

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Government Operations and Military Affairs to which
3 was referred House Bill No. 622 entitled “An act relating to emergency
4 medical services” respectfully reports that it has considered the same and
5 recommends that the bill be amended by striking out all after the enacting
6 clause and inserting in lieu thereof the following:

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

8 § 901. PURPOSE, FINDINGS, AND POLICY; AND INTENT

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

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

13 (1) Emergency medical services provided by an ambulance service are
14 essential services.

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

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

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

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

1 (C) effective communication between prehospital care providers and
2 hospitals; and

3 (D) the safe handling and transportation, and the treatment and
4 transportation under appropriate medical guidance, of individuals who are sick
5 or injured.

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

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

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

16 ~~(d) Intent. It is the intent of the General Assembly to designate a central~~
17 ~~agency with responsibility for the coordination and integration of all State~~
18 ~~activities concerning emergency medical services and the overall planning,~~
19 ~~evaluation, coordination, facilitation, and regulation of emergency medical~~
20 ~~services systems.~~

1 **Sec. 1a. 18 V.S.A. § 908 is amended to read:**

2 § 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND

3 (a)(1) The Emergency Medical Services **Special** Fund is established
4 pursuant to 32 V.S.A. chapter 7, subchapter 5 comprising revenues received by
5 the Department from the Fire Safety Special Fund, pursuant to 32 V.S.A.
6 § 8557(a), that are designated for this Special Fund and public and private
7 sources as gifts, grants, and donations together with additions and interest
8 accruing to the Fund.

9 (2)(A) The Commissioner of Health shall administer the Fund to the
10 extent funds are available to support online and regional training programs,
11 data collection and analysis, and other activities relating to the training of
12 emergency medical personnel and delivery of emergency medical services and
13 ambulance services in Vermont, as determined by the Commissioner, after
14 consulting with the EMS Advisory Committee established under section 909 of
15 this title. **The Commissioner shall prioritize the use of funds to provide**
16 **grants to programs that offer basic emergency medical services training at**
17 **low cost or no cost to participants.**

18 (B) **The Commissioner shall make reasonable efforts to award**
19 **grants in a manner that supports geographic equity among the emergency**
20 **medical services districts. The Commissioner shall also provide technical**
21 **assistance to emergency medical services districts to ensure that grants are**

1 **available to support emergency medical services training in districts that**
2 **have historically experienced challenges in receiving grants from the**
3 **Fund.**

4 (3) Any balance at the end of the fiscal year shall be carried forward in
5 the Fund.

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

10 Sec. 2. 33 V.S.A. § 1901m is added to read:

11 § 1901m. REIMBURSEMENT FOR EMERGENCY MEDICAL SERVICES

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

18 (b)(1) To the extent permitted under federal law or waivers of federal law,
19 the Agency of Human Services shall reimburse a ground ambulance service
20 provider for transporting a Medicaid beneficiary to a destination other than a
21 hospital when the beneficiary's condition does not meet the criteria of an

1 “emergency medical condition” as defined by the Agency by rule and the
2 beneficiary consents to being transported to the alternative destination.

3 (2) An ambulance service shall not transport a Medicaid beneficiary to
4 an alternative destination in which the ambulance service has a financial
5 interest.

6 (3) The Agency of Human Services shall adopt by rule a reimbursement
7 methodology for alternative destination transport by a ground ambulance
8 service provider to ensure that reimbursement rates are reasonable and
9 adequate.

10 Sec. 3. 24 V.S.A. § 2689 is amended to read:

11 § 2689. REIMBURSEMENT FOR AMBULANCE SERVICE PROVIDERS

12 * * *

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

15 Sec. 4. 18 V.S.A. § 909 is amended to read:

16 § 909. EMS **ADVISORY COMMITTEE BOARD**; EMS EDUCATION
17 COUNCIL

18 (a) ~~The Commissioner shall establish the~~ Emergency Medical Services
19 **Advisory Committee** ~~to Board~~ shall advise the Department of Health on
20 matters relating to the delivery of emergency medical services (EMS) in
21 Vermont.

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

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

5 (2) ~~A~~ a representative from the Vermont Ambulance Association or
6 designee;

7 (3) A a representative from the Initiative for Rural Emergency Medical
8 Services program at the University of Vermont or designee. ~~the Chair of the E~~
9 911 Board or designee.

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

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

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

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

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

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

4 (c)(1) The **Committee Board** shall select from among its members a chair
5 who is not an employee of the State.

6 (2) The **Committee Board** shall have the administrative, technical, and
7 legal assistance of the Division of Emergency Medical Services in the
8 Department of Health Agency of Human Services.

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

14 (e) ~~Annually, on or before January 1, the Committee shall report on the~~
15 ~~EMS system to the House Committees on Government Operations, on~~
16 ~~Commerce and Economic Development, and on Human Services and to the~~
17 ~~Senate Committees on Government Operations, on Economic Development,~~
18 ~~Housing and General Affairs, and on Health and Welfare. The Committee's~~
19 ~~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 ~~Board Committee shall develop and maintain a five-year statewide plan for~~
10 ~~the 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 Board shall~~
19 ~~deliver to the Commissioner of Health and the General Assembly a report~~
20 ~~reviewing progress toward achieving the goals in the five-year plan and the~~
21 ~~goals set by the Committee Board for the coming year.~~

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

6 (g) The **Committee Board** 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. 5. **EMERGENCY MEDICAL SERVICES TASK FORCE EMS**

15 **ADVISORY COMMITTEE STATEWIDE EMS SYSTEM DESIGN**

16 ~~(a) Creation. There is created the Emergency Medical Services Task Force~~
17 ~~to oversee and manage all phases of the development, design, and~~
18 ~~implementation of a statewide emergency medical services (EMS) system in~~
19 ~~Vermont, including conducting a complete inventory and assessment of all~~
20 ~~EMS services currently available in this State.~~

1 ~~(b) Membership. The EMS Task Force shall be composed of the following~~
2 ~~members:~~

3 ~~(1) the Commissioner of Health or designee;~~

4 ~~(2) the Chair of the Emergency Medical Services Board;~~

5 ~~(3) the Emergency Medical Services Chief at the Department of Health;~~

6 ~~(4) one municipal official appointed by the Executive Director of the~~
7 ~~Vermont League of Cities and Towns; and~~

8 ~~(5) one emergency medical technician or paramedic appointed by the~~
9 ~~Vermont State Ambulance Association.~~

10 ~~(c) Powers and duties:~~

11 ~~(a) The EMS Task Force EMS Advisory Committee shall collect data~~
12 ~~necessary to conduct a complete inventory and assessment of the EMS services~~
13 ~~currently available in Vermont, including:~~

14 ~~(1) the number of full-time and part-time personnel currently performing~~
15 ~~emergency medical services;~~

16 ~~(2) the current total spending on emergency medical services in~~
17 ~~Vermont, with itemized information for each emergency medical service~~
18 ~~regarding all applicable federal, State, and municipal appropriations and~~
19 ~~revenue sources; each contract for emergency medical services; and the~~
20 ~~projected budget for each emergency medical service; and~~

1 (3) information regarding all identified gaps in services and overlapping
2 service areas.

3 (b) The **EMS Task Force** **EMS Advisory Committee** shall provide
4 recommendations for the design of a statewide EMS system, including
5 recommendations relating to:

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

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

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

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

14 (5) a governance model that provides for effective State and regional
15 oversight, management, and continuous improvement of the EMS system,
16 including identifying staffing and other operational needs to support the
17 oversight and management of the system;

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

20 **(7) facilitation and coordination of EMS training, including mobile**
21 **EMS training opportunities; and**

1 (8) any other areas the ~~EMS Task Force~~ **EMS Advisory Committee**
2 deems necessary or appropriate.

3 **(c) The EMS Advisory Committee shall facilitate stakeholder**
4 **conversations in order to receive information and recommendations about**
5 **ways to achieve a coordinated, statewide EMS system, including proposals**
6 **regarding EMS district structure and authority, system costs, and funding**
7 **options.**

8 (d) Assistance.

9 (1) The ~~Task Force~~ **EMS Advisory Committee** is authorized to **hire,**
10 **retain, and direct the work of** a project manager and one or more additional
11 consultants with relevant expertise in emergency medical services design and
12 financing.

13 (2) The ~~EMS Task Force~~ **EMS Advisory Committee** shall have the
14 administrative, technical, and legal assistance of the Department of Health.

15 (e) Reports.

16 (1) On or before December 15, ~~2024~~ **2025**, the ~~EMS Task Force~~ **EMS**
17 **Advisory Committee** shall submit its inventory and assessment to the
18 Commissioner of Health and the General Assembly.

19 (2) On or before December 15, ~~2025~~ **2026**, the ~~EMS Task Force~~ **EMS**
20 **Advisory Committee** shall submit its design recommendations to the
21 Commissioner of Health and the General Assembly.

1 ~~(f) Meetings.~~

2 ~~(1) The Commissioner of Health or designee shall call the first meeting~~
3 ~~of the EMS Task Force to occur on or before July 1, 2024.~~

4 ~~(2) The Commissioner of Health or designee and the Chair of the~~
5 ~~Emergency Medical Services Board shall be the Co-Chairs.~~

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

7 ~~(4) The EMS Task Force shall cease to exist on December 15, 2025.~~

8 ~~(g) Compensation and reimbursement. Members of the EMS Task Force~~
9 ~~shall be entitled to per diem compensation and reimbursement of expenses as~~
10 ~~permitted under 32 V.S.A. § 1010 for not more than eight meetings. These~~
11 ~~payments shall be made from monies appropriated to the Department of~~
12 ~~Health.~~

13 ~~(f) Appropriation. The sum of \$200,000.00 \$370,000.00 is appropriated to~~
14 ~~the Department of Health from the General Fund in fiscal year 2025 to support~~
15 ~~the EMS Task Force EMS Advisory Committee throughout its in~~
16 ~~accomplishing the work set forth in this section.~~

17 **Sec. 6. 32 V.S.A. § 8557 is amended to read: (NEW)**

18 § 8557. VERMONT FIRE SERVICE TRAINING COUNCIL

19 (a)(1) Sums for the expenses of the operation of training facilities and
20 curriculum of the Vermont Fire Service Training Council not to exceed

21 ~~\$1,200,000.00 \$1,500,000.00~~ per year shall be paid to the Fire Safety Special

1 Fund created by 20 V.S.A. § 3157 by insurance companies, writing fire,
2 homeowners multiple peril, allied lines, farm owners multiple peril,
3 commercial multiple peril (fire and allied lines), private passenger and
4 commercial auto, and inland marine policies on property and persons situated
5 within the State of Vermont within 30 days after notice from the
6 Commissioner of Financial Regulation of such estimated expenses. Captive
7 companies shall be excluded from the effect of this section.

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

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

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

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

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

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

8 ~~Sec. 6. EMERGENCY MEDICAL SERVICES PERSONNEL; TRAINING;~~
9 ~~APPROPRIATION~~

10 ~~The sum of \$1,000,000.00 is appropriated from the General Fund to the~~
11 ~~Department of Health in fiscal year 2025 to provide training for emergency~~
12 ~~medical services personnel.~~

13 Sec. 7. EFFECTIVE DATES

14 ~~This act shall take effect on passage, except that Sec. 5(h) (EMS Task Force~~
15 ~~EMS Advisory Committee appropriation) and Sec. 6 (EMS personnel;~~
16 ~~training; appropriation) shall take effect on July 1, 2024.~~

17 (Committee vote: _____)

18 _____

19 Representative _____

20 FOR THE COMMITTEE