H.R. 2366, THE FIELD EMS MODERNIZATION AND INNOVATION ACT
SECTION-BY-SECTION
SPONSORED BY REPRESENTATIVE LARRY BUCSHON (R-IN)

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Section. 2. FINDINGS.

Section. 3. ALIGNING AMBULANCE REIMBURSEMENT WITH VALUE-BASED AND HIGH QUALITY FIELD EMS.

- ***(a) Development of Innovative Models of Field EMS Delivery.*** Establishes a path to developing innovative models of field EMS delivery under the Medicare program. Requires the Secretary to undertake at least 10 demonstration projects to evaluate alternative dispositions and reimbursement models and the extent to which they improve safety, outcomes and effectiveness and reduce utilization and expenditures under the Medicare program.

- ***(b) Field EMS Alternative Delivery Program.*** The Secretary shall evaluate innovative delivery model options within one year of the date of enactment including alternative delivery models, integration of field EMS patients with other providers, alternative disposition of patients, medical liability and EMTALA issues, patient protections and other reimbursement issues. Based on the evaluation and demonstration projects undertaken through this and other means, the Secretary shall establish the Field EMS Alternative Delivery Program on a budget neutral basis to establish and promote the utilization of innovative payment models on a shared savings and voluntary basis. Participation in the program would be voluntary except that participants must also agree to participate in the Ambulance Quality Incentive Program as well. Such models shall include community paramedicine, mobile integrated health care services, alternative patient dispositions; the provision of field EMS on a population health basis; prevention based models, critical care models and any other appropriate shared savings models. Savings from this program shall be identified and reinvested in the Ambulance Quality Incentive Program.

- ***(C) Ambulance Quality Incentive Program.*** The Secretary shall establish the Ambulance Quality Incentive Program on a budget neutral basis that enables providers and suppliers of ground ambulance services to receive incentive payments for reporting quality metrics. The Secretary shall establish quality measures following the same process established by Medicare for all other quality measures. Participation is voluntary and is incentivized with bonus payments generated by savings derived from the Field EMS Alternative Delivery Program. If such savings do not result from the Field EMS Alternative Delivery Program in a given year, incentive payments will not be available for the Ambulance Quality Incentive Program.

Section. 4. FIELD EMERGENCY MEDICAL SERVICES -- ***Creates Part I of Title XII in the Public Health Service Act***

- ***Sec. 1291. Definitions.***

- ***Sec. 1292. Establishes the Field EMS Preparedness Program.*** Such program is modeled after the Hospital Preparedness Program for the purpose of improving field EMS agency all-hazards readiness and preparedness for public health emergencies and incidents. Field EMS agencies may apply for grants to achieve the relevant preparedness goals in the National Health Security Strategy under PAHPA. Grants are prioritized based on demonstrated need and are peer-reviewed.

- ***Sec. 1293. Field EMS Quality Improvement.***

- ***(a) Enhancing Physician Medical Oversight.*** Tasks ASPR with working with physician EMS stakeholders to promote high quality medical oversight, including through the adoption of physician led national guidelines for medical oversight, establishing a Field EMS Medical Oversight Advisory Committee.

- ***(b) Identification of Impediments to Quality Improvement in Field EMS.*** The GAO is required to study impediments to the ability of field EMS practitioners, medical directors and agencies to improve the quality of care including medical and administrative liability issues, types and levels of reimbursement necessary to ensure high quality of care including the cost of medical oversight, issues such as practitioner recruitment, retention and safety that may adversely impact the ability to provide high quality care.

- ***(c) Patient Safety Improvement.*** Clarifies that field EMS agencies and practitioners are eligible to participate in patient safety organizations to improve patient safety and quality of care.

- ***(d) Analysis of Data Gaps that Hinder High Quality Field EMS Care.*** The ASPR shall submit a report to the Congress that identifies gaps in data collection related to field EMS and recommendations for improving data collection, and analysis. The National Coordinator for Health Information Technology shall implement such recommendations to the extent that statutory authority allows.

- ***Sec. 1294. Accountability for Field EMS System Performance.*** The ASPR shall support the development of measures to be utilized under the Ambulance Quality Incentive Program for quality measures to improve patient outcomes and performance measures to enhance system performance. The ASPR shall also support a technical assistance center. Clarifies that nothing in HIPAA privacy and security law shall be construed to prohibit the exchange of information between field EMS practitioners and hospital personnel for patient care and quality improvement nor to prohibit the exchange of information of non-individually identifiable data between agencies, the State and the federal government for quality improvement.

- ***Sec. 1295. Field EMS Workforce Development.*** The ASPR shall establish a grant program to recognize field EMS as a health profession and ensure the availability, quality and capability of field EMS practitioners, managers, medical directors and other educators. Educational organizations, institutions, professional associations are all eligible for grants. The ASPR may award grants to eligible entities to develop and implement education programs and courses for training and skill development of field EMS practitioners and instructors, medical oversight, and other programs to advance field EMS as a profession and enhance the capability of the workforce.

- ***Sec. 1296. Facilitates National Emergency Medical Services Strategy.*** Requires the Secretary to develop and implement a cohesive national emergency medical services strategy to strengthen the development of field EMS and the full continuum of emergency medical care and systems at all levels of government, improve patient outcomes, provide access to high quality care in the field, and develop financing models that support value-based field EMS.

- ***Sec. 1297. Codifies Bush Presidential Directive #21 to Establish Office of Emergency Medical Care.*** Codifies the Homeland Security Presidential Directive #21: Public Health and Medical Preparedness as issued on October 18, 2007 by President George Bush. It requires the Secretary of HHS to establish within the Department of HHS an Office for Emergency Medical Care which shall promote research in emergency medicine and trauma health care; promote regional partnerships and more effective

emergency medical systems to enhance triage, distribution and care of routine community patients; promote local, regional and State emergency medical systems' preparedness for and response to public health events; address the full spectrum of issues that impact care in emergency departments including the entire continuum of patient care from pre-hospital to disposition from emergency or trauma care; and coordinate with existing executive departments and agencies that perform functions related to emergency medical systems to ensure unified strategy, policy and implementation.

Section. 5 INTEGRATION OF FIELD EMS INTO THE NATIONAL HEALTH INFORMATION INFRASTRUCTURE. Transfers the authority for the National EMS Information System from NHTSA to the National Coordinator for Information Health Technology. The Secretary shall assimilate patient health information across the emergency care continuum as part of the electronic exchange. The GAO shall evaluate any issues, impediments and solutions pertaining to the integration of field EMS into the National Health Information Infrastructure.

Section. 6. CLARIFICATION OF LEADERSHIP RESPONSIBILITY FOR ROUTINE EMERGENCY MEDICAL CARE. Clarifies that pursuant to the responsibility that the Congress already assigned to the Secretary of HHS by the Pandemic and All-Hazards Act to lead medical response to public health emergencies and incidents as well as to administer the Medicare, Medicaid and CHIP programs, that the Secretary has responsibility to lead routine emergency medical care delivered on a daily basis across the emergency care spectrum. A properly functioning emergency care system is a prerequisite for preparedness and response to major public health emergencies and incidents.

Section. 7. ENHANCING EVIDENCE-BASED CARE IN FIELD EMS. Requires the Secretary to evaluate the extent to which research related to field EMS is being conducted across the Department and report to the Congress on opportunities to enhance necessary research within existing funding levels. Requires the AHRQ to establish a Field EMS Evidence-Based Center of Excellence to support research programs and improve the field EMS delivery system.

Section. 8. EMERGENCY MEDICAL SERVICES TRUST FUND. Establishes an Emergency Medical Services Trust Fund for the purpose of collecting voluntary contributions from taxpayers to fund the programs authorized in this Act.

Section. 9. AUTHORIZATION OF APPROPRIATIONS. Authorizes programs established under this Act as follows:

- $12 million for carrying out the Office of Emergency Medical Care and related duties.
- $200 million for the Field EMS Preparedness Program.
- $15 million for the Field EMS Workforce Development Program.
- $40 million for the research functions under Section 7 of this Act.
- $4 million for NEMSIS.

Section. 10. STATUTORY CONSTRUCTION. Clarifies that nothing in this Act or amendments made by this Act shall be construed to supersede any statutory authority by any Federal agency that is not within the Department of Health and Human Services.