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H.263

Introduced by Representatives Sims of Craftsbury, Houghton of Essex Junction, McCarthy of St. Albans City, Andriano of Orwell, Anthony of Barre City, Arrison of Weathersfield, Austin of Colchester, Berbeco of Winooski, Birong of Vergennes, Bos-Lun of Westminster, Boyden of Cambridge, Brumsted of Shelburne, Buss of Woodstock, Chapin of East Montpelier, Cole of Hartford, Cordes of Lincoln, Demrow of Corinth, Dolan of Essex Junction, Farlice-Rubio of Barnet, Goldman of Rockingham, Hango of Berkshire, Harrison of Chittenden, Hooper of Burlington, Lipsky of Stowe, Morgan of Milton, Morris of Springfield, Mrowicki of Putney, Noyes of Wolcott, Pajala of Londonderry, Priestley of Bradford, Sibia of Dover, Surprenant of Barnard, and Torre of Moretown

Referred to Committee on

Date:

Subject: Health care; emergency medical services; Medicaid; health insurers; ambulances; emergency responders; income tax credit

Statement of purpose of bill as introduced: This bill proposes to make an annual appropriation to the Emergency Medical Services Special Fund, expand commercial insurance and Medicaid coverage of certain emergency medical

1 services, increase emergency medical services provider reimbursement rates,  
2 create an emergency medical services study committee, and establish a  
3 refundable income tax credit for qualified emergency responders.

4 An act relating to emergency medical services

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

6 \* \* \* Legislative Findings \* \* \*

7 Sec. 1. FINDINGS

8 The General Assembly finds that:

9 (1) Emergency medical services (EMS) are a critical part of the State's  
10 emergency response system and our health care system.

11 (2) As part of the health care system, EMS professionals provide critical  
12 access to health care services, lifesaving procedures, and medical  
13 transportation to a growing number of Vermonters.

14 (3) The EMS system in Vermont is in critical condition.

15 (4) EMS professionals from 79 ambulance services and 91 first response  
16 services answered in excess of 119,031 calls for service in 2022. This  
17 represents a 12 percent increase in call volume over 2019 service calls.

18 (5) In 2022, the overall turnover within the EMS industry ranges  
19 between 20 and 36 percent on an annual basis, which is an increase of  
20 six percent from 2021.

1           (6) EMS professional reimbursement rates do not cover the service  
2           delivery costs resulting in cost shifting to other areas such as municipal  
3           budgets and inequities in services and coverage across the State.

4           (7) It is in the public interest to provide available, coordinated, and  
5           quality EMS to the individuals of this State. EMS are essential public health  
6           services necessary to link individuals to needed personal health services and to  
7           ensure the provision of health care when otherwise unavailable. In order to  
8           reverse the current inadequate condition of the EMS system in this State and  
9           ensure that we have an equitable, sustainable structure to support these  
10           services, changes in EMS regulations, funding, and education are required.

11                                   \* \* \* Appropriation \* \* \*

12           Sec. 2. APPROPRIATION; EMERGENCY MEDICAL SERVICES  
13                                   SPECIAL FUND; FISCAL YEARS 2024–2028

14           (a) Fiscal year 2024. The sum of \$20,000,000.00 is appropriated from the  
15           General Fund to the Emergency Medical Services Special Fund in fiscal year  
16           2024 for the purpose of defraying the costs of unreimbursed emergency  
17           medical services transport and nontransporting emergency medical services,  
18           training and continuing education costs for emergency medical services  
19           providers, the purchase of medical equipment to equip ambulances, and  
20           Emergency Medical Services District administration costs.

21           (b) Fiscal years 2025 through 2028.

1           (1) It is the intent of the General Assembly that a sum of not more than  
2           \$20,000,000.00 is appropriated from the General Fund to the Emergency  
3           Medical Services Special Fund annually for fiscal years 2025 through 2028 for  
4           the purposes described in subsection (a) of this section.

5           (2) It is the intent of the General Assembly that delivery of emergency  
6           medical services is annually funded with \$20,000,000.00 for fiscal years 2025  
7           through 2028 by an appropriation from the General Fund to the Emergency  
8           Medical Services Special Fund; however, the appropriation amount should be  
9           reduced to the maximum extent possible through the utilization of public and  
10           private Medicaid match programs.

11           (3) The purpose of State funding under this section is to improve access  
12           to emergency medical services while the State works towards establishing a  
13           long-term statewide system of funding to provide this essential public service  
14           to all Vermonters.

15           \* \* \* Commercial Insurance; Emergency Medical Services \* \* \*

16           Sec. 3. 8 V.S.A. § 4089m is added to read:

17           § 4089m. EMERGENCY MEDICAL SERVICES

18           (a) Definitions. As used in this section:

19           (1) “Emergency medical services providers” and “EMS providers” mean  
20           emergency first responders, emergency services responders, emergency

1 medical technicians, advanced emergency medical technicians, and  
2 paramedics.

3 (2) “Health insurance plan” means any individual or group health  
4 insurance policy; any hospital or medical service corporation or health  
5 maintenance organization subscriber contract; or any other health benefit plan  
6 offered, issued, or renewed for any person in this State by a health insurer.

7 The term does not include benefit plans providing coverage for specific  
8 diseases or other limited benefit coverage.

9 (3) “Health insurer” has the same meaning as in 18 V.S.A. § 9402.

10 (b) Required coverage. A health insurance plan shall cover all reasonably  
11 necessary costs associated with the emergency medical services provided by an  
12 EMS provider to a patient who was not transported, subject to all copayments,  
13 coinsurances, or deductibles.

14 \* \* \* Medicaid; Emergency Medical Services \* \* \*

15 Sec. 4. 33 V.S.A. § 19011 is added to read:

16 § 19011. MEDICAID COVERAGE FOR EMERGENCY MEDICAL  
17 SERVICES

18 (a) Definitions. As used in this section:

19 (1) “Ambulance service” has the same meaning as in 24 V.S.A. § 2651.

20 (2) “Emergency medical services provider” has the same meaning as in  
21 8 V.S.A. § 4089m.

1       (b) Services without transportation. Vermont Medicaid shall provide  
2       coverage of emergency medical services provided by an emergency medical  
3       services provider to a Medicaid beneficiary who was not transported to a  
4       different location during the period of emergency as defined by the Agency of  
5       Human Services by rule.

6       (c) Transportation to alternative destination. Vermont Medicaid shall  
7       provide coverage of transportation services for a Medicaid beneficiary to an  
8       alternative destination when the beneficiary's condition does not meet the  
9       definition of emergency medical condition as defined by the Agency of Human  
10       Services by rule. Vermont Medicaid shall not provide coverage of  
11       transportation to an alternative destination unless the Medicaid beneficiary  
12       consents to being transported to that destination, and no ambulance service  
13       shall transport a person to an alternative destination in which the ambulance  
14       service has a financial interest. The Agency of Human Services shall establish  
15       by rule a reimbursement methodology to cover alternative destination transport  
16       by a ground ambulance service provider to ensure that reimbursement rates are  
17       reasonable and adequate.

18       Sec. 5. COVERAGE FOR EMERGENCY MEDICAL SERVICES;

19               MEDICAID STATE PLAN AMENDMENT

20       On or before September 1, 2023, the Agency of Human Services shall  
21       request approval from the Centers for Medicare and Medicaid Services to

1 amend Vermont's Medicaid state plan to include coverage of services as set  
2 forth in Sec. 4 of this act.

3 \* \* \* Medicaid; EMS Provider Reimbursement \* \* \*

4 Sec. 6. MEDICAID; TRANSPORTATION; PROVIDER  
5 REIMBURSEMENTS

6 It is the intent of the General Assembly that Vermont's health care system  
7 should reimburse all Medicaid-participating emergency medical services  
8 (EMS) providers at rates that are equal to 100 percent of the Medicare rates for  
9 the services provided. In support of this goal, in its 2024 budget proposal, the  
10 Department of Vermont Health Access shall either provide reimbursement  
11 rates for Medicaid participating EMS providers for emergency medical  
12 services at rates that are equal to 100 percent of the Medicare rates for the  
13 services in effect in calendar year 2022, with positive medical inflation  
14 adjustment rates in subsequent years, or, in accordance with 32 V.S.A.  
15 § 307(d)(6), provide information on the additional amounts that would be  
16 necessary to achieve full reimbursement parity for emergency medical services  
17 with the Medicare rates.

18 \* \* \* Study Committee; EMS Coordination \* \* \*

19 Sec. 7. REGIONAL EMERGENCY MEDICAL SERVICES  
20 COORDINATION; STUDY COMMITTEE; REPORT

1       (a) Creation. There is created the Regional Emergency Medical Services  
2       (EMS) Coordination Study Committee to assess the current EMS District  
3       structure and the current level and cost of service in each district.

4       (b) Membership. The Committee shall be composed of the following  
5       members:

6           (1) a member of the House of Representatives, appointed by the Speaker  
7       of the House;

8           (2) a member of the Senate, appointed by the Committee on  
9       Committees;

10          (3) the EMS Chief of the EMS Office in the Department of Health;

11          (4) the Commissioner of the Department of Health or designee;

12          (5) the Commissioner of the Department of Public Safety or designee;

13          (6) one member, appointed by the Vermont League of Cities and  
14       Towns;

15          (7) one member who is a volunteer emergency medical technician or  
16       paramedic, appointed by the Vermont Ambulance Association;

17          (8) one member, appointed by the Vermont Association of Hospitals and  
18       Health Systems;

19          (9) one member, appointed by the Vermont State Firefighters’  
20       Association;

21          (10) one member, appointed by Professional Fire Fighters of Vermont;



1           (11) one member, appointed by the Statewide EMS Medical Director;

2           (12) one member, appointed by the EMS Education Council;

3           (13) three members representing three separate EMS Districts, with at

4 least one selected District primarily covering small, rural communities,

5 appointed by the EMS Chief at the Department of Health; and

6           (14) two members of the public, appointed by the Governor.

7           (c) Powers and duties. The Committee shall study the provision of

8 emergency medical services in the State, including the following issues:

9           (1) ways to decrease costs;

10          (2) ways to improve EMS coordination;

11          (3) ways to increase access to emergency services within each district;

12          and

13          (4) ways to optimize the EMS District structure and authority, including

14 consideration of recommendations on the number and configuration of EMS

15 Districts and their powers, duties, and authority.

16          (d) Assistance. The Committee shall have the administrative, technical,

17 and legal assistance of the Department of Health.

18          (e) Report. On or before December 31, 2023, the Committee shall submit a

19 written report to the House Committees on Government Operations and

20 Military Affairs and on Health Care and the Senate Committees on

1 Government Operations and on Health and Welfare with its findings and any  
2 recommendations for legislative action.

3 (f) Meetings.

4 (1) The EMS Chief of the EMS Office in the Department of Health shall  
5 call the first meeting of the Committee to occur on or before July 15, 2023.

6 (2) The Committee shall select a chair from among its members at the  
7 first meeting.

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

9 (4) The Committee shall cease to exist on December 31, 2023.

10 (g) Compensation and reimbursement.

11 (1) For attendance at meetings during adjournment of the General  
12 Assembly, a legislative member of the Committee serving in the member's  
13 capacity as a legislator shall be entitled to per diem compensation and  
14 reimbursement of expenses pursuant to 2 V.S.A. § 23 for not more than eight  
15 meetings. These payments shall be made from monies appropriated to the  
16 General Assembly.

17 (2) Other members of the Committee shall be entitled to per diem  
18 compensation and reimbursement of expenses as permitted under 32 V.S.A.  
19 § 1010 for not more than eight meetings. These payments shall be made from  
20 monies appropriated to the Department of Health.

1       (h) Appropriation. The sum of \$100,000.00 is appropriated to the  
2       Department of Health from the General Fund in fiscal year 2024 to support the  
3       work of the Committee as set forth in this section, including hiring a consultant  
4       to assist the Committee in conducting its study and writing a report on its  
5       findings and recommendations.

6                                   \* \* \* Income Tax Credit \* \* \*

7       Sec. 8. 32 V.S.A. § 5830g is added to read:

8       § 5830g. TAX CREDIT FOR EMERGENCY RESPONDERS

9       (a) A qualified emergency responder shall be eligible for a refundable  
10       credit against the tax imposed under section 5822 of this title during the  
11       taxable year in the amount of \$500.00.

12       (b) As used in this section, “qualified emergency responder” means:

13               (1) emergency medical personnel as defined in 24 V.S.A. § 2651(6) and  
14       first responders as defined in 24 V.S.A. § 2651(10) who are licensed by the  
15       Department of Health pursuant to 24 V.S.A. § 2681; and

16               (2) volunteer firefighters, provided the firefighter is an active member of  
17       a local volunteer firefighting company as certified by that company.

18       Sec. 9. 32 V.S.A. § 5813(aa) is added to read:

19       (aa) The statutory purpose of the tax credit for emergency responders under  
20       section 5830g of this title is to recognize the public service of licensed

1 emergency medical personnel, first responders, and volunteer firefighters who  
2 providing life-saving measures in Vermont.

3 \* \* \* Effective Dates \* \* \*

4 Sec. 10. EFFECTIVE DATES

5 (a) Sec. 3 (8 V.S.A. § 4089m) shall take effect on January 1, 2024 and shall  
6 apply to all health insurance plans issued on and after January 1, 2024 on such  
7 date as a health insurer offers, issues, or renews the health insurance plan, but  
8 in no event later than January 1, 2025.

9 (b) Sec. 4 (33 V.S.A. § 19011) shall take effect upon approval by the  
10 Centers for Medicare and Medicaid Services of Vermont's request to provide  
11 coverage of emergency medical services as set forth in that section.

12 (c) Sec. 7 (study committee) shall take effect on July 1, 2023.

13 (d) Notwithstanding 1 V.S.A. § 214, Secs. 8 and 9 (income tax credit) shall  
14 take effect retroactively on January 1, 2023 and shall apply to taxable years  
15 beginning on and after January 1, 2023.

16 (e) The remaining sections of this act shall take effect on passage.