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H.622

Introduced by Representatives Sims of Craftsbury, Arrison of Weathersfield,
Austin of Colchester, Bos-Lun of Westminster, Boyden of
Cambridge, Brumsted of Shelburne, Buss of Woodstock,
Carpenter of Hyde Park, Chapin of East Montpelier, Christie of
Hartford, Cole of Hartford, Demrow of Corinth, Farlice-Rubio
of Barnet, Goldman of Rockingham, Harrison of Chittenden,
Howard of Rutland City, Hyman of South Burlington,
LaBounty of Lyndon, Masland of Thetford, McGill of Bridport,
Mrowicki of Putney, Noyes of Wolcott, Pajala of Londonderry,
Priestley of Bradford, Sibilia of Dover, Stebbins of Burlington,
Templeman of Brownington, and Troiano of Stannard

Referred to Committee on

Date:

Subject: Health; emergency medical services; ambulance services; Medicaid

Statement of purpose of bill as introduced: This bill proposes to expand the
circumstances under which ambulance service providers are reimbursed for
delivering services to Medicaid beneficiaries. It would turn the Emergency
Medical Services Advisory Committee into a board and revise its duties to
include developing and maintaining a five-year statewide emergency medical
services plan for Vermont. The bill would create the Emergency Medical

1 Services Task Force to oversee and manage all phases of the development,
2 design, and implementation of a statewide emergency medical services system
3 in Vermont. The bill would also appropriate funds to provide training for
4 emergency medical services personnel.

5 An act relating to emergency medical services

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

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

8 § 901. PURPOSE, FINDINGS, 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,

1 ~~(B) a well coordinated trauma care system;~~

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

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

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

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

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

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

1 Sec. 2-23 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)(1) To the extent permitted under federal law or waivers of federal law,
10 the Agency of Human Services shall reimburse a ground ambulance service
11 provider for transporting a Medicaid beneficiary to a destination other than a
12 hospital when the beneficiary's condition does not meet the criteria of an
13 "emergency medical condition" as defined by the Agency by rule and the
14 beneficiary consents to being transported to the alternative destination.

15 (2) An ambulance service shall not transport a Medicaid beneficiary to
16 an alternative destination in which the ambulance service has a financial
17 interest.

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

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

2 § 2689. REIMBURSEMENT FOR AMBULANCE SERVICE PROVIDERS

3 * * *

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

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

7 § 909. EMS ~~ADVISORY COMMITTEE~~ BOARD; EMS EDUCATION
8 COUNCIL

9 ~~(a) The Commissioner shall establish the Emergency Medical Services~~
10 ~~Advisory Committee to Board shall advise the Department of Health on~~
11 ~~matters relating to the delivery of emergency medical services (EMS) in~~
12 ~~Vermont.~~

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

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

17 (2) A representative from the Vermont Ambulance Association or
18 designee;

19 (3) ~~A representative from the Initiative for Rural Emergency Medical~~
20 ~~Services program at the University of Vermont or designee.~~ the Chair of the E-
21 911 Board or designee,

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

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

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

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

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

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

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

16 ~~(2) The Board shall have the administrative, technical, and legal~~
17 ~~assistance of the Division of Emergency Medical Services in the Department~~
18 ~~of Health.~~

19 ~~(d) The Committee Board shall meet not less than quarterly and may be~~
20 ~~convened at any time by the Chair or at the request of 11 Committee Board~~
21 ~~members. Not more than two meetings each year shall be held in the same~~

1 ~~EMS district. One meeting each year shall be held at a Vermont EMS~~
2 ~~conference.~~

3 ~~(e) Annually, on or before January 1, the Committee shall report on the~~
4 ~~EMS system to the House Committees on Government Operations, on~~
5 ~~Commerce and Economic Development, and on Human Services and to the~~
6 ~~Senate Committees on Government Operations, on Economic Development,~~
7 ~~Housing and General Affairs, and on Health and Welfare. The Committee's~~
8 ~~reports shall include information on the following:~~

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

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

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

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

1 ~~(5) funding mechanisms and funding gaps for EMS personnel and~~
2 ~~providers across the State, including for the funding of infrastructure,~~
3 ~~equipment, and operations and costs associated with initial and continuing~~
4 ~~training and licensure of personnel;~~

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

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

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

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

20 ~~(A) specific goals for the delivery of emergency medical services in~~
21 ~~this State,~~

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

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

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

5 ~~(2) Annually, on or before December 15, the Board shall deliver to the~~
6 ~~Commissioner of Health and the General Assembly a report reviewing~~
7 ~~progress toward achieving the goals in the five-year plan and the goals set by~~
8 ~~the Board for the coming year.~~

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

14 (g) The ~~Committee Board~~ shall establish from among its members the
15 EMS Education Council, which may:

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

19 (2) provide advice to the Department of Health regarding the standards
20 for emergency medical personnel licensure and any recommendations for
21 ~~changes to those standards.~~

1 Sec. 5. EMERGENCY MEDICAL SERVICES TASK FORCE

2 (a) Creation. There is created the Emergency Medical Services Task Force
3 to oversee and manage all phases of the development, design, and
4 implementation of a statewide emergency medical services (EMS) system in
5 Vermont, including conducting a complete inventory and assessment of all
6 EMS services currently available in this State.

7 (b) Membership. The EMS Task Force shall be composed of the following
8 members:

9 (1) the Commissioner of Health or designee;

10 (2) the Chair of the Emergency Medical Services Board;

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

12 (4) one municipal official appointed by the Executive Director of the
13 Vermont League of Cities and Towns; and

14 (5) one emergency medical technician or paramedic appointed by the
15 Vermont State Ambulance Association.

16 (c) Powers and duties.

17 (1) The EMS Task Force shall collect data necessary to conduct a
18 complete inventory and assessment of the EMS services currently available in
19 Vermont, including:

20 (A) the number of full-time and part-time personnel currently
21 performing emergency medical services,

1 ~~(B) 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 ~~(C) information regarding all identified gaps in services and~~
7 ~~overlapping service areas.~~

8 ~~(2) The EMS Task Force shall provide recommendations for the design~~
9 ~~of a statewide EMS system, including recommendations relating to:~~

10 ~~(A) EMS district structure and authority, which may include~~
11 ~~recommendations on the number and configuration of EMS districts and their~~
12 ~~powers, duties, and scope of authority;~~

13 ~~(B) workforce training standards and other staffing best practices that~~
14 ~~support the retention and well-being of EMS personnel;~~

15 ~~(C) a resource allocation plan that ensures emergency medical~~
16 ~~services are available in all regions of the State;~~

17 ~~(D) a process for annually reviewing EMS providers' budgets;~~

18 ~~(E) a governance model that provides for effective State and regional~~
19 ~~oversight, management, and continuous improvement of the EMS system,~~
20 ~~including identifying staffing and other operational needs to support the~~
21 ~~oversight and management of the system,~~

1 ~~(E) cost estimates for implementing the recommended EMS system~~
2 in Vermont, including operational and capital costs; and

3 (G) any other areas the EMS Task Force deems necessary or
4 appropriate.

5 (d) Assistance.

6 (1) The Task Force is authorized to retain a project manager and one or
7 more additional consultants with relevant expertise in emergency medical
8 services design and financing.

9 (2) The EMS Task Force shall have the administrative, technical, and
10 legal assistance of the Department of Health.

11 (e) Reports.

12 (1) On or before December 15, 2024, the EMS Task Force shall submit
13 its inventory and assessment to the Commissioner of Health and the General
14 Assembly.

15 (2) On or before December 15, 2025, the EMS Task Force shall submit
16 its design recommendations to the Commissioner of Health and the General
17 Assembly.

18 (f) Meetings.

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

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

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

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

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

10 ~~(h) Appropriation. The sum of \$200,000.00 is appropriated to the~~
11 ~~Department of Health from the General Fund in fiscal year 2025 to support the~~
12 ~~EMS Task Force throughout its work.~~

13 Sec. 6. EMERGENCY MEDICAL SERVICES PERSONNEL; TRAINING;
14 APPROPRIATION

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

18 Sec. 7. EFFECTIVE DATES

19 ~~This act shall take effect on passage, except that Sec. 5(h) (EMS Task Force~~
20 ~~appropriation) and Sec. 6 (EMS personnel; training; appropriation) shall take~~
21 ~~effect on July 1, 2024.~~

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

§ 901. PURPOSE, FINDINGS, POLICY

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

(b) Findings. The General Assembly finds that:

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

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

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

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

(B) a well-coordinated trauma care system;

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

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

(c) Policy. It is the policy of the State of Vermont that all persons who suffer sudden and unexpected illness or injury should have access to the

emergency medical services system in order to prevent loss of life or the aggravation of the illness or injury, and to alleviate suffering.

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

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

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

§ 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND

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

(2)(A) The Commissioner of Health shall administer the Fund to the extent funds are available to support online and regional training programs, data collection and analysis, and other activities relating to the training of emergency medical personnel and delivery of emergency medical services and ambulance services in Vermont, as determined by the Commissioner, after

consulting with the EMS Advisory Committee established under section 909 of this title. The Commissioner shall prioritize the use of funds to provide grants to programs that offer basic emergency medical services training at low cost or no cost to participants.

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

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

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

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

§ 1901m. REIMBURSEMENT FOR EMERGENCY MEDICAL SERVICES

(a) To the extent permitted under federal law or waivers of federal law, the Agency of Human Services shall reimburse a provider of emergency medical services for delivering emergency medical services to a Medicaid beneficiary

who was not transported to a different location during the period of the emergency. The reimbursement shall be in an amount equal to the Medicare basic life support rate.

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

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

§ 2689. REIMBURSEMENT FOR AMBULANCE SERVICE PROVIDERS

* * *

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

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

§ 909. EMS ADVISORY COMMITTEE; EMS EDUCATION

COUNCIL

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

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

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

(2) A a representative from the Vermont Ambulance Association or designee.;

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

(4) A a representative from the Professional Firefighters of Vermont or designee.;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 6. EMS ADVISORY COMMITTEE STATEWIDE EMS SYSTEM

DESIGN

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

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

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

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

(b) The EMS Advisory Committee shall provide recommendations for the design of a statewide EMS system, including recommendations relating to:

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

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

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

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

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

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

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

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

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

(d) Assistance.

(1) The EMS Advisory Committee may hire a project manager and one or more additional consultants with relevant expertise in emergency medical services design and financing to assist the Committee in its work under this section.

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

(e) Reports.

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

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

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

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

§ 8557. VERMONT FIRE SERVICE TRAINING COUNCIL

(a)(1) Sums for the expenses of the operation of training facilities and curriculum of the Vermont Fire Service Training Council not to exceed ~~\$1,200,000.00~~ \$1,500,000.00 per year shall be paid to the Fire Safety Special Fund created by 20 V.S.A. § 3157 by insurance companies, writing fire, homeowners multiple peril, allied lines, farm owners multiple peril, commercial multiple peril (fire and allied lines), private passenger and commercial auto, and inland marine policies on property and persons situated within the State of Vermont within 30 days after notice from the Commissioner of Financial Regulation of such estimated expenses. Captive companies shall be excluded from the effect of this section.

(2) The Commissioner shall annually, on or before July 1, apportion such charges among all such companies and shall assess them for the charges on a fair and reasonable basis as a percentage of their gross direct written premiums on such insurance written during the second prior calendar year on

property situated in the State. The Department of Taxes shall collect all assessments under this section.

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

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

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

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

Sec. 8. MEDICAID EMERGENCY MEDICAL SERVICES;

TREATMENT WITHOUT TRANSPORT; APPROPRIATION

(a) In fiscal year 2025, the sum of \$74,000.00 in Global Commitment funds is appropriated to the Department of Vermont Health Access for the increased reimbursement rate for emergency medical service providers set forth in Sec. 3

(33 V.S.A. § 1901m) of this act for delivering emergency medical services to Medicaid beneficiaries who are not transported to a different location during the period of their emergency.

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

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

~~Sec. 9. EFFECTIVE DATES~~

~~This act shall take effect on passage, except that Sec. 6(f) (EMS Advisory Committee appropriation) and Sec. 8 (Medicaid emergency medical services; treatment without transport, appropriation) shall take effect on July 1, 2024.~~

Sec. 9. EMS ADVISORY COMMITTEE; APPROPRIATION

Notwithstanding any provision of 18 V.S.A. § 908 or 32 V.S.A. § 8557 to the contrary, of the funds allocated to the Emergency Medical Services Special Fund pursuant to 32 V.S.A. § 8557(a)(4), the sum of \$150,000.00 is appropriated to the Department of Health in fiscal year 2025 to support the EMS Advisory Committee in accomplishing the work set forth in Sec. 6 of this

act. To the extent that there are unobligated funds in the Emergency Medical Services Special Fund in fiscal year 2025, up to an additional \$220,000.00 is appropriated and shall be made available to the Department of Health to support the EMS Advisory Committee's work pursuant to Sec. 6 of this act, provided that total expenditures from the Fund to support that work shall not exceed \$370,000.00.

Sec. 10. EFFECTIVE DATES

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