

**Vermont EMS Rule Proposed Amendment  
Public Comment Period Comments on Specific Sections and Justification**

**Comments Incorporated Into Rule:**

Section Reference	Commenter	Nature of Comment	Incorporated into proposed rule? (Y/N/Other)	Justification
Section 2				
2.4.2.3	Mark Considine, Chief of Rescue Inc. in Brattleboro. VAA Board member. EMS district representative to the Act 142 consultation group.	Wants language to reflect current EMS industry nomenclature for insurances commonly carried. He specifically recommends; "The language should be amended to reflect current industry nomenclature to reflect terms such as general and professional liability in addition to collision and personnel liability stipulations."	Yes	The language at 2.4.2.3 was amended to say: <b><u>“The applicant has in place adequate general liability, worker’s compensation, professional liability and automotive coverage.”</u></b>
Section 6				
6.3.6.2.3	Mark Considine, Chief of Rescue Inc. in Brattleboro. VAA Board member. EMS district representative to the Act 142 consultation group	Wants more specificity on the provisions of this section to document compliance with Medicare requirements related to specialty care transfer reimbursements. Proposes to add: " <u>and may as a subset be used for determination of medical necessity by the Center for Medicare and Medicaid Services for eligible reimbursement at the specialty care transport designation.</u> "	Yes	The language at 6.3.6.2.3 was amended to include the proposed language.

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<b>Section 13</b>				
13.6 and 13.6.1	Jim Finger, President, VT Ambulance Association and Administrator of Regional Ambulance Service	Recommend adding wording at the end of the proposed language; <u>...or one business day for SIREN.</u> The intent is to allow agencies that may be using a third party NEMSIS compliant software supplier other than the State's vendor time to transmit the incident information on the next regular business day.	Yes	Amended the language in 13.6 from "24 hours of the time" to " <b><u>one business day from the time</u></b> ".  Amended the language in 13.6.1 from "24 hours" to " <b><u>one business day</u></b> ".
13.6.1	William Cobb, President, Londonderry Volunteer Rescue Squad, Act 142 consulting group member	The requirement for reporting EMS incident data to the EMS district medical advisor within 24 hours will not be possible for squads that transport to multiple medical facilities in different EMS districts	Yes	Edit 13.2.1 by adding to the first sentence; ..." <b><u>and to others as described in Section 13.6.1.</u></b> "  The effect of this change is to clarify that until an agency is reporting their data into the SIREN system, they are not required to provide the data to the EMS district medical advisor under a specific timeframe.

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**Partial change made based on these comments:**

Section Reference	Commenter	Nature of Comment	Incorporated into proposed rule? (Y/N/Other)	Justification
Section 6				
6.2.6.1.2	William Cobb, President, Londonderry Volunteer Rescue Squad, Act 142 consulting group member	<p>The proposed continuing education requirements are onerous for volunteers. If more than 24 hours of continuing education is required, provisions must be made for squad training officers to approve independent study, video, internet based, readings and similar forms of continuing education.</p> <p>The mandatory 24-hour refresher course is not acceptable. LVRS understands this proposal requires all Vermont EMT-Bs to take a DOT refresher course between March 1, 2011 and February 29, 2012 and again from March 1, 2012 and February 28, 2013.</p> <p>The NREMT certification</p> <p>(continued)</p>	In Part	<p>Act 142 specifies the use of national standards for EMS education and eliminates the Vermont requirement for recertification exams. The Department in this rule adopts the National Registry of EMTs requirements for recertification to conform to national standards.</p> <p><b>Based on this and other comments, the chart at 6.2.6.1.2 on page 35 of the rule has been updated</b> to clarify CE requirements. The 24 hr. refresher is only required once every two years and may still be achieved through squad provided training. The National Registry of EMTs requirement for 48 hours of continuing education beyond the 24 hour refresher course for EMT-Bs can be satisfied with a broad array of training experiences including call reviews, self-guided learning, distance learning, teaching, demonstrations, and other non-classroom experiences.</p> <p>The Department has and will continue to pay the initial examination and certification fees for candidates graduating from a Vermont based EMS course and holding affiliation with a Vermont licensed EMS agency. Act 142 did not provide any</p> <p>(continued)</p>

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Section 6				
		(continued from previous page) and exam fees are overly burdensome. The State should work out some type of arrangement for covering the costs of initial NREMT certification, NREMT recertification and some subsidy of the NREMT recertification exam option.		(continued from previous page) additional funding to support the required \$15 NREMT recertification fee every two years. Retaking the NREMT computer based exam for \$70 in lieu of continuing education is entirely optional.
Section 7				
7.5.1.2	Mark Podgwaite, Chief of Lyndon Rescue, Chair EMS District #5, Certified EMS Instructor/Coordinator	Would like EMS Districts to be a mandatory signer as the sponsor for EMS Instructor/Coordinator certification. This submitter also provided an email thread that had support for this concept by a number of other EMS district officials and EMS instructor/coordinators.	In Part	Included EMS Districts in the list of groups that are eligible to sponsor an EMS instructor/coordinator for certification by amending Section 7.5.1.2 to say, "Be sponsored by an <b><u>EMS district</u></b> , ambulance or ...."
7.5.1.2 and 7.5.2	Dan Wilson, D.O., EMS District #6 medical advisor	In section 7.5.2, add- <i>or the district board or medical advisor and be approved by the district board.</i> The effect would be to have EMS districts approve all EMS Instructor/Coordinators.		

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Section 8				
8.5	Michael O'Neil, Chief, Burlington Fire Department	In Section 8, sub 8.5 at the end of the proposed new wording add the following " <u>This quality improvement process shall be facilitated by each District Medical advisor in conjunction with the State Medical advisor to ensure consistency between all Districts and furthermore any and all costs associated with said quality improvement process (squad members time spent involved in this process) be reimbursable by either the State Department of Health or the local hospital that serves each district.</u> "	In Part	Deleted the second sentence in Section 8.5 that read, "This process shall include case reviews, the review of aggregate data for the agency, feedback to affiliated EMS personnel and other measures intended to improve the quality of emergency medical treatment provided."  The effect is to maintain a requirement for a quality improvement process while removing detailed specifications. This will allow for maximum local control over content and cost of the QI program. The Department cannot create a state appropriation in rule.

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**No change made based on these comments:**

Section Reference	Commenter	Nature of Comment	Incorporated into proposed rule? (Y/N/Other)	Justification
Section 1	Matt Vinci, Professional Firefighters of Vermont and South Burlington Fire Department	Proposes a permanent OPHP-EMS oversight board similar to the Act 142 study committee. Specific language is proposed to add definitions regarding such a board, its membership and operations.	No	This suggestion is beyond the scope of this rulemaking. Act 142 required the formation of a consulting group to assist the Commissioner of Health in developing a proposal for a statewide licensing mechanism for EMS. The group includes a member from major EMS stakeholder organizations. This recommendation will be brought to that group for their consideration.
	Pat Malone, Initiative for Rural EMS at UVM	Proposes a permanent EMS advisory board similar to the Act 142 study committee.		
	Jim Finger, President, VT Ambulance Association and Administrator of Regional Ambulance Service	The concept of an EMS oversight or advisory board would be better addressed by the Act 142 Study committee rather than a change in the rules.		
	Eugene Bifano, Firefighter, EMT, Constable	Raises a number of issues including: <ul style="list-style-type: none"> <li>• EMS standing orders</li> <li>• Consistency of practices within EMS Districts</li> <li>• Adoption of new medications for use in EMS settings</li> <li>• An EMS training council</li> </ul> (continued)	No	These suggestions are beyond the scope of this rulemaking. Act 142 required the formation of a consulting group to assist the Commissioner of Health in developing a proposal for a statewide licensing mechanism for EMS. The group includes a member from major EMS stakeholder organizations. This recommendation will be brought to that group for their consideration.

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Section Reference	Commenter	Nature of Comment	Incorporated into proposed rule? (Y/N/Other)	Justification
		(continued from previous page) <ul style="list-style-type: none"> <li>• Licensure of EMTs and Paramedics</li> <li>• Liability in EMS settings</li> <li>• EMS system funding</li> </ul>		
	Adam Heuslein, Chief of Glover Ambulance	Training officer: VDH should provide some type of formal training for service training officers. This training should be offered at minimum once every 4 months and trainings should alternate between the northern and southern parts of the state.	No	This comment is beyond the scope of this rule amendment. This concept can be considered for future EMS program development.
1.6, 1.23 and 1.26	Jim Finger, President, VT Ambulance Association and Administrator of Regional Ambulance Service	Change references to “certification” into “license”. This is the more contemporary terminology for the State granted authorization of a person to function in providing EMS.	No	“Certified” and “certification” are the terms currently used in statute in both T. 24 Ch.71 and T.18 Ch.17. Changing this terminology could be part of the Act 142 consulting group’s considerations.

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<b>Section 2</b>				
2.6.6.2	William Cobb, President, Londonderry Volunteer Rescue Squad, Act 142 consulting group member	“Section 2.6.6.2 states that an ambulance service shall maintain and make available to the Department for inspection, records including but not limited to those relating to...personnel certifications, continuing education and credentialing. LVRS is a strictly volunteer organization without paid staff or office/management personnel. It is our position that all EMS personnel should be required to maintain a record of their own individual certifications, continuing education and credentialing.”	No	<p>The Department believes this requirement needs to stay in place for the protection of the EMS agency so it may demonstrate that its personnel are meeting the required standards of competence.</p> <p>An EMS agency may choose to reduce the administrative burden by requiring their personnel to provide and maintain a current copy of all certifications, continuing education and credentialing in the agency’s central file.</p>
2.4.2.7, 2.5.0.3	Adam Heuslein, Chief of Glover Ambulance	Wants to require the geographically closest licensed EMS agency for mutual aid / back-up. Agencies should be required to have “run cards” specifying their back up agencies as a license requirement and for dispatch use.	No	<p>The rule as proposed continues to provide EMS Districts in conjunction with municipal officials with the ability to establish response plans to address mutual aid needs.</p> <p>Geographic proximity is not always the only appropriate measure in making mutual aid decisions. Response times, road access, staffing, call volume and similar conditions must also be considered.</p>

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<b>Section 3</b>				
3.9	William Cobb, President, Londonderry Volunteer Rescue Squad, Act 142 consulting group member	Use equipment lists incorporated by reference for First Responder Service licensing rather than a specific list in the rule.	No	The Department is not aware of any comparable list that could be incorporated by reference for necessary equipment to be carried by non-transporting EMS agencies.
<b>Section 4</b>				
4.4.2.6	William Cobb, President, Londonderry Volunteer Rescue Squad, Act 142 consulting group member	Use equipment lists incorporated by reference for Air Ambulance Service licensing rather than a specific list in the rule.	No	The air ambulance chapter of the rule will be updated in a future rule amendment. This input will be retained for consideration at that time.
<b>Section 6</b>				
6.1.2.3	Pat Malone, Initiative for Rural EMS at UVM	Supports the concept of credentialing, but there should be stronger involvement and oversight by the state regulatory agency"	No	The Department recognizes that all health care professions are struggling with how to best implement continued credentialing.  We will continue to work to develop tools and guidance for EMS agencies and district medical advisors.
6.1.2.3	Dan Wolfson, M.D., EMS District #3 medical advisor	Supports credentialing as proposed. It will allow for the continued assurance that individual providers' are up to date in their knowledge and skill sets and help to insure excellent patient care. Such a process is in keeping with the move towards more continuous quality improvement and feedback throughout all fields of health care.		

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6.2.5.5	William Cobb, President, Londonderry Volunteer Rescue Squad, Act 142 consulting group member	Recommends that Registered Nurses and PAs not be eligible for Vermont EMS certification without some type of didactic and practical education experience.	No	<p>This concern is partially addressed in the language of the proposed rule. However, Act 142 grants a permanent waiver of EMT training requirements for Registered Nurses and PAs.</p> <p>In an effort to address any gap in education and skills, the proposed rule includes:</p> <ul style="list-style-type: none"> <li>• A knowledge and skill verification by the sponsoring EMS agency and EMS district medical advisor</li> <li>• Successful completion of psychomotor and cognitive testing</li> <li>• An opportunity for voluntary participation in “bridge” training for Registered Nurses and PAs rather than taking a full conventional EMS certification course.</li> </ul>
6.2.6.3.7 and 6.3.4.2	William Cobb, President, Londonderry Volunteer Rescue Squad, Act 142 consulting group member	Objection to a person having to take the NREMT exam for a lower level of certification if the person elects to recertify at a level below what they currently hold. This is expensive, time consuming and onerous.	No	Persons who have previously held a lower level of certification are <u>not</u> required to test for that level if they choose to drop back. The NREMT requires persons who have <u>never</u> held the lower level of certification to test at the lower level if they choose to drop back.

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<b>Section 7</b>				
7.1.3.1	Pat Malone, Initiative for Rural EMS at UVM	"I believe it is essential to have trained, qualified instructors for this entry level certification. As EMS moves toward the National Education Standards, it must be prepared by increasing the quality of instructors at all levels of training. These instructors should be credentialed by the state regulatory agency. "	No	The rule at Section 7.1.3.1 provides for EMR course coordinators to be a qualified EMT, Advanced EMT or Paramedic approved by the EMS District Board, the EMS District medical advisor and the Department. The Department believes that this oversight is sufficient to assure adequate instruction. EMRs must successfully pass NREMT national certification testing before becoming VT EMS certified.
7.3.1.1	Pat Malone, Initiative for Rural EMS at UVM	The minimum education level for admission to an EMT course should be a high school degree or GED prior to the start of the program. I believe this follows national recommendations.	No	The National EMS Education Standards and National EMS Scope of Practice Model do not require a high school diploma or GED for admission to an EMT course. The new rule provides a variety of safeguards to assure that all EMS personnel are competent to perform at their level of certification irrespective of what level of formal education they attained.

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Section 7 continued				
7.5	Pat Malone, Initiative for Rural EMS at UVM	Proposes a total re-write of the rules regarding EMS Instructor/Coordinators. Would like to have two levels of certifications:  1) EMS Instructor – the entry level 2) EMS Instructor/Coordinator – the higher level	No	This suggestion is beyond the scope of this rulemaking. Act 142 required specific changes to the EMS rule to become effective by March 1, 2011.
7.5 and 7.5.1.2	Jim Finger, President, VT Ambulance Association and Administrator of Regional Ambulance Service	We heard the idea of adding a level of certified EMS instructor to Section 7.5 of the proposed rules. This is a new concept that has not been widely considered by the EMS community. While we do not want to either encourage or discourage this concept, it should not be adopted without the opportunity for much wider discussion. It is not urgent enough from our perspective to justify a delay in  (continued)		

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Section 7 continued				
		(continued from previous page) implementing the proposed rules. The current system of allowing instructors to be chosen and vetted by the services and IC's has not been known to be widely flawed to our knowledge.		
Section 9				
Section 9	Adam Heuslein, Chief of Glover Ambulance	Introduce a charge structure for EMS practical examinations to cover the cost to the Department in supplying staff as exam proctors on nights and weekends to support exams with fewer than 25 candidates.	No	This is beyond the scope of this rule making process.
9.3 and 9.5 and 9.5.0.3	Pat Malone, Initiative for Rural EMS at UVM	The Department should take over the responsibilities for all aspects of planning and delivering EMS certification exams including exam logistics such as recruiting evaluators, paying evaluators, scheduling sites (continued)	No	This suggestion is beyond the scope of this rulemaking. Act 142 required specific changes to the EMS rule to become effective by March 1, 2011.

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Section 9 continued				
		(continued from previous page) and times for exams, etc. A fee should be assessed to cover the exam costs.		
Section 13				
13	Jim Finger, President, VT Ambulance Association and Administrator of Regional Ambulance Service	<p>Affirm in the rule that EMS agency data submitted into SIREN will not be used for “punitive” enforcement actions by the State.</p> <p>Assure peer review (quality improvement) protection in the rule by having the District Medical Advisor act as the facilitator of the EMS peer review process with activities protected under the current hospital physician arrangement as specified under 26 V.S.A. §1443.</p> <p>Establish in rule that proceedings, reports and information shared as part of a peer review committee’s activity shall be confidential and privileged and shall not</p> <p>(continued)</p>	No	The suggested amendments to this section are beyond the scope of this rulemaking. Immunity and confidentiality provisions must be established by statute. Act 142 required the formation of a consulting group to assist the Commissioner of Health in developing a proposal for a statewide licensing mechanism for EMS. The group includes a member from major EMS stakeholder organizations. These recommendations will be brought to that group for their consideration.

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Section 13 continued				
		(continued from previous page) be disclosed in any court proceeding or otherwise unless authorized by the peer review committee.  Consider eliminating the requirement for quality improvement unless protections can be assured.		

**Clarification provided based on this comment:**

Section Reference	Commenter	Nature of Comment	Incorporated into proposed rule? (Y/N/Other)	Justification
Section 5				
5.9.1	Jim Finger, President, VT Ambulance Association and Administrator of Regional Ambulance Service	Avoid describing the ambulance design incorporation by reference language in a way that opens the door for a successor to the GSA specification. The VAA is concerned about a process underway currently that could lead to the elimination of the (continued)	Clarification Provided	A change is not necessary because the rule as written does not allow for a successor to the GSA specification. If the GSA discontinues issuing a GSA specification for ambulance design, this section of the rule will need to be amended.

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Section 5 continued				
		(continued from previous page) GSA specifications and have them replaced by an National Fire Protection Association (NFPA) guideline that may not be acceptable.		
Section 6				
6.2.6 and 6.3.4	Jim Finger, President, VT Ambulance Association and Administrator of Regional Ambulance Service	<p>Implementation of the NREMT continuing education requirements could have the effect of decreasing volunteer participation in EMS. This should be monitored carefully.</p> <p>Vermont should accept the NREMT computer based exam option for recertification. Districts could set up exams, approved by District Medical Advisors, like the current state recertification requirements and testing as an option for recertification in lieu of the possible 72</p> <p>(continued)</p>	Clarification Provided	<p>The Department will monitor the effect of this rule update on EMS recertification rates.</p> <p>Act 142 specifies the use of national standards for EMS education and eliminates the Vermont requirement for recertification exams. The Department in this rule adopts the National Registry of EMTs requirements for recertification to conform to national standards.</p> <p>Sections 6.2.6.1.1 and 6.3.4.1.1 allow an EMT the option to recertify via the NREMT computer based examination or any other means provided by the NREMT.</p>

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Section 6 continued				
		(continued from previous page) hours of continuing education.		
6.2.6 and 6.3.4	Adam Heuslein, Chief of Glover Ambulance	Allow EMS Districts and squads to hold as many recertification/refresher courses as necessary.	Clarification Provided	The rule as proposed does not restrict the number of approved 24 hour refresher courses in a district, the ability of a squad to provide in-house refresher training, or the ability of a squad to provide additional continuing education hours to meet National Registry of EMTs requirements.
6.3.6.1	Thomas Goddard, Chair, EMS District #13 and Putney Fire Department	Wants to have some specific interventions and pharmacology not included in the National EMS Scope of Practice Model approved for EMS use.	Clarification Provided	Act 142 requires the use of national standards for EMS education and scope of practice. The rule allows for additional interventions and pharmacology through a waiver request by a district board. The language in 6.3.6.1 of the proposed rule states; “An EMS District Board may request authorization for procedures, interventions or pharmacology that exceeds the scope of practice for a level within their district through the waiver process.” The waiver process is described in Section 12.

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<b>Section 7</b>				
7.4.2 and 7.4.3	Mike Spaulding, Chief of Fairfax Rescue	Why the deletion of the FRECA to EMT-B bridge program that is in the existing EMS rules?	Clarification Provided	<p>The rule as proposed provides a phase out of the existing module program for bridging between FRECA and EMT-B by January 1, 2012.</p> <p>The new EMS Education Standards support teaching only the additional content between EMR and EMT as a stand alone program to avoid candidates repeating already learned material. This approach becomes the replacement for the modular "bridge" program.</p>
<b>Section 8</b>				
Section 8.1 and 8.4; Deleted former section 6.531	Dan Wolfson, M.D., EMS District #3 medical advisor	Wants to assure that EMS district medical advisors may still require on-line orders for medication administration by EMT-Intermediates or Advanced EMTs	Clarification Provided	The language in Section 8.1 and 8.4 of the proposed rule enables an EMS district medical advisor to require an on-line order for administration of medications within a particular EMS district.

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**Other changes:**

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Section 6				
6.2.2.3 and 6.3.3.3.2	VDH technical change	Language as it appears in draft did not include the level of the sponsoring agency	Added Clarifying Language	Language added to these sections “Be sponsored by a licensed ambulance or first responder service “ <b><u>at or above the level the applicant is seeking</u></b> ” or be affiliated with...  This is a technical correction that does not change the existing rule requirement.