

119TH CONGRESS  
1ST SESSION

# H. R. 4011

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to award grants to eligible entities to support community paramedicine programs carried out in rural areas, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 13, 2025

Mr. CLEAVER (for himself and Mrs. HARSHBARGER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to award grants to eligible entities to support community paramedicine programs carried out in rural areas, 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.**

4 This Act may be cited as the “Community  
5 Paramedicine Act of 2025”.

1 **SEC. 2. COMMUNITY PARAMEDICINE GRANT PROGRAM.**

2 (a) IN GENERAL.—Section 330A of the Public  
3 Health Service Act (42 U.S.C. 254c) is amended—

4 (1) by redesignating subsections (h), (i), and (j)  
5 as subsections (i), (j), and (k), respectively; and

6 (2) by inserting after subsection (g) the fol-  
7 lowing:

8 “(h) COMMUNITY PARAMEDICINE GRANTS.—

9 “(1) IN GENERAL.—The Secretary, acting  
10 through the Administrator of the Health Resources  
11 and Services Administration, shall award grants to  
12 eligible entities to support community paramedicine  
13 programs carried out in rural areas.

14 “(2) USE OF FUNDS.—A grant received under  
15 this subsection may be used for any of the following:

16 “(A) Hiring community paramedicine per-  
17 sonnel.

18 “(B) Recruiting and retaining community  
19 paramedicine personnel.

20 “(C) Reimbursing costs associated with a  
21 medical director providing medical oversight (as  
22 the terms ‘medical director’ and ‘medical over-  
23 sight’ are defined in section 303(k)(13) of the  
24 Controlled Substances Act).

1           “(D) Purchasing necessary equipment, in-  
2           cluding personal protective equipment, uni-  
3           forms, medical supplies, and vehicles.

4           “(E) Reimbursing costs associated with  
5           certification and recertification courses.

6           “(F) Conducting public outreach and edu-  
7           cation on the patient-centered outcomes that  
8           can be achieved through community  
9           paramedicine.

10           “(G) Any other activity the Secretary de-  
11           termines appropriate related to paramedicine  
12           services.

13           “(3) ELIGIBILITY.—

14           “(A) IN GENERAL.—To be eligible to re-  
15           ceive a grant under this subsection, an entity  
16           shall be one of the following:

17           “(i) An emergency medical services  
18           agency (as defined in section 303(k)(13) of  
19           the Controlled Substances Act).

20           “(ii) A State, Indian Tribe, Tribal or-  
21           ganization, county, or municipality.

22           “(iii) An organization representing the  
23           interests of one or more emergency medical  
24           services organizations.

1           “(B) LIMITATION.—A for-profit entity is  
2 ineligible to apply for a grant under this sub-  
3 section.

4           “(C) SUBGRANTS.—A recipient of a grant  
5 under the subsection may make a subgrant, or  
6 enter into a contract with, one or more persons  
7 (including governmental entities) to provide  
8 items or services in connection with the grant.

9           “(4) APPLICATIONS.—

10           “(A) IN GENERAL.—To be eligible to re-  
11 ceive a grant under this subsection, an eligible  
12 entity shall prepare and submit an application  
13 at such time, in such manner, and containing  
14 such information and assurances as the Sec-  
15 retary may require.

16           “(B) CONTENTS.—Any such application  
17 shall, at a minimum, include the following:

18           “(i) A description of the financial  
19 need of the eligible entity.

20           “(ii) The costs and benefits of the  
21 community paramedicine program to be  
22 supported through the grant.

23           “(C) JOINT APPLICATIONS.—An eligible  
24 entity may submit an application for a grant

1 under this subsection jointly with one or more  
2 other eligible entities.

3 “(5) ADVISORY BOARD.—The Secretary, after  
4 consultation with national community paramedicine,  
5 national fire service, national emergency medical  
6 service, and Tribal health organizations, shall ap-  
7 point an advisory board—

8 “(A) to advise the Secretary on carrying  
9 out the grant program under this subsection;  
10 and

11 “(B) to conduct peer review of applications  
12 for grants under this subsection.

13 “(6) SELECTION CONSIDERATIONS.—In select-  
14 ing the recipients of grants under this subsection,  
15 the Secretary shall consider each of the following:

16 “(A) The recommendations of the advisory  
17 board appointed under paragraph (5) with re-  
18 spect to the applications for such grants.

19 “(B) The need in the rural area involved  
20 for the community paramedicine program pro-  
21 posed to be funded.

22 “(7) NOTICE TO TRIBAL COMMUNITIES.—The  
23 Secretary shall give notice of the grant program  
24 under this subsection to the heads of community  
25 emergency management for Tribal communities.

1           “(8) MAXIMUM AMOUNT OF AWARDS.—The  
2 maximum amount of an award under this subsection  
3 shall be—

4                   “(A) in the case of an eligible entity apply-  
5 ing individually, \$750,000; and

6                   “(B) in the case of two or more eligible en-  
7 tities applying jointly, \$1,500,000.

8           “(9) PERIOD OF A GRANT.—The period of a  
9 grant under this subsection shall not exceed 5 years.

10           “(10) ADMINISTRATIVE COSTS.—Of the amount  
11 received through a grant under this subsection for a  
12 fiscal year, a grantee may use not more than—

13                   “(A) 10 percent for administrative costs  
14 for the first year of grant funding; and

15                   “(B) 5 percent for administrative costs for  
16 any subsequent year of grant funding.

17           “(11) REPORTING BY GRANTEEES.—As a condi-  
18 tion on receipt of a grant under this subsection, an  
19 eligible entity shall agree to submit to the Secretary  
20 such information as the Secretary may require re-  
21 garding the activities funded through the grant and  
22 the results of such activities.

23           “(12) DEFINITION.—In this subsection, the  
24 term ‘community paramedicine’ means mobile-inte-  
25 grated health care through which communities uti-

1 lize specially trained paramedics, often teamed with  
2 other health care practitioners or social workers,  
3 to—

4 “(A) address health problems;

5 “(B) minimize the use of emergency care  
6 resources in circumstances when non-emergency  
7 resources such as community paramedic or mo-  
8 bile integrated healthcare programs might be  
9 used, thereby making emergency resources more  
10 available; and

11 “(C) enhance access to primary care for  
12 medically underserved populations and those  
13 with acute and chronic health issues.

14 “(13) RESERVATION.—Of the amount allocated  
15 to award grants under this subsection for a fiscal  
16 year, the Secretary—

17 “(A) shall reserve 15 percent for appli-  
18 cants proposing to use a grant to serve one or  
19 more Tribal communities; and

20 “(B) if the full amount of such reservation  
21 is not obligated, may reallocate the unobligated  
22 portion for grants to other eligible entities.”.

23 (b) CONFORMING AMENDMENTS.—Section 330A of  
24 the Public Health Service Act (42 U.S.C. 254c) is amend-  
25 ed—

1           (1) in the section heading, by striking “**AND**  
2           **SMALL HEALTH CARE PROVIDER QUALITY IM-**  
3           **PROVEMENT**” and inserting “**SMALL HEALTH**  
4           **CARE PROVIDER QUALITY IMPROVEMENT, AND**  
5           **COMMUNITY PARAMEDICINE SERVICES SUP-**  
6           **PORT**”;

7           (2) in subsection (a), by striking “and for the  
8           planning and implementation of small health care  
9           provider quality improvement activities” and insert-  
10          ing “for the planning and implementation of small  
11          health care provider quality improvement activities,  
12          and for providing support for community  
13          paramedicine services”; and

14          (3) in subsection (j) (as redesignated by sub-  
15          section (a)(1) of this section) by striking “sub-  
16          sections (e), (f), and (g)” and inserting “subsections  
17          (e), (f), (g), and (h)”.

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