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H.622

Introduced by Representatives Sims of Craftsbury, Arrison of Weathersfield,
Austin of Colchester, Bos-Lun of Westminster, Boyden of
Cambridge, Brumsted of Shelburne, Buss of Woodstock,
Carpenter of Hyde Park, Chapin of East Montpelier, Christie of
Hartford, Cole of Hartford, Demrow of Corinth, Farlice-Rubio
of Barnet, Goldman of Rockingham, Harrison of Chittenden,
Howard of Rutland City, Hyman of South Burlington,
LaBounty of Lyndon, Masland of Thetford, McGill of Bridport,
Mrowicki of Putney, Noyes of Wolcott, Pajala of Londonderry,
Priestley of Bradford, Sibia of Dover, Stebbins of Burlington,
Templeman of Brownington, and Troiano of Stannard

Referred to Committee on

Date:

Subject: Health; emergency medical services; ambulance services; Medicaid

Statement of purpose of bill as introduced: This bill proposes to expand the
circumstances under which ambulance service providers are reimbursed for
delivering services to Medicaid beneficiaries. It would turn the Emergency
Medical Services Advisory Committee into a board and revise its duties to
include developing and maintaining a five-year statewide emergency medical
services plan for Vermont. The bill would create the Emergency Medical

1 Services Task Force to oversee and manage all phases of the development,
2 design, and implementation of a statewide emergency medical services system
3 in Vermont. The bill would also appropriate funds to provide training for
4 emergency medical services personnel.

5 An act relating to emergency medical services

6 It is hereby enacted by the General Assembly of the State of Vermont:

7 Sec. 1. 18 V.S.A. § 901 is amended to read:

8 § 901. PURPOSE, FINDINGS, POLICY, AND INTENT

9 (a) Purpose. It is the purpose of this chapter to promote and provide for a
10 comprehensive and effective emergency medical services system to ensure
11 optimum patient care.

12 (b) Findings. The General Assembly finds that:

13 (1) Emergency medical services provided by an ambulance service are
14 essential services.

15 (2) The provision of medical assistance in an emergency is a matter of
16 vital concern affecting the health, safety, and welfare of the public.

17 (3) Key elements of an emergency medical services system include:

18 (A) the provision of prompt, efficient, and effective emergency
19 medical dispatch and emergency medical care;

20 (B) a well-coordinated trauma care system;

1 (C) effective communication between prehospital care providers and
2 hospitals; and

3 (D) the safe handling and transportation, and the treatment and
4 transportation under appropriate medical guidance, of individuals who are sick
5 or injured.

6 (c) Policy. It is the policy of the State of Vermont that all persons who
7 suffer sudden and unexpected illness or injury should have access to the
8 emergency medical services system in order to prevent loss of life or the
9 aggravation of the illness or injury, and to alleviate suffering.

10 (1) The system should include competent emergency medical treatment
11 provided by adequately trained, licensed, and equipped personnel acting under
12 appropriate medical control.

13 (2) Persons involved in the delivery of emergency medical care should
14 be encouraged to maintain and advance their levels of training and licensure,
15 and to upgrade the quality of their vehicles and equipment.

16 (d) Intent. It is the intent of the General Assembly to designate a central
17 agency with responsibility for the coordination and integration of all State
18 activities concerning emergency medical services and the overall planning,
19 evaluation, coordination, facilitation, and regulation of emergency medical
20 services systems.

1 Sec. 2. 33 V.S.A. § 1901m is added to read:

2 § 1901m. REIMBURSEMENT FOR EMERGENCY MEDICAL SERVICES

3 (a) To the extent permitted under federal law or waivers of federal law, the
4 Agency of Human Services shall reimburse a provider of emergency medical
5 services for delivering emergency medical services to a Medicaid beneficiary
6 who was not transported to a different location during the period of the
7 emergency. The reimbursement shall be in an amount equal to the Medicare
8 basic life support rate.

9 (b)(1) To the extent permitted under federal law or waivers of federal law,
10 the Agency of Human Services shall reimburse a ground ambulance service
11 provider for transporting a Medicaid beneficiary to a destination other than a
12 hospital when the beneficiary’s condition does not meet the criteria of an
13 “emergency medical condition” as defined by the Agency by rule and the
14 beneficiary consents to being transported to the alternative destination.

15 (2) An ambulance service shall not transport a Medicaid beneficiary to
16 an alternative destination in which the ambulance service has a financial
17 interest.

18 (3) The Agency of Human Services shall adopt by rule a reimbursement
19 methodology for alternative destination transport by a ground ambulance
20 service provider to ensure that reimbursement rates are reasonable and
21 adequate.

1 Sec. 3. 24 V.S.A. § 2689 is amended to read:

2 § 2689. REIMBURSEMENT FOR AMBULANCE SERVICE PROVIDERS

3 * * *

4 (d) Reimbursement for ambulance services provided to Medicaid
5 beneficiaries shall be in accordance with 33 V.S.A. § 1901m.

6 Sec. 4. 18 V.S.A. § 909 is amended to read:

7 § 909. EMS ~~ADVISORY COMMITTEE~~ BOARD; EMS EDUCATION
8 COUNCIL

9 (a) The ~~Commissioner shall establish the~~ Emergency Medical Services
10 ~~Advisory Committee to~~ Board shall advise the Department of Health on
11 matters relating to the delivery of emergency medical services (EMS) in
12 Vermont.

13 (b) The ~~Committee~~ Board shall ~~include~~ comprise the following members:

14 (1) ~~One~~ one representative from each EMS district in the State, with
15 each representative being appointed by the EMS Board in ~~his or her~~ that
16 individual's district;

17 (2) ~~A~~ a representative from the Vermont Ambulance Association or
18 designee;

19 (3) ~~A representative from the Initiative for Rural Emergency Medical~~
20 ~~Services program at the University of Vermont or designee.~~ the Chair of the E-
21 911 Board or designee;

1 (4) ~~A~~ a representative from the Professional Firefighters of Vermont or
2 designee;

3 (5) ~~A~~ a representative from the Vermont Career Fire Chiefs Association
4 or designee;

5 (6) ~~A~~ a representative from the Vermont State Firefighters' Association
6 or designee;

7 (7) ~~An~~ an emergency department nurse manager or emergency
8 department director of a Vermont hospital appointed by the Vermont
9 Association of Hospitals and Health Systems;

10 (8) ~~The~~ the Commissioner of Health or designee; and

11 (9) ~~A~~ a local government member not affiliated with emergency medical
12 services, firefighter services, or hospital services, appointed by the Vermont
13 League of Cities and Towns.

14 (c)(1) ~~The~~ Committee Board shall select from among its members a chair
15 who is not an employee of the State.

16 (2) The Board shall have the administrative, technical, and legal
17 assistance of the Division of Emergency Medical Services in the Department
18 of Health.

19 (d) ~~The~~ Committee Board shall meet not less than quarterly and may be
20 convened at any time by the Chair or at the request of 11 ~~Committee~~ Board
21 members. Not more than two meetings each year shall be held in the same

1 EMS district. One meeting each year shall be held at a Vermont EMS
2 conference.

3 (e) ~~Annually, on or before January 1, the Committee shall report on the~~
4 ~~EMS system to the House Committees on Government Operations, on~~
5 ~~Commerce and Economic Development, and on Human Services and to the~~
6 ~~Senate Committees on Government Operations, on Economic Development,~~
7 ~~Housing and General Affairs, and on Health and Welfare. The Committee's~~
8 ~~reports shall include information on the following:~~

9 (1) ~~whether every Vermont municipality should be required to have in~~
10 ~~effect an emergency medical services plan providing for timely and competent~~
11 ~~emergency responses;~~

12 (2) ~~whether the State should establish directives addressing when an~~
13 ~~agency can respond to a nonemergency request for transportation of a patient if~~
14 ~~doing so will leave the service area unattended or unable to respond to an~~
15 ~~emergency call in a timely fashion;~~

16 (3) ~~how the EMS system is functioning statewide and the current state~~
17 ~~of recruitment and workforce development;~~

18 (4) ~~each EMS district's response times to 911 emergencies in the~~
19 ~~previous year, based on information collected from the Vermont Department of~~
20 ~~Health's Division of Emergency Medical Services;~~

1 ~~(5) funding mechanisms and funding gaps for EMS personnel and~~
2 ~~providers across the State, including for the funding of infrastructure,~~
3 ~~equipment, and operations and costs associated with initial and continuing~~
4 ~~training and licensure of personnel;~~

5 ~~(6) the nature and costs of dispatch services for EMS providers~~
6 ~~throughout the State, including the annual number of mutual aid calls to an~~
7 ~~emergency medical service area that come from outside that area, and~~
8 ~~suggestions for improvement;~~

9 ~~(7) legal, financial, or other limitations on the ability of EMS personnel~~
10 ~~with various levels of training and licensure to engage in lifesaving or health-~~
11 ~~preserving procedures;~~

12 ~~(8) how the current system of preparing and licensing EMS personnel~~
13 ~~could be improved, including the role of Vermont Technical College's EMS~~
14 ~~program; whether the State should create an EMS academy; and how such an~~
15 ~~EMS academy should be structured; and~~

16 ~~(9) how EMS instructor training and licensing could be improved. The~~
17 ~~Board shall develop and maintain a five-year statewide plan for the~~
18 ~~coordinated delivery of emergency medical services in Vermont. The plan,~~
19 ~~which shall be updated at least annually, shall include:~~

20 ~~(A) specific goals for the delivery of emergency medical services in~~
21 ~~this State;~~

1 (B) a time frame for achieving the stated goals;

2 (C) cost data and alternative funding sources for achieving the stated
3 goals; and

4 (D) performance standards for evaluating the stated goals.

5 (2) Annually, on or before December 15, the Board shall deliver to the
6 Commissioner of Health and the General Assembly a report reviewing
7 progress toward achieving the goals in the five-year plan and the goals set by
8 the Board for the coming year.

9 (f) In addition to its plan and report set forth in subsection (e) of this
10 section, the ~~Committee~~ Board shall identify EMS resources and needs in each
11 EMS district and provide that information to the Green Mountain Care Board
12 to inform the Board's periodic revisions to the Health Resource Allocation
13 Plan developed pursuant to subsection 9405(b) of this title.

14 (g) The ~~Committee~~ Board shall establish from among its members the EMS
15 Education Council, which may:

16 (1) sponsor training and education programs required for emergency
17 medical personnel licensure in accordance with the Department of Health's
18 required standards for that training and education; and

19 (2) provide advice to the Department of Health regarding the standards
20 for emergency medical personnel licensure and any recommendations for
21 changes to those standards.

1 Sec. 5. EMERGENCY MEDICAL SERVICES TASK FORCE

2 (a) Creation. There is created the Emergency Medical Services Task Force
3 to oversee and manage all phases of the development, design, and
4 implementation of a statewide emergency medical services (EMS) system in
5 Vermont, including conducting a complete inventory and assessment of all
6 EMS services currently available in this State.

7 (b) Membership. The EMS Task Force shall be composed of the following
8 members:

9 (1) the Commissioner of Health or designee;

10 (2) the Chair of the Emergency Medical Services Board;

11 (3) the Emergency Medical Services Chief at the Department of Health;

12 (4) one municipal official appointed by the Executive Director of the
13 Vermont League of Cities and Towns; and

14 (5) one emergency medical technician or paramedic appointed by the
15 Vermont State Ambulance Association.

16 (c) Powers and duties.

17 (1) The EMS Task Force shall collect data necessary to conduct a
18 complete inventory and assessment of the EMS services currently available in
19 Vermont, including:

20 (A) the number of full-time and part-time personnel currently
21 performing emergency medical services;

1 (B) the current total spending on emergency medical services in
2 Vermont, with itemized information for each emergency medical service
3 regarding all applicable federal, State, and municipal appropriations and
4 revenue sources; each contract for emergency medical services; and the
5 projected budget for each emergency medical service; and

6 (C) information regarding all identified gaps in services and
7 overlapping service areas.

8 (2) The EMS Task Force shall provide recommendations for the design
9 of a statewide EMS system, including recommendations relating to:

10 (A) EMS district structure and authority, which may include
11 recommendations on the number and configuration of EMS districts and their
12 powers, duties, and scope of authority;

13 (B) workforce training standards and other staffing best practices that
14 support the retention and well-being of EMS personnel;

15 (C) a resource allocation plan that ensures emergency medical
16 services are available in all regions of the State;

17 (D) a process for annually reviewing EMS providers' budgets;

18 (E) a governance model that provides for effective State and regional
19 oversight, management, and continuous improvement of the EMS system,
20 including identifying staffing and other operational needs to support the
21 oversight and management of the system;

1 (F) cost estimates for implementing the recommended EMS system
2 in Vermont, including operational and capital costs; and

3 (G) any other areas the EMS Task Force deems necessary or
4 appropriate.

5 (d) Assistance.

6 (1) The Task Force is authorized to retain a project manager and one or
7 more additional consultants with relevant expertise in emergency medical
8 services design and financing.

9 (2) The EMS Task Force shall have the administrative, technical, and
10 legal assistance of the Department of Health.

11 (e) Reports.

12 (1) On or before December 15, 2024, the EMS Task Force shall submit
13 its inventory and assessment to the Commissioner of Health and the General
14 Assembly.

15 (2) On or before December 15, 2025, the EMS Task Force shall submit
16 its design recommendations to the Commissioner of Health and the General
17 Assembly.

18 (f) Meetings.

19 (1) The Commissioner of Health or designee shall call the first meeting
20 of the EMS Task Force to occur on or before July 1, 2024.

1 (2) The Commissioner of Health or designee and the Chair of the
2 Emergency Medical Services Board shall be the Co-Chairs.

3 (3) A majority of the membership shall constitute a quorum.

4 (4) The EMS Task Force shall cease to exist on December 15, 2025.

5 (g) Compensation and reimbursement. Members of the EMS Task Force
6 shall be entitled to per diem compensation and reimbursement of expenses as
7 permitted under 32 V.S.A. § 1010 for not more than eight meetings. These
8 payments shall be made from monies appropriated to the Department of
9 Health.

10 (h) Appropriation. The sum of \$200,000.00 is appropriated to the
11 Department of Health from the General Fund in fiscal year 2025 to support the
12 EMS Task Force throughout its work.

13 Sec. 6. EMERGENCY MEDICAL SERVICES PERSONNEL; TRAINING;

14 APPROPRIATION

15 The sum of \$1,000,000.00 is appropriated from the General Fund to the
16 Department of Health in fiscal year 2025 to provide training for emergency
17 medical services personnel.

18 Sec. 7. EFFECTIVE DATES

19 This act shall take effect on passage, except that Sec. 5(h) (EMS Task Force
20 appropriation) and Sec. 6 (EMS personnel; training; appropriation) shall take
21 effect on July 1, 2024.