
**Report to
The Vermont Legislature**

**Report on Statewide Licensing of
Emergency Medical Services Providers**

**In Accordance with
Act 142 of 2010, Section 20**

**Submitted to: House Committee on Commerce and Economic Development
Senate Committee on Economic Development, Housing and
General Affairs**

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Report Date: January 15, 2012

Report on Statewide Licensing of Emergency Medical Services Providers

Executive Summary

Pursuant to Act 142 of 2010, Section 20, the Commissioner of Health convened a consultation group to address issues identified in the Act. The group met several times over the course of a year to offer input to the Commissioner about the following topics:

- **Licensure versus certification** – There was broad consensus among the group that the term used in the statute to reflect state authority for EMS personnel to practice should change from the current term “certification” to the term “licensed.” The group also agreed that changing the terminology to “licensed” would be more consistent with national trends and would not imply independence from medical control or otherwise alter the current relationship between EMS personnel and their affiliated agency.
- **Individuals practicing above the agency licensure level** - There was broad consensus to recommend that individuals not be permitted to practice above the agency licensure level, due to concerns including access to equipment and pharmaceuticals, medical control and liability.
- **Credentialing** - There was no consensus reached on how credentialing should occur for EMS agencies, although there is broad support for the State to set minimum standards and allow EMS agencies and Districts to meet these standards through a variety of methods.
- **Advisory Board** - There was broad consensus to recommend the creation of an EMS advisory board. There was not consensus on the role that board should play. The consultation group varied on the recommended functions and authority of that board from simply advisory to licensing and governing Vermont EMS.
- **EMS education** -. There was no consensus recommendation on the structure that the system should take. The opinions varied from a centralized coordination and delivery of courses to maintaining the current system with supplemental funding.
- **Minimum standards for agency or provider levels** - There was no consensus reached on the need for minimum standards for agencies or provider levels or the other items considered. There was discussion both in favor and against the requirement of a certain EMS level or response time or similar topics.
- **Funding for Vermont EMS** - There was broad consensus to recommend financial assistance to the EMS education system in Vermont.

Appendix A is draft legislation with proposed amendments to Title 18 Chapter 17 Emergency Medical Services and to Title 24 Chapter 71 Ambulance Services. The proposed amendments include changing the terminology to relating to licensure, adding credentialing requirements and creating a new Advisory Board.

Report on Statewide Licensing of Emergency Medical Services Providers

January 15, 2012

Introduction

Act 142 of 2010, Sec. 20. *STUDY; STATEWIDE LICENSING OF EMS PROVIDERS*

calls for the following:

(a) The commissioner of health, in consultation with the Vermont secretary of state's office of professional regulation, the Professional Firefighters of Vermont, the Vermont Career Fire Chiefs Association, the Vermont State Firefighters' Association, the Vermont Ambulance Association, the Vermont Association of Hospitals and Health Systems, a representative from the Initiative for Rural Emergency Medical Services program at the University of Vermont, and a representative of three of Vermont's existing 13 EMS districts chosen jointly by the speaker of the house and the president pro tempore of the senate, one of whom shall be a medical director and one of whom shall be a volunteer certified emergency medical technician, shall develop a proposal for a statewide licensing mechanism for emergency medical services (EMS) providers and shall assess the state's EMS capabilities and training requirements. In addition, the commissioner, also in consultation with the entities referenced in this subsection, shall study whether an individual may provide emergency medical services that exceed the scope of practice for the license level of the service or department with which the individual is affiliated if the individual is licensed and certified at a more advanced level.

(b) The commissioner of health shall prepare a proposal on a statewide licensing mechanism in the form of draft legislation and shall submit that proposal along with findings and recommendations related to the other topics itemized in subsection (a) of this section to the house committee on commerce and economic development and the senate committee on economic development, housing and general affairs no later than January 15, 2012.

The Act 142 Consultation Group met from December 2010 through December 2011 to consult with and provide advice to the Health Commissioner about the State's EMS capabilities and training requirements, and whether an individual may provide EMS above the level of the agency license. The members of the group brought tremendous

expertise to the discussions and also a variety of opinions representative of the diverse entities involved in EMS in Vermont. As a result, the report provides a summary of the topics, issues and concerns discussed, but in some areas there was not a general consensus among the group. The report notes issues on which there was group consensus.

Based on the input of the Consultation Group, the Commissioner offers the proposed amendments to Vermont statutes relating to licensing of EMS providers in Vermont as detailed in Appendix A.

Commissioner Chen expresses his sincere appreciation for the work and valuable contributions of each member of the Consultation Group:

Matt Vinci and Will Moran, Professional Firefighters of Vermont;

Seth Lasker and Doug Brent, the Vermont Career Fire Chiefs Association;

Bill Hathaway and Mike Skaza, the Vermont State Firefighters' Association;

John Vose, Jim Finger, Mike Paradis and Adam Heuslein, the Vermont Ambulance Association;

Jill Olson, the Vermont Association of Hospitals and Health Systems;

Pat Malone, Initiative for Rural Emergency Medical Services, University of Vermont;

Mark Considine, EMS District Representative;

Dr. Steve Lefler, EMS District Medical Advisor;

Pete Cobb, EMT Volunteer; and

Chris Winters, Vermont Secretary of State's office of professional regulation.

Licensure vs. Certification

There was universal consensus that the term to describe the level of training and permission to practice of EMS personnel should be changed from certification to licensure. This term is used with increased frequency in other States to describe EMS personnel and is supported by the community. It should be made clear in this recommendation and the subsequent proposed legislation that this is a change in terminology only and does not indicate independence from medical control, an integral part of EMS. There was no noted opposition to this recommendation.

Individual Practicing Above Agency Licensure Level

There was universal consensus opposing the idea of an individual providing care above the level of the agency with which they are responding. Many issues were raised with this, including the potential lack of medical control and oversight, the lack of equipment or pharmaceuticals, liability concerns, the ability of an individual to maintain pharmaceuticals legally and in accordance with FDA storage requirements. Since the statute was effective, there have been no cases where an individual has applied to do what was allowed under Act 142. There was consensus to propose removal of this provision in legislation.

It was explained that in the context of an intercept for an agency with which an EMT is affiliated this has been permitted under the old and new rules and does not require the language contained in the new statute.

Credentialing

It was broadly supported that the State should develop minimum standards and provide guidance on different methods to conduct local credentialing. It was broadly felt that there should be local control over the methods used to credential EMS personnel as long as the methods met the minimum standards.

There was not consensus on how credentialing should occur in Vermont EMS. The process of credentialing is confusing to many in the EMS community. There is general support for the idea of assuring ongoing clinical competence. The method through which this is assured can vary and there were supporters of several different pathways.

Several people indicated that local control of the process was important to assure that the credentialing took into consideration the local capacity for training, testing, and the administrative burden that would accompany this process. Others wanted to make sure that there were at least state-wide benchmarks that agencies and districts could meet or to provide guidance for districts and agencies in developing their own programs.

There was broad agreement that credentialing should heavily involve medical advisors and that the paperwork burden should be kept to a minimum. It was discussed that SIREN will eventually aid in the monitoring of skill and call-type frequency and can be used by the agency to assist in quality assurance and the credentialing process.

Some indicated that they wanted testing as part of or as the credentialing process. It was reminded that the State is prohibited by statute from requiring a test for recertification. It was suggested that testing conducted by the State could be part of a

locally-driven process to assure competence, but not required by the State. Providing this option could be one of the items supported by a new funding stream for Vermont EMS. It was acknowledged that credentialing will likely look differently at agencies licensed at different levels.

Advisory board

There is broad support from the members of the consultation group and the broader EMS community to create an advisory board or group. There is little consensus about what the group should do and who should have a representative on this board. It could be the licensing body, disciplinary body, and serve other functions.

There were comments in favor of a governing and disciplinary board who would also serve the function that is currently performed by the Board of Health and the EMS Office in issuing EMS agency licenses, certifications and conducting investigations. There were other comments from people who felt that the current system where the investigations and certification are conducted by the EMS Office was not broken and didn't require a solution. Some wanted a board with more authority and others with an advisory capacity only. Many felt that whatever type of board was created should have broad representation that included the EMS districts as well as other representatives and some members at large.

A broad theme was that people want a method to provide input into the EMS Office and want to have local and/or organizational representation.

EMS Education

This was an area of significant discussion in several of the group's meetings. There was broad consensus that more needs to be provided in this area. The Act 142 group indicates this as the greatest area of need of the topics discussed.

Many people felt that in initial education, there are not enough Instructor/coordinators and that there were not enough initial education courses offered. The availability of these courses also depends on the geographical area. Some districts have too many students for their classes and others too few. Because of the low number of I/Cs, there is a great difference in the availability of classes from one area to another. Many people thought that the cost of the initial education course was a significant barrier to entry for new providers into the EMS system. Funding provided to either a State-run or centralized training system was discussed. There was broad support for finding a funding mechanism to pay instructors and to reduce or eliminate the cost to the student for courses.

Some people recommended the creation of an EMS academy, similar to police and fire that would reduce the administrative burden at the local level and coordinate courses statewide. Others felt that this would be too restrictive and that the decisions about where and when to offer a course will be best determined locally by the District and agencies who know their own needs.

There was some discussion about the creation of an instructor level certification for those who can teach, with I/C being the person who can coordinate a course.

Need for Minimum Standards for Agencies, Providers, and Other Topics

There was not a consensus about the level or type of care that should be the standard in Vermont. At this time, there is at least EMT-Basic coverage throughout the State, but with great differences in provider and agency type as well as response time and call volume.

Some wanted to set a standard for an increased level of care as the minimum for the State and that this provided something to aim for and move the State forward. Others believed that the level of care provided would always depend on the local decision and that funding was a significant part of that decision. It was agreed that good care should be provided everywhere in the State.

There was discussion of whether EMS should be like other healthcare issues and not left to local decision. It was also discussed that hospitals and other health delivery systems vary across the State. There was discussion about the rural nature of Vermont dictating that there would be differing levels of access to many types of services, including EMS.

Overarching Topic – Funding Stream

There was broad consensus that the Vermont EMS system needs to have a sustainable source of funding, particularly in the area of initial and continuing education.

It was discussed that Fire training has a funding source that was initiated several years ago and that it is provided at no cost to the student. It was felt as important by the group that this be addressed. Funding of the new and ongoing costs of data collection in the SIREN system was supported.

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Appendix A

Proposed Legislation

Amendments are proposed to Title 18, Chapter 17 Emergency Medical Services and to Title 24, Chapter 71 Ambulance Services.¹

Sec. 1. 18 V.S.A. Chapter 17 is amended to read:

§ 901. 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. The system should include competent emergency medical care provided by adequately trained, licensed and equipped personnel acting under appropriate medical control. Persons involved in the delivery of emergency medical care should be encouraged to maintain and advance their levels of training and certification, and to upgrade the quality of their vehicles and equipment.

§ 902. Definitions

As used in this chapter, unless the context requires otherwise words and phrases shall have the meaning given in section 2651 of Title 24.

§ 903. Authorization for provision of emergency medical services

Notwithstanding any other provision of law, including provisions of chapter 23 of Title 26, persons who are certified-licensed to provide emergency medical care pursuant to the requirements of this chapter and implementing regulations are hereby authorized to provide such care without further certification, registration or licensing.

§ 904. Administrative provisions

(a) In order to carry out the purposes and responsibilities of this chapter, the department of health may contract for the provision of specific services.

¹ Both chapters are included here in their entirety for context, including sections for which no amendments are proposed.

(b) The secretary of human services, upon the recommendation of the ~~department commissioner~~ of health, may issue regulations to carry out the purposes and responsibilities of this chapter.

§ 905. Repealed.

§ 906. Emergency medical services division; responsibilities

To implement the policy of section 901, the department of health shall be responsible for:

(1) Developing and implementing minimum standards for training emergency medical personnel in basic life support and advanced life support, and ~~certifying their licensing~~ emergency medical personnel according to their level of training and competence.

(2) Developing and implementing minimum standards for vehicles used in providing emergency medical care, designating the types and quantities of equipment that must be carried by these vehicles, and registering those vehicles according to appropriate classifications.

(3) Developing a statewide system of emergency medical services including but not limited to planning, organizing, coordinating, improving, expanding, monitoring and evaluating emergency medical services.

~~(4) Establishing, by rule, minimum standards for credentialing of emergency medical personnel by their affiliated agency, which shall be required in addition to the licensing requirements of this chapter.~~

~~(45)~~ Training, or assisting in the training of, emergency medical personnel.

~~(56)~~ Assisting hospitals in the development of programs which will improve the quality of in-hospital services for persons requiring emergency medical care.

~~(67)~~ Developing and implementing procedures to insure that emergency medical services are rendered only with appropriate medical control. For the provision of advanced life support, appropriate medical control shall include at a minimum:

(A) written protocols between the appropriate officials of receiving hospitals and ~~ambulance services~~ emergency medical services districts defining their operational procedures;

(B) where necessary and practicable, direct communication between emergency medical personnel and a physician or person acting under the direct supervision of a physician;

(C) when such communication has been established, a specific order from the physician or person acting under the direct supervision of the physician to employ a certain medical procedure;

(D) use of advanced life support, when appropriate, only by emergency medical personnel who are certified by the department of health to employ advanced life support procedures.

~~(78)~~ Establishing requirements for the collection of data by emergency medical personnel and hospitals as may be necessary to evaluate emergency medical care.

~~(89)~~ Establishing, by rule, ~~levels of individual certification~~ license levels for emergency medical personnel and application forms for advanced emergency medical care. The commissioner shall use the guidelines established by the National Highway Traffic Safety Administration (NHTSA) in the U.S. Department of Transportation as a standard or other comparable standards, except that a felony conviction shall not necessarily disqualify an applicant. The rules shall also provide that:

(A) An individual may apply for and obtain one or more additional ~~certifications~~ licenses, including ~~certification licensure~~ as an advanced emergency medical technician or as a paramedic.

(B) An individual ~~certified~~ licensed by the commissioner as an emergency medical technician, advanced emergency medical technician, or a paramedic, who ~~is affiliated with and~~ credentialed by an affiliated agency licensed ambulance service, fire department, or rescue service, shall be able to practice fully within the scope of practice for such level of ~~certification licensure~~ as defined by NHTSA's National EMS Scope of Practice Model ~~notwithstanding any law or rule to the contrary consistent with the license level of the affiliated agency,~~ and subject to the medical direction of the ~~commissioner or designee~~ emergency medical services district medical advisor.

(C) Unless otherwise provided under this section, an individual seeking any level of ~~certification licensure~~ shall be required to pass an examination approved by the commissioner for that level of ~~certification licensure~~. Written and practical examinations shall not be required for ~~recertification relicensure~~; however, to maintain ~~certification licensure~~, all individuals shall complete a specified number of hours of continuing education as established by rule by the commissioner.

(D) If there is a hardship imposed on any applicant for a ~~certification license~~ under this section because of unusual circumstances, the applicant may apply to the commissioner for a temporary or permanent waiver of one or more of the ~~certification licensure~~ requirements, which the commissioner may grant for good cause.

(E) An applicant who has served as ~~an advanced emergency medical technician, such as a~~ hospital corpsman or a medic in the United States Armed Forces, or who is licensed as a

registered nurse or a physician's assistant shall be granted a permanent waiver of the training requirements to become a ~~certified~~licensed emergency medical technician, an advanced emergency medical technician, or a paramedic, provided the applicant passes the applicable examination approved by the commissioner for that level of ~~certification~~licensure and further provided that the applicant is ~~affiliated with~~credentialed by a rescue service, fire department, or licensed ambulance service ~~an affiliated agency~~.

(F) An applicant who is ~~certified~~registered on the National Registry of Emergency Medical Technicians as an ~~EMT-basic, EMT-intermediate~~emergency medical technician, an advanced emergency medical technician or a paramedic shall be granted ~~certification~~licensure as a Vermont ~~EMT-basic, EMT-intermediate, emergency medical technician, an advanced emergency medical technician~~ or paramedic without the need for further testing, provided he or she is ~~affiliated with~~credentialed by an ambulance service, fire department, or rescue service ~~an affiliated agency~~, or is serving as a medic with the Vermont National Guard.

~~(G) No advanced certification shall be required for a trainee in established advanced training programs leading to certification as an advanced emergency medical technician, provided that the trainee is supervised by an individual holding a level of certification for which the trainee is training and the student is enrolled in an approved certification program.~~

~~(10) The commissioner shall promulgate rules pursuant to chapter 25 of title 3 related to expenditures authorized from the special fund created in section 4287 of this chapter.~~

§ 4286. Advisory committee

~~(a)(1) The commissioner shall establish an advisory committee to advise on matters relating to the delivery of emergency medical services in Vermont.~~

~~(b) The advisory committee shall be chaired by the commissioner or his or her designee and shall include the following members:~~

~~(1) a representative from each of Vermont's emergency medical services districts;~~

~~(2) a representative from the Vermont Ambulance Association;~~

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

~~(4) a representative from the Professional Firefighters of Vermont;~~

~~(5) a representative from the Vermont Career Fire Chiefs Association;~~

~~(6) a representative from the Vermont State Firefighters' Association;~~

(7) an emergency department director of a Vermont hospital appointed by the Vermont Association of Emergency Department Directors;

(8) an emergency department nurse manager of a Vermont hospital appointed by the Vermont Association of Emergency Department Nurse Managers;

(9) a pediatric emergency medicine specialist appointed by the American Academy of Pediatrics – Vermont Chapter;

(10) a representative from the Vermont Association of Hospitals and Health Systems; and

(11) one public member not affiliated with emergency medical services, firefighter services or hospital services appointed by the governor.

(c) The committee shall meet no less than quarterly in the first year, and no less than twice annually each following year, but may be convened at any time by the commissioner or the commissioner's designee or at the request of 7 committee members.

(d) The commissioner shall report annually through 2017 on the emergency medical services system to the house committees on commerce and economic development, human services and health care and the senate committees on economic development, housing and general affairs and health and welfare.

§ 4287. Emergency medical services special fund

The emergency services special fund is established pursuant to subchapter 5 of chapter 7 of Title 32 comprising revenues received by the department from public and private sources as gifts, grants, and donations, together with additions and interest accruing to the fund. The commissioner of health shall administer the fund to the extent of funds available to support training programs, injury prevention, 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. Any balance at the end of the fiscal year shall be carried forward in the fund.

Sec. 2. 24 V.S.A. Chapter 71 is amended to read:

§ 2651. Definitions

As used in this chapter:

(1) "Advanced emergency medical treatment" means those portions of emergency medical treatment as defined by the department of health, which may be performed by

~~certified~~ licensed emergency medical services personnel acting under the supervision of a physician within a system of medical control approved by the department of health.

(2) "Affiliated agency" means an ambulance service or first responder service licensed under this chapter, including a fire department, rescue squad, police department, ski patrol, hospital, or other agency so licensed.

(23) "Ambulance" means any vehicle, whether air, ground or water, that is designed, constructed, used or intended for use in transporting ill or injured persons.

(34) "Ambulance service" means a person licensed by the department of health to provide emergency medical treatment and transportation to ill or injured persons.

(45) "Basic emergency medical treatment" means those portions of emergency medical treatment, as defined by the department of health, which may be exercised by ~~certified~~ licensed emergency medical services personnel acting under their own authority.

(56) "District board" means the board of directors of a district appointed under section 2653 of this title.

(67) "Emergency medical personnel" means persons, including volunteers, ~~certified~~ licensed by the department of health to provide emergency medical treatment ~~on behalf of an organization such as~~ and credentialed by an ambulance service or first responder service ~~affiliated agency~~ whose primary function is the provision of emergency medical treatment. The term does not include duly licensed or registered physicians, dentists, nurses or physicians' assistants when practicing in their customary work setting.

(78) "Emergency medical services" means an integrated system of personnel, equipment, communication and services to provide emergency medical treatment.

(89) "Emergency medical services district" means a political subdivision established to facilitate the provision of pre-hospital emergency medical treatment within a given area.

(910) "Emergency medical treatment" means pre-hospital, in-hospital and inter-hospital medical treatment rendered by emergency medical personnel given to individuals who have suffered sudden illness or injury in order to prevent loss of life, the aggravation of the illness or injury, or to alleviate suffering. Emergency medical treatment includes basic emergency medical treatment and advanced emergency medical treatment.

(1011) "First responder service" means a person licensed by the department of health to provide emergency medical treatment.

(112) "Medical control" means the entire system of quality assurance and medical accountability for basic and advanced emergency medical treatment as prescribed by this chapter. "Prehospital medical control" shall include direction and advice given to

emergency medical personnel by a physician or a person acting under the direct supervision of a physician provided through:

(A) off-line medical control functions or direction of emergency medical personnel through use of protocols, review of cases and determination of outcomes, and through training programs; and

(B) on-line medical control functions, via radio or telephone, of field personnel at the site of the emergency and en route to a hospital emergency department.

~~(1213)~~ "Medical facilities" means a hospital providing emergency services to an emergency medical services district.

~~(1314)~~ "Person" means any person, firm, partnership, association, corporation, municipality or political subdivision, including emergency medical services districts as provided for in this subchapter.

~~(1415)~~ "State board" means the state board of health.

~~(1516)~~ "Volunteer personnel" means persons who are ~~certified~~ licensed by the department of health and credentialed by an affiliated agency to provide emergency medical treatment without expectation of remuneration for the treatment rendered other than nominal payments and reimbursement for expenses, and who do not depend in any significant way on the provision of such treatment for their livelihood.

§ 2652. Creation of districts

The state board of health may divide the state into emergency medical services districts, the number, size and boundaries of which shall be determined by the board in the interest of affording adequate and efficient emergency medical services throughout the state.

§ 2653. Appointment of directors

(a) Each emergency medical services district shall have a board of directors, composed of a representative of each of the medical facilities, ambulance services and first responder services operating within the district, to serve for a term of two years each or until their successors are selected. The affected medical facility, ambulance service, or first responder service may appoint a director to fill any vacancy on the board of directors for the balance of an unexpired term.

(b) The board of directors of an emergency medical services district may adopt bylaws which may contain provisions for the regulation and management of the affairs of the district. The bylaws may provide for creation of committees, including an executive committee, each consisting of two or more directors. An executive committee shall have

and exercise all the authority of the board in the manner authorized by the resolution creating such committee.

(c) Representatives shall be chosen by each medical facility, ambulance service and first responder service before March 1 of each odd-numbered year. Each medical facility, ambulance service and first responder service shall certify the name of its representative to the commissioner of health.

§ 2654. Recording determination of districts

The state board shall cause to be recorded in the office of the secretary of state a certificate containing its determination of emergency medical services districts.

§ 2655. Meetings of directors; election of officers

(a) The board of directors shall hold an annual meeting on or before May 1 in each year, at which a chairman, a clerk and a treasurer shall be elected by the board to serve until the next annual meeting. A vice-chairman may be elected if the directors so vote. The chairman and any vice-chairman shall be elected from members of the board, but the clerk and treasurer may be elected by the board from the general membership of the emergency medical services district in which case they shall not be entitled to vote as directors. The directors shall also meet at such other times as they deem advisable.

(b) Each district clerk shall cause to be recorded in the office of the secretary of state the names of the elected district officers.

(c) Meetings shall be called by the clerk on request of the chairman or any two directors. However, in the event that no annual meeting is held on or before March 1 in any year, such a meeting may be called by any director. Five days written notice of all meetings shall be given to each director, unless waived in writing.

(d) A majority of the directors shall constitute a quorum for the transaction of business at any meeting.

§ 2656. Duties and powers of officers and directors

(a) The board of directors shall have full power to manage, control and supervise the conduct of the district and to exercise in the name of the district all powers and functions belonging to the district, subject to such laws or regulations as may be applicable.

(b) The chairman of the board of directors shall preside at meetings of directors, and shall perform such other duties as the directors may delegate to him.

(c) The treasurer shall have the custody of all monies belonging to the district, and shall keep accurate and complete books of account. Prior to assuming his duties, the treasurer

shall execute a bond in favor of the district, conditioned on the faithful performance of his duties, in such sum and with such sureties as the directors approve.

(d) The clerk shall keep minutes of meetings of directors and of the district, and shall record all votes.

(e) The vice-chairman, if one is elected, shall perform the duties of the chairman in the chairman's absence.

§ 2657. Purposes and powers of emergency medical services districts

(a) It shall be the function of each emergency medical services district to foster and coordinate emergency medical services within the district, in the interest of affording adequate ambulance services within the district. Each emergency medical services district shall have powers which include, but are not limited to, the power to:

(1) Buy, acquire or lease fixtures and equipment related to district activities.

(2) Apply for, receive and accept gifts, bequests, grants-in-aid, state, federal and local aid, and other forms of financial assistance.

(3) Enter into agreements and contracts for furnishing technical, educational, ~~or~~ support services **and credentialing** related to the provision of emergency medical treatment.

(4) Appoint and employ agents and employees.

(5) Impose and collect reasonable charges or fees for its services.

(6) Monitor the provision of emergency medical services within the district and make recommendations to the state board regarding licensure, relicensure, and removal or suspension of licensure for ambulance vehicles, ambulance services and first responder services.

(7) Develop, in conjunction with municipal officials, response plans for the provision of emergency medical treatment and transportation by ambulance services and first responder services within the district.

(8) Sponsor **or approve** programs of education approved by the department of health which lead to the ~~certification~~ **licensure** of emergency medical services personnel.

(9) ~~Cooperate~~ **Establish medical control within the district** with physicians and representatives of medical facilities ~~to establish medical control within the district,~~ **including written protocols with the appropriate officials of receiving hospitals defining their operational procedures.**

(10) Assist the department of health in a program of testing for ~~certification~~-licensure of emergency medical services personnel.

(11) Assure that each affiliated agency in the district has implemented a system for credentialing of all of its licensed emergency medical personnel.

(b) Two or more contiguous emergency medical services districts by a majority vote of the district board in each of the districts concerned may change the mutual boundaries of their emergency medical services districts. The district boards shall report all changes in district boundaries to the state board.

(c) Property delivered to an ambulance service or first responder service by an emergency medical services district shall remain the property of the district, unless otherwise agreed in writing. Any equipment purchased with federal funds will be managed in accordance with federal guidelines.

§ 2681. License required

A person furnishing ambulance services or first responder services shall obtain a license to furnish services under this subchapter.

§ 2682. Powers of state board

(a) The state board shall administer this subchapter and shall have power to:

(1) Issue licenses for ambulance services and first responder services under this subchapter.

(2) Revoke or suspend upon due notice and opportunity for hearing, the license of any person who violates or fails to comply with any provision of this subchapter, or any rule or requirement adopted under its authority.

(3) Make, adopt, amend and revise, as it deems necessary or expedient, reasonable rules in order to promote and protect the health, safety and welfare of members of the public using, served by, or in need of, emergency medical treatment. Any rule may be repealed within 90 days of the date of its adoption by a majority vote of all the district boards. Such rules may cover or relate to:

(A) Age, training, credentialing and physical requirements for emergency medical services personnel.

(B) Design and equipping of ambulances.

(C) Cooperation with hospitals and organizations in other related fields, and participation in central communications procedures.

(D) Any other matters properly within the purposes of this chapter.

(b) No fee or other payment shall be required of an applicant for a license.

§ 2683. Term of license

Full licenses shall be issued on forms to be prescribed by the state board for a period of one year beginning on January 1, or for the balance of any such year. Temporary, conditional or provisional licenses may also be issued by the board.

§ 2684. Penalty

A person who violates this subchapter shall be subject to a civil fine of not more than \$200.00.

§ 2685. Liability for cost of services

A person who receives emergency medical treatment from an ambulance or first responder service or transportation by an ambulance service shall be liable in contract to the person providing such services for the reasonable and necessary cost of the services, whether or not he has agreed or consented to such liability.

§ 2686. False requests for ambulance service or first responder service

A person shall be guilty of a misdemeanor if he requests ambulance or first responder service from a person or organization engaged in providing such service without actual need for such service, knowing that the request is false or baseless. A person who violates this section shall be fined not more than \$200.00 or imprisoned not more than 30 days, or both.

§ 2687. Civil liability limited

Volunteer personnel, whether or not they receive or expect to receive nominal payments and reimbursement for expenses, who render emergency medical treatment shall:

- (1) be afforded the protection of section 519 of Title 12;
- (2) not be considered practitioners of the healing arts for purposes of subsection 519(b) of Title 12; and
- (3) not be liable for civil damages for rendering emergency medical treatment unless their actions constitute gross negligence or willful misconduct.

§ 2688. Armed forces

The provisions of this chapter shall not apply to the United States armed forces or the Vermont national guard or their respective personnel while serving in such capacity.

Sec. XX REPEAL

Section 20(c) of Act 142 (2009 Adj.) is repealed.

Sec. 20. STUDY; STATEWIDE LICENSING OF EMS PROVIDERS

* * * * *

(c) Pending the results of the study required under this section and any subsequent legislative action, an individual may provide emergency medical services that exceed the scope of practice for the license level of the service or department with which the individual is affiliated if the individual is licensed and certified at a more advanced level provided the emergency medical services are in accordance with a protocol cooperatively developed by the individual and the district medical advisor.