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1	S.243
2	Introduced by Senators Sears and Campion
3	Referred to Committee on
4	Date:
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 9	An act relating to establishing the Emergency Service Provider Wellness 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:

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1	(A) currently or formerly eertified-recognized by the a Vermont Fire
2	Service Training CouncilDepartment as a firefighter;
3	(B) currently or formerly licensed by the Department of Health as an
4	emergency medical technician, advanced emergency medical technician, or
5	paramedic;
6	(C) currently or formerly certified as a law enforcement officer by
7	the Vermont Criminal Justice Training Council, including constables and
8	sheriffs; or
9	(D) currently or formerly employed by the Department of
10	Corrections as a probation, parole, or correctional facility officer-; or,
11	(E) currently or formerly certified by the Vermont Enhanced 911
12	Board as a 911 call-taker or employed as an emergency communications
13	dispatcher providing service for an emergency service provider organization.
14	(3) "Licensing entity" means a State entity that licenses or certifies an
15	emergency service provider.
16	(b) There is created the Emergency Service Provider Wellness Commission
17	within the Agency of Human Services for the following purposes:
18	(1) to recommend steps necessary to enable the Office of the Chief
19	Medical Examiner to collect and confidentially report to the Department of
20	Health on an annual basis the number of deaths of persons previously

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1	employed as an emergency service provider in which the contributing factor
2	was heart disease, substance misuse, or death by suicide;
3	(2) to recommend whether and how steps necessary for medical and
4	mental health professionals to may collect and confidentially report to the
5	Department of Health on a periodic an annual basis, as may be recommended
6	by the Commission, the number of emergency service providers who attempted
7	suicide, engaged in substance misuse or addictive behaviors, committed or
8	attempted acts of violence, or experienced depression or other mental health
9	disorders related to trauma experienced during the course of employment as an
10	emergency service provider: DRAFT
11	(3) to recommend steps necessary for the chief executive of an
12	emergency service provider organization or licensing entity to collect and
13	confidentially report to the Department of Health on an annual basis the
14	number of emergency service providers who were the subject of an
15	investigation by a licensing entity or personnel employment investigation or
16	proceeding, or, who attempted suicide, engaged in substance misuse or
17	addictive behaviors, committed or attempted acts of violence, or experienced
18	depression or other mental health disorders related to trauma experienced
19	during the course of employment as an emergency service provider:

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1	(4) (1) to identify where increased or alternative supports or strategic
2	investments within the emergency service provider community, designated or
3	specialized service agencies, or other community service systems could
4	improve outcomes;
5	(5)(2) to identify how Vermont can increase capacity of qualified
6	clinicians in the treatment of Emergency Service Providers to ensure that the
7	services of qualified clinicians are available throughout the State without
8	undue delay;
9	(6)(3) to create materials and information, in consultation with the
10	Department of Health, including a list of qualified clinicians, for the purpose of
11	populating an electronic emergency service provider wellness resource center
12	on the Department of Health's website;
13	(7)(4) to educate the public, emergency service providers, State and
14	local governments, employee assistance programs, and policymakers about
15	best practices, tools, personnel, resources, and strategies for the prevention and
16	intervention of the effects of trauma experienced by emergency service
17	providers and law enforcement officers;
18	(8)(5) to identify gaps and strengths in Vermont's system of care for
19	emergency service providers;

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1	(9)(6) to recommend how peer support services and qualified clinician
2	services can be delivered regionally or statewide;
3	(10)(7) to recommend how to support emergency service providers in
4	communities that are resource challenged, remote, small, or rural;
5	(11)(8) to recommend policies, practices, training, legislation, rules, and
6	services that will increase successful interventions and support for emergency
7	service providers to improve health outcomes, job performance, and personal
8	well-being and reduce health risks, violations of employment, and violence
9	associated with the impact of untreated trauma, including whether to amend
10	Vermont's employment medical leave laws to assist volunteer emergency
11	service providers in recovering from the effects of trauma experienced while
12	on duty; and
13	(12)(9) to consult with federal, State, and municipal agencies,
14	organizations, entities, and individuals in order to make any other
15	recommendations the Commission deems appropriate.
16	(c)(1) The Commission shall comprise the following members:
17	(A) the Chief of Training of the Vermont Fire Academy or designee;
18	(B) a representative appointed by the Vermont Criminal Justice
19	Training Council;

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1	(C) the Director of the Office of Emergency Services within the
2	Department of Health or designee;
3	(D) the Commissioner of Health or designee;
4	(E) the Commissioner of Public Safety or designee;
5	(F) the Commissioner of the Department of Corrections or designee;
6	(G) the Commissioner of Human Resources or designee;
7	(H) a law enforcement officer who is not a chief or sheriff, appointed
8	by the President of the Vermont Police Association;
9	(I) a representative appointed by the Vermont Association of Chiefs
10	of Police; FNDRAFT
11	(J) a representative appointed by the Vermont Sheriffs' Association;
12	(K) a volunteer firefighter representative appointed by the Vermont
13	State Firefighters' Association;
14	(L) a representative of the designated and specialized service
15	agencies, appointed by Vermont Care Partners;
16	(M) a representative appointed by the Vermont State Employees
17	Association;
18	(N) a representative appointed by the Vermont Troopers'
19	Association;

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1	(O) a representative professional firefighter appointed by the
2	Professional Firefighters of Vermont;
3	(P) a clinician associated with a peer support program experienced in
4	treating trauma appointed by the Governor medical professional appointed by
5	the Executive Director of the Vermont Medical Society:
6	(Q) a mental health professional appointed by the Executive
7	Directors of the Vermont Psychological Association and Vermont Mental
8	Health Counselor Association;
9	(R)(Q) a volunteer firefighter one professional EMT or paramedic
10	appointed by the Vermont State Ambulance Association Governor;
11	(S)(R) a one volunteer emergency medical technician or paramedic
12	appointed by the Vermont State Ambulance Association Governor;
13	(T)(S) a person who serves or served on a peer support team
14	appointed by the Governor; and
15	(U)(T) a representative appointed by the Vermont League of Cities
16	and Towns-:
17	(V)(U) a Chief appointed by the Vermont Career Fire Chiefs
18	Association; and
19	(W)(V) a Chief appointed by the Vermont Fire Chiefs Association.

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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

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1	evidence in a civil or criminal action. The Commission shall not use the
2	information, records, or data for purposes other than those designated by this
3	section.
4	(f) Commission meetings are confidential and shall be exempt from
5	1 V.S.A. chapter 5, subchapter 2 (the Vermont Open Meeting Law) when the
6	Commission is discussing circumstances or an event involving a specific
7	emergency service provider regardless of whether that person is identified by
8	name. Except as set forth in subsection (e) of this section, Commission records
9	are exempt from public inspection and copying under the Public Records Act
10	and shall be kept confidential.
11	(g) To the extent permitted under federal law, the Commission may enter
12	into agreements with agencies, organizations, and individuals to obtain
13	otherwise confidential information.
14	(h) Notwithstanding 2 V.S.A. § 20(d), the Commission shall report its
15	conclusions and recommendations to the Governor and General Assembly as
16	the Commission deems necessary, but no less frequently than once per
17	calendar year. The report shall disclose individually identifiable health
18	information only to the extent necessary to convey the Commission's
19	conclusions and recommendations and any such disclosures shall be limited to

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1	information already known to the public. The report shall be available to the
2	public through the Department of Health.
3	(i) Nothing set forth in subsection (b) (3) is intended to provide a chief
4	executive of an emergency service provider organization or licensing entity
5	with authority to investigate or collect information. Subsection (b) (3) applies
6	to information that a chief executive of an emergency service provider
7	organization or licensing entity knows or otherwise possesses.
8	Sec. 2. 18 V.S.A. § 908 is amended to read:
9	§ 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND
10	(a)(1) The Emergency Medical Services Fund is established pursuant to
11	32 V.S.A. chapter 7, subchapter 5 comprising of such sums as may be
12	appropriated or transferred thereto from time to time by the General Assembly,
13	the State Emergency Board, or the Joint Fiscal Committee during such times as
14	the General Assembly is not is session and revenues, not to exceed
15	\$ 150,000.00, received fromby the Department from the Fire Safety Special
16	Fund, pursuant to 32 V.S.A. § 8557(a), that are designated for this Special
17	Fund and public and private sources as gifts, grants, and donations together
18	with additions and interest accruing to the Fund. The Commissioner of Health
19	shall administer the Fund to the extent funds are available to support online
20	and regional training programs, <u>licensure</u> , data collection and analysis, and

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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 all fees associated
6	with licensure, training, and licensure renewal requirements for an prospective
7	or current emergency medical technician, advanced emergency medical
8	technician, or paramedic volunteer-emergency medical treatment providers
9	provided that the person is currently affiliated or will be affiliated with an
10	emergency service provider organization employing or supervising emergency
11	service providers as defined in § 7257b (a) (2) (A) – (B). A voluntary
12	emergency medical treatment provider shall not be responsible for fees related
13	to licensure or training. Any balance at the end of the fiscal year shall be
14	carried forward in the Fund.
15	(2) As used in this section, "voluntary emergency medical treatment
16	provider" means an emergency service provider as defined in section 7257b of
17	this title who provides services without the expectation of remuneration for the
18	treatment rendered other than nominal payments and reimbursements for
19	expenses and who does not depend in any significant way on the provision of
20	these services for a livelihood.

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2	Sec. 3. 18 V.S.A. § 906 is amended to read:
3	§ 906. EMERGENCY MEDICAL SERVICES DIVISION;
4	RESPONSIBILITIES
5	To implement the policy of section 901 of this title, the Department of
6	Health shall be responsible for:
7	* * *
8	(6)(A) All costs and fees associated with licensure, training, or assisting in the
9	training of, emergency medical personnel.
10	Sec. 3. EFFECTIVE DATE
11	This act shall take effect on July 1, 2020.
12	