The Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act, H.R. 3144
Introduced by Representatives Tim Walz (D-MN) and Sue Myrick (R-NC)
Section-by-Section

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Section 4: Recognition of HHS As Primary Federal Agency for Emergency Medical Services and Trauma

(a): Recognizes the Department of Health and Human Services (HHS) as the primary federal agency for emergency medical services (EMS) and trauma care.

(b): Establishes an Office of Emergency Medical Services and Trauma, with HHS, headed by a Director appointed by the Secretary. Delineates the role of the Office of EMS and Trauma within HHS, and provides discretion to the Secretary with regard to location of the Office within HHS, within specified parameters including that the Director either report to the Secretary or to an individual who reports to the Secretary. Delineates the responsibilities of the Office of EMS and Trauma to include the field EMS programs and other functions created in the legislation, administration of the trauma, regionalization of emergency care pilots and rural emergency service training and equipment and assistance program, and such other functions as the Secretary may choose to delegate to the Office.

(c): Requires the Secretary of HHS to develop a cohesive National EMS strategy to strengthen the development of the full continuum of EMS at the Federal, State and local levels, taking into consideration the recommendations of the National EMS Advisory Council (NEMSAC) and relevant stakeholders and in collaboration with the Federal Interagency Committee on Emergency Medical Services (FICEMS). The strategy must address issues related to EMS patient and practitioner safety, standardization of EMS practitioner licensing and credentialing and integration of field EMS into the broader health care system.

(c): Clarifies that nothing in this Act shall be construed to preempt any statutory authority otherwise provided for any Federal agency that is not within HHS.

Section 5: Field EMS Excellence, Quality, Universal Access, Innovation and Preparedness

(a): Establishes the EQUIP Grant Program to promote excellence in all aspects of field EMS, enhance the quality through evidence-based and medically directed care, promote universal availability of field EMS in all geographic locations of the nation, spur innovation in the delivery of field EMS, and improve EMS agency preparedness for everyday and catastrophic emergency medical response.

(b): Sets forth application requirements and requires the Director of the Office of EMS and Trauma to ensure that grant application requirements are not unduly burdensome to smaller and volunteer field EMS and other agencies with limited resources.

(c): Establishes the use of funds, including: ensuring 24/7 readiness and preparedness; developing and implementing initiatives related to innovative clinical practices to improve cost-effectiveness and quality of care in field EMS; delivery systems to improve patient outcomes and clinically meaningful response times; purchasing and implementing medical equipment, communication and information systems; participation in federally sponsored field EMS research; and establishing or enhancing medical oversight and quality assurance programs.

(d): Requires the Administrator to establish a grant making peer reviewed process including prioritization of awarding grants and consultation with, ASPR, FICEMS, NEMSAC and relevant stakeholders.

(e): Establishes eligibility for grant recipients for field EMS agencies.

(f): Requires the Administrator to submit an annual report to the Congress.

Section 6: Field EMS System Performance, Integration and Accountability

(a): Establishes the SPIA grant program to improve field EMS system performance, integration and accountability, ensure preparedness for field EMS at the State and local levels, enhance physician medical oversight of field EMS systems and care, improve coordination between regional field EMS systems and integration into the health care system, enhance data collection to continually improve the field EMS system and enhance standardization nationally of certification of EMTs and paramedics.

(b): Establishes the use of funds including enhancing EMS readiness and preparedness; coordination of first medical response; improving cross-border collaboration and planning among the states; data collection; implementing system-wide quality improvement initiatives including medical direction; integrating field EMS with other health care services as part of a coordinated system of care to patients with emergency medical conditions; incorporating national EMS certification for all levels of EMTs and paramedics; improving the State's planning for their EMS workforce; funding regional and local EMS oversight and developing regional systems of care.

(c): Requires the Director of the Office of EMS and Trauma to establish State EMS system performance standards to serve as guidance to States in improving their EMS systems; provide technical assistance to States in comprehensive EMS planning; allocate SPIA grants according to a formula based on population and geographic areas; and allocate a portion of their grant funds to regional and local oversight and planning EMS organizations within the State.

(d): Requires States to submit an application as determined by the Administrator.

(e): Establishes eligibility for grant recipients for State EMS offices in each of the several States, tribes and territories.

(f): Requires the Administrator to submit an annual report to the Congress.

Section 7: Field EMS Quality

(a): Requires the Director of the Office of EMS and Trauma to promote high quality and comprehensive medical oversight; promote the development of national guidelines for the role of physicians who provide medical oversight for field EMS and other providers who support physicians in this role; support efforts of relevant physician stakeholders in developing and disseminating such guidelines; convene a Field EMS Medical Oversight

Advisory Committee to advise the Director on ways and means to advance quality medical oversight of field EMS. Conditions EQUIP and SPIA grant funding provided under Sections 5 and 6 on adoption and implementation of such guidelines.

(b): Requires the Government Accountability Office to complete a study within 18 months and report such study to Congress on medical and administrative liability issues that may impede medical direction or medical oversight or impede high quality emergency medical care in field EMS provided by non-physician practitioners; reimbursement for medical oversight; and any other issues the GAO deems appropriate to improving the quality and medical oversight of field EMS.

(c): Authorizes the Administrator of NHTSA to improve and expand the National EMS Information System (NEMSIS), and promote collection and reporting of data in field EMS on a standardized manner. Also requires the Secretary of HHS, in consultation with the Administrator of NHTSA, to submit a report within 12 months to the Congress that identifies gaps in the collection of data and recommendations for improved data collection, reporting and analysis. Also requires the Secretary of HHS to submit a report within 18 months on data integration to promote the quality of care, including incorporation of field EMS patient care reports into patient electronic health records, and incorporation of patient health information created subsequent to field EMS care into NEMSIS.

(d): Clarifies that nothing in HIPAA shall be construed as prohibiting the exchange of information between field EMS practitioners and hospital personnel for the purpose of relating medical history and information related to medical care. Requires the Secretary of HHS to establish guidelines for exchanges of information between field EMS practitioners and the hospital to which they have brought a patient to further continuity and quality of emergency medical care. Clarifies that nothing in HIPAA prohibits a field EMS agency from submitting data to NEMSIS for the purpose of quality improvement and data collection or prohibits the State EMS office from submitting aggregated non-individually identifiable EMS data to NHTSA.

Section 8: Field EMS Education Grants

(a): Establishes within the Office of EMS and Trauma a grant program for eligible EMS educational institutions to ensure the availability, quality and capability of field EMS educators, practitioners and medical directors and to promote field EMS as a health profession.

(b): Establishes eligible entities as educational organizations, institutions, professional associations and other entities educating field EMS practitioners.

(c): Establishes the use of funds to develop and implement education programs that train field EMS trainers; bridge the gap in knowledge and skills in field EMS and other health professions; provide training and retraining programs for displace workers to enter field EMS; develop and evaluate educational courses; improve field EMS education infrastructure; enhance medical direction training and oversight; and improve systems for prospective and current field EMS providers.

(d): Requires the Director to establish a system of prioritization of grant awards.

(e): Establishes the duration of grants for 1-3 years.

(f): Sets forth the requirements related to applying for grants.

Section 9: Evaluating Models for Access and Delivery of Field EMS for Patients

(a): Requires the Director to within one year complete an evaluation of alternative delivery models for medical care through field EMS and integration of field EMS patients with other medical providers and facilities as medically appropriate, including alternative dispositions of low-acuity patients such as transporting patients to non-hospital destinations; when medically necessary, evaluating, treating or referring patients to other medically appropriate health providers; and funding for care regardless of transport; medical liability issues; patient protections and barriers to providing alternate dispositions for patients not requiring transport to a hospital .

(b): Requires the Director to conduct up to 5 demonstration projects to evaluate the implementation of alternative dispositions of field EMS patients as medically necessary, implementation of reimbursement models based on readiness rather than transport or shared savings, and determine whether such dispositions and reimbursement models improve safety and efficiency of EMS and reduce utilization and expenditures under Medicare.

(c) Requires the Director to report to the Congress accordingly.

Section 10: Enhancing Research in Field EMS

(a): Establishes a model to be tested by the CMS Innovation Center (as established by the Patient Protection and Affordable Care Act) that would study the enhancement of field EMS in a manner that improves the timeliness and efficiency of care, such as through regionalization of emergency care, medical transport to alternate destinations, or, when medically necessary, the evaluation, treatment, or referral of patients to other medically appropriate health providers.

(b): Requires the Secretary to research and evaluate field EMS services through the Agency for Healthcare Research and Quality (AHRQ) and the CMS Innovation Center.

(c): Establishes a Field EMS Evidence-Based Practice Center to conduct or support research that promotes the highest quality field EMS services and the most effective delivery system for such care.

(d): Places certain limits on the uses of the new research programs established by subsections (b) and (c) that are similarly applied to the comparative clinical effectiveness research program of Section 1181 of the Social Security Act (42 U.S.C. 1320e-1).

(e): Addresses certain regulatory barriers to the effective research of field EMS regarding informed consent.

Section 11: Emergency Medical Services Trust Fund

(a): Establishes a tax designation on federal income tax forms for voluntary contributions by taxpayers to fund the Emergency Medical Services Trust Fund.

(b): Amends the Internal Revenue Code to provide for the creation of an Emergency Medical Services Trust Fund, the expenditures from which may be used to fund the programs and activities under the jurisdiction of the Office of EMS and Trauma.

(c): Provides for clerical amendments.

(d) Establishes the effective date of the section to apply to taxable years beginning after December 2010.

Section 12: Authorization of Appropriations

(a): Authorizes appropriations for each of fiscal years 2013 through 2016 from the Emergency Medical Services Trust Fund to fund specific programs created under this legislation as follows:

- Authorizes $12 million per year to implement parts of section 4 (related to the Office of EMS and Trauma), and sections 7 (Quality), 9(a), 9(c) (Evaluating Innovative Delivery Models) and 11 (Establishment of EMS Trust Fund) of this ACT;
- Authorizes $200 million per year to implement section 5 of the Act (EQUIP Grants);
- Authorizes $50 million per year to implement section 6 of the Act (SPIA Grants);
- Authorizes $4 million per year to implement section 7(c)(1) (NEMSIS)
- Authorizes $15 million per year to implement section 8 of the Act (Education Grants);
- Authorizes $40 million per year to implement section subsections (b) and (c) of section 10 of the Act (Field EMS Evidence-Based Practice Center).

(b): Provides that if there are excess dollars beyond the amounts needed to fund the programs and activities described in subsection (a), such excess funds are authorized to be appropriated to carry out the other trauma, regionalization of emergency care and rural EMS programs within the Office of EMS and Trauma.

(c): Provides start up funding for the programs within the jurisdiction of the Office of EMS and Trauma such that out of the discretionary funds available to the Secretary for each of fiscal years 2012 and 2013, $40 million shall be for carrying out the field EMS and other programs and activities authorized by the legislation and for the trauma, regionalization of emergency care and rural EMS programs also under the jurisdiction of the Office of EMS and Trauma.

(d): Limits Federal administrative expenses on the funds originating from the Emergency Medical Services Trust Fund to 5 percent of the amount made available.