



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

September 7, 2010

**H.R. 3199
Emergency Medic Transition Act of 2010**

As ordered reported by the House Committee on Energy and Commerce on July 28, 2010

SUMMARY

H.R. 3199 would authorize a grant program to provide funds to states to assist veterans who received and completed military emergency medical training while serving in the Armed Forces to become licensed or certified emergency medical technicians.

The bill would authorize the appropriation of \$5 million for fiscal year 2011 and \$25 million over the 2011-2015 period. Assuming the appropriation of those amounts, CBO estimates that implementing the act would cost \$3 million in 2011 and \$23 million over the 2011-2015 period. Enacting H.R. 3199 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 3199 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 3199 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2011- 2015
	2011	2012	2013	2014	2015	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	5	5	5	5	5	25
Estimated Outlays	3	5	5	5	5	23

BASIS OF ESTIMATE

The bill would direct the Secretary of Health and Human Services to award grants to states to assist veterans to become licensed or certified to work in states as a certified emergency medical technician (EMT). The bill would authorize \$5 million in fiscal year 2011 and for each fiscal year through 2015. For this estimate, CBO assumes that H.R. 3199 will be enacted near the beginning of fiscal year 2011 and that the full amounts authorized will be appropriated. The outlays are estimated based on the projected number of military personnel discharged or released from actively duty service who would be eligible to receive grant assistance, the average costs to train and license an EMT, and the assumption that the authorized amounts would be appropriated near the beginning of each fiscal year.

Grant funds would be available to support the costs of classes, other training, and licensing fees. H.R. 3199 also would require the Government Accountability Office to conduct a study on the barriers experienced by veterans who receive training as medical personnel while serving in the Armed Forces of the United States and, upon their discharge or release from active duty service, seek to become licensed or certified in a state as a civilian health professional.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 3199 contains no intergovernmental or private-sector mandates as defined in UMRA. Funds authorized in the bill would benefit states that provide training and education assistance to veterans.

ESTIMATE PREPARED BY:

Federal Costs and Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum
Impact on the Private Sector: Sarah Axeen

ESTIMATE APPROVED BY:

Peter H. Fontaine
Assistant Director for Budget Analysis