

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. EFFECTIVE DATE

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

5

6

7

8

9

10

11 (Committee vote: _____)

12

13

Senator _____

14

FOR THE COMMITTEE