

Department of Planning and Budget 2024 Session Fiscal Impact Statement

1. Bill Number: HB492

House of Origin Introduced Substitute Engrossed
Second House In Committee Substitute Enrolled

2. Patron: Garrett

3. Committee: Committee on Rules

4. Title: Department of Fire Programs; statewide contract language for procurement of fire and emergency.

5. Summary: Directs the Department of Fire Programs, the Department of Health’s Office of Emergency Medical Services, and the Department of General Services to establish a workgroup to prepare statewide contract language for the procurement of fire and emergency medical services apparatuses and equipment. The bill requires the Department of Fire Programs to report the work group’s findings and recommendations to the Virginia Fire Services Board and State EMS Advisory Board on or before October 1, 2024, and to make such report available to the Chairmen of the House Committee on General Laws and the Senate Committee on General Laws and Technology, upon request.

6. Budget Amendment Necessary: No.

7. Fiscal Impact Estimates: Preliminary, see Item 8 below.

8. Fiscal Implications: The proposed bill requires the Department of Fire Programs (VDFP), the Department of Health’s Office of Emergency Medical Services (OEMS), and the Department of General Services (DGS) to establish a workgroup to prepare statewide contract language for the procurement of fire and emergency medical services apparatuses and equipment.

According to the Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS), and the Department of General Services (DGS), there is no anticipated fiscal impact on the agencies as a result of this legislation. It is expected that DGS would provide technical assistance to the VDFP with contract and procurement of fire and emergency medical services apparatuses and equipment to support the workgroup. Therefore, the fiscal impact on VDFP is minimal.

9. Specific Agency or Political Subdivisions Affected: Department of Fire Programs, Virginia Department of Health Office of Emergency Medical Services, Department of General Services.

10. Technical Amendment Necessary: No.

11. Other Comments: None.