

EMS: Overview of Statutory Provisions re: Training and Funding^{1,2}

I. Training

Emergency medical personnel—paramedics, advanced emergency medical technicians (A-EMTs), emergency medical technicians (EMTs), and emergency medical responders (EMRs)—are professionally regulated by the Department of Health’s Emergency Medical Services Division pursuant to [18 V.S.A. ch. 17](#) (emergency medical services).

This chapter provides the Department with rulemaking authority to regulate EMS personnel training and establishes the EMS Advisory Committee, which provides advice on a variety of issues relating to EMS, including training. Below are provisions within the chapter that relate to EMS training.

**18 V.S.A. § 906. EMERGENCY MEDICAL SERVICES DIVISION;
RESPONSIBILITIES**

To implement the policy of section 901 of this title, **the Department of Health shall be responsible for:**

(1) **Developing and implementing minimum standards for training** emergency medical personnel in basic life support and advanced life support, and **licensing** emergency medical personnel according to their level of training and competence.

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(4) Establishing by rule **minimum standards for the credentialing** of emergency medical personnel by their affiliated agency, which shall be required in addition to the licensing requirements of this chapter in order for a person to practice as an emergency medical provider. Credentialing shall consist of the minimum and appropriate requirements necessary to ensure that an emergency medical provider can demonstrate the competence and minimum skills necessary to practice within his or her scope of licensure. Any rule shall balance the need for documenting competency against the burden placed on rural or smaller volunteer squads with little or no administrative staff.

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¹ See also the more general [Overview of Current Law’s Regulation of Emergency Medical Services](#)

² For reference, [S.182 As Passed Senate](#), which was voted out favorably by HGO, as it relates to training would eliminate the credentialing requirement for EMS personnel. [S.124 as recommended by SGO](#) proposes the EMS amendments set forth in S.182 as well as other amendments, which are summarized [here](#).

Commented [BW1]: This is the main statute in the chapter that sets forth the Department’s responsibilities re: EMS.

Many of these responsibilities are administered via the Department’s [Emergency Medical Services Rules](#).

Commented [BW2]: Developing and implementing standards for training and licensure.

Commented [BW3]: Establishing standards for credentialing.

(The statutory credentialing requirement is proposed to be repealed in S.182.)

(6) Training, or assisting in the training of, emergency medical personnel.

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(8) Developing and implementing procedures to ensure that emergency medical services are rendered only with appropriate medical control. For the provision of advanced life support, appropriate medical control shall include at a minimum:

(A) written protocols between the appropriate officials of receiving hospitals and emergency medical services districts defining their operational procedures;

(B) where necessary and practicable, direct communication between emergency medical personnel and a physician or person acting under the direct supervision of a physician;

(C) when such communication has been established, a specific order from the physician or person acting under the direct supervision of the physician to employ a certain medical procedure;

(D) use of advanced life support, when appropriate, only by emergency medical personnel who are certified by the Department of Health to employ advanced life support procedures.

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(10) Establishing, by rule, license levels for emergency medical personnel. The Commissioner shall use the guidelines established by the National Highway Traffic Safety Administration (NHTSA) in the U.S. Department of Transportation as a standard or other comparable standards, except that a felony conviction shall not necessarily disqualify an applicant. The rules shall also provide that:

(A) An individual may apply for and obtain one or more additional licenses, including licensure as an advanced emergency medical technician or as a paramedic.

(B) An individual licensed by the Commissioner as an emergency medical technician, advanced emergency medical technician, or a paramedic, who is credentialed by an affiliated agency, shall be able to practice fully within the scope of practice for such level of licensure as defined by NHTSA's National EMS Scope of Practice Model consistent with the license level of the affiliated agency, and subject to the medical direction of the emergency medical services district medical advisor.

Commented [BW4]: The Department is responsible training or assisting in the training of EMS personnel.

Commented [BW5]: Developing and implementing procedures to ensure appropriate medical control.

Via subdiv. (D), this includes certification to use advanced life support.

Commented [BW6]: Establishing license levels for EMS personnel.

See subdiv. (C), below, re: exam for initial licensure and continuing education for renewal.

Commented [BW7]: A licensee's scope of practice is based in part on a national model.

(C) Unless otherwise provided under this section, an individual seeking any level of licensure shall be required to pass an examination approved by the Commissioner for that level of licensure. Written and practical examinations shall not be required for relicensure; however, to maintain licensure, all individuals shall complete a specified number of hours of continuing education as established by rule by the Commissioner. The Commissioner shall ensure that continuing education classes are available online and provided on a regional basis to accommodate the needs of volunteers and part-time individuals, including those in rural areas of the State.

Commented [BW8]: Except as provided in subdvs. (D)-(F):
•initial licensure requires an exam; and
•renewal requires continuing education.

The Commissioner of Health is required to ensure that continuing education is available online and provided on a regional basis.

(D) If there is a hardship imposed on any applicant for a license under this section because of unusual circumstances, the applicant may apply to the Commissioner for a temporary or permanent waiver of one or more of the licensure requirements, which the Commissioner may grant for good cause.

Commented [BW9]: Ability to apply for a waiver from licensure requirements.

(E) An applicant who has served as a hospital corpsman or a medic in the U.S. Armed Forces, or who is licensed as a registered nurse or a physician assistant shall be granted a permanent waiver of the training requirements to become a licensed emergency medical technician, an advanced emergency medical technician, or a paramedic, provided the applicant passes the applicable examination approved by the Commissioner for that level of licensure and further provided that the applicant is credentialed by an affiliated agency.

Commented [BW10]: Training waiver for hospital corpsmen and medics in the U.S. Armed Forces and for RNs and PAs, except exam still required.

(F) An applicant who is registered on the National Registry of Emergency Medical Technicians as an emergency medical technician, an advanced emergency medical technician, or a paramedic shall be granted licensure as a Vermont emergency medical technician, an advanced emergency medical technician, or a paramedic without the need for further testing, provided he or she is credentialed by an affiliated agency or is serving as a medic with the Vermont National Guard.

Commented [BW11]: Licensure by endorsement for EMTs, A-EMTs, and paramedics registered with NREMT.

(G) [Repealed.]

18 V.S.A. § 909. EMS ADVISORY COMMITTEE

(a) The Commissioner shall establish an advisory committee to advise on matters relating to the delivery of emergency medical services (EMS) in Vermont.

Commented [BW12]: EMSAC is comprised of a representative of each EMS district in the State, as well as other EMS stakeholders.

The advice it is to provide legislative committees of jurisdiction re: training is highlighted below.

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(e) Beginning on January 1, 2019, the Committee shall report annually on the emergency medical services system to the House Committees on Government Operations, on Commerce and Economic Development, and on Human Services and to the Senate Committees on Government Operations, on Economic Development, Housing and General Affairs, and on Health and Welfare. The Committee's reports shall include information on the following:

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

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

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

(9) how EMS instructor training and licensing could be improved; and

(10) the impact of the State's credentialing requirements for EMS personnel on EMS providers.

II. Funding

[18 V.S.A. ch. 17](#) (emergency medical services) also establishes the Emergency Medical Services Special Fund. The Fund has a stated purpose of supporting EMS training, but it is also "to support . . . other activities relating to the . . . delivery of emergency medical services and ambulance services in Vermont[.]" The Commissioner of Health is to administer the Fund in consultation with the EMS Advisory Committee.

The monies in the Fund may come from General Assembly appropriation and private sources, but it also is to contain an annual minimum allocation of \$150,000.00 from the Division of Fire Safety Special Fund that is derived from assessments on specified types of insurance companies. Below are statutory provisions that relate to EMS funding.

18 V.S.A. § 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND

(a) The Emergency Medical Services Fund is established pursuant to 32 V.S.A. chapter 7, subchapter 5 comprising revenues received by the Department from the Fire Safety Special Fund, pursuant to 32 V.S.A. § 8557(a), that are designated for this Special Fund and public and private sources as gifts, grants, and donations together with additions and interest accruing to the Fund. The Commissioner of Health shall administer the Fund to the extent funds are available to support online and regional training programs, data collection and analysis, and other activities relating to the training of emergency medical personnel and delivery of emergency medical services and ambulance services in Vermont, as determined by the Commissioner, after consulting with the EMS Advisory Committee established under section 909 of this title. Any balance at the end of the fiscal year shall be carried forward in the Fund.

(b) From the funds in the Emergency Medical Services Special Fund, the Commissioner of Health shall develop and implement by September 1, 2012 online training opportunities and offer regional classes to enable individuals to comply with the requirements of subdivision 906(10)(C) of this title.

32 V.S.A. § 8557. VERMONT FIRE SERVICE TRAINING COUNCIL

(a)(1) Sums for the expenses of the operation of training facilities and curriculum of the Vermont Fire Service Training Council not to exceed \$1,200,000.00 per year shall be paid to the Fire Safety Special Fund created by 20 V.S.A. § 3157 by insurance companies, writing fire, homeowners multiple peril, allied lines, farm owners multiple peril, commercial multiple peril (fire and allied lines), private passenger and commercial auto, and inland marine policies on property and persons situated within the State of Vermont within 30 days after notice from the Commissioner of Financial Regulation of such estimated expenses. Captive companies shall be excluded from the effect of this section.

Commented [BW13]: This is the provision of law shown at the top of pg. 3 of this doc that requires EMS licensees to obtain continuing education as a condition of renewal, and requires the Commissioner of Health to ensure that continuing education classes are available online and provided on a regional basis.

Commented [BW14]: Part of Fire Safety Special Fund is derived from assessments on these types of insurance companies based on their premiums.

Not less than \$150,000.00 is to be allocated annually to the EMS Special Fund for the purpose of EMS training programs.

(2) The Commissioner shall annually, on or before July 1, apportion such charges among all such companies and shall assess them for the charges on a fair and reasonable basis as a percentage of their gross direct written premiums on such insurance written during the second prior calendar year on property situated in the State. The Department of Taxes shall collect all assessments under this section.

(3) An amount not less than \$100,000.00 shall be specifically allocated to the provision of what are now or formerly referred to as Level I, units I, II, and III (basic) courses for entry-level firefighters.

(4) An amount not less than \$150,000.00 shall be specifically allocated to the Emergency Medical Services Special Fund established under 18 V.S.A. § 908 for the provision of training programs for emergency medical technicians, advanced emergency medical technicians, and paramedics.

(5) The Department of Health shall present a plan to the Joint Fiscal Committee that shall review the plan prior to the release of any funds.

(b) All administrative provisions of chapter 151 of this title, including those relating to the collection and enforcement of the income tax by the Commissioner, shall apply to this section.