

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill  
3 No. 243 entitled “An act relating to establishing the Emergency Service  
4 Provider Wellness Commission” respectfully reports that it has considered the  
5 same and recommends that the bill be amended by striking out all after the  
6 enacting clause and inserting in lieu thereof the following:

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

8 § 7257b. EMERGENCY SERVICE PROVIDER WELLNESS

9 COMMISSION

10 (a) As used in this section:

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

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

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

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

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

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

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

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 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 the physical and mental health outcomes and overall wellness of  
17           emergency service providers;

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

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

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

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

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

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

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

1 service providers in recovering from the effects of trauma experienced while  
2 on duty; and

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

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

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

8 (B) a representative, appointed by the Vermont Criminal Justice

9 Training Council;

10 (C) the Commissioner of Health or designee;

11 (D) the Commissioner of Public Safety or designee;

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

13 (F) the Commissioner of Mental Health or designee;

14 (G) the Commissioner of Human Resources or designee;

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

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

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

20 (K) a volunteer firefighter, appointed by the Vermont State  
21 Firefighters' 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 professional firefighter, appointed by the Professional  
8           Firefighters of Vermont;

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

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

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

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

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

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

21          (V) a Chief, appointed by the Vermont Fire Chiefs Association.

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

19          (e) The proceedings and records of the Commission describing or referring  
20          to circumstances or an event involving an emergency service provider,  
21          regardless of whether the emergency service provider is identified by name,

1 are confidential and are not subject to subpoena, discovery, or introduction into  
2 evidence in a civil or criminal action. The Commission shall not use the  
3 information, records, or data for purposes other than those designated by this  
4 section.

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

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

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

1 information already known to the public. The report shall be available to the  
2 public through the Department of Health.

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

4 § 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND

5 (a) The Emergency Medical Services Fund is established pursuant to  
6 32 V.S.A. chapter 7, subchapter 5 comprising ~~revenues received by the~~  
7 ~~Department from the Fire Safety Special Fund, pursuant to 32 V.S.A.~~  
8 ~~§ 8557(a),~~ monies paid to the Fund by insurance companies writing fire,  
9 homeowners multiple peril, allied lines, farm owners multiple peril,  
10 commercial multiple peril (fire and allied lines), private passenger and  
11 commercial auto, and inland marine policies on property and persons situated  
12 within the State of Vermont within 30 days after notice from the  
13 Commissioner of Financial Regulation of such estimated expenses, not to  
14 exceed \$150,000.00 per year. The fund may also be composed of monies  
15 appropriated or transferred thereto from time to time by the General Assembly,  
16 the State Emergency Board, or the Joint Fiscal Committee during such times as  
17 the General Assembly is not in session ~~that are designated for this Special~~  
18 ~~Fund~~ and public and private sources as gifts, grants, and donations together  
19 with additions and interest accruing to the Fund. The Commissioner of Health  
20 shall administer the Fund to the extent funds are available to support online  
21 and regional training programs, licensure, data collection and analysis, and



1 other activities relating to the training and licensure of emergency medical  
2 personnel and delivery of emergency medical services and ambulance services  
3 in Vermont, as determined by the Commissioner, after consulting with the  
4 EMS Advisory Committee established under section 909 of this title. The  
5 Commissioner of Health shall administer the Fund to cover, as each new  
6 license is acquired, all fees associated with licensure and initial certification  
7 training for a prospective or current emergency medical responder, emergency  
8 medical technician, and advanced emergency medical technician, and licensure  
9 for a prospective or new paramedic, provided that the person receiving  
10 licensure or initial certification training is currently affiliated with or will be  
11 affiliated with an emergency service provider organization employing or  
12 supervising emergency service providers as defined in section 7257b of this  
13 title. Any balance at the end of the fiscal year shall be carried forward in the  
14 Fund.

15 \* \* \*

16 Sec. 3. 32 V.S.A. § 8557 is amended to read:

17 § 8557. VERMONT FIRE SERVICE TRAINING COUNCIL

18 (a)(1) Sums for the expenses of the operation of training facilities and  
19 curriculum of the Vermont Fire Service Training Council not to exceed  
20 ~~\$1,200,000.00~~ \$1,050,000.00 per year shall be paid to the Fire Safety Special  
21 Fund created by 20 V.S.A. § 3157 by insurance companies, writing fire,

1 homeowners multiple peril, allied lines, farm owners multiple peril,  
2 commercial multiple peril (fire and allied lines), private passenger and  
3 commercial auto, and inland marine policies on property and persons situated  
4 within the State of Vermont within 30 days after notice from the  
5 Commissioner of Financial Regulation of such estimated expenses. Captive  
6 companies shall be excluded from the effect of this section.

7 (2) The Commissioner shall annually, on or before July 1, apportion  
8 such charges among all such companies and shall assess them for the charges  
9 on a fair and reasonable basis as a percentage of their gross direct written  
10 premiums on such insurance written during the second prior calendar year on  
11 property situated in the State. The Department of Taxes shall collect all  
12 assessments under this section.

13 (3) An amount not less than \$100,000.00 shall be specifically allocated  
14 to the provision of what are now or formerly referred to as Level I, units I, II,  
15 and III (basic) courses for entry-level firefighters.

16 ~~(4) An amount not less than \$150,000.00 shall be specifically allocated~~  
17 ~~to the Emergency Medical Services Special Fund established under 18 V.S.A.~~  
18 ~~§ 908 for the provision of training programs for emergency medical~~  
19 ~~technicians, advanced emergency medical technicians, and paramedics.~~

20 [Repealed.]

1           (5) The Department of Health shall present a plan to the Joint Fiscal  
2 Committee that shall review the plan prior to the release of any funds.

3           (b) All administrative provisions of chapter 151 of this title, including those  
4 relating to the collection and enforcement of the income tax by the  
5 Commissioner, shall apply to this section.

6 Sec. 4. EFFECTIVE DATE

7           This act shall take effect on July 1, 2020.

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14           (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE