

EMS BILL PROVISIONS

DRAFT; NOT YET EDITED; FOR COMMITTEE DISCUSSION

Sec. 1. 24 V.S.A. chapter 71 is amended to read:

CHAPTER 71. AMBULANCE SERVICES

Subchapter 1. Emergency Medical Services Districts

§ 2651. DEFINITIONS

As used in this chapter:

* * *

(14) ~~“State Board” means the State Board of Health. [Repealed.]~~

* * *

Commented [BW1]: Unnecessary to retain this defined term if DOH is substituted for the State Board in accordance with DOH’s proposal to do so.

§ 2652. CREATION OF DISTRICTS

The ~~State Board~~ Department of Health may divide the State into emergency medical services districts, the number, size, and boundaries of which shall be determined by the ~~Board~~ Department in the interest of affording adequate and efficient emergency medical services throughout the State.

* * *

Commented [BW2]: It is a DOH proposal to transfer the duties of the State Board under this chapter to DOH. Therefore, throughout this chapter, all references to the State Board are substituted with DOH.

§ 2654. RECORDING DETERMINATION OF DISTRICTS

The ~~State Board~~ Department of Health shall cause to be recorded in the office of the Secretary of State a certificate containing its determination of emergency medical services districts.

* * *

1 § 2656. DUTIES AND POWERS OF OFFICERS AND DIRECTORS

2 (a) The board of directors shall have full power to manage, control, and
3 supervise the conduct of the district and to exercise in the name of the district
4 all powers and functions belonging to the district, subject to such laws or
5 ~~regulations~~ rules as may be applicable.

Commented [BW3]: Technical correction

6 * * *

7 § 2657. PURPOSES AND POWERS OF EMERGENCY MEDICAL
8 SERVICES DISTRICTS

9 (a) It shall be the function of each emergency medical services district to
10 foster and coordinate emergency medical services within the district, in the
11 interest of affording adequate ambulance services within the district. Each
12 emergency medical services district shall have powers ~~which~~ that include the
13 power to:

14 * * *

15 (6) monitor the provision of emergency medical services within the
16 district and make recommendations to the ~~State Board~~ Department of Health
17 regarding licensure, relicensure, and removal or suspension of licensure for
18 ambulance vehicles, ambulance services, and first responder services;

19 * * *

1 (11) ~~assure~~ ensure that each affiliated agency in the district has
2 implemented a system for the credentialing of all its licensed emergency
3 medical personnel; ~~and~~

4 (12) develop protocols for providing appropriate response times to
5 requests for emergency medical services; and

6 (13) recommend to the Department of Health whether an ambulance
7 service should be provided a certificate of public good as set forth in section
8 2681 of this chapter.

9 * * *

10 (b) Two or more contiguous emergency medical services districts by a
11 majority vote of the district board in each of the districts concerned may
12 change the mutual boundaries of their emergency medical services districts.
13 The district boards shall report all changes in district boundaries to the ~~State~~
14 ~~Board~~ Department of Health.

15 * * *

16 Subchapter 2. Licensing Operation of ~~Ambulance Service~~ Affiliated Agencies

17 § 2681. LICENSE REQUIRED; CERTIFICATE OF PUBLIC GOOD

18 REQUIRED

19 (a)(1) A person furnishing ambulance services or first responder services
20 shall obtain a license to furnish services under this subchapter.

Commented [BW4]: Meant to be a technical correction in accordance with the requirement that both ambulance services and first responder services be licensed.

1 (2) Prior to obtaining a license, an ambulance service shall obtain a
2 certificate of public good as set forth in subsection (b) of this section.

Commented [BW5]: CPGs would be required only of ambulance services, not first responder services.

3 (b)(1) A person that desires to operate an ambulance service in an
4 emergency medical services district shall first petition the Department of
5 Health to determine whether the operation of that ambulance service will
6 promote the general good of the State, and shall at that time file a copy of that
7 petition with the district board.

Commented [BW6]: Certificate of public good; based on PUC CPGs as set forth in [30 V.S.A. § 102](#).

8 (2)(A) Within 30 days, the district board shall review the petition and
9 file with the Department a recommendation regarding the petition, and provide
10 a copy of its recommendation to the petitioner.

11 (B) The recommendation shall set forth reasons why the petition
12 should be accepted without hearing or shall request that a hearing on the
13 petition be scheduled.

14 (3) If the district board requests a hearing on the petition, or, if the
15 Department deems a hearing necessary, the Department shall appoint a time
16 and place in the emergency medical services district for hearing the petition,
17 and shall publish the substance and time and place of hearing two weeks
18 successively in a newspaper of general circulation in the district and on the
19 Department's website, the last newspaper publication to be at least 12 days
20 before the day appointed for the hearing.

1 (4) If the Department finds that the operation of the proposed ambulance
2 service will promote the general good of the State, including the policy of the
3 State set forth in 18 V.S.A. § 901, it shall give the petitioner a certificate to that
4 effect under its seal.

5 (5) For good cause, after an opportunity for hearing, the Department
6 may amend or revoke any certificate awarded under the provisions of this
7 section. If any such certificate is revoked, the ambulance service shall no
8 longer have authority to operate in the emergency medical services district.

9 § 2682. POWERS OF ~~STATE BOARD~~ THE DEPARTMENT OF HEALTH

10 (a) The ~~State Board~~ Department of Health shall administer this subchapter
11 and shall have power to:

12 (1) Issue licenses for ambulance services and first responder services
13 under this subchapter.

14 (2) Revoke or suspend upon due notice and opportunity for hearing the
15 license of any person who violates or fails to comply with any provision of this
16 subchapter, or any rule or requirement adopted under its authority.

17 (3) Make, adopt, amend, and revise, as it deems necessary or expedient,
18 reasonable rules in order to promote and protect the health, safety, and welfare
19 of members of the public using, served by, or in need of emergency medical
20 treatment. Any rule may be repealed within 90 days of the date of its adoption
21 by a majority vote of all the district boards. Such rules may cover or relate to:

- 1 (A) age, training, ~~credentialing~~, and physical requirements for
2 emergency medical services personnel;
- 3 (B) design and equipping of ambulances;
- 4 (C) cooperation with hospitals and organizations in other related
5 fields, and participation in central communications procedures; and
- 6 (D) any other matters properly within the purposes of this chapter.

7 (b) No fee or other payment shall be required of an applicant for a license.

8 **§ 2683. TERM OF LICENSE**

9 Full licenses shall be issued on forms to be prescribed by the ~~State Board~~
10 Department of Health for a period of ~~one year~~ three years beginning on
11 January 1, or for the balance of any such ~~year~~ three-year period. Temporary,
12 conditional, or provisional licenses may also be issued by the ~~Board~~
13 Department.

14 * * *

15 **§ 2689. REIMBURSEMENT FOR AMBULANCE SERVICE PROVIDERS**

16 (a)(1) When an ambulance service provides emergency medical treatment
17 to a person who is insured by a health insurance policy, plan, or contract that
18 provides benefits for emergency medical treatment, **the health insurer shall**
19 **reimburse the ambulance service directly**, subject to the terms and conditions
20 of the health insurance policy, plan, or contract.

Commented [BW7]: This appears to duplicate 18 V.S.A. § 906(4), which currently allows DOH to adopt rules re: credentialing.

18 V.S.A. § 906(4) would be amended in this bill to provide for credentialing on a timeframe in accordance with ambulance licensure, and therefore it is not necessary to have this duplicate language here.

Commented [BW8]: DOH proposal to increase a license term from one to three years

1 (2) The Department of Financial Regulation shall enforce the provisions
2 of this subsection.

Commented [BW9]: SGO may want to take testimony from DFR – which regulates health insurers – to understand any known basis for why this current law reimbursement requirement is not always happening in practice.

3 (b) Nothing in this section shall be construed to interfere with coordination
4 of benefits or to require a health insurer to provide coverage for services not
5 otherwise covered under the insured’s policy, plan, or contract.

6 (c) Nothing in this section shall preclude an insurer from negotiating with
7 and subsequently entering into a contract with a nonparticipating ambulance
8 service to establish rates of reimbursement for emergency medical treatment.

9 Sec. 2. 18 V.S.A. chapter 17 is amended to read:

10 CHAPTER 17. EMERGENCY MEDICAL SERVICES

11 § 901. POLICY

12 It is the policy of the State of Vermont that all persons who suffer sudden
13 and unexpected illness or injury should have access to the emergency medical
14 services system in order to prevent loss of life or the aggravation of the illness
15 or injury, and to alleviate suffering.

16 (1) The system should include competent emergency medical ~~care~~
17 treatment provided by adequately trained, licensed, credentialed, and equipped
18 personnel acting under appropriate medical control.

Commented [BW10]: Meant to be a technical correction, since “emergency medical treatment” is a defined term, but “emergency medical care” is not.

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

* * *

§ 903. AUTHORIZATION FOR PROVISION OF EMERGENCY

MEDICAL SERVICES

Notwithstanding any other provision of law, including provisions of 26 V.S.A. chapter 23, persons who are licensed and credentialed to provide emergency medical ~~care treatment~~ pursuant to the requirements of this chapter and ~~implementing regulations the rules adopted under it~~ are hereby authorized to provide such care without further certification, registration, or licensing.

Commented [BW11]: Same intended technical correction as above.

Commented [BW12]: Technical correction since, under this chapter and the VAPA, DOH adopts rules.

§ 904. ADMINISTRATIVE PROVISIONS

(a) In order to carry out the purposes and responsibilities of this chapter, the Department of Health may contract for the provision of specific services.

(b) The Secretary of Human Services, upon the recommendation of the Commissioner of Health, may ~~issue adopt~~ rules to carry out the purposes and responsibilities of this chapter.

Commented [BW13]: Technical correction.

* * *

§ 906. EMERGENCY MEDICAL SERVICES DIVISION;

RESPONSIBILITIES

To implement the policy of section 901 of this ~~title~~ chapter, 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,

1 and licensing emergency medical personnel according to their level of training
2 and competence.

3 (2) Developing and implementing minimum standards for vehicles used
4 in providing emergency medical care, designating the types and quantities of
5 equipment that must be carried by these vehicles, and registering those
6 vehicles according to appropriate classifications.

7 (3) Developing a statewide system of emergency medical services,
8 including planning, organizing, coordinating, improving, expanding,
9 monitoring, and evaluating emergency medical services.

10 (4) Establishing by rule minimum standards for the credentialing of
11 emergency medical personnel by their affiliated agency, which shall be
12 required in addition to the licensing requirements of this chapter in order for a
13 person to practice as an emergency medical provider.

14 (A) Credentialing shall be for a term of two years, shall correlate to
15 the term of emergency medical personnel licenses, and shall consist of the
16 minimum and appropriate requirements necessary to ensure that an emergency
17 medical provider can demonstrate the competence and minimum skills
18 necessary to practice within his or her scope of licensure.

19 (B) Any rule shall balance the need for documenting competency
20 against the burden placed on rural or smaller volunteer squads with little or no
21 administrative staff.

Commented [BW14]: Currently one year via [EMS Rule § 8.1](#).

1 (5) Developing volunteer and career response time standards for urban
2 and rural requests for emergency services.

3 (6)(A) Training, or assisting in the training of, emergency medical
4 personnel, including using up to \$750,000.00 of the monies in the Emergency
5 Medical Services Fund established pursuant to section 908 of this chapter or
6 other monies appropriated to the Department for emergency medical personnel
7 training as follows:

8 (i) 50 percent shall be used for competitive grants to emergency
9 medical technician training programs based on documented regional and
10 multiagency support;

11 (ii) 25 percent shall be used to support the online, distance-
12 learning emergency medical technician training opportunities developed by the
13 Department pursuant to subsection 908(b) of this chapter and to support
14 partnerships with regional ambulance services to provide practical education
15 and skill development; and

16 (iii) 25 percent shall be used to provide tuition reimbursement
17 grants to newly licensed paramedics serving Vermont communities.

18 (B) The Department shall adopt rules in accordance with 3 V.S.A.
19 chapter 25 to specify eligibility criteria for applicants to receive grants under
20 subdivision (A) of this subdivision. The Department's rules shall include a
21 requirement that recipient programs offer their training courses at no or low

Commented [BW15]: Incorporated from [H.742](#) (grants for EMS personnel training), which will also be taken up in HHC.

See also H.742's amendments to 18 V.S.A. § 908 (EMS Fund) and 32 V.S.A. § 8557 (EMS training funds via VFSTC) and related session law appropriations, set forth in this draft.

1 cost to participants who intend to provide volunteer services as a member of a
2 local or regional first responder service.

3 (7) Assisting hospitals in the development of programs ~~which~~ that will
4 improve the quality of in-hospital services for persons requiring emergency
5 medical ~~care~~ treatment.

Commented [BW16]: Technical correction.

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

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

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

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

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

1 (9) Establishing requirements for the collection of data by emergency
2 medical personnel and hospitals as may be necessary to evaluate emergency
3 medical ~~care~~ treatment.

Commented [BW17]: Technical correction.

4 (10) Establishing, by rule, license levels for emergency medical
5 personnel. There shall be at least five levels of licensure, in the following
6 order of least to most expansive scope of practice: (1) community responder
7 (CR); (2) emergency medical responder (EMR); (3) emergency medical
8 technician (EMT); (4) advanced emergency medical technician (A-EMT); and
9 (5) paramedic. The Commissioner shall use the guidelines established by the
10 National Highway Traffic Safety Administration (NHTSA) in the U.S.
11 Department of Transportation as a standard or other comparable standards,
12 except that a felony conviction shall not necessarily disqualify an applicant.
13 The rules shall also provide that:

Commented [BW18]: New proposed EMS professional.
See also the requirement for DOH to adopt rules to create
this level at the session law section near the end of this draft.

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

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

1 affiliated agency, and subject to the medical direction of the emergency
2 medical services district medical advisor.

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

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

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

Commented [BW19]: As a follow-up to EMS request for more accessible education, please discuss this existing provision with DOH.

1 licensure and further provided that the applicant is credentialed by an affiliated
2 agency.

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

10 (G) [Repealed.]

11 * * *

12 § 906b. ~~TRANSITIONAL PROVISION; CERTIFICATION TO~~
13 ~~LICENSURE~~

14 ~~Every person certified as an emergency medical provider shall have his or~~
15 ~~her certification converted to the comparable level of licensure. Until such~~
16 ~~time as the Department of Health issues licenses in lieu of certificates, each~~
17 ~~certified emergency medical provider shall have the right to practice in~~
18 ~~accordance with his or her level of certification. [Repealed.]~~

19 § 906d. RENEWAL REQUIREMENTS; SUNSET REVIEW

20 (a) Not less than once every five years, the Department shall review
21 emergency medical personnel continuing education and other continuing

Commented [BW20]: Technical correction. This was a transitional provision from 2012, when EMS professional regulation transitioned from certification to licensure.

This section appears temporary in nature and therefore may be repealed.

Commented [BW21]: Based on [S.233](#) (uniform licensing standards).

Purpose is to review the ongoing need for current renewal requirements.

1 competency requirements. The review results shall be in writing and address
2 the following:

3 (1) the renewal requirements of the profession;

4 (2) the renewal requirements in other jurisdictions, particularly in the
5 Northeast region;

6 (3) the cost of the renewal requirements for emergency medical
7 personnel; and

8 (4) an analysis of the utility and effectiveness of the renewal
9 requirements with respect to public protection.

10 (2) The Department shall amend its rules or propose any necessary
11 statutory amendments to revise any emergency medical personnel continuing
12 education and other continuing competency requirements that are not
13 necessary for the protection of the public health, safety, or welfare.

14 * * *

15 **§ 908. EMERGENCY MEDICAL SERVICES ~~SPECIAL~~ FUND**

Commented [BW22]: From H.742.

16 (a) The Emergency Medical Services Fund is established as a special fund
17 pursuant to 32 V.S.A. chapter 7, subchapter 5 comprising revenues received by
18 the Department from the Fire Safety Special Fund; pursuant to 32 V.S.A. §
19 8557(a); that are designated for this ~~Special~~ Fund; and public and private
20 sources, such as gifts, grants, and donations, together with additions and
21 interest accruing to the Fund. The Commissioner of Health shall administer

1 the Fund to the extent funds are available to support online and regional
2 training programs, data collection and analysis, and other activities relating to
3 the training of emergency medical personnel and delivery of emergency
4 medical services and ambulance services in Vermont, as determined by the
5 Commissioner, after consulting with the EMS Advisory Committee established
6 under section 909 of this title. Any balance at the end of the fiscal year shall
7 be carried forward in the Fund.

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

12 § 909. EMS ADVISORY COMMITTEE

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

16 (b) The Emergency Medical Services Advisory Committee shall include
17 the following members:

18 * * *

19 (e) Beginning on January 1, 2019, the Committee shall report annually on
20 the emergency medical services system to the House Committees on
21 Government Operations, on Commerce and Economic Development, and on

1 Human Services and to the Senate Committees on Government Operations, on
2 Economic Development, Housing and General Affairs, and on Health and
3 Welfare. The Committee's reports shall include information on the following:

4 * * *

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 services district that come from outside the district, and
8 suggestions for improvement;

9 * * *

10 **Sec. 3.** 32 V.S.A. § 8557 is amended to read:

Commented [BW23]: From H.742.

11 § 8557. VERMONT FIRE SERVICE TRAINING COUNCIL

12 (a)(1) Sums for the expenses of the operation of training facilities and
13 curriculum of the Vermont Fire Service Training Council not to exceed
14 ~~\$1,200,000.00~~ \$1,950,000.00 per year shall be paid to the Fire Safety Special
15 Fund created by 20 V.S.A. § 3157 by insurance companies, writing fire,
16 homeowners multiple peril, allied lines, farm owners multiple peril,
17 commercial multiple peril (fire and allied lines), private passenger and
18 commercial auto, and inland marine policies on property and persons situated
19 within the State of Vermont within 30 days after notice from the
20 Commissioner of Financial Regulation of such estimated expenses. Captive
21 companies shall be excluded from the effect of this section.

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

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

10 (4) An amount not less than ~~\$150,000.00~~ \$900,000.00 shall be
11 specifically allocated to the Emergency Medical Services Special Fund
12 established under 18 V.S.A. § 908 for the provision of training programs for
13 emergency medical technicians, advanced emergency medical technicians, and
14 paramedics.

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

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

1 **Sec. 4. EMERGENCY MEDICAL PERSONNEL TRAINING;**

Commented [BW24]: From H.742.

2 **APPROPRIATION**

3 The sum of \$750,000.00 is appropriated from the Fire Safety Special Fund
4 to the Emergency Medical Services Fund in fiscal year 2021 for use by the
5 Department of Health for emergency medical personnel training as follows:

6 (1) \$375,000.00 shall be used for competitive grants for emergency
7 medical technician training programs based on documented regional and
8 multiagency support;

9 (2) \$187,500.00 shall be used to support online, distance-learning
10 emergency medical technician training opportunities developed by the
11 Department pursuant to 18 V.S.A. § 908(b) and to support partnerships with
12 regional ambulance services to provide practical education and skill
13 development; and

14 (3) \$187,500.00 shall be used to provide tuition reimbursement grants to
15 newly licensed paramedics serving Vermont communities.

16 **Sec. 5. EMERGENCY SERVICE PROVIDERS; PROGRAMS OF STUDY**

Commented [BW25]: From [H.707](#)

17 The Agency of Education shall coordinate with the following partners to
18 provide at each of the regional technical centers one or more postsecondary
19 career technical education programs that lead to Firefighter I and Emergency
20 Medical Responder certifications through the Dual Enrollment Program
21 created in 16 V.S.A. § 944:

1 (1) the Division of Fire Safety within the Department of Public Safety;
2 (2) the Emergency Preparedness, Response and Injury Prevention
3 Division within the Department of Health;
4 (3) the Student Pathways Division within the Agency of Education; and
5 (4) the respective supervisory authorities for each regional technical
6 center.

7 Sec. 6. DEPARTMENT OF HEALTH; TRANSITIONAL PROVISIONS TO
8 IMPLEMENT THIS ACT

9 (a) Community responder rule. On or before October 1, 2020, the
10 Department of Health shall commence rulemaking to establish the new
11 community responder license level for emergency medical personnel set forth
12 in Sec. 2, 18 V.S.A. § 906(10).

13 (b) Sunset review of renewal requirements. Pursuant to 18 V.S.A. § 908d
14 (renewal requirements; sunset review) set forth in Sec. 2 this act, the
15 Department of Health shall conduct its first sunset review on or before
16 November 1, 2020 and thereafter amend its rules or propose any necessary
17 statutory amendments in accordance with that section.

18 Sec. 7. EFFECTIVE DATE

19 This act shall take effect on **TBD**, with the amendments to 32 V.S.A.
20 § 8557 in Sec. 3 of this act to be applied beginning with the charges to be

Commented [BW26]: From H.742.

1 apportioned and assessed by the Commissioner of Financial Regulation on or
2 before July 1, 2020 in accordance with 32 V.S.A. § 8557(a)(2).

3

4

5

6

7 **ADDITIONAL NOTES:**

- 8 • [H.922](#) is an HGO committee bill re: misc. amendments to the Vermont
9 State Employees' Retirement System. Potentially address in that bill
10 amendments re: regional EMS access to the VSERS?

11

12

13