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HOUSE BILL NO. 740

Offered January 14, 2026

Prefiled January 13, 2026

A BILL to amend and reenact § 32.1-111.4 of the Code of Virginia, relating to Board of Health;; regulations; utilization of helicopter instrument approach procedure by hospital or air medical service vendor.

Patron—Williams

Committee Referral Pending

Be it enacted by the General Assembly of Virginia:**1. That § 32.1-111.4 of the Code of Virginia is amended and reenacted as follows:****§ 32.1-111.4. Regulations; emergency medical services personnel and vehicles; response times; enforcement provisions; civil penalties.****A. The Board shall prescribe by regulation:**

1. Requirements for recordkeeping, supplies, operating procedures, and other emergency medical services agency operations;

2. Requirements for the sanitation and maintenance of emergency medical services vehicles and their medical supplies and equipment;

3. Procedures, including the requirements for forms, to authorize qualified emergency medical services personnel to follow Do Not Resuscitate Orders pursuant to § 54.1-2987.1;

4. Requirements for the composition, administration, duties, and responsibilities of the Advisory Board;

5. Requirements, developed in consultation with the Advisory Board, governing the training, certification, and recertification of emergency medical services personnel;

6. Requirements for written notification to the Advisory Board, the Office of Emergency Medical Services, and the Financial Assistance and Review Committee of the Board's action, and the reasons therefor, on requests and recommendations of the Advisory Board, the Office of Emergency Medical Services, or the Financial Assistance and Review Committee, no later than five business days after reaching its decision, specifying whether the Board has approved, denied, or not acted on such requests and recommendations;

7. Authorization procedures, developed in consultation with the Advisory Board, that allow the possession and administration of epinephrine or a medically accepted equivalent for emergency cases of anaphylactic shock by certain levels of certified emergency medical services personnel as authorized by § 54.1-3408 and authorization procedures that allow the possession and administration of oxygen with the authority of the local operational medical director and an emergency medical services agency that holds a valid license issued by the Commissioner;

8. A uniform definition of "response time" and requirements, developed in consultation with the Advisory Board, for each emergency medical services agency to measure response times starting from the time a call for emergency medical services is received until the time (i) appropriate emergency medical services personnel are responding and (ii) appropriate emergency medical services personnel arrive on the scene, and requirements for emergency medical services agencies to collect and report such data to the Director of the Office of Emergency Medical Services, who shall compile such information and make it available to the public, upon request;

9. Enforcement provisions, including, but not limited to, civil penalties that the Commissioner may assess against any emergency medical services agency or other entity found to be in violation of any of the provisions of this article or any regulation promulgated under this article. All amounts paid as civil penalties for violations of this article or regulations promulgated pursuant thereto shall be paid into the state treasury and shall be deposited in the emergency medical services special fund established pursuant to § 46.2-694, to be used only for emergency medical services purposes; and

10. Procedures for when emergency medical services agencies in medically underserved areas as defined by the Board may transport patients to 24-hour urgent care facilities or appropriate medical care facilities other than hospitals. The regulations shall include provisions for what constitutes a medically underserved area, cases appropriate for transferring a patient to a medical facility other than a hospital, and other information deemed relevant by the Board.

11. *Requirements directing any hospital or air medical service vendor utilizing a helicopter instrument approach procedure to a hospital helipad approved by the Federal Aviation Administration to provide such procedure to any licensed air medical service operator requesting it for the purpose of patient transport. Such requirements shall include standardized procedures for requesting, receiving, and using such instrument approach data and enforcement mechanisms for noncompliance by a hospital or air medical service vendor. Nothing in this subdivision creates liability for the hospital's approach.*

INTRODUCED

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59 B. The Board shall classify emergency medical services agencies and emergency medical services
60 vehicles by type of service rendered and shall specify the medical equipment, the supplies, the vehicle
61 specifications, and the emergency medical services personnel required for each classification.
62 C. In formulating its regulations, the Board shall consider the current Minimal Equipment List for
63 Ambulances adopted by the Committee on Trauma of the American College of Surgeons.