

## **Overview of Current Law's Regulation of Emergency Medical Services**

### ***I. Emergency Medical Service Districts and Ambulance Licensure***

[24 V.S.A. ch. 71](#) (ambulance services) establishes emergency medical services (EMS) districts and requires the licensure of ambulance services.

**Subchapter 1** is in regard to EMS districts. The State Board of Health is authorized to divide the State into EMS districts for the purpose of affording adequate and efficient EMS services throughout the State. [24 V.S.A. § 2652](#). Each EMS district has a board of directors composed of a representative of each medical facility (hospital), ambulance service, and first responder service operating within the district. [24 V.S.A. § 2653\(a\)](#). Each board of directors has “full power to manage, control, and supervise the conduct of the district” and to exercise district powers and functions. [24 V.S.A. § 2656\(a\)](#). Via [24 V.S.A. § 2657\(a\)](#), the function of each EMS district is “to foster and coordinate [EMS] within the district, in the interest of affording adequate ambulance services within the district[;]” and the powers of these districts include:

- (1) buy, acquire, or lease fixtures and equipment related to district activities;
- (5) impose and collect reasonable charges or fees for its services;
- (7) develop, in conjunction with municipal officials, response plans for the provision of emergency medical treatment and transportation by ambulance services and first responder services within the district;
- (9) establish medical control within the district with physicians and representatives of medical facilities, including written protocols with the appropriate officials of receiving hospitals defining their operational procedures;
- (11) assure that each affiliated agency in the district has implemented a system for the **credentialing** of all its licensed emergency medical personnel; and
- (12) develop protocols for providing appropriate response times to requests for emergency medical services.

**Subchapter 2** is in regard to licensing ambulance services. Ambulance and first responder services are required to be licensed. [24 V.S.A. § 2681](#). The State Board of Health issues these licenses. [24 V.S.A. § 2682\(a\)](#). The license term is one year. [24](#)

[V.S.A. § 2683](#). There is no license fee. [24 V.S.A. § 2682\(b\)](#). The State Board of Health is authorized to adopt rules re: emergency medical treatment, including rules relating to the training and **credentialing** requirements of EMS personnel. [24 V.S.A. § 2682\(a\)\(3\)](#).

## *II. EMS Licensure, Credentialing, and Other Oversight*

[18 V.S.A. ch. 901](#) (emergency medical services) requires the Department of Health to regulate emergency medical personnel, including by requiring the Department to license them and to provide standards for their credentialing by their affiliated agency. This chapter also requires the Department to perform miscellaneous duties regarding emergency medical services.

[18 V.S.A. § 901](#) provides that it is the **State's policy** that all persons who suffer sudden and unexpected illness or injury should have access to EMS; that the EMS system should include competent care provided by adequately trained, licensed, credentialed, and equipped personnel acting under appropriate medical control; and that EMS personnel should be encouraged to maintain and advance their levels of training and licensure and to upgrade the quality of their vehicles and equipment.

[18 V.S.A. § 906](#) provides the Departments with miscellaneous responsibilities re: EMS. To summarize, these responsibilities are:

- (1) Providing minimum standards for EMS **personnel training and licensure**.
- (2) Regulating EMS vehicles and equipment.
- (3) “Developing a statewide system of emergency medical services, including planning, organizing, coordinating, improving, expanding, monitoring, and evaluating emergency medical services.”
- (4) Adopting rules re: **credentialing of EMS personnel** by their affiliated agency.
- (5) Developing response time standards for urban and rural requests for EMS.
- (6) Training, or assisting in the training of, EMS personnel.
- (7) Assisting hospitals in developing programs that will improve in-hospital services for persons requiring EMS.
- (8) Developing procedures to ensure EMS is only provided with **appropriate medical control**.

- (9) Establishing requirements to collect data to evaluate EMS treatment.
- (10) Establishing, by rule, license levels.

### *III. Definitions*

Within the two chapters summarized above, [24 V.S.A. § 2651](#) sets forth the following definitions, and [18 V.S.A. § 902](#) provides that those definitions also apply within its chapter:

(1) “Advanced emergency medical treatment” means those portions of emergency medical treatment as defined by the Department of Health, which may be performed by licensed emergency medical services personnel acting under the supervision of a physician within a system of medical control approved by the Department of Health.

(2) “Ambulance” means any vehicle, whether air, ground, or water, that is designed, constructed, used, or intended for use in transporting ill or injured persons.

(3) “Ambulance service” means a person licensed by the Department of Health to provide emergency medical treatment and transportation to ill or injured persons.

(4) “Basic emergency medical treatment” means those portions of emergency medical treatment, as defined by the Department of Health, which may be exercised by licensed emergency medical services personnel acting under their own authority.

(5) “District board” means the board of directors of a district appointed under section 2653 of this title.

(6) “Emergency medical personnel” means persons, including volunteers, licensed by the Department of Health to provide emergency medical treatment on behalf of an affiliated agency whose primary function is the provision of emergency medical

treatment. The term does not include duly licensed or registered physicians, dentists, nurses, or physician assistants when practicing in their customary work setting.

(7) “Emergency medical services” means an integrated system of personnel, equipment, communication, and services to provide emergency medical treatment.

(8) “Emergency medical services district” means a political subdivision established to facilitate the provision of pre-hospital emergency medical treatment within a given area.

(9) “Emergency medical treatment” means pre-hospital, in-hospital, and interhospital medical treatment rendered by emergency medical personnel given to individuals who have experienced sudden illness or injury in order to prevent loss of life, the aggravation of the illness or injury, or to alleviate suffering. Emergency medical treatment includes basic emergency medical treatment and advanced emergency medical treatment.

(10) “First responder service” means a person licensed by the Department of Health to provide emergency medical treatment.

(11) “Medical control” means the entire system of quality assurance and medical accountability for basic and advanced emergency medical treatment as prescribed by this chapter. “Prehospital medical control” shall include direction and advice given to emergency medical personnel by a physician or a person acting under the direct supervision of a physician provided through:

(A) off-line medical control functions or direction of emergency medical personnel through use of protocols, review of cases, and determination of outcomes, and through training programs; and

(B) on-line medical control functions, via radio or telephone, of field personnel at the site of the emergency and en route to a hospital emergency department.

(12) “Medical facilities” means a hospital providing emergency services to an emergency medical services district.

(13) “Person” means any person, firm, partnership, association, corporation, municipality, or political subdivision, including emergency medical services districts as provided for in this subchapter.

(14) “State Board” means the State Board of Health.

(15) “Volunteer personnel” means persons who are licensed by the Department of Health to provide emergency medical treatment on behalf of an affiliated agency without expectation of remuneration for the treatment rendered other than nominal payments and reimbursement for expenses, and who do not depend in any significant way on the provision of such treatment for their livelihood.

(16) “Affiliated agency” means an ambulance service or first responder service licensed under this chapter, including a fire department, rescue squad, police department, ski patrol, hospital, or other entity licensed to provide emergency medical services under this chapter.