

1 H.622

2 An act relating to emergency medical services

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

4 Sec. 1. 18 V.S.A. § 901 is amended to read:

5 § 901. PURPOSE, FINDINGS, POLICY

6 (a) Purpose. It is the purpose of this chapter to promote and provide for a
7 comprehensive and effective emergency medical services system to ensure
8 optimum patient care.

9 (b) Findings. The General Assembly finds that:

10 (1) Emergency medical services provided by an ambulance service are
11 essential services.

12 (2) The provision of medical assistance in an emergency is a matter of
13 vital concern affecting the health, safety, and welfare of the public.

14 (3) Key elements of an emergency medical services system include:

15 (A) the provision of prompt, efficient, and effective emergency
16 medical dispatch and emergency medical care;

17 (B) a well-coordinated trauma care system;

18 (C) effective communication between prehospital care providers and
19 hospitals; and

20 (D) the safe handling and transportation, and the treatment and
21 transportation under appropriate medical guidance, of individuals who are sick
22 or injured.

1 (c) Policy. It is the policy of the State of Vermont that all persons who
2 suffer sudden and unexpected illness or injury should have access to the
3 emergency medical services system in order to prevent loss of life or the
4 aggravation of the illness or injury, and to alleviate suffering.

5 (1) The system should include competent emergency medical treatment
6 provided by adequately trained, licensed, and equipped personnel acting under
7 appropriate medical control.

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

11 Sec. 2. 18 V.S.A. § 908 is amended to read:

12 § 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND

13 (a)(1) The Emergency Medical Services Special Fund is established
14 pursuant to 32 V.S.A. chapter 7, subchapter 5 comprising revenues received by
15 the Department from the Fire Safety Special Fund, pursuant to 32 V.S.A.
16 § 8557(a), that are designated for this Special Fund and public and private
17 sources as gifts, grants, and donations together with additions and interest
18 accruing to the Fund.

19 (2)(A) The Commissioner of Health shall administer the Fund to the
20 extent funds are available to support online and regional training programs,
21 data collection and analysis, and other activities relating to the training of

1 emergency medical personnel and delivery of emergency medical services and
2 ambulance services in Vermont, as determined by the Commissioner, after
3 consulting with the EMS Advisory Committee established under section 909 of
4 this title. The Commissioner shall prioritize the use of funds to provide grants
5 to programs that offer basic emergency medical services training at low cost or
6 no cost to participants.

7 (B) The Commissioner shall make reasonable efforts to award grants
8 in a manner that supports geographic equity among the emergency medical
9 services districts. The Commissioner shall also provide technical assistance to
10 emergency medical services districts to ensure that grants are available to
11 support emergency medical services training in districts that have historically
12 experienced challenges in receiving grants from the Fund.

13 (3) Any balance at the end of the fiscal year shall be carried forward in
14 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.

1 Sec. 3. 33 V.S.A. § 1901m is added to read:

2 § 1901m. REIMBURSEMENT FOR EMERGENCY MEDICAL SERVICES

3 (a) To the extent permitted under federal law or waivers of federal law, the
4 Agency of Human Services shall reimburse a provider of emergency medical
5 services for delivering emergency medical services to a Medicaid beneficiary
6 who was not transported to a different location during the period of the
7 emergency. The reimbursement shall be in an amount equal to the Medicare
8 basic life support rate.

9 (b) Annually as part of its budget presentation, the Agency of Human
10 Services shall report the amount of additional funds that would be necessary to
11 reimburse emergency medical service providers at a level equal to the
12 applicable Medicare rate for all emergency medical services delivered to
13 Medicaid beneficiaries.

14 Sec. 4. 24 V.S.A. § 2689 is amended to read:

15 § 2689. REIMBURSEMENT FOR AMBULANCE SERVICE PROVIDERS

16 * * *

17 (d) Reimbursement for ambulance services provided to Medicaid
18 beneficiaries shall be in accordance with 33 V.S.A. § 1901m.

1 Sec. 5. 18 V.S.A. § 909 is amended to read:

2 § 909. EMS ADVISORY COMMITTEE; EMS EDUCATION
3 COUNCIL

4 (a) The ~~Commissioner shall establish the~~ Emergency Medical Services
5 Advisory Committee ~~to~~ shall advise the Department of Health on matters
6 relating to the delivery of emergency medical services (EMS) in Vermont.

7 (b) The Committee shall ~~include~~ comprise the following members:

8 (1) ~~One~~ one representative from each EMS district in the State, with
9 each representative being appointed by the EMS Board in ~~his or her~~ that
10 individual's district;

11 (2) ~~A~~ a representative from the Vermont Ambulance Association or
12 designee;

13 (3) ~~A~~ a representative from the Initiative for Rural Emergency Medical
14 Services program at the University of Vermont or designee;

15 (4) ~~A~~ a representative from the Professional Firefighters of Vermont or
16 designee;

17 (5) ~~A~~ a representative from the Vermont Career Fire Chiefs Association
18 or designee;

19 (6) ~~A~~ a representative from the Vermont State Firefighters' Association
20 or designee;

1 (7) ~~An~~ an emergency department nurse manager or emergency
2 department director of a Vermont hospital appointed by the Vermont
3 Association of Hospitals and Health Systems;

4 (8) ~~The~~ the Commissioner of Health or designee; and

5 (9) ~~A~~ a local government member not affiliated with emergency medical
6 services, firefighter services, or hospital services, appointed by the Vermont
7 League of Cities and Towns.

8 (c)(1) The Committee shall select from among its members a chair who is
9 not an employee of the State.

10 (2) The Committee shall have the administrative, technical, and legal
11 assistance of the Agency of Human Services.

12 (d) The Committee shall meet not less than quarterly and may be convened
13 at any time by the Chair or at the request of 11 Committee members. Not more
14 than two meetings each year shall be held in the same EMS district. One
15 meeting each year shall be held at a Vermont EMS conference.

16 (e) ~~Annually, on or before January 1, the Committee shall report on the~~
17 ~~EMS system to the House Committees on Government Operations, on~~
18 ~~Commerce and Economic Development, and on Human Services and to the~~
19 ~~Senate Committees on Government Operations, on Economic Development,~~
20 ~~Housing and General Affairs, and on Health and Welfare. The Committee's~~
21 ~~reports shall include information on the following:~~

1 ~~(1) whether every Vermont municipality should be required to have in~~
2 ~~effect an emergency medical services plan providing for timely and competent~~
3 ~~emergency responses;~~

4 ~~(2) whether the State should establish directives addressing when an~~
5 ~~agency can respond to a nonemergency request for transportation of a patient if~~
6 ~~doing so will leave the service area unattended or unable to respond to an~~
7 ~~emergency call in a timely fashion;~~

8 ~~(3) how the EMS system is functioning statewide and the current state~~
9 ~~of recruitment and workforce development;~~

10 ~~(4) each EMS district's response times to 911 emergencies in the~~
11 ~~previous year, based on information collected from the Vermont Department of~~
12 ~~Health's Division of Emergency Medical Services;~~

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

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

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

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

8 ~~(9) how EMS instructor training and licensing could be improved. The~~
9 ~~Committee shall develop and maintain a five-year statewide plan for the~~
10 ~~coordinated delivery of emergency medical services in Vermont. The plan,~~
11 ~~which shall be updated at least annually, shall include:~~

12 ~~(A) specific goals for the delivery of emergency medical services in~~
13 ~~this State;~~

14 ~~(B) a time frame for achieving the stated goals;~~

15 ~~(C) cost data and alternative funding sources for achieving the stated~~
16 ~~goals; and~~

17 ~~(D) performance standards for evaluating the stated goals.~~

18 ~~(2) Annually, on or before December 15, the Committee shall deliver to~~
19 ~~the Commissioner of Health and the General Assembly a report reviewing~~
20 ~~progress toward achieving the goals in the five-year plan and the goals set by~~
21 ~~the Committee for the coming year.~~

1 (f) In addition to its plan and report set forth in subsection (e) of this
2 section, the Committee shall identify EMS resources and needs in each EMS
3 district and provide that information to the Green Mountain Care Board to
4 inform the Board's periodic revisions to the Health Resource Allocation Plan
5 developed pursuant to subsection 9405(b) of this title.

6 (g) The Committee shall establish from among its members the EMS
7 Education Council, which may:

8 (1) sponsor training and education programs required for emergency
9 medical personnel licensure in accordance with the Department of Health's
10 required standards for that training and education; and

11 (2) provide advice to the Department of Health regarding the standards
12 for emergency medical personnel licensure and any recommendations for
13 changes to those standards.

14 Sec. 6. EMS ADVISORY COMMITTEE STATEWIDE EMS SYSTEM

15 DESIGN

16 (a) The EMS Advisory Committee shall collect data necessary to conduct a
17 complete inventory and assessment of the EMS services currently available in
18 Vermont, including:

19 (1) the number of full-time and part-time personnel currently performing
20 emergency medical services;

1 (2) the current total spending on emergency medical services in
2 Vermont, with itemized information for each emergency medical service
3 regarding all applicable federal, State, and municipal appropriations and
4 revenue sources; each contract for emergency medical services; and the
5 projected budget for each emergency medical service; and

6 (3) information regarding all identified gaps in services and overlapping
7 service areas.

8 (b) The EMS Advisory Committee shall provide recommendations for the
9 design of a statewide EMS system that aligns with the purpose expressed in
10 18 V.S.A. § 901, optimizes patient care, and incorporates nationally recognized
11 best practices, including recommendations relating to:

12 (1) EMS district structure and authority, which may include
13 recommendations on the number and configuration of EMS districts and their
14 powers, duties, and scope of authority;

15 (2) workforce training standards and other staffing best practices that
16 support the retention and well-being of EMS personnel;

17 (3) a resource allocation plan that ensures emergency medical services
18 are available in all regions of the State;

19 (4) a process for annually reviewing EMS providers' budgets;

20 (5) a governance model that provides for effective State and regional
21 oversight, management, and continuous improvement of the EMS system,

1 including identifying staffing and other operational needs to support the
2 oversight and management of the system;

3 (6) cost estimates for implementing the recommended EMS system in
4 Vermont, including operational and capital costs;

5 (7) facilitation and coordination of EMS training, including mobile EMS
6 training opportunities; and

7 (8) any other areas the EMS Advisory Committee deems necessary or
8 appropriate.

9 (c)(1) The EMS Advisory Committee shall facilitate stakeholder
10 conversations in order to receive information and recommendations about
11 ways to achieve a coordinated, statewide EMS system, including proposals
12 regarding EMS district structure and authority, system costs, and funding
13 options.

14 (2) The EMS Advisory Committee and the Department of Health shall
15 coordinate with the Public Safety Communications Task Force and the County
16 and Regional Governance Study Committee to ensure appropriate coordination
17 and alignment of the groups' recommendations and system designs.

18 (d) Assistance.

19 (1) The EMS Advisory Committee may hire a project manager and one
20 or more additional consultants with relevant expertise in emergency medical

1 services design and financing to assist the Committee in its work under this
2 section.

3 (2) The EMS Advisory Committee shall have the administrative,
4 technical, and legal assistance of the Department of Health, and the
5 Department shall contract on the Committee's behalf with the project manager
6 and any other consultants selected by the Committee pursuant to subdivision
7 (1) of this subsection.

8 (e) Reports.

9 (1) On or before December 15, 2025, the EMS Advisory Committee
10 shall submit its inventory and assessment to the Commissioner of Health and
11 the General Assembly.

12 (2) On or before December 15, 2026, the EMS Advisory Committee
13 shall submit its design recommendations to the Commissioner of Health and
14 the General Assembly.

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

16 § 8557. VERMONT FIRE SERVICE TRAINING COUNCIL

17 (a)(1) Sums for the expenses of the operation of training facilities and
18 curriculum of the Vermont Fire Service Training Council not to exceed
19 ~~\$1,200,000.00~~ \$1,500,000.00 per year shall be paid to the Fire Safety Special
20 Fund created by 20 V.S.A. § 3157 by insurance companies, writing fire,
21 homeowners multiple peril, allied lines, farm owners multiple peril,

1 commercial multiple peril (fire and allied lines), private passenger and
2 commercial auto, and inland marine policies on property and persons situated
3 within the State of Vermont within 30 days after notice from the
4 Commissioner of Financial Regulation of such estimated expenses. Captive
5 companies shall be excluded from the effect of this section.

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

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

15 (4) An amount not less than ~~\$150,000.00~~ \$450,000.00 shall be
16 specifically allocated to the Emergency Medical Services Special Fund
17 established under 18 V.S.A. § 908 for the provision of training programs for
18 certified Vermont EMS first responders and licensed emergency medical
19 responders, emergency medical technicians, advanced emergency medical
20 technicians, and paramedics.

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

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

6 Sec. 8. MEDICAID EMERGENCY MEDICAL SERVICES;

7 TREATMENT WITHOUT TRANSPORT; APPROPRIATION

8 (a) In fiscal year 2025, the sum of \$74,000.00 in Global Commitment funds
9 is appropriated to the Department of Vermont Health Access for the increased
10 reimbursement rate for emergency medical service providers set forth in Sec. 3
11 (33 V.S.A. § 1901m) of this act for delivering emergency medical services to
12 Medicaid beneficiaries who are not transported to a different location during
13 the period of their emergency.

14 (b) In fiscal year 2025, the sum of \$31,206.00 is appropriated from the
15 General Fund to the Agency of Human Services, Global Commitment
16 appropriation for the State match for the increased reimbursement rate set forth
17 in Sec. 3 (33 V.S.A. § 1901m) of this act.

18 (c) In fiscal year 2025, the sum of \$42,794.00 in federal funds is
19 appropriated to the Agency of Human Services, Global Commitment
20 appropriation for the State match for the increased reimbursement rate set forth
21 in Sec. 3 (33 V.S.A. § 1901m) of this act.

1 Sec. 9. EMS ADVISORY COMMITTEE; APPROPRIATION

2 Notwithstanding any provision of 18 V.S.A. § 908 or 32 V.S.A. § 8557 to
3 the contrary, of the funds allocated to the Emergency Medical Services Special
4 Fund pursuant to 32 V.S.A. § 8557(a)(4), the sum of \$150,000.00 is
5 appropriated to the Department of Health in fiscal year 2025 to support the
6 EMS Advisory Committee in accomplishing the work set forth in Sec. 6 of this
7 act. To the extent that there are unobligated funds in the Emergency Medical
8 Services Special Fund in fiscal year 2025, up to an additional \$220,000.00 is
9 appropriated and shall be made available to the Department of Health to
10 support the EMS Advisory Committee's work pursuant to Sec. 6 of this act,
11 provided that total expenditures from the Fund to support that work shall not
12 exceed \$370,000.00.

13 Sec. 10. EFFECTIVE DATES

14 This act shall take effect on passage, except that Secs. 8 (Medicaid
15 emergency medical services; treatment without transport; appropriation) and 9
16 (EMS Advisory Committee; appropriation) shall take effect on July 1, 2024.