646 favorably reported to the House, as amended (Final Passage).

DISPOSITION: **AGREED TO**, by a roll call vote of 46 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess	X			Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette	X		
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis	X			Rep. Castor	X		
Rep. Bucshon	X			Rep. Sarbanes	X		
Rep. Hudson				Rep. Tonko	X		
Rep. Walberg	X			Rep. Clarke	X		
Rep. Carter	X			Rep. Cárdenas	X		
Rep. Duncan	X			Rep. Ruiz	X		
Rep. Palmer	X			Rep. Peters	X		
Rep. Dunn	X			Rep. Dingell	X		
Rep. Curtis	X			Rep. Veasey	X		
Rep. Lesko	X			Rep. Kuster			
Rep. Pence	X			Rep. Kelly	X		
Rep. Crenshaw	X			Rep. Barragán	X		
Rep. Joyce	X			Rep. Blunt Rochester			
Rep. Armstrong	X			Rep. Soto	X		
Rep. Weber				Rep. Craig			
Rep. Allen	X			Rep. Schrier	X		
Rep. Balderson	X			Rep. Trahan	X		
Rep. Fulcher	X			Rep. Fletcher	X		
Rep. Pfluger	X						
Rep. Harshbarger	X						
Rep. Miller-Meeks	X						
Rep. Cammack	X						
Rep. Obermolte	X						

03/20/2024

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 4646 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

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.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to support and help improve emergency medical services (EMS) in rural areas.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 4646 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 4646:

- On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 4646. The title of the hearing was “Legislative Proposals to Support Patients and Caregivers.” The Subcommittee received testimony from:
 - Andy Shih, PhD, Chief Science Officer, Autism Speaks;
 - Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes’ Foundation;
 - Joanne Pike, DrPH, President and CEO, Alzheimer’s Association;
 - Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein College of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;

- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, 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. At the time this report was filed, the estimate was not available.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 4646 contains no earmarks, limited tax benefits, or limited tariff benefits.

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 provides that the Act may be cited as the “Supporting and Improving Rural EMS Needs Reauthorization Act” or the “SIREN Reauthorization Act”.

Section 2. Rural Emergency Medical Service Training and equipment assistance program

Section 2 amends Section 330J of the Public Health Service Act to include training on mental health and substance use disorder for EMS personnel, grant matching requirements, and the ability to acquire overdose reversal medication. This section also reauthorizes this program for five fiscal years, from fiscal year 2025 through 2029.

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 italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION

* * * * *

PART D—MISCELLANEOUS PROVISIONS RELATING TO SUBSTANCE
ABUSE AND MENTAL HEALTH

* * * * *

**SEC. [330J] 553. RURAL EMERGENCY MEDICAL SERVICE TRAINING
AND EQUIPMENT ASSISTANCE PROGRAM.**

(a) GRANTS.—The Secretary, acting through [the Administrator of the Health Resources and Services Administration (referred to in this section as the “Secretary”)] *the Assistant Secretary*, shall award grants to eligible entities to enable such entities to provide for improved emergency medical services in rural areas or to residents of rural areas.

(b) ELIGIBILITY; APPLICATION.—To be eligible to receive grant under this section, an entity shall—

(1) be—

(A) an emergency medical services agency operated by a local or tribal government (including fire-based and non-fire based); or

(B) an emergency medical services agency that is described in section 501(c) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code; and

(2) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(c) USE OF FUNDS.—An entity—

(1) shall use amounts received through a grant under subsection (a) to—

(A) train emergency medical services personnel as appropriate to obtain and maintain licenses and certifications relevant to service in an emergency medical services agency described in subsection (b)(1);

(B) conduct courses that qualify graduates to serve in an emergency medical services agency described in subsection (b)(1) in accordance with State and local requirements;

(C) fund specific training to meet Federal or State licensing or certification requirements[; and];

(D) acquire emergency medical services equipment; and

(E) *ensure emergency medical services personnel are trained on mental health and substance use disorders and care for individuals with such disorders in emergency situations; and*

(2) may use amounts received through a grant under subsection (a) to—

(A) recruit and retain emergency medical services personnel, which may include volunteer personnel;

(B) develop new ways to educate emergency health care providers through the use of technology-enhanced educational methods【; or】;

(C) acquire personal protective equipment for emergency medical services personnel as required by the Occupational Safety and Health Administration【.】; or

(D) acquire drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected overdose.

(d) GRANT AMOUNTS.—Each grant awarded under this section shall be in an amount not to exceed \$200,000.

(e) DEFINITIONS.—In this section:

(1) The term “emergency medical services”—

(A) means resources used by a public or private non-profit licensed entity to deliver medical care outside of a medical facility under emergency conditions that occur as a result of the condition of the patient; and

(B) includes services delivered (either on a compensated or volunteer basis) by an emergency medical services provider or other provider that is licensed or certified by the State involved as an emergency medical technician, a paramedic, or an equivalent professional (as determined by the State).

(2) The term “rural area” means—

(A) a nonmetropolitan statistical area;

(B) an area designated as a rural area by any law or regulation of a State; or

(C) a rural census tract of a metropolitan statistical area (as determined under the most recent rural urban commuting area code as set forth by the Office of Management and Budget).

【(f) MATCHING REQUIREMENT.—The Secretary may not award a grant under this section to an entity unless the entity agrees that the entity will make available (directly or through contributions from other public or private entities) non-Federal contributions toward the activities to be carried out under the grant in an amount equal to 10 percent of the amount received under the grant.】

【(g) (f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 【2019 through 2023】 *2025 through 2029*.

(2) ADMINISTRATIVE COSTS.—The Secretary may use not more than 10 percent of the amount appropriated under paragraph (1) for a fiscal year for the administrative expenses of carrying out this section.

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