



VERMONT LEGISLATIVE
Joint Fiscal Office

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Fiscal Note

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H.622 – An act relating to Emergency Medical Services

As recommended by the House Committee on Appropriations, Draft 1.3

Bill Summary

The bill includes several provisions related to the provisions of Vermont Emergency Medical Services (EMS) that would have fiscal impacts to the State.

- The bill would require the Agency of Human Services (AHS) to reimburse EMS providers for services provided to Medicaid beneficiaries that did not result in transports to different locations (such as hospitals) during the period of an emergency. Reimbursements would be at a rate equal to the Medicare basic life support (BLS) rate. The bill would appropriate \$74,000 (\$31,206 General Fund) to AHS and the Department of Vermont Health Access (DVHA) to cover the estimated increase in Medicaid reimbursement payments.
- The bill would increase the annual amount allocated to the Emergency Medical Services Special Fund for the training of EMS personnel by \$300,000 by increasing the amount of money collected by DFR from insurance companies
- The bill as recommended by the House Committee on Appropriations (HAC) would appropriate \$150,000 (one-time funds) from the EMS Special Fund to the Department of Health (VDH) in fiscal year 2025 to support the work of the EMS Advisory Committee in conducting a statewide EMS system inventory, assessment, and redesign as set forth in the bill.

Background and Details

Reimbursement for Emergency Medical Services

Sec. 3 would require AHS to reimburse EMS providers for services provided to a Medicaid beneficiary who was not transported to a different location (such as a hospital) during the period of an emergency.

Reimbursements would be at an amount equal to the Medicare BLS rate, to the extent permitted under federal or waivers of federal law. Sec. 8 would appropriate \$74,000 in Global Commitment Funds (\$31,206 and \$42,794 General Fund and federal funds, respectively) in fiscal year 2025 to cover the estimated increases in reimbursements as a result of the policy change in Sec. 3.

Sec. 3 would also require that AHS report, as part of its annual budget presentation, the amount of additional funds that would be necessary to reimburse EMS providers at a level equal to the Medicare BLS rate for all services delivered to Medicaid beneficiaries.

Emergency Medical Services Advisory Committee

Sec. 6 would direct the EMS Advisory Committee to collect data necessary to conduct a complete inventory and assessment of EMS in Vermont and provide recommendations to the Commissioner of Health and the General Assembly for the design of a statewide EMS system. The bill authorizes the Committee to hire a

project manager and one or more additional consultants with relevant expertise in EMS design and financing. It would appropriate \$370,000 to VDH from the General Fund in fiscal year 2025 to support this work.

Emergency Medicaid Services Special Fund

The Emergency Medicaid Services Special Fund was created in 2011 for the purpose of supporting online and regional training programs, data collection and analysis, and other activities related to the training of emergency medical personnel and delivery of EMS and ambulance services in Vermont.¹ The Fund is supported by an annual allocation of \$150,000 from the Vermont Fire Service Training Council (VFSTC).

VFSTC is supported by an annual collection of \$1.2 million from insurance companies that write fire, homeowners, allied lines, farm owners, commercial, automobile, and inland maritime insurance policies.² Of this, \$100,000 is allocated for courses for entry-level firefighters and \$150,000 is allocated to the Emergency Medicaid Services Special Fund for the training of EMS personnel.

The annual collection of \$1.2 million from insurers for the Fire Service Training Council was established in Act 87 (1993) with an initial allocation of \$150,000 – and was last increased in 2016 (effective 2017) from \$950,000 to \$1.2 million. The allocation to the Emergency Medicaid Services Special Fund of \$150,000 was established in 2011 and has not been increased. Sec. 7 of the bill would amend 32 V.S.A. § 8557 to increase the amount collected from insurance companies by \$300,000 – from \$1.2 million to \$1.5 million. The increased revenues would be allocated to the Emergency Medicaid Services Special Fund, increasing the total allocation from \$150,000 to \$450,000.

Sec. 9 of the bill as recommended by HAC, would appropriate \$150,000 (one-time funds) from the EMS Special Fund, to VDH in fiscal year 2025 to support the work of the EMS Advisory Committee as set forth in Sec. 6. To the extent that there are unobligated funds in the EMS Special Fund, up to an additional \$220,000 will be appropriated and made available to VDH to further support the work of the EMS Advisory Committee.

Fiscal Summary

The following is a summary of the one-time and ongoing fiscal impacts of the bill.

One-time Appropriation

- \$150,000 from the EMS Special Fund to VDH to support the work of the EMS Advisory Committee as set forth in the bill.
 - An additional \$220,000 would be appropriated to VDH to further support the work of the EMS Advisory Committee to the extent unobligated funds are available.

Ongoing Base Appropriations

- \$74,000 in Global Commitment Funds to DVHA for the change in reimbursement policy for EMS providers that provide services to Medicaid beneficiaries who are not transported.
 - \$31,206 in General Fund and \$42,794 in federal funds to AHS, where the funds are matched through Global Commitment.
- \$300,000 increase in the allocation to the Emergency Medicaid Services Special Fund.

Revenues

- Increases the amount collected from insurance companies by \$300,000 – from \$1.2 million to \$1.5 million.

¹ 18 V.S.A. § 908

² 32 V.S.A. § 8557