

1 **EMS BILL PROVISIONS**

2 **DRAFT; NOT YET EDITED; FOR COMMITTEE DISCUSSION**

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

4 CHAPTER 71. AMBULANCE SERVICES

5 Subchapter 1. Emergency Medical Services Districts

6 § 2651. DEFINITIONS

7 As used in this chapter:

8 * * *

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 [Repealed.]~~

10 * * *

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.

11 § 2652. CREATION OF DISTRICTS

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

16 * * *

17 § 2654. RECORDING DETERMINATION OF DISTRICTS

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

21 * * *

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.

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.

6 * * *

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

12 * * *

13 Subchapter 2. Licensing Operation of Ambulance Service Affiliated Agencies

14 § 2681. LICENSE REQUIRED; CERTIFICATE OF NEED REQUIRED

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

17 (2) Prior to obtaining a license, an ambulance service shall obtain a
18 certificate of need from the Green Mountain Care Board in accordance with

19 18 V.S.A. chapter 221, subchapter 5.

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

Commented [BW5]: Note this applies only to ambulance license applicants and not to first responder license applicants.

Commented [BW6]: See also Sec. 3, which amends the chapter re: GMCB certificates of need.
Please contact GMCB for feedback on how this may work in practice.

1 § 2682. POWERS OF ~~STATE BOARD~~ THE DEPARTMENT OF HEALTH

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

4 (1) Issue licenses for ambulance services and first responder services
5 under this subchapter.

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

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

14 (A) age, training, ~~credentialing,~~ and physical requirements for
15 emergency medical services personnel;

16 (B) design and equipping of ambulances;

17 (C) cooperation with hospitals and organizations in other related
18 fields, and participation in central communications procedures; and

19 (D) any other matters properly within the purposes of this chapter.

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

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

This bill draft would maintain DOH's 18 V.S.A. § 906(4) rulemaking authority re: credentialing; therefore, it is not necessary to maintain this duplicative language here.

By removing reference to credentialing here, district boards would not retain their authority to repeal a credentialing rule as they are purportedly allowed to do via this subdiv. (3).

1 § 2683. TERM OF LICENSE

2 Full licenses shall be issued on forms to be prescribed by the ~~State Board~~
3 Department of Health for a period of ~~one year~~ three years beginning on
4 January 1, or for the balance of any such ~~year~~ three-year period. Temporary,
5 conditional, or provisional licenses may also be issued by the ~~Board~~
6 Department.

7 * * *

8 § 2689. REIMBURSEMENT FOR AMBULANCE SERVICE PROVIDERS

9 (a)(1) When an ambulance service provides emergency medical treatment
10 to a person who is insured by a health insurance policy, plan, or contract that
11 provides benefits for emergency medical treatment, the health insurer shall
12 reimburse the ambulance service directly, subject to the terms and conditions
13 of the health insurance policy, plan, or contract.

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

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

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

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

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.

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

2 CHAPTER 17. EMERGENCY MEDICAL SERVICES

3 § 901. POLICY

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

8 (1) The system should include competent emergency medical ~~care~~
9 ~~treatment~~ provided by adequately trained, licensed, credentialed, and equipped
10 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.

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

14 * * *

15 § 903. AUTHORIZATION FOR PROVISION OF EMERGENCY
16 MEDICAL SERVICES

17 Notwithstanding any other provision of law, including provisions of
18 26 V.S.A. chapter 23, persons who are licensed and credentialed to provide
19 emergency medical ~~care~~ ~~treatment~~ pursuant to the requirements of this chapter
20 and ~~implementing regulations~~ the rules adopted under it are hereby authorized
21 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.

1 § 904. ADMINISTRATIVE PROVISIONS

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

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

Commented [BW13]: Technical correction.

7 * * *

8 § 906. EMERGENCY MEDICAL SERVICES DIVISION;
9 RESPONSIBILITIES

10 To implement the policy of section 901 of this ~~title~~ chapter, the Department
11 of Health shall be responsible for:

12 **OPTION A: Three Levels**

13 (1) Developing and implementing minimum standards for training
14 emergency medical personnel in basic life support and advanced life support,
15 and licensing emergency medical personnel according to their level of training
16 and competence. The Department shall establish by rule at least three levels of
17 emergency medical personnel instructors and the education required for each
18 level, in the following order of least to most expansive scope of training
19 authority:

20 (A) Instructor I, who conduct skills training;

1 (B) Instructor II, who have the authority of an Instructor I and who
2 deliver the didactic components of educational curriculum; and

3 (C) Instructor/Coordinator, who are responsible for all aspects of the
4 planning and delivery of approved educational programs.

5 **OPTION B: Two Levels**

6 (1) Developing and implementing minimum standards for training
7 emergency medical personnel in basic life support and advanced life support,
8 and licensing emergency medical personnel according to their level of training
9 and competence. The Department shall establish by rule at least two levels of
10 emergency medical personnel instructors and the education required for each
11 level, in the following order of least to most expansive scope of training
12 authority:

13 (A) Instructor I, who conduct skills training;

14 (B) Instructor/Coordinator, who are responsible for all aspects of the
15 planning and delivery of approved educational programs.

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

Commented [BW14]: See also the transitional provision at the end of this draft, grandfathering existing EMS Instructor/Coordinators as this new Instructor/Coordinator level of instructor licensure.

Commented [BW15]: See also the transitional provision at the end of this draft, grandfathering existing EMS Instructor/Coordinators as this new Instructor/Coordinator level of instructor licensure.

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

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

8 (A) Credentialing shall be for a term of two years, shall correlate to
9 the term of certification by the National Registry of Emergency Medical
10 Technicians, and shall consist of the minimum and appropriate requirements
11 necessary to ensure that an emergency medical provider can demonstrate the
12 competence and minimum skills necessary to practice within his or her scope
13 of licensure.

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

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

19 (6)(A) Training, or assisting in the training of, emergency medical
20 personnel, including using up to \$750,000.00 of the monies in the Emergency
21 Medical Services Fund established pursuant to section 908 of this chapter or

Commented [BW16]: Currently one year via [EMS Rule § 8.1](#).

Commented [BW17]: [Draft 1.1](#) instead tied credentialing to the term of EMS licensure.

Currently:

- EMS Rule § 9.1.2.3 requires annual credentialing as a condition of licensure;
- EMS Rule § 9.3.2.5 and § 9.3.6.1.1 require NREMT certification as a condition of licensure and license renewal; and
- EMS Rule § 9.3.4 and § 9.3.6.1.3 further provide that initial and renewed EMS licensure is timed to expire three months after the NREMT certification date.

Commented [BW18]: 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 other monies appropriated to the Department for emergency medical personnel
2 training as follows:

3 (i) 50 percent shall be used for competitive grants to Vermont first
4 responder, emergency medical responder, emergency medical technician, and
5 advanced emergency medical technician training programs based on
6 documented regional and multiagency support;

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

13 (iii) 25 percent shall be used to provide to Vermont first
14 responders, emergency medical responders, emergency medical technicians,
15 and advanced emergency medical technicians licensed under this chapter and
16 credentialed by an affiliated agency with grant assistance to finance their
17 enrollment in a paramedic educational program.

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 [BW19]: Draft 1.1 provided for:
tuition reimbursement grants to newly licensed paramedics
servicing Vermont communities

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 [BW20]: 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 [BW21]: 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) Vermont first responder
7 (VFR); (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 [BW22]: Draft 1.1 name was community responder.

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)(i) 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, **except that any**
6 **psychomotor skills testing for Vermont first responder, emergency medical**
7 **responder, or emergency medical technician licensure shall be accomplished**
8 **by the demonstration of those skills competencies as part of the education**
9 **required for that license level.**

10 (ii) Written and practical examinations shall not be required for
11 relicensure; however, to maintain licensure, all individuals shall complete a
12 specified number of hours of continuing education as established by rule by the
13 Commissioner. **The Commissioner shall ensure that continuing education**
14 **classes are available online and provided on a regional basis to accommodate**
15 **the needs of volunteers and part-time individuals, including those in rural areas**
16 **of the State.**

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

Commented [BW23]: EMS Rule § 12 currently requires NREMT psychomotor exams. (However, EMS stakeholders advise that NREMT permits each state to determine the psychomotor skills testing requirements for EMRs and EMTs, and does not specifically require the NREMT psychomotor exam for these license levels.)
See also the transitional provision section at the end, which requires DoH to amend rules as required by this act.

Commented [BW24]: As a follow-up to EMS request for more accessible education, please discuss this existing provision with DOH.

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

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

16 (G) [Repealed.]

17 * * *

18 § 906b. ~~TRANSITIONAL PROVISION; CERTIFICATION TO~~
19 ~~LICENSURE~~

20 ~~Every person certified as an emergency medical provider shall have his or~~
21 ~~her certification converted to the comparable level of licensure. Until such~~

1 ~~time as the Department of Health issues licenses in lieu of certificates, each~~
2 ~~certified emergency medical provider shall have the right to practice in~~
3 ~~accordance with his or her level of certification.~~ **[Repealed.]**

4 * * *

5 **§ 906d. RENEWAL REQUIREMENTS; SUNSET REVIEW**

6 (a) Not less than once every five years, the Department shall review
7 emergency medical personnel continuing education and other continuing
8 competency requirements. The review results shall be in writing and address
9 the following:

10 (1) the renewal requirements of the profession;

11 (2) the renewal requirements in other jurisdictions, particularly in the
12 Northeast region;

13 (3) the cost of the renewal requirements for emergency medical
14 personnel; and

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

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

21 * * *

Commented [BW25]: 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 [BW26]: Based on [S.233](#) (uniform licensing standards).

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

1 § 908. EMERGENCY MEDICAL SERVICES ~~SPECIAL~~ FUND

Commented [BW27]: From H.742.

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

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

1 § 909. EMS ADVISORY COMMITTEE

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

5 (b) The Emergency Medical Services Advisory Committee shall include
6 the following members:

7 * * *

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

14 * * *

15 (6) the nature and costs of dispatch services for EMS providers
16 throughout the State, including the annual number of mutual aid calls to an
17 emergency medical services district that come from outside the district, and
18 suggestions for improvement;

* * *

1
2 § 910. EMS EDUCATION COUNCIL

3 (a) Creation. There is created the EMS Education Council to provide
4 support for all aspects of emergency medical personnel training and
5 education in the State.

6 (b) Membership. The Council shall be composed of 12 members
7 appointed by the Governor in consultation with the Department of Health's
8 Emergency Medical Services Division. The members shall be appointed to
9 represent the variety of emergency medical personnel who operate in the
10 State.

11 (c) Powers and duties. The Council shall:

12 (1) sponsor or approve training and education programs required for
13 emergency medical personnel licensure;

14 (2) provide notice to the Department of Health of any training or
15 education program that it approves; and

16 (3) provide advice to the Department of Health regarding the standards
17 for emergency medical personnel licensure and credentialing and any
18 recommendations for changes to those standards.

19 (d) Assistance. The Council shall have the assistance of the Department
20 of Health.

1 (e) Compensation and reimbursement. Members of the Council shall be
 2 entitled to per diem compensation and reimbursement of expenses as
 3 permitted under 32 V.S.A. § 1010. These payments shall be made from
 4 monies appropriated to the Department of Health

5 Sec. 3. 18 V.S.A. chapter 221 (health care administration), subchapter 5 is
 6 amended to read:

7 Subchapter 5. Health Facility Planning

8 * * *

9 § 9432. DEFINITIONS

10 As used in this subchapter:

11 * * *

12 (15) “Ambulance service” has the same meaning as in 24 V.S.A.

13 § 2651.

14 * * *

15 § 9434. CERTIFICATE OF NEED; GENERAL RULES

16 * * *

17 (f) A person shall not operate an ambulance service unless, prior to
 18 obtaining its initial license from the Department of Health under 24 V.S.A.
 19 chapter 71, subchapter 2, it obtains a certificate of need in accordance with
 20 section 9440c of this title.

21 * * *

Commented [BW28]: Related to Sec. 2’s requirement for new ambulance license applicants to first obtain from the GMCB a certificate of need.

1 **§ 9440c. AMBULANCE SERVICES; REVIEW PROCEDURES**
2 **Notwithstanding the procedures in section 9440 of this title, the Board shall**
3 **establish by rule standards and expedited procedures for reviewing applications**
4 **for the operation of an ambulance service. Such applications shall not be**
5 **granted or approved unless they are consistent with the Health Resource**
6 **Allocation Plan.**

Commented [BW29]: CoN issued by GMCB via an expedited review process.
Similar to GMCB’s current law authority to establish by rule standards and expedited procedures for reviewing applications for health care IT projects set forth in [18 V.S.A. § 9440b](#).

7 **Sec. 4. 32 V.S.A. § 8557 is amended to read:**

Commented [BW30]: The HRAP – described in [18 V.S.A. § 9405\(b\)](#) and developed by GMCB in consultation with the Sec. of AHS – informs the GMCB on multiple health care system issues, including the allocation of health resources within the State.

8 **§ 8557. VERMONT FIRE SERVICE TRAINING COUNCIL**
9 (a)(1) Sums for the expenses of the operation of training facilities and
10 curriculum of the Vermont Fire Service Training Council not to exceed
11 ~~\$1,200,000.00~~ **\$1,950,000.00** per year shall be paid to the Fire Safety Special
12 Fund created by 20 V.S.A. § 3157 by insurance companies, writing fire,
13 homeowners multiple peril, allied lines, farm owners multiple peril,
14 commercial multiple peril (fire and allied lines), private passenger and
15 commercial auto, and inland marine policies on property and persons situated
16 within the State of Vermont within 30 days after notice from the
17 Commissioner of Financial Regulation of such estimated expenses. Captive
18 companies shall be excluded from the effect of this section.

The HRAP identifies VTers’ health care needs and the resources necessary to meet those needs.
“Health resources” is defined to include emergency care, including ambulance services.

19 (2) The Commissioner shall annually, on or before July 1, apportion
20 such charges among all such companies and shall assess them for the charges
21 on a fair and reasonable basis as a percentage of their gross direct written

Commented [BW31]: From H.742.
Please take JFO & Comm’r testimony.

1 premiums on such insurance written during the second prior calendar year on
2 property situated in the State. The Department of Taxes shall collect all
3 assessments under this section.

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

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

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

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

17 Sec. 5. EMERGENCY MEDICAL PERSONNEL TRAINING;

Commented [BW32]: From H.742.

18 APPROPRIATION

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

1 (1) \$375,000.00 shall be used for competitive grants for Vermont first
2 responder, emergency medical responder, emergency medical technician, and
3 advanced emergency medical technician training programs based on
4 documented regional and multiagency support;

5 (2) \$187,500.00 shall be used to support online, distance-learning
6 Vermont first responder, emergency medical responder, emergency medical
7 technician, and advanced emergency medical technician training opportunities
8 developed by the Department pursuant to 18 V.S.A. § 908(b) and to support
9 partnerships with regional ambulance services to provide practical education
10 and skill development; and

11 (3) \$187,500.00 shall be used to provide to Vermont first responders,
12 emergency medical responders, emergency medical technicians, and advanced
13 emergency medical technicians licensed under 18 V.S.A. chapter 17 and
14 credentialed by an affiliated agency with grant assistance to finance their
15 enrollment in a paramedic educational program.

16 **Sec. 6. EMERGENCY SERVICE PROVIDERS; PROGRAMS OF STUDY**

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 Technician certifications through the Dual Enrollment Program
21 created in 16 V.S.A. § 944:

Commented [BW33]: From [H.707](#)

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. 7. TRANSITIONAL PROVISIONS TO IMPLEMENT THIS ACT

8 (a) Rules. On or before July 1, 2021, the Department of Health and the
9 Green Mountain Care Board shall finally adopt or amend the rules required by
10 this act, unless that deadline is extended by the Legislative Committee on
11 Administrative Rules pursuant to 3 V.S.A. § 843(c).

12 (b) Ambulance service certificates of need. The certificate of need required
13 for new ambulance services' initial licensure described in Secs. 1 and 3 of this
14 act shall apply to new ambulance service license applicants on and after July 1,
15 2021 or on and after the effective date of the Green Mountain Care Board rules
16 adopted pursuant to Sec. 3 of this act and subsection (a) of this section,
17 whichever date is later.

18 (c) Existing EMS Instructor/Coordinator licensees. Any person who is
19 licensed as an EMS Instructor/Coordinator under the Department of Health's
20 Emergency Medical Service Rules in effect immediately prior to the effective
21 date of the rules establishing the new levels of instructor licenses as required

1 by 18 V.S.A. § 906(1) in Sec. 2 of this act shall be deemed to be an
2 Instructor/Coordinator as described in that section.

3 (d) Sunset review of renewal requirements. Pursuant to 18 V.S.A. § 906d
4 (renewal requirements; sunset review) set forth in Sec. 2 this act, the
5 Department of Health shall conduct its first sunset review on or before
6 November 1, 2020 and thereafter amend its rules or propose any necessary
7 statutory amendments in accordance with that section.

8 **Sec. 8. EFFECTIVE DATE**

Commented [BW34]: From H.742.

9 This act shall take effect on July 1, 2020, with the amendments to 32 V.S.A.
10 § 8557 in Sec. 4 of this act to be applied beginning with the charges to be
11 apportioned and assessed by the Commissioner of Financial Regulation on or
12 before July 1, 2020 in accordance with 32 V.S.A. § 8557(a)(2).

13
14
15 **ADDITIONAL NOTES:**

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