2026 Special Session I

Budget Bill - HB30 (Chapter 1)

Item 275	First Year - FY2027	Second Year - FY2028
Emergency Medical Services (40200)	**$52,135,927**	**$51,135,927**
Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	$34,472,196	$33,472,196
State Office of Emergency Medical Services (40204)	$17,663,731	$17,663,731
Fund Sources:		
General	$1,000,000	$0
Special	$21,700,594	$21,700,594
Dedicated Special Revenue	$29,026,887	$29,026,887
Federal Trust	$408,446	$408,446

Authority: §§ 32.1-111.1 through 32.1-111.16, 32.1-116.1 through 32.1-116.3, and 46.2-694 A 13, Code of Virginia.

A. Distributions made under § 46.2-694 A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations. The Virginia Department of Health shall develop and implement a plan to ensure timely quarterly distributions of $4.25 for Life funding to the Virginia Association of Volunteer Rescue Squads beginning quarterly in May 2021.

B. Notwithstanding any other provision of law or regulation, funds from the $0.25 of the $4.25 for Life fee shall be provided for the payment of the initial basic level emergency medical services certification examination provided by the National Registry of Emergency Medical Technicians (NREMT). The Board of Health shall determine an allocation methodology upon recommendation by the State EMS Advisory Board to ensure that funds are available for the payment of initial NREMT testing and distributed to those individuals seeking certification as an Emergency Medical Services provider in the Commonwealth of Virginia.

C. Out of this appropriation, $190,000 the first year and $190,000 the second year from the Virginia Rescue Squad Assistance Fund shall be provided for national background checks on persons applying to serve as a certified or non-certified provider in a licensed emergency medical services agency. The Office of Emergency Medical Services may transfer funding to the Office of State Police for national background checks as necessary.

D.1. Out of this appropriation, $1,045,375 the first year and $1,045,375 the second year from the Virginia Rescue Squad Assistance Fund and $2,052,723 the first year and $2,052,723 the second year from the special emergency medical services fund shall be provided to the Department of State Police for aviation (med-flight) operations.

2. The Office of Emergency Medical Services shall determine an amount of funding for each hospital, eligible for funding from the Trauma Center Fund, that receives patients through Virginia State Police's (VSP) med-flight operations in the Richmond area in order to support the paramedics or flight nurses provided by Chesterfield County. The Office shall take into account the overall costs of such paramedics or flight nurses, excluding any

direct state appropriation, and determine a cost allocation for the hospital based on their share of the total number of VSP med-flight patients transported to the hospital for the prior fiscal year. Effective July 1, 2025, the amount assessed for a hospital shall reduce the amount of the hospital's Trauma Center Fund payment for the fiscal year. The Office shall transfer the assessed amount from the Trauma Center Fund to Chesterfield County as appropriate during the fiscal year.

E. The State Health Commissioner shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

F. The Virginia Department of Health shall make at least one annual distribution from the Trauma Center Fund, established pursuant to § 18.2-270.01, Code of Virginia, to eligible hospitals based on the available funding at the time of distribution.

G.1. Notwithstanding any other provision of law, the Board of Health shall not modify the geographic or designated service areas of designated regional emergency medical services councils without consulting relevant stakeholders, including existing regional councils, the Director of the Office of Emergency Medical Services, Emergency Medical Services personnel, community leaders, and any other public, private, and volunteer agency relevant to the decision.

2. Prior to making any change to the boundaries of existing regional emergency medical services councils, the Board of Health shall notify the existing councils of the changes it seeks to make.

3. The Board of Health shall report annually by September 1 to the General Assembly on (i) the status of existing regional emergency medical services councils; (ii) any changes it plans on making to regional council boundaries; and (iii) the actions it has taken to gather stakeholder input before implementing any changes.

H.1. Out of this appropriation, $1,000,000 the first year from the general fund shall be provided to the Virginia Department of Health to continue the Northern Virginia Firefighter Occupational Cancer Screening Pilot Program. Funding shall be contingent on the demonstration of an equal amount of matching funds each year provided by a health system-affiliated cancer screening center that has a contractual agreement to conduct the pilot program. Any balances for the purposes specified in this paragraph which are unexpended on June 30, 2027, shall not revert to the general fund but shall be carried forward and reappropriated.

2. The pilot program shall continue to (i) contract with a health system-affiliated cancer screening center located in Planning District 8 to implement the pilot program, (ii) be multi-year, and (iii) screen at least 450 firefighters annually, distributed among firefighters who are serving or have served localities in Planning District 8. The pilot program should continue: (i) the use of an occupational cancer screening and risk assessment for eligible firefighters within a defined age and risk band; (ii) a randomized clinical trial investigating the optimal type of full-body imaging for cancer early-detection for the unique occupational cancer risk of firefighters; and (iii) to develop an independent evaluation of the pilot program, assessing the effectiveness of the screening program and results of the clinical trials and their potential for use by other hospitals and health systems across Virginia, in partnership with the public safety divisions in their localities.