

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Judiciary to which was referred Senate Bill No. 36  
3 entitled “An act relating to ~~permitting an arrest without a warrant for assaults~~  
4 ~~and threats against health care workers and disorderly conduct at health care~~  
5 ~~facilities~~ crimes against health care workers at hospitals and against emergency  
6 ~~medical treatment providers”~~ respectfully reports that it has considered the  
7 same and recommends that the House propose to the Senate that the bill be  
8 amended by striking out all after the enacting clause and inserting in lieu  
9 thereof the following:

10 Sec. 1. Rule 3 of the Vermont Rules of Criminal Procedure is amended to  
11 read:

12 Rule 3. Arrest Without a Warrant; Citation to Appear

13 \* \* \*

14 (c) Nonwitnessed Misdemeanor Offenses. If an officer has probable cause  
15 to believe a person has committed or is committing a misdemeanor outside the  
16 presence of the officer, the officer may issue a citation to appear before a  
17 judicial officer in lieu of arrest. The officer may arrest the person without a  
18 warrant if the officer has probable cause to believe:

19 \* \* \*



1 threatening behavior) that interfered with the provision of medically necessary  
2 health care services:

3 (A) in a health care facility hospital as defined in 18 V.S.A.  
4 § 1902(1) ; or

5 (B) by a person providing emergency medical treatment as defined in 24  
6 V.S.A. § 2651(9).

7 Sec. 2. 13 V.S.A. § 1702 is added to read:

8 § 1702. CRIMINAL THREATENING

9 (a) A person shall not by words or conduct knowingly:

10 (1) threaten another person or a group of particular persons; and

11 (2) as a result of the threat, place the other person in reasonable  
12 apprehension of death, serious bodily injury, or sexual assault to the other  
13 person, a person in the group of particular persons, or any other person.

14 (b) A person who violates subsection (a) of this section shall be imprisoned  
15 not more than one year or fined not more than \$1,000.00, or both.

16 \* \* \*

17 (f) A person who violates subsection (a) of this section with the intent to  
18 terrify, intimidate, or unlawfully influence the conduct of a candidate for  
19 public office, a public servant, an election official, or a public employee in any  
20 decision, opinion, recommendation, vote, or other exercise of discretion taken  
21 in capacity as a candidate for public office, a public servant, an election

1 official, or a public employee, or with the intent to retaliate against a candidate  
2 for public office, a public servant, an election official, or a public employee for  
3 any previous action taken in capacity as a candidate for public office, a public  
4 servant, an election official, or a public employee, shall be imprisoned not  
5 more than two years or fined not more than \$2,000.00, or both.

6 (g) A person who violates subsection (a) of this section with the intent to  
7 terrify or intimidate a health care worker or an emergency medical personnel  
8 member because of the worker's or member's previous action or inaction taken  
9 in the provision of health care services shall be imprisoned not more than two  
10 years or fined not more than \$2,000.00, or both.

11 (h) As used in this section:

12 (1) “Serious bodily injury” has the same meaning as in section 1021 of  
13 this title.

14 (2) “Threat” and “threaten” do not include constitutionally protected  
15 activity.

16 (3) “Candidate” has the same meaning as in 17 V.S.A. § 2103.

17 (4) “Election official” has the same meaning as in 17 V.S.A. § 2455.

18 (5) “Public employee” means a classified employee within the  
19 Legislative, Executive, or Judicial Branch of the State and any of its political  
20 subdivisions and any employee within a county or local government and any of  
21 the county’s or local government’s political subdivisions.

1 (6) “Public servant” has the same meaning as in 17 V.S.A. § 2103.

2 (7) “Polling place” has the same meaning as described in 17 V.S.A.

3 chapter 51, subchapter 4.

4 (8) “Sexual assault” has the same meaning as sexual assault as described  
5 in section 3252 of this title.

6 (9) “Health care services” means services for the diagnosis, prevention,  
7 treatment, cure, or relief of a health condition, illness, injury, or disease.

8 (10) “Health care worker” has the same meaning as in section 1028 of  
9 this title.

10 (11) “Emergency medical personnel” has the same meaning as in 24  
11 V.S.A. § 2651(6).

12 (h)(i) Any person charged under this section who is younger than the age  
13 identified in 33 V.S.A. § 5201(d) shall be subject to a juvenile proceeding.

14 Sec. 3. 18 V.S.A. § 1883 is added to read:

15 § 1883. DISCLOSURE OF PROTECTED HEALTH INFORMATION

16 REQUIRED

17 (a) When an authorized representative of a health care facility that operates  
18 as a covered entity requests that a law enforcement officer responds to and  
19 potentially arrests a patient for an alleged crime committed on the premises by  
20 a patient at a hospital:

1           (1) an authorized representative of the facility hospital shall disclose to  
2 the law enforcement officer the following information before the officer  
3 removes the patient from the hospital:

4           (A) information that is sufficient to confirm whether the patient is  
5 medically cleared stabilized, has been evaluated, or is awaiting inpatient care  
6 so that the patient may be removed from the facility; and

7           (B) shall disclose any other information that will be necessary for  
8 purposes of safely taking custody of the patient; and

9           (2) the law enforcement officer shall not remove the patient from the  
10 hospital if an authorized representative of the hospital informs the officer that  
11 the patient is not stabilized, has not yet been evaluated, or is awaiting inpatient  
12 care.

13           (b) When a law enforcement officer responds to an alleged crime  
14 committed by a patient at a scene where emergency medical treatment was or  
15 is being provided:

16           (1) a member of the emergency medical personnel who provided the  
17 treatment shall disclose to the law enforcement officer the following  
18 information before officer removes the patient from the emergency medical  
19 treatment scene:

20           (A) information that is sufficient to confirm whether the patient is  
21 stabilized, has been evaluated, or is awaiting transport for health care; and

1           (B) any other information that will be necessary for purposes of  
2 safely taking custody of the patient; and

3           (2) the law enforcement officer shall not remove the patient from the  
4 emergency medical treatment scene if a member of the emergency medical  
5 personnel who provided the treatment informs the officer that the patient is not  
6 stabilized, has not yet been evaluated, or is awaiting transport for health care.

7           (c) As used in this section:

8           (1) “Hospital” has the same meaning as in 18 V.S.A. § 1902(1).

9           (2) “Emergency medical personnel” has the same meaning as in 24  
10 V.S.A. § 2651(6).

11           (3) “Emergency medical treatment” has the same meaning as in 24  
12 V.S.A. § 2651(9).

13           (4) “Stabilized” means that no material deterioration of the patient’s  
14 medical condition is likely, within reasonable medical probability, to result  
15 from or occur during the transport of the patient from the hospital or the  
16 emergency medical treatment scene.

17           Sec. 4. REPORT ON DE-ESCALATION

18           On or before January 15, 2024, the Vermont Program for Quality in Health  
19 Care, in consultation with stakeholders, including hospital employee  
20 stakeholders, shall provide a report to the Senate Committee on Health and  
21 Welfare and the House Committee on Health Care regarding adequate training,

1 including de-escalation of potentially violent situations in health care facilities  
2 hospitals, sufficient staffing levels, ongoing assessment of visitors and patients  
3 for aggressive behavior, indicators to adapt care interventions and  
4 environments appropriately, centralized reporting, and factors related to  
5 physical environments. With a health equity impact informed lens, the report  
6 shall include best practices for de-escalation, the types of de-escalation  
7 practices currently in use, barriers to training best practices, and  
8 recommendations for appropriate policy improvements.

9 **Sec. 5. DEPARTMENT OF PUBLIC SAFETY REPORT ON ARRESTS**  
10 **WITHOUT WARRANT**

11 On or before January 15, 2024, the Department of Public Safety shall report  
12 to the House and Senate Committees on Judiciary on any systemic or statutory  
13 changes needed to permit the Department to collect data on responses and  
14 arrests pursuant to Vermont Rule of Criminal Procedure 3(c)(18), (19) and  
15 (20). The report shall include changes necessary to collect data on the number  
16 and demographics of persons arrested, the town, county, and type of health  
17 care facility where the arrest occurred, and the number and types of charges  
18 filed after the arrest.

19 **Sec. 6. EFFECTIVE DATE**

20 This act shall take effect on passage.

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