# 2026 Virginia Legislative Priorities and Issues

## Provided to the Virginia General Assembly





























#### Members of the Virginia General Assembly:

The process of gaining consensus on legislative priorities can be daunting, requiring significant collaboration and, often, compromise among all entities/stakeholders involved. Each year, the major Fire and EMS Stakeholder organizations from across the Commonwealth of Virginia meet to discuss their specific legislative needs and the key issues concerning the organizations as a whole. The consensus of the thirteen major Virginia fire and EMS Stakeholder organizations is that legislative items in this booklet represent our collective priorities for 2026. Our organizations are as follows:

Virginia Fire Chiefs Association, Virginia Professional Firefighters, Virginia State Firefighters Association, Virginia Association of Governmental EMS Administrators, Virginia Association of First Responders, Virginia Fire Prevention Association, VA Chapter—International Association of Arson Investigators, Virginia Association of Hazardous Materials Response Specialists, Virginia Regional EMS Councils, Virginia Emergency Management Association, Virginia Ambulance Association, Virginia Association of Public Safety Communications Officials, and the Virginia Fire Service Council

As the presidents/chairpersons of the above statewide Fire and EMS stakeholder organizations, we request that you consider and ultimately approve these major legislative initiatives, which would have a significant impact on fire and EMS in the Commonwealth of Virginia. Furthermore, we wish to inform you of other critical issues affecting the fire and EMS community that may require future legislation.

We thank you for your review and consideration of these critical matters.

Sincerely, (Fire and EMS Stakeholders)

Kevin Good President, Virginia Fire Chiefs Association

Robert Bragg President, Virginia Professional Firefighters

Joseph "Buster" Insley President, Virginia State Firefighters Association

Amy Ward President, Virginia Association of Governmental EMS Administrators

Andy Neagle President, Virginia Association of First Responders

Shawn Maddox President, Virginia Fire Prevention Association (Fire and EMS Stakeholders, cont'd)

Charlie Knowles

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David Newell

President, Virginia Association of Hazardous Materials Response Specialists

Michael Player

Chairman, Virginia Regional EMS Councils

Danielle Holmstrom

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#### **Dedicated and Sustainable State Funding for Fire and EMS Response**

Fire and EMS are an essential element of public safety across Virginia. Citizens have an expectation that when they call 911 for help, appropriately trained providers will respond with the needed equipment, regardless of what help is needed - law enforcement, fire and /or EMS. Until 2025, Fire and EMS had not received general fund support in the same way that the law enforcement community does through 599 funding or Compensation Board funding. There are some very limited, fee-based funds passed through for the provision of Fire and EMS services. This funding model is not sustainable for providing the basic core services of Fire and EMS throughout Virginia.

In 2023, a stakeholder workgroup surveyed Virginia localities on fire and EMS needs, receiving an 87% response rate<sup>1</sup>. The survey showed an increase in call volume, a decrease in the number of volunteers, and extreme inflation, resulting in an untenable situation for many communities. Call volume increased by 40% over the past three years, while state pass-through funding for fire and EMS has increased by only 6.67%. Nearly 18% of localities stated that they did *not* meet the minimum standard for response delivery outlined by the Virginia Department of Health's Office of EMS. In 2020, the cost of a standard fire engine was \$591,000. By 2023, that number skyrocketed to \$1,238,000 – a 109% increase in just three years.

TABLE 4: EMS SUPPLY COST INCREASES (OFFICE OF EMS)

Item	Cost Increase from Spring 23' to Fall 23'	
Automatic External Defibrator	45%	
Ambulance Remount	17%	
Chest Compression Devices	17%	
Monitors with 12 Lead Capability	10.6%	
Power Stair Chairs	40%	

TABLE 5: SUPPLY COST INCREASES OF A STANDARD FIRE ENGINE

Year	Cost	Cost Increase
2020	\$591,000	N/A
2021	\$638,000	7.95%
2022	\$978,000	53.29%
2023	\$1,238,000	26.58%
Percent Incre	ease 2020-2023:	109.48%

In 2024, a third-party review of fire and EMS funding, conducted by the VCU Wilder School, found that "approximately 97.15% of the \$6.2 billion spent on fire and EMS from FY21-FY23 came from local governments. An estimated 1.13% came from federal sources, and 1.72% from the Commonwealth of Virginia." To ensure proper protection of Virginia's residents, visitors, and

<sup>1</sup> During the 2023 session, HB 2175 required a workgroup to study fire and EMS funding and produce a report.

<sup>&</sup>lt;sup>2</sup> During the 2024 session, the Appropriations Act requested a third-party review of fire and EMS funding, including various sources, and locality/ regional capacity and needs.

critical infrastructure assets, local fire departments need additional partnership from the Commonwealth.

There are three current funding streams at the state level for fire and EMS response, including (1) the "Four for Life" vehicle registration fee, (2) Aid to Localities (ATL) generated by a 1% fee on property insurance, and (3) the Personal Protective Equipment Grant for at-risk fire departments to purchase personal protective equipment, or "turnout gear," at a cost of \$12K per person. Career and volunteer firefighters remain committed to serving their fellow citizens and visitors in the Commonwealth. However, the vast majority of fire and EMS departments are currently understaffed, underfunded, and, in many cases, lack the basic resources, equipment, and apparatus to effectively mitigate emergencies within their community.

#### Aid to Localities (ATL) & the Fire Programs Fund:

In 1985, the Virginia Fire Programs Fund was established to support the critical needs of the fire service, including training, equipment, and protective clothing. Revenues are generated by a 1% fee on property insurance, with the funds split - 75% returned to localities using a formula based on population, and 25% retained to fund the Department of Fire Programs (DFP) while distributing other fire service grants. The 1% fee has not been raised since 1995, and the fund certainly has not kept up with inflation, so equipment purchases have suffered significantly. Additional funds are needed to support fire departments across the Commonwealth, allowing them to be more effective and efficient, protect citizens and businesses from loss of income and property, and improve the chances of minimizing injuries and deaths in Virginia.

Both career and volunteer fire and EMS providers remain committed to serving their fellow citizens in the Commonwealth. However, most of Virginia's fire and EMS services are currently understaffed, underfunded, and lack the resources for proper equipment, apparatus, and infrastructure. Many volunteer agencies, both fire and EMS, are on the verge of bankruptcy or not be able to provide the services needed in an emergency. The days of local fundraising (bake sales, stews, barbecues, etc.) are no longer sufficient to raise enough funds for the departments to continue operations. Both career and volunteer agencies need additional funds to continue serving the citizens of the Commonwealth effectively.

POLICY SOLUTION: Increase the surcharge on property insurance from 1% to 2% over the course of the next biennium, bringing the total to 2% by FY2028.

#### **Personal Protective Equipment Grant:**

In 2025, the Governor and General Assembly approved a new \$5M grant fund, using General Fund dollars, for the Virginia Department of Fire Programs (VDFP) to award grants to struggling fire departments for the purchase of personal protective equipment, or "turnout gear," at a cost of \$12K per person.

POLICY SOLUTION: Make the Personal Protective Equipment Grant fund permanent and continue funding to allow for basic protective equipment for all career and volunteer fire fighters across the Commonwealth.

#### **Funding for Firefighter Cancer Screening**

Purpose: To provide a dedicated and discretionary funding stream for cancer detection and data collection for firefighters across the Commonwealth.

Amount Requested: \$3,000,000. Of this, \$2,000,000 will be dedicated to career firefighters and \$1,000,000 will be discretionary funding for cancer screening as determined by the Virginia Department of Fire Programs based on criteria established for the grant program. Qualifying firefighters for the discretionary funds include volunteer or part-time firefighters.

Distribution of funds to Departments: The Virginia Department of Fire Programs would hold the funds. Each locality would be responsible for requesting funding based on the current number of firefighters in its respective department. The funding would be specifically allocated for cancer screening and could not be used for any other purpose. The Virginia Fire Services Board would create a policy outlining the administration of these funds in the same manner as is done for other grants administered through the Department of Fire Programs. A data collection component would be implemented, requiring results from the screening to be provided to VDFP regarding employment/workplace exposure history, demographics, co-morbidities, and lifestyle factors. VDFP may choose to partner with an outside entity to review and accept results while retaining access. These results will be used to monitor cancer diagnoses and improve knowledge about cancer risks for firefighters.

Screening: Each locality would have the option of a preferred screening method. The minimum test would be an ultrasound test specific for detecting cancers, and the cost of this test is \$350. Localities would have the option to upgrade to more advanced blood testing and would be responsible for the additional expense.

Virginia Professional Firefighters will aid each locality in securing a testing method based on their chosen option.

#### Virginia Retirement System; Enhanced Retirement Benefits for 9-1-1 Dispatchers

Emergency-9-1-1 (E-9-1-1) dispatchers are known as the "first" first responders, because without them, no first responder would ever be dispatched to an incident. Dispatchers experience many of the same psychological trauma and stressors as law enforcement, firefighters, and emergency medical personnel. To make matters worse, dispatchers rarely get closure, as they are not focused on a single incident and therefore do not see the final resolution or closure to a 9-1-1 call.

Virginia's fire and EMS stakeholders unanimously support adding 9-1-1 dispatchers to the list of local employees eligible to receive enhanced retirement benefits. These benefits would be similar to those provided to Virginia State Troopers when the locality elects to offer enhanced retirement benefits. Under current law, localities may provide such benefits to first responders, including firefighters and emergency medical technicians, police officers, sheriff's deputies, and certain other hazardous duty positions, but not 9-1-1 dispatchers. Why should they be treated any differently than other first responders?

Additionally, recruitment and retention of E-9-1-1 dispatchers is a nationwide problem, due to the nature of the job. Challenges include the trauma stressors, difficult hours worked, and lower salaries compared to other first responders. Recently, the Commonwealth of Virginia released the Emergency-9-1-1 Border Response Workgroup Report pursuant to Item 391 of the State Budget. The workgroup assessed the deficiencies related to the timely routing of E-9-1-1 calls to the appropriate public-safety answering point (PSAP) across either state or county borders. The workgroup also collected information and assessed problems with the current system; reviewed solutions already implemented by localities and citizen groups; identified best practices; and provided recommendations to the General Assembly on technology, training, and compensation. The workgroup clearly identified increased benefits and compensation for dispatchers as one of its key recommendations.

Background: This was a primary legislative agenda item by this Fire and EMS Stakeholder group during the 2022 General Assembly and was subsequently referred to a JLARC study in 2023. The JLARC report validated the high level of responsibility of 911 communications officers. This group continues to feel strongly about this benefit for our E-9-1-1 dispatchers and was pleased to see that the JLARC study confirmed the critical role they provide in the public safety profession. This would give localities the authority to opt in to provide enhanced coverage, similar to (but not eligible for the hazardous duty stipend) those provided under the State Police Officers' Retirement System (SPORS). The benefit includes the ability to achieve full retirement benefits at age 50 with 25 years of service and the higher retirement multiplier. Offering enhanced retirement benefits is a win-win for both employees and the locality and will help with retention and attrition rates. Localities that invest in these benefits can reduce turnover costs, training expenses, and improve response time, ultimately benefiting the public safety operations within the locality. The cost of the benefits would be borne by the locality that chooses to opt in. We continue to strongly support legislation to add E-9-1-1 dispatchers as eligible employees for enhanced retirement benefits.

#### **Other Informative Issues**

#### Fireworks

The Fire and EMS Stakeholders oppose any action by the General Assembly that would expand the sale, possession, and use of consumer fireworks.

Fireworks have been restricted to certain consumer fireworks since the General Assembly (GA) enacted these restrictions in 1950 under the Trade and Finance title of the Code of Virginia (COV). The term "Permissible Fireworks" was created and became effective in the COV under Title 27 in SB 683 during the 2002 GA session. The restricted types of consumer fireworks have historically provided a safer experience for the citizens and visitors of the Commonwealth of Virginia in terms of use and handling. In the last 12 months, there have been multiple reported fireworks injuries from misuse and/or misfire/malfunction, and one death from misuse of consumer fireworks that are not classified as permissible fireworks in Virginia. These incidents emphasize the dangers of fireworks that explode, rise, and/or travel.

The Consumer Product Safety Commission's (CPSC) 2024 Fireworks Annual Report highlights 21 fireworks-related deaths during 2024 in the United States. This is a 162 percent increase from 8 in 2023. There were an estimated 14,741 fireworks-related injuries treated in U.S. hospital emergency departments during 2024. There has been a statistically significant and steady increase in fireworks-related injuries per year from 2008 through 2024. \*Note: Per the CPSC, reporting of fireworks-related deaths for 2024 is not complete, and the number of deaths identified for 2024 should be considered a minimum.

Any expansion of the type or use of fireworks in the Commonwealth of Virginia should come with critical increases in funding for fire, EMS, and law enforcement agencies identified as first responders by a locality, as well as the fire marshal's office having authority, and consideration should be given to more stringent fire codes, such as residential sprinklers. Of the sales tax or fee revenue generated by the local sale or use of permissible or consumer fireworks, a significant percentage of such revenue should be dedicated to funding to first responders and the fire marshal's office, enabling them to handle increased calls for service.

Language shall remain in Title 27 of the Code of Virginia that gives authority to local governments to prohibit, by ordinance, the sale and use of permissible or consumer fireworks.

#### **Single-exit-stairwell**

Virginia's Fire and EMS stakeholders strongly oppose any code change that reduces the minimum safety requirements found in the national model codes. The proposed code language seeks to lessen provisions that require a minimum of two exit stairwells in a Residential Group R-2 occupancy of over three stories, as required by the International Code Council (ICC) International Building Code (IBC) – the model code adopted by the Virginia Board of Housing and Community Development. The longstanding code development process in the Commonwealth should not be circumvented by legislative action.

Through a national code consensus process utilized for decades, model codes include redundancy in egress options to ensure occupant emergency escape and first responder access during emergencies. At four stories and above, Emergency Escape and Rescue Openings (EEROs) start to become technically and functionally infeasible. EEROs are windows or doors that provide occupants a means of escape and rescue. There is currently no code requirement for EEROs in four-story and above R-2 occupancies. Allowing the construction of residential buildings over three stories with a single-exit stairwell is contrary to the lessons learned from decades of tragedies resulting in loss of life.

#### Concerns:

- Places occupants and firefighters in danger.
- Many fire departments lack the personnel and equipment required to safely evacuate large numbers of people from elevated floors and through a single stairwell.
- Performing emergency response operations in a single stairwell that is simultaneously being used for occupant escape negatively impacts rescue and fire suppression efforts.
- Modern hazards, such as those posed by lithium-ion batteries, underscore the need to be able to exit a building quickly and safely in an emergency.

Additionally, the International Association of Firefighters, the National Association of State Fire Marshals, the International Association of Fire Chiefs, Metropolitan Fire Chiefs Association, and the National Fallen Firefighters Foundation oppose a code change that lessens the minimum model code language.

#### Code of Virginia--Recognition of Fire Marshals with law enforcement authority

The Code of Virginia (COV) references and recognizes law enforcement officer (LEO) positions in multiple Code sections. In these sections throughout the COV, the position title "Fire Marshal" is not referenced or identified as being a LEO. COV Title 27 §27-34.2:1 states that when a person is appointed pursuant to §27-36 and when authorized by the local governing body appointing the fire marshal, they shall have the same police powers as a sheriff, police officer, or law enforcement officer. The police powers granted by this section shall not be exercised until satisfactory completion of a basic law enforcement course designed by the Department of Fire Programs. The inclusion of the position title Fire Marshal, with police powers per §27-34.2:1 is sought for inclusion in all locations of the COV listing the various LEO positions.

Within the COV, there are numerous safety, health, penalty, retirement, and other benefits that are afforded to other LEO positions that are not offered to a Fire Marshal with law enforcement powers because of the position title exclusion. However, for clarification, the inclusion of the position title Fire Marshal is not being sought for inclusion in the definition of LEO found in COV Title 9 §9.1-101.

#### Christopher King Backseat Safety Belt Law (HB 2475) -- Requested amendments

The Christopher King Backseat Law (HB 2475), effective July 1, 2025, requires all vehicle occupants—front and back seat, regardless of age—to wear seat belts. Enforcement occurs only as a secondary measure during another traffic stop.

While the law advances overall traffic safety, it creates unintended consequences for emergency medical services (EMS) operations. The Rappahannock EMS Council (REMS), Tidewater EMS Council and Thomas Jefferson EMS Council (TJEMS) Boards of Directors have reviewed this issue and identified significant concerns specific to ambulance operations. The majority of the Regional Council Directors voted to support an amendment to address the concerns, along with the Virginia Ambulance Association and the Virginia Association of Governmental EMS Administrators.

#### Concerns

#### 1. No Exception for Patient Care

 The law makes it illegal for EMS providers to unbuckle during patient care activities while in transit. This restriction conflicts directly with providers' duty to render timely and potentially lifesaving interventions.

#### 2. Difficulty Retrofitting Older Ambulances

Many older ambulance models do not have modern integrated restraint systems.
Retrofitting is technically challenging and financially impractical, requiring a grandfather clause to protect agencies operating legacy units.

#### 3. Liability Concerns

o The law creates uncertainty: if an EMS provider unbuckles to perform patient care and is injured in a crash, does liability rest with the provider, the agency, or both? This ambiguity could expose EMS agencies to unnecessary legal and financial risk.

#### Comparison to Other States

Several states—including California, Illinois, South Carolina, Georgia, and Tennessee—have enacted explicit exemptions for EMS providers engaged in patient care, recognizing that certain lifesaving interventions cannot reasonably be performed while restrained. Ontario, Canada, provides a model exemption where EMS providers are exempt "where attendance to a patient makes it impracticable to wear a seat belt assembly."

#### Voluntary mental health transport program

Virginia ambulance transport companies have been tasked with transporting mental health patients who are voluntarily accepting admission to a mental health facility. A significant majority of these patients have no concurrent medical condition and therefore do not require ambulance transport. This task has traditionally fallen to ambulance companies "by default" because the patients and facilities lack another appropriate option.

In 2021, the Department of Behavioral Health and Disability Services (DBHDS) entered into a contract with a private provider of transportation services to alleviate the burden of transporting patients under detention orders for non-voluntary mental health admissions. This program was well designed, but was only available to patients under detention orders, as the intent was to provide relief to law enforcement specifically.

Private medical transportation companies, and those owned by hospitals across Virginia, have implemented various programs to transport these patients in vehicles other than ambulances. While generally modeled after the DBHDS program and those currently implemented in other states, Virginia lacks a uniform set of requirements. Additionally, this level of service is not recognized by the state Medicaid program, the associated managed care organizations and their transportation brokers, or private insurance companies. Companies providing these services are left with little option other than to bill the facilities of origin. Some of the problems created by this include:

- Long wait times for patients to be transported to a mental health facility for admission.
- Loss of bed placement at mental health facilities due to the delay in arrival.
- Emergency department resources are overutilized in monitoring 1-to-1 patients.
- Increased "wall-time" the amount of time an ambulance crew waits for a bed when dropping off a patient in the ED.
- Confusion in the Medicaid transportation brokerage system, leading to potentially unsafe transfers by individuals not trained in maintaining the safety of a mental health patient.

The Virginia Ambulance Association is currently working with DMAS and DBHDS to develop a program that will safely transport voluntary mental health patients for admission across Virginia while leaving scarce ambulance resources available for medical patients. While no legislation is proposed at this time, there will likely be a need for legislation to support these programs through the Medicaid system as well as encouraging private insurance providers to allow for payment for mental health transportation in Virginia.

The EMS Stakeholders support the development of mental health transportation programs to provide a safe solution for mental health patient transfers while alleviating the burden on ambulance services and emergency rooms across Virginia.

#### From Reliance to Resilience: A Dedicated State Funding Source for Emergency Management

Virginia's emergency management system is heavily reliant on federal preparedness grants, including the Emergency Management Performance Grant (EMPG) and the Homeland Security Grant Program (HSGP). These programs have long served as the backbone of local emergency management budgets. However, as federal priorities shift and discussions continue regarding the reduction of FEMA preparedness funding, the Commonwealth faces an urgent challenge: how to sustain and strengthen local preparedness, response, recovery, and mitigation capabilities when federal funding is no longer guaranteed.

In accordance with Va. Code Ann. § 44-146.19, every political subdivision is required to maintain an emergency management program, designate a coordinator, and keep its emergency operations plan current. While these statutory requirements are met, many jurisdictions struggle to allocate the necessary resources for robust preparedness. In most communities, emergency management is an added duty for fire, law enforcement, or other local officials, leaving little bandwidth for the complex demands of planning, training, and disaster coordination. Without consistent funding and full-time leadership, Virginia risks uneven preparedness across the Commonwealth and a reduced capacity to manage disasters at the local level.

The Commonwealth of Virginia Emergency Operations Plan (COVEOP) makes clear that emergencies are best managed at the lowest level of government. Yet to do so effectively requires trained professionals who can:

- Coordinate planning, training, and exercise cycles to strengthen local readiness.
- Build relationships with businesses, nonprofits, and community-based organizations.
- Lead coordination and information-sharing during no-notice incidents and complex disasters.
- Support whole-community preparedness that considers the diverse needs of Virginians. As federal support wanes, Virginia has both the risk and the opportunity before it. Without action, localities will face widening gaps in their ability to prepare for and recover from disasters. With action, the Commonwealth can chart a new path forward by establishing a dedicated state funding source for emergency management. Such a fund would:
- Reduce dependence on federal appropriations and strengthen Virginia's long-term resilience.
- Provide every locality with the resources to sustain a professional, full-time emergency manager.
- Ensure consistent readiness across all jurisdictions, large and small.

By shifting from reliance to resilience, Virginia can safeguard its communities against emerging threats, restore services more quickly after disasters, and demonstrate a national model for state-supported emergency preparedness.

## Amend the Code of Virginia to establish penalties for reckless acts resulting in injury or death of Fire, EMS, and/or Law Enforcement Personnel.

Currently, there is a gap in Virginia criminal law that does not allow for criminal charges to be filed against a defendant who recklessly caused the injury of first responders and civilians. Legislation allowing for the criminal prosecution of individuals who recklessly or negligently act with disregard for the risk of catastrophe resulting in injury would remedy this situation. It would also benefit the First Responder community if the proposed legislation included an upgrade in the grading of the offense when the offender knew, or should have known, that the event would pose a greater risk to first responders, and a further increase if the incident results in the injury or serious injury of first responders.

As an example, on February 16, 2024, a house explosion on Silver Ridge Drive in Sterling, Virginia, killed Firefighter Trevor Brown and injured 10 other first responders, some seriously. In summary, but for the death of Firefighter Brown, if only injuries had occurred and there had been no death, there would have been no felony charges that could have been filed as a result of this incident, even though the facts that resulted in the defendant's conviction for involuntary manslaughter, would have been the same had a criminal charge been filed for the more than 10 first responder injuries.