

HR 3144: Field EMS Quality, Innovation, and Cost Effective Improvements Act of 2011

Section	Page	Topic	Comments
1	1	Table of Contents	
2	2	Findings	14 total findings. Pages 2 - 6.
	4	Finding (8)	Coordinated, high-quality field EMS is essential to National security.
	6	Finding (13)	NHTSA named to oversee NEMSIS and Transportation issues.
	6	Finding (14)	FICEMS named as essential to coordinating Federal activities.
3	6	Definitions	
	7	Definition (5)	Defines a field EMS agency as governmental, non-governmental or volunteer and providing by ground, air or otherwise.
4	9	Recognition of HHS as primary agency for EMS and Trauma	
4(a)	9	Primary Federal Agency	Health and Social Services designated as Primary Agency
4(b)(1)	9	Establishment	Named Office of EMS and Trauma. Director is appointed by the Secretary of HHS.
4(b)(2)(C)(i)-(vi)	10 - 12	Location of Office in HHS	(i) Recognition of the importance and unique services as a "significant Federal priority." (ii) Office readiness and preparedness is consistent with the National Health Security Strategy. (iii) Consolidation, co-location and cost efficiency. (iv) Federal focal point for leadership and coordination (v) Sufficient level and stature to fulfill its role and so the Director reports directly to the Secretary of HHS or his appointed rep.

4(b)(3)(A)-(E)		Responsibilities	EQUIP grant. SPIA grant. Section 330J of Public Health Service Act (42 USC 254c-15). Parts A,B,C,D & H of title XII of the Public Health Service Act (42 USC 300d). Field EMS education grant program. Evaluating innovative models for access and delivery of field EMS for patients.
4(c)	13	National EMS Strategy	The Secretary of HHS, acting through the Director of OEMST, in consultation with the FEMA Director and HRSA Administrator, shall develop a national EMS strategy
4(c)(1)&(2)	14	National EMS Strategy: Cooperating Agencies	Solicit and consider recommendations of NEMSAC. Consult and collaborate with FICEMS to ensure consistency of EMS strategy with the larger Federal strategy.
4(c)(3)	14	National EMS Strategy: Purpose	Address various issues within EMS including safety, licensing and credentialing, quality, medical oversight, regionalization of field EMS, availability of EMS and trauma care, as well as "integration of field EMS practitioners into the broader health care system..."
4(c)(3)(A),(i),(ii)	14	National EMS Strategy: Scope of Practice, Licensure and Credentialing Nationalization	(A) promotion of the adoption by the States of the education standard identified in "EMS Education Agenda for the Future: A Systems Approach." This would include the standardization of licensing & credentialing of field EMS personnel, their standards of care (based on evidence-based medicine and best practices). (i) Identify the difference in levels of care, scope of practice, etc... among the States. (ii) adoption by the States of national standards of care, licensure and credentialing.
4(c)(3)(B)(i)-(iii)	15	National EMS Strategy: Culture of Safety	(i) Adoption of anonymous error reporting system. (ii) Establishment of field EMS patient and provider safety goals. (iii) Adoption of a more uniform national ambulance safety and manufacturing standards with NHTSA and NFPA input.
4(c)(3)(C)	16	National EMS Strategy: Integration and Utilization	(i) The potential utilization of field EMS providers for "the provision of care to patients with nonemergent medical conditions." (ii) Strategies to implement the recommendations of the National Health Care Workforce Commission.(42 U.S.C. 294q(d)(2))

4(c)(4)	16	National EMS Strategy: Preparedness	Incorporate into the EMS strategy the objectives identified by Homeland Security and the FEMA director.
4(c)(5)-(8)	17	National EMS Strategy: Timeline	(5) Complete development within 18 months. (6) Communicate to Congress. (7) Implement within 3 years. (8) Update strategy every 3 years.
5	17	Field EMS Excellence: EQUIP grant	
5(a)(1)-(5)	17	EQUIP Grant: In General	(1) Promote excellence. (2) Enhance quality. (3) Promote universal access and availability. (4) Spur innovation. (5) Improve EMS agency readiness and preparedness.
5(b)(1)-(3)	18	EQUIP Grant: Application	(1) In General. (2) Simple form. (3) Consistency with preparation goals.
5(c)(1)-(2)	19	EQUIP Grant: Use of Funds	(1) Sustain field EMS to ensure 24/7 response. (2)(A) Develop innovative clinical practices to improve the cost effectiveness and quality of care delivered. (named conditions, sudden cardiac arrest, STEMI, stroke, trauma) (2)(B) Delivery systems, possibly including evidence based protocols, interventions, systems and technologies to reduce response times.
5(c)(3)(A)-(C)	19	EQUIP Grant: Use of Funds	(A) Medical equipment and training to use the equipment. (B) Communication systems to ensure communications with other first responders. (C) Information systems to comply with NEMSIS and to integrate electronic field reports into a patient's Electronic Medical Record.
5(c)(4)	20	EQUIP Grant: Use of Funds	Participation in federally sponsored field EMS research.
5(c)(5)	20	EQUIP Grant: Use of Funds	Establish or enhance medical oversight and QA to include active participation by medical directors.
5(d)(1)	20	EQUIP Grant: Administration of Grants	(A) Prioritization by (i)-(viii). (iii) under served geographic areas. (iv) "unique needs of volunteer and rural field EMS agencies." (B) Peer-reviewed process. (C) No grant award may exceed a 2 year period, no more than 25% of the available funds can be used for multiyear grants.

5(d)(2)-(4)	22	EQUIP Grant: Administration of Grants	(2) Shall consult with and take into account the FEMA director, FICEMS, NEMSAC and relevant stakeholder recommendations. (3) Ensure funds used for day to day preparedness are consistent with Federal preparedness priorities. (4) May contract independent, third party, nonprofit to administer grants.
5(e)(1)&(2)	22	Eligibility	(1) EMS agency authorized in the State in which they operate. (2) Have medical oversight and QI programs as defined by the Director.
6	23	Performance: SPIA Grant	
6(a)(1)-(6)	23	SPIA Grant: Purpose	Improve performance, integration, accountability, preparedness, physician medical oversight, etc.. (4) improve coordination between regional field EMS systems and integration of regional systems into the larger healthcare system. (5) enhance data collection. (6) promote standardization of national EMS certification of EMTs and Paramedics.
6(b)(1)-(9)	24	SPIA Grant: Use of Funds	(1) Enhance EMS readiness. (2) Improve cross-border collaboration and planning. (3) Data collection. (4) Implement and evaluate QI initiatives. (5) Integrate EMS with other healthcare services, including improvement of regional emergency medical dispatch. (6) Incorporation of national EMS certification for all levels of EMS. (7) Improve State planning re: available EMS workforce. (8) To fund regional and local planning and oversight organizations. (9) Other uses as the Director establishes.
(6)(c)(1)	26	SPIA Grant: Administration of Grants	(1) Establishment of State EMS system performance standards. (A) taking into account recommendations from the FEMA director, FICEMS, NEMSAC and other stakeholders. (B) include national, evidence based guidelines. (C) Take into account the needs of volunteer, smaller agencies and rural agencies.
(6)(c)(2)	26	SPIA Grant: Administration of Grants	Provide technical assistance to State EMS offices re: EMS planning, evidence-based workforce and development competencies for EMS management.

(6)(c)(3)	27	SPIA Grant: Administration of Grants	Allocate SPIA grant funds, one grant per applicant, using a population and geography based formula (determined by the Director) for a period NTE 2 years.
(6)(c)(4)	27	SPIA Grant: Administration of Grants	Require that States allocate a portion of the grant funds to regional and local oversight and planning organizations.
6(e)	27	SPIA Grant: Eligibility	State EMS Offices
7	27	Field EMS Quality	
7(a)(1)(A)-(D)	28	Medical Oversight: In General	(A) Promote medical oversight of all medical care, education and training by field EMS providers. (B) Promote national guidelines for physicians who provide medical oversight. (C) Support relevant physician stakeholders in development of guidelines. (D) Convene a "Field EMS Medical Oversight Advisory Committee.
7(a)(2)(A)-(C)	29	Medical Oversight: Additional Considerations	The Director shall take into account: (A) Existing guidelines. (B) Input from relevant stakeholders. (C) The unique needs of rural and volunteer providers.
7(a)(3)	29	Medical Oversight: Flexibility	The guidelines shall be flexible enough to account for historical and legitimate differences in field EMS among the States.
7(a)(4)	30	Medical Oversight: Required Use of Guidelines	As a condition of getting an EQUIP or SPIA grant the Director shall adoption and implementation of the national guidelines.
7(b)	30	Field EMS Quality: GAO Study and Report	The Comptroller General of the United States shall complete a study on:
7(b)(1)&(2)	30	GAO Study and Report: In General	(1)(A) Medical and administrative liability issues that impede; medical direction, medical oversight, medical protocols, procedures, other activities and the highest quality care by non-physician providers. (B) Reimbursement for any component of medical oversight. (2) Report to Congress no later than 18 months after bill is passed.

7(c)(1)(A)-(E)	31	Field EMS Quality: Data Collection & Exchange, NEMSIS	NEMSIS shall be the purview of NHTSA in consultation with the Director. The data shall be standardized, available to Federal and State policymakers, EMS stakeholders and researchers. NHTSA may provide technical assistance with collection, analysis and reporting.
7(c)(2)(A)	32	Data Collection and Exchange: Reporting on Data Gaps	Within 12 months the Secretary of HHS, with the Director of OEMST and assisted by the NHTSA Administrator shall report to Congress: gaps in data collection and recommendations for
7(c)(2)(B)(i)-(iv)	33	Data Collection and Exchange: Recommendations	The recommendations above shall take into account FICEMS and NEMSAC suggestions. Likewise methods for improvement will not be burdensome or duplicate existing data sources (Trauma Data Bank) and they will address the quality and availability of data. (Named diseases: chest pain, sudden cardiac arrest, STEMI, stroke, trauma, disaster and catastrophic incidents, ambulance diversion and patient parking) Finally the will include analysis of EMS services provided.
7(c)(3)(A)&(B)	34	Data Collection and Exchange: Report	18 months after enactment of the act the Secretary of HHS will report to Congress addressing the issues, impediments and potential solutions to: (A) Incorporating field EMS patient care reports into the patient Electronic Medical Records. (iii) potential modification of Medicare and Medicaid programs to provide appropriate reimbursement and financial incentives for EMS agencies to keep electronic medical records. (B) Incorporating field EMS reporting into NEMSIS. (iv) potential modification of Medicare and Medicaid programs to provide appropriate reimbursement and financial incentives for EMS agencies to report data to NEMSIS.
7(d)(1)&(2)	38	Field EMS Quality: Clarification of HIPPA	(1) Nothing in HIPPA shall prohibit the exchange of information between field EMS providers and personnel of a hospital for the purposes of "relating... medical history, treatment, care or outcome... (including... infectious disease)." The Secretary of HHS will establish guidelines for information exchange between field and hospital providers. (2) Nothing in HIPPA shall prohibit field EMS from submitting data to the State EMS Office, nor from the State EMS Office from submitting to the National Database.

8	39	Field EMS Education Grants	
8(a)	39	Education Grants: In General	For the purpose of promoting field EMS as a health profession... may make grants to eligible entities for field EMS education. The Director shall take into account input from NHTSA, FICEMS, NEMSAC, National Health Care Workforce Commission and relevant stakeholders.
8(b)	40	Education Grants: Eligibility	Educational organization, educational institution, professional association and any other entity involved in field EMS education. The grant may only be used to: see below
8(c)(1)	40	Education Grants: Use of Funds	Develop and implement education programs to train field EMS trainers and promote EMS Education Agenda for the Future, develop a larger cadre of educational instructors and provide training and retraining programs for displaced workers to become EMS providers.
8(c)(2)	41	Education Grants: Use of Funds	Develop and implement educational courses pertaining to: instructor courses, medical direction, field EMS providers (EMT - MD), field EMS educational and clinical research, bridge programs among field EMS, nursing and other allied health professions, EMS management, national evidence-based guidelines, translation of lessons learned in military medicine to field EMS.
8(c)(3)-(7)	42	Education Grants: Use of Funds	(3)Evaluate education methodologies to identify the optimal modality, (4) improve field EMS education infrastructure, (5) enhance medical direction and medical oversight training, (6) improve education for prospective and current EMS providers.
8(d)	42	Education Grants: Priority	The Director, NHTSA, FICEMS and NEMSAC shall establish a prioritization system for awarding grants.
8(e)&(f)	43	Education Grants: Duration of Grants and Application	Education grants shall be for a period of 1 - 3 years. Entities must submit an application, the application my not be unduly burdensome.

9	43	Evaluating Innovative Models for Access and Delivery of EMS	
9(a)(1)(A)&(B)	43	Evaluating Models: Evaluation	Not later than 1 year after enactment of 3144, the Director et al. shall complete an evaluation of: (A) "the provision of and reimbursement for alternative delivery models for medical care through field EMS." (B) integration of EMS patients with other medical providers and facilities as medically appropriate.
9(a)(2)(A)-(E)	44	Evaluating Models: Specific Issues	(A) Alternative disposition of patients including: transport to destinations other than hospitals; when medically necessary, eval, treatment, or referral of patients to other medically appropriate health care providers; the funding of the provision of medical care regardless of the decision to transport. (B) Issues related to EMTALA associated with alternate transport. (C) Necessary protections to ensure patients get timely and appropriate care in the right place. (D) Barriers to providing alternate dispositions to patients not in need of care in a hospital emergency department. (E) Other issues as determined by the Director, FICEMS, NEMSAC.
9(b)(1)(A)&(B)	45	Evaluating Models: Demonstration Projects	Within 1 year after the date of enactment of 3144 the Director shall conduct or support at least 10 demonstration projects to: Evaluate the implementation and reimbursement of alternative disposition of EMS patients including transport to destinations other than hospitals; when medically necessary, eval, treatment, or referral of patients to other medically appropriate health care providers; the funding of the provision of medical care regardless of the decision
9(b)(1)(C)	46	Evaluating Models: Demonstration Projects	The above mentioned demonstration projects will also determine if alternative disposition and reimbursment models improve safety, effectiveness, timeliness and efficieny of EMS as well as, reduce overall utilization and expenditures of the Medicare program. (Title XVIII of the Social Security Act)

9(b)(2)-(4)	46	Demonstration Projects: Evidence-based Protocols, Duration, Research	(2) At least one demonstration project evaluates evidence-based protocols that give guidance on alternative disposition. (3) Demonstration projects will last no longer than 36 months. (4) If additional research is needed to evaluate alternative disposition, the Director will conduct or support such research.
9(c)	47	Evaluating Models: Report to Congress	Within 1 year of completion of the above mentioned demonstration projects, the Director shall submit a report to Congress including recommendations on the efficacy of alternative disposition.
10	47	Enhancing Research in EMS	There are several amendments to existing law to allow for research into alternative disposition and several other projects.
10(c)	48	EMS Research: Field EMS Practice Center	This section amends the Public Health Service Act (42 U.S.C. 299b-33 et seq.) to allow for the creation of a Field EMS Evidence-Based Practice Center. This center's purpose would be to conduct or support research into: comparative safety and effectiveness, other appropriate clinical or systems research and research addressing: critical care transport, off-shore operations, tactical EMS, air medical services and application of lessons learned from military medicine.(page 49)
10(d)	50	EMS Research: Limitations	An amendment to 42 U.S.C. 1320e-1.
10(e)	50	EMS Research: Regulatory Barriers	Addresses the issue of informed consent. When not available, the Director shall evaluate and consider the research involved and ensures adequate patient safety. The Director will also submit to Congress recommendations for changes to Federal statutes to address regulatory barriers.
11	51	EMS Trust Fund	

11(a)	51	EMS Trust Fund: In General	Amends the US Tax Code to "... designate that a specified portion of overpayment of tax for a taxable year and may designate that an amount in addition to any payment of tax... shall be used to fund the Emergency Medical Services Trust Fund." The amount will not be less than \$1, elections of \$1, \$5, \$10 or other, will be allowed. Any amount designated to the EMS Trust Fund would reduce Adjusted Income Tax Liability.
11(a) continued	52	EMS Trust Fund: Adjusted Income Tax Liability	Any amount designated to the EMS Trust Fund would reduce Adjusted Income Tax Liability.
11(a) continued	52	EMS Trust Fund: Overpayments Treated as Refunded	Any tax refund you send to the EMS Trust Fund is treated as refunded to you and then contributed to the United States
11(b)	53	EMS Trust Fund: EMS Trust Fund	Amends the IRS code of 1986 to create the EMS Trust Fund. Money can only be expended from the EMS Trust Fund as allowed by the Field EMS Quality, Innovation and Cost Effectiveness Improvement Act of 2011 (aka this bill)
12	54	Authorization of Appropriations	
12(a)	55	Appropriations: In General	Money may be appropriated from the EMS Trust Fund as follows:
12(a)(1)	55	Appropriations: In General	\$12,000,000 for carrying out Sections 4, 7, 9(a), 9(c) and 11 of this act (Creation of the Office, Demonstration projects and amending the Tax code) for each of fiscal years 2013 - 2016.
12(a)(2)	55	Appropriations: In General	\$200,000,000 for carrying out Section 5 of this act (EQUIP Grants) for each of fiscal years 2013-2016.
12(a)(3)	55	Appropriations: In General	\$50,000,000 for carrying out Section 6 of this act (SPIA Grants) for each of fiscal years 2013-2016.
12(a)(4)	55	Appropriations: In General	\$4,000,000 for carrying out Section 7(c)(1) of this act (NEMSIS Data collection) for each of fiscal years 2013-2016.
12(a)(5)	55	Appropriations: In General	\$15,000,000 for carrying out Section 8 of this act (Field EMS Education Grants) for each of fiscal years 2013-2016.

12(a)(6)	55	Appropriations: In General	\$40,000,000 for carrying out Section 10(b) and 10(c) of this act (Field EMS Evidence-Based Practice Center) for each of fiscal years 2013-2016.
12(b)	55	Appropriations: Excess Amounts	If the amount in the EMS Trust Fund exceeds the maximums lined out above, the excess can be used to execute the Sections 4(b)(3)(B) and 4(b)(3)(C) of this act.
12(c)	56	Appropriations: Start-Up Funding	Out of discretionary spending available to the Secretary of HHS, \$40,000,000 for each fiscal year 2012-2013 shall be for carrying out 12(a) and 12(b) of this act.
12(d)	56	Appropriations: Administrative expenses	Not more than 5% of 12(a), 12(b) or 12(c) may be used for Federal administrative expenses.