

111TH CONGRESS
2D SESSION

H. R. 6528

To provide for improvement of field emergency medical services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 16, 2010

Mr. WALZ (for himself and Mrs. MYRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for improvement of field emergency medical services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Field EMS Quality, Innovation, and Cost Effectiveness
6 Improvements Act of 2010”.

7 (b) **TABLE OF CONTENTS.**—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

- Sec. 3. Definitions.
- Sec. 4. Recognition of NHTSA as primary Federal agency for field EMS.
- Sec. 5. Field EMS Excellence, Quality, Universal Access, Innovation and Preparedness.
- Sec. 6. Field EMS System Performance, Integration and Accountability.
- Sec. 7. Field EMS quality.
- Sec. 8. Field EMS education grants.
- Sec. 9. Evaluating innovative models for access and delivery of field EMS for patients.
- Sec. 10. Enhancing research in field EMS.
- Sec. 11. National Emergency Medical Services Advisory Council.
- Sec. 12. Emergency care coordination.
- Sec. 13. Emergency Medical Services Trust Fund.
- Sec. 14. Authorization of appropriations.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

3 (1) All persons throughout the country should
4 have access to and receive high-quality emergency
5 medical care as part of a coordinated emergency
6 medical services system.

7 (2) Properly functioning emergency medical
8 services (EMS) systems, 24 hours per day, 7 days
9 per week, are essential to ensure access to emer-
10 gency medical care and transport for all patients
11 with emergency medical conditions. Such coordi-
12 nated EMS systems are also necessary for response
13 to catastrophic incidents.

14 (3) Ensuring high-quality and cost-effective
15 EMS systems requires readiness, preparedness, med-
16 ical direction, oversight, and innovation throughout
17 the continuum of emergency medical care through
18 Federal, State, and local multijurisdictional collabo-

1 ration and sufficient resources for EMS agencies
2 and providers.

3 (4) At the Federal level, EMS responsibilities
4 and resources of several Federal agencies consistent
5 with their expertise and authority must emphasize
6 the critical importance of Federal agency collabora-
7 tion and coordination for all emergency medical serv-
8 ices.

9 (5) At the State and local level, EMS systems
10 and agencies require the coordination and improved
11 capabilities of multiple and diverse stakeholders.

12 (6) Emergency medical services encompass the
13 provision of care provided to patients with emer-
14 gency medical conditions throughout the continuum,
15 including care provided in the field, hospital, and re-
16 habilitation settings.

17 (7) Field EMS comprises essential emergency
18 medical services, including medical care or medical
19 transport provided to patients prior to or outside
20 medical facilities and other clinical settings. The pri-
21 mary purpose of field emergency medical services is
22 to ensure that emergency medical patients receive
23 the right care at the right place in the right amount
24 of time.

1 (8) Coordinated and high-quality field EMS is
2 essential to the Nation’s security. Field EMS is an
3 essential public service provided by governmental
4 and nongovernmental agencies and practitioners 24
5 hours a day, 7 days a week, and during catastrophic
6 incidents. To ensure disaster and all-hazards pre-
7 paredness for EMS operations as part of the Na-
8 tion’s comprehensive disaster preparedness, Federal
9 funding for preparedness activities, including cata-
10 strophic training and drills, must be provided to gov-
11 ernmental and nongovernmental EMS agencies so as
12 to ensure a greater capability within each of these
13 areas.

14 (9) Numerous recommendations from several
15 significant national reports and documents have
16 demonstrated the need in multiple areas for substan-
17 tial improvement for emergency medical services pro-
18 vided in the field, including recommendations in the
19 EMS Agenda for the Future, the Institute of Medi-
20 cine report “The Future of Emergency Care in the
21 United Health System”, and the National EMS
22 Education Agenda for the Future: A Systems Ap-
23 proach and recommendations by the National EMS
24 Workforce Injury and Illness Surveillance Program,
25 the Department of Transportation’s National EMS

1 Advisory Council (NEMSAC), and the Federal
2 Interagency Committee on Emergency Medical Serv-
3 ices (FICEMS).

4 (10) To substantially improve field EMS ad-
5 vancements must be made in several essential areas
6 including in readiness, innovation, preparedness,
7 education and workforce development, safety, financ-
8 ing, quality, standards, and research.

9 (11) The recognition of a primary Federal
10 agency specifically for field EMS is necessary to pro-
11 vide a more streamlined, cost-efficient, and com-
12 prehensive approach for field EMS as well as pro-
13 vide a focal point for practitioners and agencies to
14 interface with the Federal Government.

15 (12) The long-standing role and capability of
16 the National Highway Traffic Safety Administration
17 (NHTSA) to promote the development of field EMS
18 should be enhanced to serve in a federally recognized
19 leadership role for field EMS, and enable NHTSA to
20 serve as a full and equal partner with other Federal
21 agencies that oversee other aspects of the EMS sys-
22 tem and national preparedness and response.

23 (13) The Emergency Care Coordinating Center
24 (ECCC) should be statutorily created to ensure its
25 continued and essential leadership role in supporting

1 the Federal Government's coordination of in-hospital
2 emergency medical care activities, including by pro-
3 moting the regionalization of emergency medical
4 care and promoting other programs and resources
5 that improve the seamless delivery of the Nation's
6 daily emergency medical care and emergency behav-
7 ioral care.

8 (14) The essential role of field EMS in disaster
9 preparedness and response must be incorporated
10 into the national preparedness and response strategy
11 and implementation as provided and overseen by the
12 Department of Homeland Security and the Depart-
13 ment of Health and Human Services pursuant to
14 their respective jurisdictions.

15 (15) The discretionary National EMS Advisory
16 Council (NEMSAC) created by the Department of
17 Transportation under the Federal Advisory Com-
18 mittee Act should be a statutorily established council
19 that ensures non-Federal input and recommenda-
20 tions to NHTSA, FICEMS, and all Federal agencies
21 involved with EMS.

22 (16) FICEMS must continue in its essential
23 role in coordinating the Federal activities related to
24 the full spectrum of EMS.

1 **SEC. 3. DEFINITIONS.**

2 In this Act:

3 (1) The term “EMS” means emergency medical
4 services.

5 (2) The term “FICEMS” means the Federal
6 Interagency Committee on Emergency Medical Serv-
7 ices.

8 (3) The term “field EMS” means emergency
9 medical services provided to patients (pursuant to
10 transport by ground, air, or otherwise) prior to or
11 outside a medical facility or other clinical setting.

12 (4) The term “field EMS agency” means an or-
13 ganization providing field EMS, regardless of—

14 (A) whether such organization is govern-
15 mental, nongovernmental, or volunteer; and

16 (B) whether such organization provides
17 field EMS by ground, air, or otherwise.

18 (5) The term “emergency medical services” or
19 “EMS” means emergency medical care and related
20 services provided to patients at any point in the con-
21 tinuum of health care services, including emergency
22 medical dispatch and medical care and related serv-
23 ices provided in the field, during transport, or in a
24 medical facility or other clinical setting.

25 (6) The term “field EMS patient care reports”
26 means the information that a field EMS agency

1 typically creates regarding a patient’s medical condi-
2 tion and treatment in the course of providing emer-
3 gency medical services to that patient.

4 (7) The term “NEMSAC” means the National
5 Emergency Medical Services Advisory Council estab-
6 lished by section 12.

7 (8) The term “NEMESIS” means the National
8 EMS Information System.

9 (9) The term “NHTSA” means the National
10 Highway Traffic Safety Administration.

11 (10) The term “State EMS Office” means an
12 office designated by the State with primary responsi-
13 bility for oversight of the State’s EMS system, such
14 as responsibility for oversight of EMS coordination,
15 licensing or certifying EMS practitioners, and EMS
16 system improvement.

17 (11) The term “STEMI” means ST–Segment
18 Elevation Myocardial Infarction.

19 **SEC. 4. RECOGNITION OF NHTSA AS PRIMARY FEDERAL**
20 **AGENCY FOR FIELD EMS.**

21 (a) PRIMARY FEDERAL AGENCY FOR FIELD EMS.—
22 NHTSA shall serve as the primary Federal agency for
23 field EMS to provide enhanced Federal support for the
24 development of patient-centered, medically directed, evi-
25 dence-based, cost-effective, and safe field emergency med-

1 ical services that are accessible to patients throughout the
2 United States and which ensure 24 hours a day, 7 days
3 a week readiness, catastrophic preparedness, and con-
4 tinual innovation in quality and capability for the better-
5 ment of patients. In this capacity, the Administrator of
6 NHTSA shall—

7 (1) provide enhanced leadership for emergency
8 medical services provided in the field;

9 (2) work in partnership with the other Federal
10 agencies involved with EMS in their respective lead-
11 ership roles in overseeing other aspects of the full
12 spectrum of emergency medical services and pre-
13 paredness and response; and

14 (3) work in collaboration with FICEMS, which
15 coordinates all Federal EMS efforts, to ensure a
16 seamless Federal approach to a coordinated emer-
17 gency medical services system across the continuum
18 of emergency medical care.

19 (b) COHESIVE NATIONAL FIELD EMS STRATEGY.—
20 The Administrator of NHTSA shall, pursuant to this Act,
21 develop and implement a cohesive national strategy to
22 strengthen the development of field emergency medical
23 services (EMS) at the Federal, State, and local levels. In
24 establishing such a strategy, the Administrator shall—

1 (1) solicit and consider the recommendations of
2 the NEMSAC as well as relevant stakeholders;

3 (2) consult and collaborate with FICEMS to
4 ensure consistency of such a field EMS strategy
5 within the larger Federal strategy regarding all of
6 emergency medical services and national prepared-
7 ness and response;

8 (3) address issues related to EMS patient and
9 practitioner safety, standardization of EMS practi-
10 tioner licensing and credentialing, field EMS oper-
11 ational improvements and integration of field EMS
12 practitioners into the broader health care system in-
13 cluding—

14 (A) promotion of the adoption by States of
15 the education standards identified in the
16 “Emergency Medical Services Education Agen-
17 da for the Future: A Systems Approach” and
18 any revisions thereto, including the standardiza-
19 tion of licensing and credentialing of field EMS
20 practitioners and standards of care, based on
21 best practices and evidence-based medicine, in-
22 cluding by—

23 (i) the identification of differences in
24 the levels of care, scope of practice, and li-

1 censure and credentialing requirements
2 among the States; and

3 (ii) the adoption by the States of na-
4 tional standards for such levels of care,
5 scope of practice and licensure and
6 credentialing requirements;

7 (B) promotion of a culture of safety, in-
8 cluding—

9 (i) the adoption of an anonymous
10 error reporting system designed to identify
11 systemic problems in field EMS patient
12 and practitioner safety and ensure a single
13 means of collecting and reporting relevant
14 error data by field EMS agencies and
15 States;

16 (ii) the establishment of field EMS
17 patient and practitioner safety goals and
18 the specific means to improve field EMS
19 practitioner and patient safety to achieve
20 such goals; and

21 (iii) the adoption of more uniform na-
22 tional ambulance vehicle safety and manu-
23 facturing standards;

1 (C) the integration and utilization of field
2 EMS practitioners as part of the larger health
3 care system including—

4 (i) the potential utilization of field
5 EMS practitioners for the provision of care
6 to patients with non-emergent medical con-
7 ditions; and

8 (ii) such other strategies to implement
9 the recommendations provided by the Na-
10 tional Health Care Workforce Commission,
11 pursuant to section 5101(d)(2) of the Pa-
12 tient Protection and Affordable Care Act
13 (42 U.S.C. 294q(d)(2)); and

14 (D) such other issues that the Adminis-
15 trator considers appropriate;

16 (4) complete the development of such strategy
17 not later than 18 months after the date of enact-
18 ment of this Act;

19 (5) communicate such strategy to the relevant
20 congressional committees of jurisdiction;

21 (6) implement such strategy to the extent prac-
22 tical not later than 3 years after the date of enact-
23 ment of this Act; and

24 (7) update such strategy not less than every 3
25 years.

1 (c) STATUTORY CONSTRUCTION.—Nothing in this
2 Act shall be construed to preempt any statutory authority
3 otherwise provided for any other Federal agency.

4 **SEC. 5. FIELD EMS EXCELLENCE, QUALITY, UNIVERSAL AC-**
5 **CESS, INNOVATION AND PREPAREDNESS.**

6 (a) IN GENERAL.—The Administrator shall establish
7 the EQUIP grant program—

8 (1) to promote excellence in all aspects of the
9 provision of field EMS by field EMS agencies;

10 (2) to enhance the quality of emergency medical
11 care provided to patients by field EMS practitioners
12 through evidence-based, medically directed field
13 emergency care;

14 (3) to promote universal access to and avail-
15 ability of high-quality field EMS in all geographic lo-
16 cations of the Nation;

17 (4) to spur innovation in the delivery of field
18 EMS; and

19 (5) to improve EMS agency preparedness for
20 everyday and catastrophic emergency medical re-
21 sponse.

22 (b) APPLICATION.—

23 (1) IN GENERAL.—To be eligible to receive a
24 grant under this section, an eligible entity shall sub-
25 mit an application to the Administrator in such form

1 and manner, that contains such agreements, assur-
2 ances, and information as the Administrator deter-
3 mines to be reasonably necessary to carry out this
4 section.

5 (2) SIMPLE FORM.—The Administrator shall
6 ensure that grant application requirements are not
7 unduly burdensome to smaller and volunteer field
8 EMS agencies or other agencies with limited re-
9 sources.

10 (c) USE OF FUNDS.—Grants may be used by eligible
11 entities to—

12 (1) sustain field EMS practitioners to ensure
13 24 hours a day, 7 days a week readiness and pre-
14 paredness at the local level;

15 (2) develop and implement initiatives related to
16 delivery of medical services, including—

17 (A) innovative clinical practices to improve
18 the cost-effectiveness and quality of care deliv-
19 ered to emergency patients in the field that re-
20 sults in improved patient outcomes and cost
21 savings to the health system, including for high
22 prevalence emergency medical conditions such
23 as sudden cardiac arrest, STEMI, stroke, and
24 trauma; and

1 (B) delivery systems to improve patient
2 outcomes, which may include implementing evi-
3 dence-based protocols, interventions, systems,
4 and technologies to reduce clinically meaningful
5 response times;

6 (3) purchase and implement—

7 (A) medical equipment and training for
8 using such equipment;

9 (B) communication systems to ensure
10 seamless and interoperable communications
11 with other first responders; and

12 (C) information systems to comply with
13 NEMSIS data collection and integrate field
14 emergency care with electronic medical records;

15 (4) participate in federally sponsored field EMS
16 research;

17 (5) establish or enhance comprehensive medical
18 oversight and quality assurance programs that in-
19 clude the active participation by medical directors in
20 field EMS medical direction and educational pro-
21 grams; and

22 (6) such other uses as the Administrator may
23 establish.

1 (d) ADMINISTRATION OF GRANTS.—In establishing
2 and administering the EQUIP grant program, the Admin-
3 istrator—

4 (1) shall establish a grant making process that
5 includes—

6 (A) prioritization for the awarding of
7 grants to eligible entities and consideration of
8 the factors in reviewing grant applications by
9 eligible entities including—

10 (i) demonstrated financial need for
11 funding;

12 (ii) utilization of public and private
13 partnerships;

14 (iii) enhanced access to high-quality
15 field EMS in under served geographic
16 areas;

17 (iv) unique needs of volunteer and
18 rural field EMS agencies;

19 (v) distribution among a variety of ge-
20 ographic areas, including urban, suburban,
21 and rural;

22 (vi) distribution of funds among types
23 of EMS agencies, including governmental,
24 non-governmental and volunteer;

1 (vii) implementation of evidence-based
2 interventions that improve quality of care,
3 patient outcomes, efficiency, or cost effec-
4 tiveness; and

5 (viii) such other factors as the Admin-
6 istrator considers necessary;

7 (B) a peer reviewed process to recommend
8 grant allocations in accordance with the
9 prioritization established by the Administrator
10 except that final award determinations shall be
11 made by the Administrator; and

12 (C) the provision of grant awards to eligi-
13 ble entities on an annual basis, except that the
14 Administrator may reserve not more than 25
15 percent of the available appropriations for
16 multi-year grants and no grant award may ex-
17 ceed a 2-year period;

18 (2) shall consult with and take into consider-
19 ation the recommendations of FICEMS, NEMSAC
20 and relevant stakeholders;

21 (3) shall ensure that funds used for cata-
22 strophic preparedness activities are consistent and
23 aligned with Federal preparedness priorities; and

24 (4) may contract with an independent, third-
25 party, nonprofit organization to administer the grant

1 program if the Administrator establishes conflict-of-
2 interest requirements as part of any such contrac-
3 tual relationship.

4 (e) ELIGIBILITY.—Eligible grant recipients are field
5 EMS agencies that—

6 (1) are licensed by or otherwise authorized in
7 the State in which they operate; and

8 (2) have medical oversight and quality improve-
9 ment programs as defined by the Administrator.

10 (f) ANNUAL REPORT.—The Administrator shall sub-
11 mit an annual report on the EQUIP grant program under
12 this section to the Congress.

13 **SEC. 6. FIELD EMS SYSTEM PERFORMANCE, INTEGRATION**
14 **AND ACCOUNTABILITY.**

15 (a) IN GENERAL.—The Administrator shall establish
16 the SPIA grant program—

17 (1) to improve field EMS system performance,
18 integration and accountability;

19 (2) to ensure preparedness for field EMS at the
20 State and local levels;

21 (3) to enhance physician medical oversight of
22 field EMS systems;

23 (4) to improve coordination between regional
24 field EMS systems and integration of such regional

1 field EMS systems into the larger health care sys-
2 tem;

3 (5) to enhance data collection and analysis to
4 improve, on a continuing basis, the field EMS sys-
5 tem; and

6 (6) to enhance standardization of national EMS
7 certification of emergency medical technicians and
8 paramedics.

9 (b) USE OF FUNDS.—Grants may be used by eligible
10 entities—

11 (1) to enhance pandemic influenza and all haz-
12 ards EMS preparedness and coordination of medical
13 first response;

14 (2) to improve cross-border collaboration and
15 planning among States;

16 (3) to collect data with regard to—

17 (A) NEMESIS;

18 (B) field EMS education;

19 (C) field EMS workforce;

20 (D) cardiac events, including STEMI and
21 sudden cardiac arrest;

22 (E) stroke;

23 (F) disasters, including injuries and ill-
24 nesses;

1 (G) ambulance diversion and patient park-
2 ing;

3 (H) trauma (in a manner that is com-
4 plementary and not duplicative of other trauma
5 data collection such as the National Trauma
6 Data Bank);

7 (I) data determined necessary by the State
8 Office of EMS for oversight and coordination of
9 the State field EMS system; and

10 (J) any other such data that the Adminis-
11 trator specifies;

12 (4) to implement and evaluate system-wide
13 quality improvement initiatives, including medical di-
14 rection at the State, local, and regional levels;

15 (5) to integrate field EMS with other health
16 care services as part of a coordinated system of care
17 provided to patients with emergency medical condi-
18 tions to help ensure the right patient receives the
19 right care by the right crew in the right vehicle and
20 at the right medical facility in the right amount of
21 time, including by enhancing regional emergency
22 medical dispatch;

23 (6) to incorporate national EMS certification
24 for all levels of emergency medical technicians and
25 paramedics;

1 (7) to improve the State’s planning for ensuring
2 a consistent, available EMS workforce;

3 (8) to fund EMS regional and local oversight
4 and planning organizations or develop regional sys-
5 tems of emergency medical care within the State to
6 further enhance coordination and systemic develop-
7 ment throughout the State; and

8 (9) for such other uses as the Administrator
9 may establish.

10 (c) ADMINISTRATION OF GRANTS.—In establishing
11 and administering the SPIA grant program, the Adminis-
12 trator shall—

13 (1) establish State EMS system performance
14 standards to serve as guidance to States in improv-
15 ing their EMS systems and in applying for grants
16 under this subsection. In establishing such stand-
17 ards, the Administrator shall—

18 (A) take into the consideration the rec-
19 ommendations of FICEEMS, NEMSAC, and rel-
20 evant stakeholders;

21 (B) include national evidence-based guide-
22 lines; and

23 (C) take into account the needs and re-
24 source limitations of volunteer, smaller agen-
25 cies, and agencies in rural areas;

1 (2) provide technical assistance to State EMS
2 Offices in conducting comprehensive EMS planning
3 with regard to evidence-based workforce and devel-
4 opment competencies for field EMS management;

5 (3) allocate, within the available funds, SPLA
6 grants to a maximum of one grant per applicant ac-
7 cording to a formula based on population and geo-
8 graphic area, as determined by the Administrator,
9 for a period not to exceed 2 years; and

10 (4) require that States allocate a portion of
11 their grant funds to regional and local oversight and
12 planning EMS organizations within the State for the
13 purpose of field EMS system development, mainte-
14 nance and improvement of coordination among re-
15 gional organizations.

16 (d) APPLICATION.—To be eligible to receive a grant
17 under this section, an eligible entity shall submit an appli-
18 cation to the Administrators in such form and manner,
19 that contains such agreements, assurances and informa-
20 tion as the Administrator determines to be reasonably nec-
21 essary to carry out this section.

22 (e) ELIGIBILITY.—The eligible entities for a grant
23 under this section are the State EMS Office in each of
24 the several States, tribes, and territories.

1 (f) ANNUAL REPORT.—The Administrator shall sub-
2 mit an annual report on the SPIA grant program under
3 this section to the Congress.

4 **SEC. 7. FIELD EMS QUALITY.**

5 (a) MEDICAL OVERSIGHT.—

6 (1) IN GENERAL.—To improve medical over-
7 sight of field EMS and ensure continuity and ac-
8 countability for such medical oversight, the Adminis-
9 trator of NHTSA shall—

10 (A) establish national guidelines for train-
11 ing, credentialing, and direction in connection
12 with medical oversight; and

13 (B) promote high-quality medical direction
14 and maximization of participation and training
15 by physicians in medical direction.

16 (2) CONSIDERATIONS.—In establishing guide-
17 lines under paragraph (1)(A), the Administrator of
18 NHTSA shall take into consideration—

19 (A) nationally recognized guidelines;

20 (B) relevant stakeholder input; and

21 (C) the unique needs associated with the
22 provision of field EMS in rural areas or by vol-
23 unteers.

24 (3) FLEXIBILITY.—The guidelines established
25 under paragraph (1)(A) shall ensure high-quality

1 training, credentialing, and direction in connection
2 with medical oversight of field EMS at the State, re-
3 gional, and local levels while providing sufficient
4 flexibility to account for historical and legitimate dif-
5 ferences in field EMS among States, regions, and lo-
6 calities.

7 (4) REQUIRED USE OF GUIDELINES.—As a con-
8 dition on receipt of a grant under section 5 or 6, the
9 Administrator of NHTSA shall require the grant re-
10 cipient to adopt and implement (to the extent appli-
11 cable) the guidelines established under paragraph
12 (1)(A).

13 (b) GAO STUDY AND REPORT.—

14 (1) IN GENERAL.—The Comptroller General of
15 the United States shall complete a study on—

16 (A) medical and administrative liability
17 issues that may impede—

18 (i) medical direction provided by phy-
19 sicians directly regarding specific patients
20 or medical oversight provided by physicians
21 in establishing medical protocols, proce-
22 dures, and other activities related to the
23 provision of emergency medical care in
24 field EMS; or

1 (ii) the highest quality emergency
2 medical care in field EMS provided by per-
3 sonnel other than physicians such as emer-
4 gency medical technicians and paramedics;

5 (B) reimbursement for any component of
6 medical oversight; and

7 (C) such other issues as the Comptroller
8 General deems appropriate relating to improv-
9 ing the quality and medical oversight of emer-
10 gency medical care in field EMS.

11 (2) REPORT TO CONGRESS.—Not later than 18
12 months after the date of the enactment of this Act,
13 the Comptroller General shall complete the study
14 under paragraph (1) and submit a report to the
15 Congress on the results of such study, including any
16 recommendations.

17 (c) DATA COLLECTION AND EXCHANGE.—

18 (1) NATIONAL EMS INFORMATION SYSTEM.—

19 (A) IN GENERAL.—The Administrator of
20 NHTSA may maintain, improve, and expand
21 the National EMS Information System, includ-
22 ing the National EMS Database.

23 (B) STANDARDIZATION.—In carrying out
24 subparagraph (A), the Administrator of
25 NHTSA shall promote the collection and re-

1 porting of data on field EMS in a standardized
2 manner.

3 (C) AVAILABILITY OF DATA.—The Admin-
4 istrator of NHTSA shall ensure that informa-
5 tion in the National EMS Database (other than
6 individually identifiable information) is available
7 to Federal and State policymakers, EMS stake-
8 holders, and researchers.

9 (D) TECHNICAL ASSISTANCE.—In carrying
10 out subparagraph (A), the Administrator of
11 NHTSA may provide technical assistance to
12 State and local agencies, field EMS agencies,
13 and other entities deemed appropriate by the
14 Administrator to assist in the collection, anal-
15 ysis, and reporting of data.

16 (2) REPORT ON DATA GAPS.—

17 (A) IN GENERAL.—Not later than 12
18 months after the date of the enactment of this
19 Act, the Administrator of NHTSA, in consulta-
20 tion with the Secretary of Health and Human
21 Services, shall submit to the Congress a report
22 that—

23 (i) identifies gaps in the collection of
24 data related to the provision of field EMS;
25 and

1 (ii) includes recommendations for im-
2 proving the collection, reporting, and anal-
3 ysis of such data.

4 (B) RECOMMENDATIONS.—The rec-
5 ommendations required by subparagraph (A)(ii)
6 shall—

7 (i) take into consideration the rec-
8 ommendations of FICEMS and NEMSAC
9 and relevant stakeholders;

10 (ii) recommend methods for improving
11 data collection and reporting and analysis
12 without unduly burdening reporting enti-
13 ties and without duplicating existing data
14 sources (such as data collected by the Na-
15 tional Trauma Data Bank);

16 (iii) address the quality and avail-
17 ability of data related to the provision of
18 field EMS and utilization of field EMS
19 with respect to a variety of illnesses and
20 injuries (in both the everyday provision of
21 field EMS and catastrophic or disaster re-
22 sponse) including—

23 (I) cardiac events such as chest
24 pain, sudden cardiac arrest, and
25 STEMI;

- 1 (II) stroke;
- 2 (III) trauma;
- 3 (IV) disaster and catastrophic in-
- 4 cidents, such as incidents related to
- 5 terrorism or natural or manmade dis-
- 6 asters; and
- 7 (V) ambulance diversion and pa-
- 8 tient parking; and
- 9 (iv) include an analysis of the variety
- 10 of services provided by field EMS agencies.

11 (3) REPORT ON DATA INTEGRATION TO PRO-

12 MOTE QUALITY OF CARE.—Not later than 18

13 months after the date of the enactment of this Act,

14 the Secretary of Health and Human Services, acting

15 through the head of the Office of the National Coor-

16 dinator for Health Information Technology, in col-

17 laboration with FICEMS and the Administrator of

18 NHTSA as appropriate, and taking into consider-

19 ation input from relevant stakeholders, shall submit

20 a report (including recommendations) on issues, im-

21 pediments, and potential solutions pertaining to the

22 following objectives:

- 23 (A) Incorporation of field EMS patient
- 24 care reports into patient electronic health
- 25 records, taking into consideration—

1 (i) the extent to which field EMS pa-
2 tient care reports are presently created in
3 electronic format and the potential for ele-
4 ments of such reports to be incorporated
5 into patient electronic health records;

6 (ii) the data elements of field EMS
7 patient care reports that would promote
8 quality and efficiency of care if incor-
9 porated into patient electronic health
10 records;

11 (iii) potential modifications to the
12 Medicare and Medicaid programs under ti-
13 tles XVIII and XIX, respectively, of the
14 Social Security Act or other Federal health
15 programs (including potential modifica-
16 tions to the HITECH Act (title XIII of di-
17 vision A of Public Law 111–5) including
18 modifications to the entities included as el-
19 igible for incentive payments under section
20 1848(o), 1853(l) (to the extent that such
21 section 1848(o) is applied), or 1903(t) of
22 the Social Security Act, criteria for cer-
23 tified EHR technology for purposes of
24 such sections, and objectives and measures
25 for determining meaningful use of such

1 technology for purposes of such sections)
2 to provide appropriate reimbursement and
3 financial incentives for EMS agencies—

4 (I) to maintain field EMS patient
5 care reports in a structured electronic
6 format; and

7 (II) to otherwise adopt and use
8 electronic health records; and

9 (iv) potential modifications to the
10 HITECH Act to provide incentives to eligi-
11 ble hospitals under section 1886(n),
12 1853(m) (to the extent that such section
13 1886(n) is applied), or section 1814(l)(3)
14 of the Social Security Act to incorporate
15 appropriate data elements of field EMS
16 patient care reports into patient electronic
17 health records.

18 (B) Incorporation of patient health infor-
19 mation created subsequent to the receipt of
20 field EMS emergency care into NEMESIS, tak-
21 ing into consideration—

22 (i) what types of medical information
23 created subsequent to the receipt of field
24 EMS emergency care (such as outcomes
25 information or information regarding sub-

1 sequent care and treatment) would, if in-
2 cluded in NEMESIS, be potentially useful in
3 evaluating and improving the quality of
4 EMS care;

5 (ii) how best to integrate such infor-
6 mation into NEMESIS;

7 (iii) potential modifications to the
8 HITECH Act to require eligible hospitals,
9 as defined in section 1886(n)(6)(B) of the
10 Social Security Act, for purposes of incen-
11 tive payments under 1886(b)(3)(B)(ix) and
12 1886(n) of such Act, to develop or report
13 relevant data to NEMESIS or other appro-
14 priate State or private registries; and

15 (iv) potential modifications to the
16 Medicare and Medicaid programs under ti-
17 tles XVIII and XIX, respectively, of the
18 Social Security Act or other Federal health
19 programs to provide appropriate reim-
20 bursement and financial incentives for field
21 EMS agencies to develop or report relevant
22 data to NEMESIS or other appropriate
23 State or private registries.

24 (d) CLARIFICATION OF HIPAA.—

1 (1) EXCHANGE OF INFORMATION RELATED TO
2 THE TREATMENT OF PATIENTS.—

3 (A) IN GENERAL.—Nothing in HIPAA pri-
4 vacy and security law (as defined in section
5 3009(a)(2) of the Public Health Service Act (42
6 U.S.C. 300jj–19(a)(2))) shall be construed as
7 prohibiting the exchange of information between
8 field EMS practitioners treating an individual
9 and personnel of a hospital to which the indi-
10 vidual is transported for the purposes of relat-
11 ing information on the medical history, treat-
12 ment, care, and outcome of such individual (in-
13 cluding any health care personnel safety issues
14 such as infectious disease).

15 (B) GUIDELINES.—The Secretary of
16 Health and Human Services shall establish
17 guidelines for exchanges of information between
18 field EMS practitioners treating an individual
19 and personnel of a hospital to which the indi-
20 vidual is transported to protect the privacy of
21 the individual while ensuring the ability of such
22 EMS practitioners and hospital personnel to
23 communicate effectively to further the con-
24 tinuity and quality of emergency medical care
25 provided to such individual.

1 (2) NEMESIS DATA.—Nothing in HIPAA pri-
2 vacy and security law (as defined in section
3 3009(a)(2) of the Public Health Service Act (42
4 U.S.C. 300jj–19(a)(2))) shall be construed as pro-
5 hibiting—

6 (A) a field EMS agency from submitting
7 EMS data to the State EMS Office for the pur-
8 pose of quality improvement and data collection
9 by the State for submission to NEMESIS; or

10 (B) the State EMS Office from submitting
11 aggregated non-individually identifiable EMS
12 data to the National EMS Database maintained
13 by NHTSA.

14 **SEC. 8. FIELD EMS EDUCATION GRANTS.**

15 (a) IN GENERAL.—For the purpose of promoting
16 field EMS as a health profession and ensuring the avail-
17 ability, quality, and capability of field EMS educators,
18 practitioners, and medical directors, the Secretary of
19 Health and Human Services, acting through the Adminis-
20 trator of the Health Resources and Services Administra-
21 tion, may make grants to eligible entities for the develop-
22 ment, availability, and dissemination of field EMS edu-
23 cation programs and courses that improve the quality and
24 capability of field EMS personnel. In carrying out this sec-
25 tion, the Secretary shall take into consideration input from

1 the Administrator of NHTSA, FICEMS, NEMSAC, the
2 National Health Care Workforce Commission established
3 under section 5101 of the Patient Protection and Afford-
4 able Care Act (42 U.S.C. 294q), and relevant stake-
5 holders.

6 (b) ELIGIBILITY.—In this section, the term “eligible
7 entity” means an educational organization, an educational
8 institution, a professional association, and any other entity
9 involved with the education of field EMS practitioners.

10 (c) USE OF FUNDS.—The Secretary of Health and
11 Human Services may award a grant to an eligible entity
12 under paragraph (1) only if the entity agrees to use the
13 grant to—

14 (1) develop and implement education programs
15 that—

16 (A) train field EMS trainers and promote
17 the adoption and implementation of the edu-
18 cation standards identified in the “Emergency
19 Medical Services Education Agenda for the Fu-
20 ture: A Systems Approach” including any revi-
21 sions thereto;

22 (B) bridge the gap in knowledge and skills
23 in field EMS and among field EMS and other
24 allied health professions to develop a larger
25 cadre of educational instructors and build a

1 stronger and more flexible field EMS practi-
2 tioner corps; or

3 (C) provide training and retraining pro-
4 grams to provide displaced workers the oppor-
5 tunity to enter a field EMS profession;

6 (2) develop and implement educational courses
7 pertaining to—

8 (A) instructor courses;

9 (B) provision of medical direction of field
10 EMS;

11 (C) field EMS practitioners, including phy-
12 sicians, emergency medical technicians, para-
13 medics, nurses, and other relevant clinicians
14 providing emergency medical care in the field;

15 (D) field EMS educational and clinical re-
16 search;

17 (E) bridge programs among field EMS,
18 nursing, and other allied health professions;

19 (F) field EMS management;

20 (G) national evidence-based guidelines; and

21 (H) translation of the lessons learned in
22 military medicine to field EMS;

23 (3) evaluate education and training courses and
24 methodologies to identify optimal educational modal-
25 ities for field EMS practitioners;

1 (4) improve the field EMS education infrastruc-
2 ture by increasing the number of field EMS instruc-
3 tors and the quality of their preparation by improv-
4 ing, enhancing, and modernizing the dissemination
5 of EMS education, including distance learning, and
6 by establishing quality improvement for EMS edu-
7 cation programs;

8 (5) enhance the opportunity for medical direc-
9 tion training and for promoting appropriate medical
10 oversight of field emergency medical care;

11 (6) improve systems to design, implement, and
12 evaluate education for prospective and current field
13 EMS providers; or

14 (7) carrying out such other activities as the
15 Secretary may identify.

16 (d) PRIORITY.—The Secretary of Health and Human
17 Services, in consultation with NHTSA and relevant stake-
18 holders, and taking into consideration the recommenda-
19 tions of FICEMS and NEMSAC, shall establish a system
20 of prioritization in awarding grants under this section to
21 eligible entities.

22 (e) DURATION OF GRANTS.—Grants under this sec-
23 tion shall be for a period of 1 to 3 years.

24 (f) APPLICATION.—The Secretary of Health and
25 Human Services may not award a grant to an eligible enti-

1 ty under this section unless the entity submits an applica-
2 tion to the Secretary in such form, in such manner, and
3 containing such agreements, assurances, and information
4 as the Secretary may require. The Secretary shall ensure
5 that the requirements for submitting an application under
6 this section are not unduly burdensome.

7 **SEC. 9. EVALUATING INNOVATIVE MODELS FOR ACCESS**
8 **AND DELIVERY OF FIELD EMS FOR PATIENTS.**

9 (a) EVALUATION.—

10 (1) IN GENERAL.—Not later than 1 year after
11 the date of the enactment of this Act, the Secretary
12 of Health and Human Services, in consultation with
13 the Administrator of NHTSA, and taking into con-
14 sideration the recommendations of NEMSAC and
15 FICEMS, shall complete an evaluation of—

16 (A) alternative delivery models for medical
17 care through field EMS; and

18 (B) the integration of field EMS patients
19 with other medical providers and facilities as
20 medically appropriate.

21 (2) SPECIFIC ISSUES.—The evaluation under
22 paragraph (1) shall consider each of the following:

23 (A) Alternative dispositions of low-acuity
24 patients (as defined by the Secretary of Health
25 and Human Services) such as transporting pa-

1 tients by ambulance to destinations other than
2 a hospital such as the office of the patient’s
3 physician, an urgent care center, or the facili-
4 ties of another health care provider as medically
5 necessary and appropriate.

6 (B) Medical liability issues associated with
7 transport to destinations other than a hospital
8 emergency department.

9 (C) Necessary protections to ensure that
10 patients receive the appropriate care in the ap-
11 propriate setting without delay.

12 (D) Whether there are any barriers to pro-
13 viding alternate dispositions to low-acuity pa-
14 tients who are not in need of care in hospital
15 emergency departments.

16 (E) Other issues determined by the Sec-
17 retary of Health and Human Services, includ-
18 ing, when possible, issues recommended by
19 FICEMS or NEMSAC for evaluation under
20 this subsection.

21 (b) DEMONSTRATION PROJECTS.—

22 (1) IN GENERAL.—Beginning not later than 1
23 year after the date of the enactment of this Act, the
24 Secretary of Health and Human Services shall con-
25 duct or support up to 5 demonstration projects to—

1 (A) evaluate the implementation of alter-
2 native dispositions of low-acuity field EMS pa-
3 tients (such as transporting patients by ambu-
4 lance to alternate destinations when medically
5 appropriate and in the patients' best interests);
6 and

7 (B) determine whether such dispositions—
8 (i) improve the safety, effectiveness,
9 timeliness, and efficiency of EMS; and

10 (ii) reduce overall utilization and ex-
11 penditures under the Medicare program
12 under title XVIII of the Social Security
13 Act.

14 (2) EVIDENCE-BASED PROTOCOLS.—The Sec-
15 retary of Health and Human Services shall ensure
16 that at least one demonstration project under para-
17 graph (1) evaluates evidence-based protocols that
18 give guidance on selection of the destination to
19 which patients are transported.

20 (3) DURATION.—The period of a demonstration
21 project under paragraph (1) shall not exceed 36
22 months.

23 (4) RESEARCH.—If the Secretary of Health and
24 Human Services determines that further research is
25 necessary prior to or in conjunction with the dem-

1 onstration projects under this subsection in order to
2 evaluation the implementation of alternative disposi-
3 tions of low-acuity field EMS patients, the Secretary
4 shall conduct or support such research.

5 (5) AUTHORIZATION OF APPROPRIATIONS.—Of
6 the amount made available to carry out section
7 1115A of the Social Security Act (42 U.S.C. 1315a)
8 for a fiscal year, there are authorized to be appro-
9 priated such sums as may be necessary to carry out
10 this subsection.

11 (c) REPORT TO CONGRESS.—Not later than 1 year
12 after the completion of all demonstration projects under
13 subsection (b), the Secretary of Health and Human Serv-
14 ices shall submit to the Congress a report on the results
15 of activities under this section, including recommendations
16 on the efficacy of alternative dispositions of low-acuity
17 field EMS patients.

18 **SEC. 10. ENHANCING RESEARCH IN FIELD EMS.**

19 (a) MODELS TO BE TESTED BY CENTER FOR MEDI-
20 CARE AND MEDICAID INNOVATION.—Section
21 1115A(b)(2)(B) of title XI of the Social Security Act (42
22 U.S.C. 1315a(b)(2)(B)) is amended by adding at the end
23 the following:

24 “(xxi) Enhancing health outcomes for
25 patients receiving field emergency medical

1 services and improving timely and efficient
2 delivery of high-quality field emergency
3 medical services, such as through regional-
4 ization of emergency care or medical trans-
5 port to alternate destinations.”.

6 (b) EMERGENCY MEDICAL RESEARCH.—Section
7 498D of the Public Health Service Act (42 U.S.C. 289g–
8 4) is amended—

9 (1) by redesignating subsections (c) and (d) as
10 subsections (d) and (e), respectively; and

11 (2) by inserting after subsection (b) the fol-
12 lowing:

13 “(c) FIELD EMS EMERGENCY MEDICAL RE-
14 SEARCH.—The Secretary shall conduct research and eval-
15 uation relating to field EMS through the Agency for
16 Healthcare Research and Quality and the Center for Medi-
17 care and Medicaid Innovation.”.

18 (c) FIELD EMS PRACTICE CENTER.—Subpart II of
19 part D of title IX of the Public Health Service Act (42
20 U.S.C. 299b–33 et seq.) is amended by adding at the end
21 the following:

22 **“SEC. 938. FIELD EMS PRACTICE CENTER.**

23 “(a) ESTABLISHMENT.—For the purpose described
24 in subsection (b), the Director shall establish within the
25 Agency a Field EMS Evidence-Based Practice Center.

1 “(b) PURPOSE.—The purpose of the Center is to con-
2 duct or support research to promote the highest quality
3 of emergency medical care in field EMS and the most ef-
4 fective delivery system for the provision of such care. Re-
5 search conducted or supported pursuant to the preceding
6 sentence shall include—

7 “(1) comparative effectiveness research;

8 “(2) other appropriate clinical or systems re-
9 search; and

10 “(3) research addressing—

11 “(A) critical care transport;

12 “(B) off-shore operations;

13 “(C) tactical emergency medical services;

14 and

15 “(D) the application of lessons learned in
16 military field medicine in the delivery of emer-
17 gency medical care in field EMS.

18 “(c) DEFINITION.—In this section:

19 “(1) The term ‘Center’ means the Field EMS
20 Evidence-Based Practice Center established under
21 subsection (a).

22 “(2) The term ‘field EMS’ has the meaning
23 given to such term in section 3 of the Field EMS
24 Quality, Innovation, and Cost Effectiveness Improve-
25 ments Act of 2010.”.

1 (d) LIMITATIONS ON CERTAIN USES OF RE-
2 SEARCH.—Section 1182 of the Social Security Act (42
3 U.S.C. 1320e–1) is amended by striking “section 1181”
4 each place it appears and inserting “section 1181 of this
5 Act or section 498D(c) or 938 of the Public Health Serv-
6 ice Act”.

7 (e) REGULATORY BARRIERS.—For the purposes of
8 research conducted pursuant to this section or any other
9 research funded by the Department of Health and Human
10 Services related to emergency medical services in the field
11 in which informed consent is required but may not be at-
12 tainable, the Secretary of Health and Human Services
13 shall—

14 (1) evaluate and consider the patient and re-
15 search issues involved; and

16 (2) address regulatory barriers to such research
17 related to the need for informed consent in a man-
18 ner that ensures adequate patient safety and notifi-
19 cation, and submit recommendations to Congress for
20 any changes to Federal statutes necessary to ad-
21 dress such barriers.

1 **SEC. 11. NATIONAL EMERGENCY MEDICAL SERVICES ADVI-**
2 **SORY COUNCIL.**

3 (a) ESTABLISHMENT.—The Administrator of
4 NHTSA shall establish and administer a National Emer-
5 gency Medical Services Advisory Council.

6 (b) DUTIES AND AUTHORITIES.—

7 (1) IN GENERAL.—NEMSAC—

8 (A) shall provide advice and recommenda-
9 tions regarding Federal field EMS programs
10 and activities to NHTSA, FICEMS, and other
11 Federal agencies that deliver field EMS or sup-
12 port State or local field EMS;

13 (B) may, upon request by any Federal
14 agency, provide that agency with recommenda-
15 tions on field EMS matters; and

16 (C) shall provide a national forum for indi-
17 viduals and entities outside of the Federal Gov-
18 ernment to deliberate on field EMS issues.

19 (2) AUTHORITY.—In carrying out paragraph
20 (1), NEMSAC may gather data and provide advice
21 and recommendations on—

22 (A) the national strategy under section
23 4(b);

24 (B) any grant program established under
25 this Act;

1 (C) any data collection improvement activ-
2 ity under this Act;

3 (D) compliance with any requirement im-
4 posed under this Act;

5 (E) any Federal field EMS program or ac-
6 tivity;

7 (F) strengthening field EMS systems
8 through enhanced workforce development, edu-
9 cation, training, exercises, equipment, medical
10 oversight, or otherwise;

11 (G) improved Federal coordination and
12 support of EMS systems; and

13 (H) other field EMS issues for which rec-
14 ommendations are solicited by the Adminis-
15 trator of NHTSA, FICEMS, or other Federal
16 agencies.

17 (c) APPOINTMENT, TERMS, AND MEMBERS.—

18 (1) IN GENERAL.—NEMSAC shall be composed
19 of not more than 26 members, each appointed by the
20 Administrator of NHTSA.

21 (2) TERMS.—

22 (A) IN GENERAL.—Except as provided in
23 subparagraph (B), the Administrator of
24 NHTSA shall appoint the members of
25 NEMSAC to serve for a term of 3 years.

1 (B) INITIAL MEMBERS.—Of the initial
2 members of NEMSAC—

3 (i) not more than 8 shall be appointed
4 for a term of 1 year;

5 (ii) not more than 8 shall be ap-
6 pointed for a term of 2 years; and

7 (iii) not more than 10 shall be ap-
8 pointed for a term of 3 years.

9 (3) ELIGIBILITY.—No official or employee of
10 the Federal Government may serve as a member of
11 NEMSAC.

12 (4) SELECTION.—In appointing the members of
13 NEMSAC, the Administrator of NHTSA shall—

14 (A) select members based on their indi-
15 vidual expertise, not as representatives of spe-
16 cific organizations;

17 (B) ensure that the membership of
18 NEMSAC—

19 (i) includes balanced representation
20 across the field EMS community; and

21 (ii) has sufficient EMS expertise and
22 geographic and demographic diversity to
23 accurately reflect the EMS community as a
24 whole;

1 (C) to the extent practical, ensure that the
2 membership of NEMSAC includes representa-
3 tion of—

- 4 (i) volunteer EMS;
- 5 (ii) fire-based EMS;
- 6 (iii) nongovernmental EMS;
- 7 (iv) hospital-based EMS;
- 8 (v) tribal EMS;
- 9 (vi) air medical EMS;
- 10 (vii) local EMS service director/admin-
11 istrators;
- 12 (viii) EMS medical directors;
- 13 (ix) emergency physicians;
- 14 (x) trauma surgeons;
- 15 (xi) pediatric emergency physicians;
- 16 (xii) State EMS directors;
- 17 (xiii) State highway safety directors;
- 18 (xiv) EMS educators;
- 19 (xv) public safety call-takers and dis-
20 patchers;
- 21 (xvi) EMS data managers;
- 22 (xvii) EMS researchers;
- 23 (xviii) emergency nurses;
- 24 (xix) hospital administration;
- 25 (xx) public health;

- 1 (xxi) emergency management;
2 (xxii) State homeland security direc-
3 tors;
4 (xxiii) State or local legislative bodies;
5 and
6 (xxiv) consumers not directly affiliated
7 with an emergency medical system or
8 health care organization; and
9 (D) appoint at least 2 members without re-
10 gard to the categories listed in subparagraph
11 (C).

12 (5) VACANCIES.—A vacancy in the membership
13 of NEMSAC shall—

- 14 (A) not affect the powers of NEMSAC;
15 and
16 (B) be filled in the manner in which the
17 original appointment was made.

18 (6) NO PAY; TRAVEL EXPENSES.—Each mem-
19 ber of NEMSAC shall serve without pay, but shall
20 be reimbursed for travel and per diem in lieu of sub-
21 sistence expenses during the performance of duties
22 of NEMSAC while away from home or his or her
23 regular place of business, in accordance with appli-
24 cable provisions under subchapter I of chapter 57 of
25 title 5, United States Code.

1 (7) CHAIRPERSON.—The Administrator of
2 NHTSA shall select the Chairperson of NEMSAC
3 from its members.

4 (d) MEETINGS.—Beginning with the first calendar
5 year following the enactment of this Act, NEMSAC shall
6 meet at least twice per calendar year.

7 (e) PERSONNEL; REIMBURSEMENT FOR SERVICES.—

8 (1) DETAIL OF NHTSA PERSONNEL.—The Ad-
9 ministrator of NHTSA shall detail to NEMSAC,
10 without reimbursement, such personnel of NHTSA
11 as the Administrator determines necessary to carry
12 out this section.

13 (2) REIMBURSEMENT FOR CERTAIN SERV-
14 ICES.—If NEMSAC performs services at the request
15 of a Federal agency, such agency shall reimburse
16 NHTSA for the actual cost of such services. The
17 Administrator of NHTSA shall establish the method
18 for calculating and providing reimbursement under
19 the preceding sentence.

20 (f) FEDERAL ADVISORY COMMITTEE ACT.—Except
21 as inconsistent with this section, NEMSAC shall operate
22 in accordance with the Federal Advisory Committee Act
23 (5 U.S.C. App.).

1 (g) DURATION.—Notwithstanding section 14 of the
2 Federal Advisory Committee Act (5 U.S.C. App.),
3 NEMSAC shall be of permanent duration.

4 (h) FUNCTIONS, PERSONNEL, ASSETS, LIABILITIES,
5 AND ADMINISTRATIVE ACTIONS.—All functions, per-
6 sonnel, assets, and liabilities of, and administrative actions
7 applicable to, the National Emergency Medical Services
8 Advisory Council of the Department of Transportation, as
9 in existence on the day before the date of the enactment
10 of this Act, shall be transferred to the National Emer-
11 gency Medical Services Advisory Council established under
12 this section.

13 (i) ANNUAL REPORTS.—Each year, NEMSAC shall
14 submit to NHTSA and FICEMS a report describing
15 NEMSAC’s activities, positions, and recommendations.
16 The Administrator of NHTSA shall promptly provide each
17 such report to the appropriate congressional committees
18 of jurisdiction.

19 **SEC. 12. EMERGENCY CARE COORDINATION.**

20 (a) IN GENERAL.—Subtitle B of title XXVIII of the
21 Public Health Service Act (42 U.S.C. 300hh–10 et seq.)
22 is amended by adding at the end the following:

23 **“SEC. 2816. EMERGENCY CARE COORDINATION.**

24 **“(a) EMERGENCY CARE COORDINATION CENTER.—**

1 “(1) ESTABLISHMENT.—The Secretary shall es-
2 tablish, within the Office of the Assistant Secretary
3 for Preparedness and Response, an Emergency Care
4 Coordination Center (in this section referred to as
5 the ‘Center’), to be headed by a Director.

6 “(2) DUTIES.—The Secretary, acting through
7 the Director of the Center, in coordination with the
8 Federal Interagency Committee on Emergency Med-
9 ical Services, shall—

10 “(A) promote and fund research in emer-
11 gency medicine and trauma health care;

12 “(B) promote regional partnerships and
13 more effective emergency medical systems in
14 order to enhance appropriate triage, distribu-
15 tion, and care of routine community patients;
16 and

17 “(C) promote local, regional, and State
18 emergency medical systems’ preparedness for
19 and response to public health events.

20 “(b) COUNCIL OF EMERGENCY CARE.—

21 “(1) ESTABLISHMENT.—The Secretary, acting
22 through the Director of the Center, shall establish a
23 Council of Emergency Care to provide advice and
24 recommendations to the Director on carrying out
25 this section.

1 “(2) COMPOSITION.—The Council shall be com-
2 prised of employees of the departments and agencies
3 of the Federal Government who are experts in emer-
4 gency care and management.

5 “(c) REPORT.—

6 “(1) SUBMISSION.—Not later than 12 months
7 after the date of the enactment of this section, the
8 Secretary shall submit to the Congress an annual re-
9 port on the activities carried out under this section.

10 “(2) CONSIDERATIONS.—In preparing a report
11 under paragraph (1), the Secretary shall consider
12 factors including—

13 “(A) emergency department crowding and
14 boarding; and

15 “(B) delays in care following presen-
16 tation.”.

17 (b) FUNCTIONS, PERSONNEL, ASSETS, LIABILITIES,
18 AND ADMINISTRATIVE ACTIONS.—All functions, per-
19 sonnel, assets, and liabilities of, and administrative actions
20 applicable to, the Emergency Care Coordination Center,
21 as in existence on the day before the date of the enactment
22 of this Act, shall be transferred to the Emergency Care
23 Coordination Center established under section 2816(a) of
24 the Public Health Service Act, as added by subsection (a).

1 **SEC. 13. EMERGENCY MEDICAL SERVICES TRUST FUND.**

2 (a) DESIGNATION OF INCOME TAX OVERPAYMENTS
 3 AND ADDITIONAL CONTRIBUTIONS FOR EMERGENCY
 4 MEDICAL SERVICES.—Subchapter A of chapter 61 of the
 5 Internal Revenue Code of 1986 (relating to returns and
 6 records) is amended by adding at the end the following
 7 new part:

8 **“PART IX—DESIGNATION OF INCOME TAX OVER-**
 9 **PAYMENTS AND ADDITIONAL CONTRIBU-**
 10 **TIONS FOR EMERGENCY MEDICAL SERVICES**
 11 **“SEC. 6097. DESIGNATION BY INDIVIDUALS.**

12 “(a) IN GENERAL.—Every individual (other than a
 13 nonresident alien)—

14 “(1) may designate that a specified portion of
 15 any overpayment of tax for a taxable year, and

16 “(2) may designate that an amount in addition
 17 to any payment of tax for such taxable year and any
 18 designation under paragraph (1),

19 shall be used to fund the Emergency Medical Services
 20 Trust Fund. Designations under the preceding sentence
 21 shall be in an amount not less than \$1 and the Secretary
 22 shall provide for elections in amounts of \$1, \$5, \$10, or
 23 such other amount as the taxpayer designates.

24 “(b) ADJUSTED INCOME TAX LIABILITY.—For pur-
 25 poses of this section, the term ‘adjusted income tax liabil-
 26 ity’ means income tax liability (as defined in section

1 6096(b)) reduced by any amount designated under section
2 6096 (relating to designation of income tax payments to
3 Presidential Election Campaign Fund).

4 “(c) OVERPAYMENTS TREATED AS REFUNDED.—For
5 purposes of this title, any portion of an overpayment of
6 tax designated under subsection (a) shall be treated as—

7 “(1) being refunded to the taxpayer as of the
8 last date prescribed for filing the return of tax im-
9 posed by chapter 1 (determined without regard to
10 extensions) or, if later, the date the return is filed,
11 and

12 “(2) a contribution made by such taxpayer on
13 such date to the United States.

14 “(d) MANNER AND TIME OF DESIGNATION.—A des-
15 ignation under subsection (a) may be made with respect
16 to any taxable year—

17 “(1) at the time of filing the return of the tax
18 imposed by chapter 1 for such taxable year, or

19 “(2) at any other time (after the time of filing
20 the return of the tax imposed by chapter 1 for such
21 taxable year) specified in regulations prescribed by
22 the Secretary.

23 Such designation shall be made in such manner as the
24 Secretary prescribes by regulations except that, if such
25 designation is made at the time of filing the return of the

1 tax imposed by chapter 1 for such taxable year, such des-
2 ignation shall be made either on the first page of the re-
3 turn or on the page bearing the signature of the tax-
4 payer.”.

5 (b) EMERGENCY MEDICAL SERVICES TRUST
6 FUND.—Subchapter A of chapter 98 of the Internal Rev-
7 enue Code of 1986 is amended by adding at the end the
8 following new section:

9 **“SEC. 9512. EMERGENCY MEDICAL SERVICES TRUST FUND.**

10 “(a) CREATION OF TRUST FUND.—There is estab-
11 lished in the Treasury of the United States a trust fund
12 to be known as the ‘Emergency Medical Services Trust
13 Fund’, consisting of such amounts as may be credited or
14 paid to such trust fund as provided in section 6097.

15 “(b) TRANSFERS TO TRUST FUND.—There are here-
16 by appropriated to the Emergency Medical Services Trust
17 Fund amounts equivalent to the amounts of the overpay-
18 ments of tax to which designations under section 6097
19 apply.

20 “(c) EXPENDITURES FROM TRUST FUND.—Amounts
21 in the Emergency Medical Services Trust Fund shall be
22 available, as provided in appropriation Acts, only for pur-
23 poses of making expenditures to carry out section 14(a)(2)
24 of the Field EMS Quality, Innovation, and Cost Effective-
25 ness Improvements Act of 2010. If, for any fiscal year,

1 amounts remain in the Emergency Medical Services Trust
 2 Fund after making such expenditures, such amounts shall
 3 be available, as provided in appropriation Acts, to carry
 4 out sections 498D, 1203, and 1204 of the Public Health
 5 Service Act; part D of title XII of such Act; and part H
 6 of title XII of such Act.”.

7 (c) CLERICAL AMENDMENTS.—

8 (1) CLERICAL AMENDMENT.—The table of
 9 parts for subchapter A of chapter 61 of the Internal
 10 Revenue Code of 1986 is amended by adding at the
 11 end the following new item:

“PART. IX. DESIGNATION OF INCOME TAX OVERPAYMENTS AND ADDITIONAL
 CONTRIBUTIONS FOR EMERGENCY MEDICAL SERVICES.”.

12 (2) The table of sections for subchapter A of
 13 chapter 98 of such Code is amended by adding at
 14 the end the following new item:

“Sec. 9512. Emergency Medical Services Trust Fund.”.

15 (d) EFFECTIVE DATE.—The amendments made by
 16 this section shall apply to taxable years beginning after
 17 December 31, 2010.

18 **SEC. 14. AUTHORIZATION OF APPROPRIATIONS.**

19 (a) IN GENERAL.—Out of monies in the Emergency
 20 Medical Services Trust Fund, there are authorized to be
 21 appropriated—

22 (1) \$11,000,000 shall be for carrying out sec-
 23 tions 4, 7, 9(a), 9(c), and 11 of this Act, and section

1 2816 of the Public Health Service Act (as added by
2 section 12 of this Act) for each of fiscal years 2013
3 through 2015;

4 (2) \$200,000,000 shall be for carrying out sec-
5 tion 5 of this Act for each of fiscal years 2012
6 through 2015;

7 (3) \$50,000,000 shall be for carrying out sec-
8 tion 6 of this Act for each of fiscal years 2012
9 through 2015;

10 (4) \$15,000,000 shall be for carrying out sec-
11 tion 8 of this Act for each of fiscal years 2012
12 through 2015; and

13 (5) \$45,000,000 shall be for carrying out sec-
14 tions 498D(c) and 938 of the Public Health Service
15 Act, as added by subsections (b) and (c) of section
16 10 of this Act, for each of fiscal years 2012 through
17 2015.

18 (b) START-UP FUNDING.—

19 (1) There are authorized to be appropriated
20 \$11,000,000 for each of fiscal years 2011 and 2012
21 to carry out the provisions specified in subsection
22 (a)(1).

23 (2) There are authorized to be appropriated
24 \$50,000,000 for fiscal year 2012 to carry out the
25 provisions specified in paragraphs (2), (3), (4), and

1 (5) of subsection (a), to be allocated in proportion
2 to the authorizations of appropriations specified in
3 such paragraphs. The amount of funds authorized to
4 be appropriated under subsection (a) for fiscal year
5 2012 (out of any monies in the Emergency Medical
6 Services Trust Fund) shall be reduced by the
7 amount of any funds made available under this
8 paragraph.

9 (c) ADMINISTRATIVE EXPENSES.—Of the amount
10 made available under subsection (a) or (b) to carry out
11 each of the provisions specified in subsection (a), not more
12 than 5 percent of each such amount may be used for Fed-
13 eral administrative expenses.

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