

# 2023 Virginia Legislative Priorities and Issues

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Provided to the  
Virginia General Assembly



**VAGEMSA**

Virginia Association of  
Governmental EMS  
Administrators



**Virginia Fire Service Council**



Members of the Virginia General Assembly:

The process of gaining consensus on legislative priorities can be a daunting task that requires significant collaboration and, often times, compromise by all entities/stakeholders involved. Each year, the major Fire and EMS Stakeholder organizations from across the Commonwealth of Virginia meet to discuss not only their specific legislative needs, but the key issues concerning the organizations as a whole. It is the consensus of the eleven major Virginia fire and EMS Stakeholder organizations that legislative items contained in this booklet are our collective priorities for 2023. 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 Volunteer Rescue Squads, 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 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 entail a major impact on fire and EMS in the Commonwealth of Virginia. Further, it is our desire to inform you of other critical issues that are affecting the fire and EMS community and that may require future legislation.

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

Sincerely,  
(Fire and EMS Stakeholders)

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President, Virginia Fire Chiefs Association

Robby Bragg  
President, Virginia Professional Firefighters

Pete Kirby  
President, Virginia State Firefighters Association

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## **Expanding Cancer Coverage for Firefighters**

One of the biggest threats to Virginia's firefighters is the prolonged occupational exposure to carcinogenic substances. According to Johns Hopkins University, existing personal protective gear can mitigate, but not fully prevent, a firefighter's exposure to carcinogens.<sup>1</sup> As a result, firefighters are more likely to contract cancer than the general population, and have a 14 percent increased risk of dying from the disease.<sup>2</sup> This year, the International Agency for Research on Cancer (IARC) re-classified occupational exposure as a firefighter as *carcinogenic to humans* (Group 1), on the basis of *sufficient evidence* for cancer in humans. As a result, Virginia's Fire and EMS Stakeholders ***unanimously support expanding occupational cancer coverage for firefighters and emergency medical services personnel and increasing funding for cancer prevention.***

## **Background**

In 1994, the Virginia Workers' Compensation Act was expanded to provide presumption coverage to firefighters whose death or disability resulted from five types of occupational cancers, including leukemia, pancreatic, prostate, rectal and throat cancers. Later, ovarian and breast cancers were added by the 2000 General Assembly, as more women joined the fire service.

In December 2019, the Joint Legislative Audit and Review Commission (JLARC) released its comprehensive report on Virginia's Workers Compensation System and Disease Presumptions<sup>3</sup>. As a result of the JLARC report, legislation was passed during the 2020 General Assembly Session to add brain, colon and testicular cancers to the presumption statute.

In July 2022, the International Agency for Research on Cancer (IARC), the cancer agency of the World Health Organization (WHO), re-evaluated firefighting and re-classified fire fighter occupational exposure as a group 1 carcinogen, stating "there is sufficient evidence for cancer in humans." IARC found that "occupational exposure as a fire fighter causes cancer."<sup>4</sup> The IARC found sufficient evidence for cancer in humans for bladder cancer, and limited evidence for several other cancers including non-Hodgkins lymphoma, and melanoma. For decades, the IARC had classified fire fighter occupational exposures as "Group 2B" meaning the exposures were "possibly" carcinogenic. The new classification, "Group 1 – carcinogenic to humans," now puts exposure to carcinogens through firefighting on a par with tobacco use or exposure to benzene as cancer causing activities.

Additionally, data collected through preventive cancer screenings show a dramatic increase in the number of firefighters found with thyroid cancer. While anatomically located in the throat, claims are being denied coverage under existing code by insurers, as thyroid cancer is not clearly defined.

Virginia's firefighters are taking all preventive measures that they can, however, after enduring extensive exposure to toxins and carcinogens, firefighters will continue to be diagnosed with an occupational cancer. When additional scientific studies are completed and data is updated, Virginia Code should be updated to reflect new research and data. ***Virginia's Fire and EMS Stakeholders unanimously support adding bladder, non-Hodgkins lymphoma, melanoma, and thyroid to the list of cancers covered under Virginia Code 65.2-402.*** Our firefighters and their

families have earned these protections, and we need to honor their service by ensuring they get them appropriately whenever they receive that diagnosis.

<sup>1</sup> Joint Legislative Audit and Review Commission. Virginia's Workers' Compensation System and Disease Presumptions (December 2019), Retrieved <http://jlarc.virginia.gov/pdfs/reports/Rpt530.pdf>.

<sup>2</sup> National Institute for Occupational Safety and Health. Study of Cancer among U.S. Fire Fighters. <https://www.cdc.gov/niosh/firefighters/health.html>

<sup>3</sup> Joint Legislative Audit and Review Commission. Virginia's Workers' Compensation System and Disease Presumptions (December 2019), Retrieved <http://jlarc.virginia.gov/pdfs/reports/Rpt530.pdf>.

<sup>4</sup> International Agency for Research on Cancer (July 2022) <https://www.iarc.who.int/news-events/iarc-monographs-evaluate-the-carcinogenicity-of-occupational-exposure-as-a-firefighter/>

### **Budget Language: Needs Assessment and Sustainable Funding Stream for the Fire Service and Emergency Medical Services (EMS) from the Commonwealth**

Unlike other categories of first responders such as police and sheriffs, there is no direct funding from the Commonwealth to support fire services and Emergency Medical Services (EMS) professionals. Instead, localities are responsible for funding fire and EMS needs through their respective tax bases, with only two small pass-through streams from the Commonwealth: first, the Fire Programs Fund is a one percent assessment on fire insurance in the Commonwealth intended to supplement training, equipment, and protective gear. Second, there is a \$6.25 surcharge on each vehicle registered in Virginia, which provides grants to EMS agencies through the Rescue Squad Assistance Fund (RSAF) and a small direct return to localities based upon the number of registered vehicles in a locality.

Meanwhile, the cost of delivering services is increasing due to inflation, the rising cost of equipment, declining recruitment and retention of employees, and additional life safety requirements across the Commonwealth. Rural communities are especially struggling to maintain sufficient fuel levels, pay for insurance, and fund other essential needs at their stations. Current funding is not sufficient to keep pace with additional responsibilities given to Fire and EMS departments, such as Marcus Alert co-response teams and retrofitting firehouses for COVID-19 protections. In an effort to meet the rising demand for services, while balancing the increasing cost for delivery and a nationwide decline in fire and EMS personnel, the Commonwealth needs to find a sustainable model for investing in fire and EMS departments into the future.

**Proposed 2023 Legislative Action:** Budget language to create a workgroup, jointly led by the Virginia Department of Fire Programs and the Virginia Office of EMS, to study existing fire and emergency medical services, analyze sustainability of current funding, and review alternative funding models from other states. The workgroup should include representatives of the Virginia Fire Chiefs Association, Virginia Fire Service Council, Virginia Professional Fire Fighters, Virginia State Firefighters Association, Virginia Association of Volunteer Rescue Squads, Virginia Association of Governmental EMS Administrators, Virginia Regional EMS Councils, Virginia Department of Fire Programs, Virginia Office of EMS, Virginia Department of Planning and Budget, Senate Finance Committee, and House Appropriations Committee, with a final report due October 1, 2023. The study should utilize an outside consultant and include a needs assessment survey, with the stakeholder workgroup guiding the research questions. Initial questions should include:

1. What are existing local fire and emergency medical services (EMS) needs?
2. Is current funding sustainable? Are there gaps in funding?
3. How do other states fund fire and emergency medical services (EMS)?
4. What are the best practices?

## **Providing Behavioral Health Benefits**

Firefighters and other first responders spend a career trying to save others all while putting themselves in danger. During their career, firefighters and other first responders experience more trauma than the citizens they're sworn to protect will see in a lifetime. This has forced these heroes to hide in the shadows and deny themselves the help they deserve, the consequences of which are devastating.

According to a recent National Mental Health & Wellness survey, 9% of first responders experience clinical levels of depression, 20% anxiety, and 12% PTSD. And 80 out of every 1,000 experience suicidal ideation. Most alarming is the number of firefighters who die by suicide is twice as high as those who die in the line of duty. Sadly, this has been the case since 2014.

Recognizing that concern, it is imperative to provide avenues for firefighters to get the behavioral health treatment and support they need. The Fire and EMS Stakeholder organizations support defining anxiety and depressive disorders as an occupational disease the same as PTSD under [§65.2-107], for Virginia's firefighters and other first responders.



### **Increase Funding for Emergency Medical Services (EMS)**

The Virginia Office of EMS (OEMS) is entirely funded through a Department of Motor Vehicles vehicle registration program referred to as “Four for Life” - outlined in Code of Virginia § 46.2-694. Currently every vehicle registration in Virginia has a fee of \$6.25 designated for the funding of EMS in Virginia. Of that \$2.00 is taken to fund the Virginia State Police medevac program. \$.25 is deposited in the Rescue Squad Assistance Fund (RSAF) and used only to pay for the costs associated with the certification and recertification training of EMS personnel. The remaining \$4.00 is used to fund the Rescue Squad Assistance Fund (RSAF), Return to Localities funding, and direct funding for the Office of EMS. This is a special fund designated for EMS purposes only and is distributed as follows:

- 32% is distributed to the Rescue Squad Assistance Fund.
- 30% is disbursed through contracts and other procurements to support:
  - EMS training programs
  - Advanced Life Support training
  - Recruitment and retention programs
  - EMS system development, initiatives, and priorities
  - Local, regional, and statewide performance contracts for EMS
  - Technology and radio communication enhancements
  - Emergency preparedness and response
- 26% is allocated as the “Return to Locality” fund to provide local funding support for:
  - Training of EMS personnel
  - The purchase of equipment and supplies for emergency medical and rescue services
- 10% is to support Virginia OEMS.
- 2% is distributed to the Virginia Association of Volunteer Rescue Squads to be used for the purpose of conducting volunteer recruitment, retention, and training activities.

The RSAF program is a grant for nonprofit Virginia licensed EMS agencies or other Virginia organizations that are operating a nonprofit agency for the benefit of the general public. The primary goal of this program is to financially assist EMS agencies to purchase EMS equipment and vehicles, computers, EMS management programs, courses/classes and projects benefitting the recruitment and retention of EMS personnel. Each grant cycle there are requests of over \$7M through applications while an average of \$2.5M is awarded. While the cost of goods and services continue to climb, there has been no increase provided to this grant program in 20 years, which results in fewer localities being awarded a grant.

The OEMS has expanded its workforce to meet the changing needs of EMS systems throughout the Commonwealth. As an example, the development of Mobile Integrated Healthcare or Community Paramedic programs is a new area within EMS, where the OEMS has expanded to help localities navigate through the process of establishing programs and remaining in compliance with Virginia Department of Health guidelines.

Currently, there are no general funds that are given to the OEMS or regional EMS councils. The last increase of funding for EMS purposes was provided in fiscal year 2002. An increase of funding resulting from an increase in motor vehicle registration fees can be made by amending the language in Code of Virginia § 46.2-694.13.

## **EMS as an Essential Service**

An essential service is a service that the government is required by law to provide to its citizens and states have the authority to determine which services are “essential.” Emergency Medical Services (EMS) is widely considered an essential public service by much of the general public. There is the expectation that if someone calls 9-1-1 for an ambulance, one will be available to help them during their emergent medical situation. Currently under the *Code of Virginia*, providing pre-hospital emergency medical care in Virginia is not considered an essential service. While every city/county in Virginia makes arrangements to provide this critical service for their residents out of necessity, there is no requirement that local governments must provide this to their residents. §15.2-955.B of the *Code of Virginia* states “Each locality shall seek to ensure emergency medical services are maintained throughout the entire locality.”

Recognizing EMS as an essential service will require localities to provide these services or ensure that emergency medical services are maintained throughout their locality; however, localities can satisfy this requirement by owning and operating their own ambulance(s), entering an agreement with another local government, hospital or other healthcare facility, or recognizing a public, private, volunteer or non-profit EMS agency as a Designated Emergency Response Agency (DERA) for their community. Recognizing EMS as an essential service will have no effect on localities that currently provide or contract for ambulance services, and it does not require localities to allocate local revenue if the service can be provided by other means.

The interruption of EMS can put a community at risk for endangering the life, personal safety, or health of the population, so there is a need to recognize, designate, and officially codify EMS as an essential service. The goals of legislation to recognize EMS as an essential service are:

- Ensure a minimum capability across the state. Localities must ensure the availability of a basic level of EMS.
- Provide flexibility to organize and finance EMS systems to reflect local circumstances.
- Provide resources (financial, technical, equipment/supplies, etc.) to support the voluntary improvement in the EMS system over time. One aspect should include dedicated funding to support local efforts to meet minimum expectations.

Recognizing EMS as an essential service enhances opportunities for access to federal grant funding opportunities (e.g., American Rescue Plan Act). Because EMS providers are not listed as essential, providers had to fight to be included in Tier 1 priority to receive vaccinations during the early phases of the pandemic vaccination effort. During the pandemic, EMS was on the front line of healthcare, responding to the homes and businesses of sick individuals, assisting the vaccination efforts within their community, and developing innovative approaches to getting patients to the most appropriate source of care through alternative treatment and transport protocols. Now more than ever, the important function that EMS plays in the public health system needs to be recognized as “essential”.

## **Other Informative Issues**

### **Virginia Retirement System; Enhanced Retirement Benefits for 9-1-1 Dispatchers and hazardous duty positions within the Virginia Department of Fire Programs (VDFP) and the Virginia Department of Emergency Management VDEM).**

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 on an incident. Dispatchers experience many of the same psychological trauma and stressors as law enforcement, firefighters, and emergency medical personnel. As agencies move to migrate to Next Generation 911 services in Virginia, those dispatchers will be exposed to many of the sights and sounds that those arriving at the scene may encounter, as callers will be sharing still and streaming video, text and other data, as well as voice messages to staff in the emergency communications centers. To make matters worse, dispatchers rarely get closure as they are not focused on one incident, so they do not see the final resolution or closure to a 9-1-1 call.

VDFP delivers fire service training throughout the Commonwealth to an estimated 45,000 firefighters, all of which is coordinated and supervised by 7 division chiefs and 3 training chiefs. Many of the training programs delivered put instructors and students in IDLH (Immediately Dangerous to Life and Health) environments which includes live-fire training, high-pressure water systems, and technical rescue training (swift water/trench/rope/confined space). The State Fire Marshal's Office, a branch within VDFP, has a staff of 30 fire marshals statewide who are responsible for code enforcement, oversight and permitting of commercial blasting operations and pyrotechnics on state property.

VDEM coordinates a 24-hour, 365-days-a-year emergency response capability to support all of the jurisdictions and state agencies of the Commonwealth. This capability is supported by 13 hazardous duty personnel.

**Virginia's Fire and EMS Stakeholder organizations (represented in this booklet) unanimously support adding 9-1-1 dispatchers, as well as certain designated hazardous duty positions within VDFP and VDEM, to the list of local employees eligible to receive enhanced retirement benefits for hazardous duty service.** These benefits would be similar to those provided to state police officers 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, and certain other hazardous duty positions, but not 9-1-1 dispatchers or certain hazardous duty positions within VDFP and VDEM. Why should we treat them any differently than other first responders?

The 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 compensations for dispatchers as one of their key recommendations.

The public safety duties performed by VDFP and VDEM employees in hazardous duty positions present elevated risks for severe or life-threatening injury. Many of these positions are directly responsible for maintaining order during emergencies and disasters, and their actions directly impact the safety of others. Some of these employees are solely responsible for the safety of colleagues, as well as Virginia residents. Currently, these groups of highly specialized state responders within VDFP and VDEM are classified differently in the Commonwealth's retirement system. These specialists currently do not have provisions for an enhanced hazardous duty retirement supplement or retirement plan similar to other public safety officers, such as police officers and firefighters. This proposal would allow the hazardous duty positions identified above to be included in the VaLORS retirement program.

Background: The addition of the 9-1-1 dispatchers 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. Even though JLARC is studying the matter, this group continues to feel strongly about this benefit for our E-9-1-1 dispatchers and are optimistic that JLARC will conclude the same. This would give localities the authority to opt-in to provide enhanced coverage, equivalent to those provided under the State Police Officers' Retirement System (SPORS). Benefits include a supplement payable from retirement until the retiree's normal Social Security retirement age, as well as a higher retirement multiplier. The cost of the benefits would be borne by the locality that chooses to opt-in. Additionally, the inclusion of certain hazardous duty positions within VDFP and VDEM should be a consideration within the study, the cost of which would be borne by the Commonwealth. **We strongly support legislation to add E-9-1-1 dispatchers and certain hazardous duty positions within VDFP and VDEM as eligible employees for enhanced retirement benefits at the conclusion of the JLARC study.**

### **Agritourism and Public Safety**

Virginia's Fire and EMS Stakeholders recognize and value the important role that rural businesses play in our economy. To that end, we support legislation that both promotes agritourism, as well as associated public safety. In particular, we support legislation that requires minimum life safety standards in agritourism buildings or structures used for assembly of 50 or more persons. We also support educating owners of such structures on operational components, such as those found in the Statewide Fire Prevention Code. Minimum safety features that would assist in getting patrons out of buildings or structures quickly include:

- Local non-monitored fire alarm systems;
- Two remote exits, each equipped with exit lights and panic hardware on hinged exit doors that swing out;
- Emergency lighting; and
- Portable fire extinguishers.

### **Supplemental "Barricade" Locking Devices Against Acts of Violence**

The Commonwealth has realized the impact of tragic and senseless acts of violence against our communities coupled with that of similar occurrences across the nation. Unfortunately, the magnitude and frequency of these acts of violence have provided enough data to examine and

determine the best proactive and reactive measures to ensure the safety of our citizens. School violence remains a persistent problem across the United States, with tragedies spanning decades, states, and communities and impacting the health and well-being of our nation's youth. In the 2018 Building and Fire Code updates, Virginia supported the use of supplemental "barricade" locking devices in places of education with the approval of the building official, fire official, and local law enforcement. But Virginia must not underestimate the value of building and fire code-compliant safety measures. Building and fire codes save lives. We do not want to exchange one potential hazard for another. Currently, national organizations are considering options for inclusion into their building and fire codes that would negatively impact the safe and rapid egress and/or evacuation of our school buildings. It is premature for Virginia to contemplate proposals to counter our fire and life safety codes, before these organizations have reached a consensus. Virginia codes should not be amended for the minority of structures that may not have the ability to easily exchange locking hardware and remain code compliant. It is for these select, lesser number of structures that a code modification provided by the Fire Official and the Building Official would apply to address a problem.

As such, Fire and EMS Stakeholders would not support legislation that increases the use of these supplemental "barricade" locking devices and insist in following the effective building and fire code development process.

### **In-Building Radio Communications Systems**

The Fire and EMS Stakeholders support legislation that defines effective emergency radio communication, as a requirement for occupancy approval of all new structures. In much the same way that in-building standpipe hose systems are required in tall buildings to provide water for firefighters, in-building emergency radio communication enhancement must also be provided, if found to be necessary to maintain the existing level of emergency radio communication coverage due to the size, materials, or design of a new building. The International Building and Fire Codes have required this in-building evaluation and basic level of emergency radio effectiveness for years while the Virginia Construction Code has largely ignored this safety issue and growing problem for Commonwealth communities and their first responders. In fact, current building code regulations make it clear that each local jurisdiction, not the private building owner constructing the structure, must bear the burden and cost of providing an in-building emergency radio enhancement system, when a new building is constructed and emergency radio communication is not possible or adequate. This unreasonable and nearly instant burden to localities means that in most cases, the equipment is not provided at occupancy and these structures go years or longer without adequate emergency radio communication, leaving our communities and first responders without the basic tools needed during an emergency. During the 2021 Virginia Code Development Cycle, a study group was convened to look into the topic and found that 47 states have in-building radio communication system requirements. Although complete consensus was not achieved, a majority of the Study Group stakeholders indicated that they would support the building owner, rather than the locality, providing a system if found to be required for the building. Without a doubt, clear and effective emergency radio communication within all new buildings is an expectation of all Virginians and something that our first responders should be able to count on every time they risk their lives serving our communities.

## **Fireworks**

**The Fire and EMS Stakeholders oppose any action by the General Assembly that would expand the sale, possession and use of consumer fireworks**, without the provisions to assure compliance with related National Fire Protection Association Standard, which contain minimal fire and life safety provisions for all consumer fireworks. Injuries and deaths from fireworks occur annually. According to the U.S. Consumer Product Safety Commission, there were 9,100 fireworks-related injuries treated at U.S. hospitals in 2018—36% occurred in children under 15 years old.<sup>1</sup> Approximately 5,600 of these occurred from June 22 to July 22, 2018, and nearly half were to individuals younger than 20 years of age. That same report indicated that there were five reported deaths from non-occupational fireworks use. After Iowa allowed the sale of fireworks in 2017, firework injury patients under 18 years of age increased 26%. Injuries after Iowa’s legalization were more severe, with 57% requiring surgery compared to the 20% prior to legalization.<sup>2</sup>

A recently released study in Iowa titled “Firework injuries remain high in years after legislation: its impact on children”<sup>3</sup> was conducted after Iowa Senate Bill 489 passed in May 2017, allowing the sale and use of fireworks in Iowa from 1, June to 8, July and 10, December to 3, January. This study examined hospital presentations for firework injuries in the state. To identify the public health implications of this law, the study conducted a detailed sub-analysis of hospital presentations to the two level I trauma centers. This study found that emergency department (ED) visits and hospital admissions for firework injuries increased in Iowa post-legislation. ED visits increased post-legislation in July (73.6% vs 64.5%; p=0.008), reflecting an increase in pediatric admissions (81.8% vs 62.5%; p=0.006). Trauma centers’ data showed similar trends. The most common injury site across both study periods was the hands (48.5%), followed by the eyes (34.3%) and face (28.3%). Amputations increased from 0 pre-legislation to 16.2% post-legislation.

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1 U.S. Consumer Product Safety Commission, 2018 Fireworks Annual Report.  
[https://www.cpsc.gov/s3fs-public/Fireworks\\_Report\\_2018.pdf](https://www.cpsc.gov/s3fs-public/Fireworks_Report_2018.pdf)

2 University of Iowa, Legal Consumer Fireworks in Iowa, October 2017 Report  
3 National Fire Protection Association, Fireworks Safety, June 2016 Fact Sheet.

3 Galet C, Slagel I, Froehlich A, et al Firework injuries remain high in years after legalization: its impact on children Injury Prevention Published Online First: 03 August 2022. doi: 10.1136/ip-2022-044616

## **Virginia Office of Emergency Medical Services (EMS) Agency Location**

Currently, the Virginia Office of EMS is under the “umbrella” of the Virginia Department of Health/State Health Commissioner; however, there are no local EMS agencies that are under the umbrella of their local health district director. EMS is at the intersection of healthcare professionals and public safety professionals; however, the majority of healthcare providers do not operate in a pre-hospital setting. The Fire and EMS Stakeholders in Virginia recommend the formation of a workgroup to study where EMS should be housed within the Commonwealth government, should it remain under the Secretary of Health and Human Resources, Virginia Department of Health or be reallocated to the Secretary of Public Safety and Homeland Security, and whether it should remain an Office or be designated as a Department.

## **Enhancing Local Emergency Preparedness, Response, and Recovery Capacity with a Full-Time Emergency Manager in all Political Subdivisions of the Commonwealth**

In accordance with Va. Code Ann. § 44-146.19 (2021), each political subdivision of the Commonwealth is required to maintain an agency of emergency management, appoint a coordinator of emergency management, and prepare and keep current a local or inter-jurisdictional emergency operations plan that must be revised, at minimum, once every four years. While all localities comply with the minimum requirements of this section, many localities lack the resources to dedicate a full-time staff member to these responsibilities, which are typically assigned as a part-time duty of fire rescue, law enforcement, or other local government personnel.

According to the Commonwealth of Virginia Emergency Operations Plan (COVEOP)<sup>i</sup>, emergency incidents are typically managed at the lowest possible level, and the direction of emergency operations will be exercised by the affected local government closest to the incident. The COVEOP also notes that a planned and coordinated response on the part of state and local officials can save lives, protect property, and more quickly restore essential services.

Professional Emergency Managers play a central role in coordinating preparedness, response, and recovery activities by:

- Building relationships with community organizations.
- Providing training and education to residents, businesses, and first responders.
- Exercising emergency operations plans and maintaining emergency facilities.

During an emergency event, Emergency Managers lead multi-agency coordination by:

- Notifying the community of protective actions and keeping stakeholders informed.
- Supporting first responders as they manage and stabilize the incident in the field.
- Maintaining situational awareness of resource availability, unmet needs, developing hazards, and changing conditions.

In collaboration with the Virginia Emergency Management Association (VEMA), we support the establishment of a dedicated Commonwealth funding source that will enable every locality to hire a full-time professional Emergency Manager, whose duties are substantially dedicated to planning for, responding to, recovering from, and mitigating against the threat or impact of all natural, technological, and human-caused hazards.

This initiative will increase the Commonwealth's resilience by ensuring that every locality can support and operationalize a local planning, training, and exercise cycle, while also ensuring that emergency plans account for the diverse needs of the whole community. The presence of full-time Emergency Managers in each locality will also increase the amount of mutual aid staff support that is available from neighboring localities when a community experiences a localized no-notice, high-impact event, such as a tornado or flash flood, building collapse, or act of violence.

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<sup>i</sup> <https://www.vaemergency.gov/wp-content/uploads/2021/07/2021-COVEOP-Final-APPROVED-102021-1.pdf>