

1 S.243

2 Introduced by Senators Sears and Campion

3 Referred to Committee on Health and Welfare

4 Date: January 8, 2020

5 Subject: Mental health; emergency service providers; suicide prevention

6 Statement of purpose of bill as introduced: This bill proposes to establish an

7 Emergency Service Provider Wellness Commission.

8 An act relating to establishing the Emergency Service Provider Wellness
9 Commission

10 It is hereby enacted by the General Assembly of the State of Vermont:

11 ~~Sec. 1. 18 V.S.A. § 7257b is added to read:~~

12 § 7257b. EMERGENCY SERVICE PROVIDER WELLNESS

13 COMMISSION

14 (a) As used in this section:

15 (1) “Chief executive of an emergency service provider organization”

16 means a person in charge of an organization that employs or supervises

17 emergency service providers in their official capacity.

18 (2) “Emergency service provider” means a person:

19 (A) currently or formerly certified by the Vermont Fire Service

20 Training Council as a firefighter,

1 (B) currently or formerly licensed by the Department of Health as an
2 emergency medical technician, advanced emergency medical technician, or
3 paramedic;

4 (C) currently or formerly certified as a law enforcement officer by
5 the Vermont Criminal Justice Training Council, including constables and
6 sheriffs; or

7 (D) currently or formerly employed by the Department of
8 Corrections as a probation, parole, or correctional facility officer.

9 (3) "Licensing entity" means a State entity that licenses or certifies an
10 emergency service provider.

11 (b) There is created the Emergency Service Provider Wellness Commission
12 within the Agency of Human Services for the following purposes:

13 (1) to recommend steps necessary to enable the Office of the Chief
14 Medical Examiner to collect and confidentially report to the Department of
15 Health on an annual basis the number of deaths of persons previously
16 employed as an emergency service provider in which the contributing factor
17 was heart disease, substance misuse, or death by suicide;

18 (2) to recommend steps necessary for medical and mental health
19 professionals to collect and confidentially report to the Department of Health
20 on an annual basis the number of emergency service providers who attempted
21 suicide, engaged in substance misuse or addictive behaviors, committed or

1 attempted acts of violence, or experienced depression or other mental health
2 disorders related to trauma experienced during the course of employment as an
3 emergency service provider;

4 (3) to recommend steps necessary for the chief executive of an
5 emergency service provider organization or licensing entity to collect and
6 confidentially report to the Department of Health on an annual basis the
7 number of emergency service providers who were the subject of a licensing
8 entity or personnel investigation or proceeding or who attempted suicide,
9 engaged in substance misuse or addictive behaviors, committed or attempted
10 acts of violence, or experienced depression or other mental health disorders
11 related to trauma experienced during the course of employment as an
12 emergency service provider;

13 (4) to identify where increased or alternative supports or strategic
14 investments within the emergency service provider community, designated or
15 specialized service agencies, or other community service systems could
16 improve outcomes;

17 (5) to identify how Vermont can increase capacity of qualified clinicians
18 to ensure that the services of qualified clinicians are available throughout the
19 State without undue delay;

20 (6) to create materials and information, in consultation with the
21 Department of Health, including a list of qualified clinicians, for the purpose

1 of populating an electronic emergency service provider wellness resource

2 center on the Department of Health's website;

3 (7) to educate the public, emergency service providers, State and local
4 governments, employee assistance programs, and policymakers about best
5 practices, tools, personnel, resources, and strategies for the prevention and
6 intervention of the effects of trauma experienced by emergency service
7 providers and law enforcement officers;

8 (8) to identify gaps and strengths in Vermont's system of care for
9 emergency service providers;

10 (9) to recommend how peer support services and qualified clinician
11 services can be delivered regionally or statewide;

12 (10) to recommend how to support emergency service providers in
13 communities that are resource challenged, remote, small, or rural;

14 (11) to recommend policies, practices, training, legislation, rules, and
15 services that will increase successful interventions and support for emergency
16 service providers to improve health outcomes, job performance, and personal
17 well-being and reduce health risks, violations of employment, and violence
18 associated with the impact of untreated trauma, including whether to amend
19 Vermont's employment medical leave laws to assist volunteer emergency
20 service providers in recovering from the effects of trauma experienced while
21 on duty, and

1 ~~(12) to consult with federal, State, and municipal agencies,~~
2 ~~organizations, entities, and individuals in order to make any other~~
3 ~~recommendations the Commission deems appropriate.~~

4 ~~(c)(1) The Commission shall comprise the following members:~~

5 ~~(A) the Chief of Training of the Vermont Fire Academy or designee;~~

6 ~~(B) a representative appointed by the Vermont Criminal Justice~~
7 ~~Training Council;~~

8 ~~(C) the Director of the Office of Emergency Services within the~~
9 ~~Department of Health or designee;~~

10 ~~(D) the Commissioner of Health or designee;~~

11 ~~(E) the Commissioner of Public Safety or designee;~~

12 ~~(F) the Commissioner of the Department of Corrections or designee;~~

13 ~~(G) the Commissioner of Human Resources or designee;~~

14 ~~(H) a law enforcement officer who is not a chief or sheriff, appointed~~
15 ~~by the President of the Vermont Police Association;~~

16 ~~(I) a representative appointed by the Vermont Association of Chiefs~~
17 ~~of Police;~~

18 ~~(J) a representative appointed by the Vermont Sheriffs' Association;~~

19 ~~(K) a representative appointed by the Vermont State Firefighters'~~
20 ~~Association,~~

- 1 (L) a representative of the designated and specialized service
2 agencies, appointed by Vermont Care Partners;
- 3 (M) a representative appointed by the Vermont State Employees
4 Association;
- 5 (N) a representative appointed by the Vermont Troopers'
6 Association;
- 7 (O) a representative appointed by the Professional Firefighters of
8 Vermont;
- 9 (P) a medical professional appointed by the Executive Director of the
10 Vermont Medical Society;
- 11 (Q) a mental health professional appointed by the Executive
12 Directors of the Vermont Psychological Association and Vermont Mental
13 Health Counselor Association;
- 14 (R) a volunteer firefighter appointed by the Governor;
- 15 (S) a volunteer emergency medical technician or paramedic
16 appointed by the Governor;
- 17 (T) a person who serves or served on a peer support team, appointed
18 by the Governor; and
- 19 (U) a representative appointed by the Vermont League of Cities and
20 Towns.

1 ~~(2) The members of the Commission specified in subdivision (1) of this~~
2 ~~subsection shall serve three-year terms. Any vacancy on the Commission shall~~
3 ~~be filled in the same manner as the original appointment. The replacement~~
4 ~~member shall serve for the remainder of the unexpired term.~~

5 ~~(3) Commission members shall recuse themselves from any discussion~~
6 ~~of an event or circumstance that the member believes may involve an~~
7 ~~emergency service provider known by the member and shall not access any~~
8 ~~information related to it. The Commission may appoint an interim~~
9 ~~replacement member to fill the category represented by the recused member~~
10 ~~for review of that interaction.~~

11 ~~(d)(1) The Commissioner of Health or designee shall call the first meeting~~
12 ~~of the Commission to occur on or before September 30, 2020.~~

13 ~~(2) The Commission shall select a chair and vice chair from among its~~
14 ~~members at the first meeting and annually thereafter.~~

15 ~~(3) The Commission shall meet at such times as may reasonably be~~
16 ~~necessary to carry out its duties, but at least once in each calendar quarter.~~

17 ~~(e) The proceedings and records of the Commission describing or referring~~
18 ~~to circumstances or an event involving an emergency service provider,~~
19 ~~regardless of whether the emergency service provider is identified by name,~~
20 ~~are confidential and are not subject to subpoena, discovery, or introduction into~~
21 ~~evidence in a civil or criminal action. The Commission shall not use the~~

1 ~~information, records, or data for purposes other than those designated by this~~
2 ~~section.~~

3 (f) Commission meetings are confidential and shall be exempt from
4 1 V.S.A. chapter 5, subchapter 2 (the Vermont Open Meeting Law) when the
5 Commission is discussing circumstances or an event involving a specific
6 emergency service provider regardless of whether that person is identified by
7 name. Except as set forth in subsection (e) of this section, Commission
8 records are exempt from public inspection and copying under the Public
9 Records Act and shall be kept confidential.

10 (g) To the extent permitted under federal law, the Commission may enter
11 into agreements with agencies, organizations, and individuals to obtain
12 otherwise confidential information.

13 (h) Notwithstanding 2 V.S.A. § 20(d), the Commission shall report its
14 conclusions and recommendations to the Governor and General Assembly as
15 the Commission deems necessary, but no less frequently than once per
16 calendar year. The report shall disclose individually identifiable health
17 information only to the extent necessary to convey the Commission's
18 conclusions and recommendations and any such disclosures shall be limited to
19 information already known to the public. The report shall be available to the
20 public through the Department of Health.

1 ~~Sec. 2. 18 V.S.A. § 908 is amended to read:~~

2 § 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND

3 (a)(1) The Emergency Medical Services Fund is established pursuant to
4 32 V.S.A. chapter 7, subchapter 5 comprising of such sums as may be
5 appropriated or transferred thereto from time to time by the General Assembly,
6 the State Emergency Board, or the Joint Fiscal Committee during such times
7 as the General Assembly is not in session and revenues received by the
8 Department from the Fire Safety Special Fund, pursuant to 32 V.S.A.
9 § 8557(a), that are designated for this Special Fund and public and private
10 sources as gifts, grants, and donations together with additions and interest
11 accruing to the Fund. The Commissioner of Health shall administer the Fund
12 to the extent funds are available to support online and regional training
13 programs, data collection and analysis, and other activities relating to the
14 training of emergency medical personnel and delivery of emergency medical
15 services and ambulance services in Vermont, as determined by the
16 Commissioner, after consulting with the EMS Advisory Committee established
17 under section 909 of this title. The Commissioner of Health shall administer
18 the Fund to cover all fees associated with licensure, training, and licensure
19 renewal requirements for volunteer emergency medical treatment providers. A
20 voluntary emergency medical treatment provider shall not be responsible for

1 ~~fees related to licensure or training. Any balance at the end of the fiscal year~~
2 shall be carried forward in the Fund.

3 (2) As used in this section, “voluntary emergency medical treatment
4 provider” means an emergency service provider as defined in section 7257b of
5 this title who provides services without the expectation of remuneration for the
6 treatment rendered other than nominal payments and reimbursements for
7 expenses and who does not depend in any significant way on the provision of
8 these services for a livelihood.

9 * * *

10 Sec. 3. EFFECTIVE DATE

11 ~~This act shall take effect on July 1, 2020.~~

Sec. 1. 18 V.S.A. § 7257b is added to read:

§ 7257b. EMERGENCY SERVICE PROVIDER WELLNESS
COMMISSION

(a) As used in this section:

(1) “Chief executive of an emergency service provider organization”
means a person in charge of an organization that employs or supervises
emergency service providers in their official capacity.

(2) “Emergency service provider” means a person:

(A) currently or formerly recognized by a Vermont Fire Department
as a firefighter;

(B) currently or formerly licensed by the Department of Health as an
emergency medical technician, emergency medical responder, advanced
emergency medical technician, or paramedic;

(C) currently or formerly certified as a law enforcement officer by the
Vermont Criminal Justice Training Council, including constables and sheriffs;

(D) currently or formerly employed by the Department of Corrections
as a probation, parole, or correctional facility officer; or

(E) currently or formerly certified by the Vermont Enhanced 911 Board as a 911 call taker or employed as an emergency communications dispatcher providing service for an emergency service provider organization.

(3) "Licensing entity" means a State entity that licenses or certifies an emergency service provider.

(b) There is created the Emergency Service Provider Wellness Commission within the Agency of Human Services for the following purposes:

(1) to identify where increased or alternative supports or strategic investments within the emergency service provider community, designated or specialized service agencies, or other community service systems could improve the physical and mental health outcomes and overall wellness of emergency service providers;

(2) to identify how Vermont can increase capacity of qualified clinicians in the treatment of emergency service providers to ensure that the services of qualified clinicians are available throughout the State without undue delay;

(3) to create materials and information, in consultation with the Department of Health, including a list of qualified clinicians, for the purpose of populating an electronic emergency service provider wellness resource center on the Department of Health's website;

(4) to educate the public, emergency service providers, State and local governments, employee assistance programs, and policymakers about best practices, tools, personnel, resources, and strategies for the prevention and intervention of the effects of trauma experienced by emergency service providers and law enforcement officers;

(5) to identify gaps and strengths in Vermont's system of care for emergency service providers;

(6) to recommend how peer support services and qualified clinician services can be delivered regionally or statewide;

(7) to recommend how to support emergency service providers in communities that are resource challenged, remote, small, or rural;

(8) to recommend policies, practices, training, legislation, rules, and services that will increase successful interventions and support for emergency service providers to improve health outcomes, job performance, and personal well-being and reduce health risks, violations of employment, and violence associated with the impact of untreated trauma, including whether to amend Vermont's employment medical leave laws to assist volunteer emergency service providers in recovering from the effects of trauma experienced while on duty; and

(9) to consult with federal, State, and municipal agencies, organizations, entities, and individuals in order to make any other recommendations the Commission deems appropriate.

(c)(1) The Commission shall comprise the following members:

(A) the Chief of Training of the Vermont Fire Academy or designee;

(B) a representative, appointed by the Vermont Criminal Justice Training Council;

(C) the Commissioner of Health or designee;

(D) the Commissioner of Public Safety or designee;

(E) the Commissioner of the Department of Corrections or designee;

(F) the Commissioner of Mental Health or designee;

(G) the Commissioner of Human Resources or designee;

(H) a law enforcement officer who is not a chief or sheriff, appointed by the President of the Vermont Police Association;

(I) a representative, appointed by the Vermont Association of Chiefs of Police;

(J) a representative, appointed by the Vermont Sheriffs' Association;

(K) a volunteer firefighter, appointed by the Vermont State Firefighters' Association;

(L) a representative of the designated and specialized service agencies, appointed by Vermont Care Partners;

(M) a representative, appointed by the Vermont State Employees Association;

(N) a representative, appointed by the Vermont Troopers' Association;

(O) a professional firefighter, appointed by the Professional Firefighters of Vermont;

(P) a clinician associated with a peer support program who has experience in treating workplace trauma, appointed by the Governor;

(Q) a professional emergency medical technician or paramedic, appointed by the Vermont State Ambulance Association;

(R) a volunteer emergency medical technician or paramedic, appointed by the Vermont State Ambulance Association;

(S) a person who serves or served on a peer support team, appointed by the Governor;

(T) a representative, appointed by the Vermont League of Cities and Towns;

(U) a Chief, appointed by the Vermont Career Fire Chiefs Association;

(V) a Chief, appointed by the Vermont Fire Chiefs Association; and

(W) a representative, appointed by the Vermont Association for Hospitals and Health Systems.

(2) The members of the Commission specified in subdivision (1) of this subsection shall serve three-year terms. Any vacancy on the Commission shall be filled in the same manner as the original appointment. The replacement member shall serve for the remainder of the unexpired term.

(3) Commission members shall recuse themselves from any discussion of an event or circumstance that the member believes may involve an emergency service provider known by the member and shall not access any information related to it. The Commission may appoint an interim replacement member to fill the category represented by the recused member for review of that interaction.

(d)(1) The Commissioner of Health or designee shall call the first meeting of the Commission to occur on or before September 30, 2020.

(2) The Commission shall select a chair and vice chair from among its members at the first meeting and annually thereafter.

(3) The Commission shall meet at such times as may reasonably be necessary to carry out its duties, but at least once in each calendar quarter.

(4) The Department of Health shall provide technical, legal, and administrative assistance to the Commission.

(e) The Commission's meetings shall be open to the public in accordance with 1 V.S.A. chapter 5, subchapter 2. Notwithstanding 1 V.S.A. § 313, the Commission may go into executive session in the event circumstances or an event involving a specific emergency service provider is described, regardless of whether the emergency service provider is identified by name.

(f) Commission records describing a circumstance or an event involving a specific emergency service provider, regardless of whether the emergency service provider is identified by name, are exempt from public inspection and copying under the Public Records Act and shall be kept confidential.

(g) To the extent permitted under federal law, the Commission may enter into agreements with agencies, organizations, and individuals to obtain otherwise confidential information.

(h) Notwithstanding 2 V.S.A. § 20(d), the Commission shall report its conclusions and recommendations to the Governor and General Assembly as the Commission deems necessary, but not less frequently than once per calendar year. The report shall disclose individually identifiable health information only to the extent necessary to convey the Commission's conclusions and recommendations, and any such disclosures shall be limited to information already known to the public. The report shall be available to the public through the Department of Health.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2020.