

~~shall comply with the payment of Davis-Bacon wages when required by ARRA. However, in the event the applicable Davis-Bacon wages in any county have not been updated in the previous three years, the minimum state required wage for a state contract subject to Davis-Bacon wages under ARRA shall be that of the Vermont county that has most recently updated its applicable Davis-Bacon wages, provided this provision does not result in the loss of ARRA funds and is not otherwise contrary to federal law. In the event that the most recently updated Davis-Bacon wages cannot be determined due to the simultaneous updating by two or more counties, the agencies may select the minimum state-required wage for a state contract subject to Davis-Bacon wages under ARRA from among those counties.~~

Sec. 17. Sec. 32(b) of No. 54 of the Acts of 2009 is amended to read:

~~(b) The agencies shall require by rule or by develop a procedure that ensures enforcement of the prohibition against any contractor that violates classification requirements shall be has been prohibited or restricted from bidding on future state contracts for a period of time that corresponds to the seriousness of the classification violation by the commissioner of labor or the commissioner of banking, insurance, securities, and health care administration. The rules or procedures shall also provide for an appeal process from any such prohibition or restriction consistent with existing law.~~

Sec. 18. 18 V.S.A. § 906(8) is amended to read:

(8) Establishing, by rule, levels of individual certification and application forms for advanced emergency medical care. The commissioner ~~may~~ shall use the guidelines established by the National Highway Transportation 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, including certification as an advanced emergency medical technician or as a paramedic.

(B) An individual certified by the commissioner as an emergency medical technician, advanced emergency medical technician, or a paramedic, who is affiliated with a licensed ambulance service, fire department, or rescue service, shall be able to practice fully within the statewide scope of practice for such level of certification as established by the commissioner by rule, which shall be adopted and implemented on a statewide basis no later than January 1, 2011, provided that such person is affiliated with a rescue service, fire department, or licensed ambulance service, or other state licensed medical facility defined by NHTSA's National EMS Scope of Practice Model

notwithstanding any law or rule to the contrary, and subject to the medical direction of the commissioner or designee.

~~(C) Unless otherwise provided under this section, an individual seeking any level of certification shall be required to pass an examination approved by the commissioner for that level of certification.~~

(C) ~~Unless otherwise provided under this section, an individual seeking any level of certification shall be required to pass an examination approved by the commissioner for that level of certification. Written and practical examinations shall not be required for recertification; however, to maintain certification, 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 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 requirements, which the commissioner may waive 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 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, and further provided that the applicant is affiliated with a rescue service, fire department, or licensed ambulance service.~~

(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 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 and further provided that the applicant is affiliated with a rescue service, fire department, or licensed ambulance service.~~

(F) ~~An applicant who is certified on the National Registry of Emergency Medical Technicians as an EMT-basic, EMT-intermediate, or a paramedic shall be granted certification as a Vermont EMT-basic, EMT-intermediate, or paramedic without the need for further testing, provided~~

he or she is affiliated with an ambulance service, fire department, or rescue service, or is serving as a medic with the Vermont National Guard.

~~(E)(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.~~

~~Sec. 19. UPDATED RULES FOR ADVANCE EMERGENCY MEDICAL CARE~~

~~No later than March 1, 2011, the commissioner of health shall repeal or amend any existing departmental rules on emergency medical care to ensure they are in compliance with the provisions of 18 V.S.A. § 906(8).~~

~~Sec. 20. STUDY: STATEWIDE LICENSING OF EMS PROVIDERS~~

~~(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. The commissioner of health shall prepare a report along with other findings and recommendations on Vermont's EMS services to the house committees on commerce and economic development and house human services, and the senate committees on economic development, housing and general affairs and health and welfare no later than January 15, 2012.~~

~~(b) The study committee shall also consider whether there should be certain course training requirements for those licensed as a registered nurse or physician's assistant.~~

~~Sec. 21. EFFECTIVE DATES~~

~~This act shall take effect on July 1, 2010, except for this section and Secs. 1, 7, 8, 14, 17, 18, 19 and 20 which shall take effect on passage.~~

~~Sec. 19. UPDATED RULES FOR ADVANCED EMERGENCY MEDICAL CARE~~

No later than March 1, 2011, the commissioner of health shall adopt, repeal, or amend any existing departmental rules on emergency medical care to ensure they are in compliance with the provisions of 18 V.S.A. § 906(8).

Sec. 20. STUDY; STATEWIDE LICENSING OF EMS PROVIDERS

(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.

(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.

Sec. 21. EFFECTIVE DATES

This act shall take effect on July 1, 2010, except for this section and Secs. 7, 8, 14, 18, 19, and 20, which shall take effect on passage.