

EN DRAFT 1.0: PROPOSED CHANGES TO S. 243

Page 1 of 11

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 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-recognized by the~~ a Vermont Fire

20 ~~Service Training Council~~ Department 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; ~~or,~~

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

12 (3) “Licensing entity” means a State entity that licenses or certifies an
13 emergency service provider.

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

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

1 (2) to recommend ~~whether and how steps necessary for~~ medical and
2 mental health professionals ~~to may collect and~~ confidentially report to the
3 Department of Health on ~~a periodic an annual~~ basis, ~~as may be recommended~~
4 ~~by the Commission,~~ the number of emergency service providers who attempted
5 suicide, engaged in substance misuse or addictive behaviors, committed or
6 attempted acts of violence, or experienced depression or other mental health
7 disorders related to trauma experienced during the course of employment as an
8 emergency service provider;

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

18 (4) to identify where increased or alternative supports or strategic
19 investments within the emergency service provider community, designated or
20 specialized service agencies, or other community service systems could
21 improve outcomes;

1 (5) to identify how Vermont can increase capacity of qualified clinicians
2 in the treatment of Emergency Service Providers to ensure that the services of
3 qualified clinicians are available throughout the State without undue delay;

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

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

13 (8) to identify gaps and strengths in Vermont’s system of care for
14 emergency service providers;

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

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

19 (11) to recommend policies, practices, training, legislation, rules, and
20 services that will increase successful interventions and support for emergency
21 service providers to improve health outcomes, job performance, and personal

1 well-being and reduce health risks, violations of employment, and violence
2 associated with the impact of untreated trauma, including whether to amend
3 Vermont's employment medical leave laws to assist volunteer emergency
4 service providers in recovering from the effects of trauma experienced while
5 on duty; and

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

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

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

11 (B) a representative appointed by the Vermont Criminal Justice

12 Training Council;

13 (C) the Director of the Office of Emergency Services within the

14 Department of Health or designee;

15 (D) the Commissioner of Health or designee;

16 (E) the Commissioner of Public Safety or designee;

17 (F) the Commissioner of the Department of Corrections or designee;

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

19 (H) a law enforcement officer who is not a chief or sheriff, appointed

20 by the President of the Vermont Police Association;

EN DRAFT 1.0: PROPOSED CHANGES TO S. 243

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

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

4 (K) a ~~volunteer firefighter representative~~ appointed by the Vermont
5 State Firefighters' Association;

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

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

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

12 (O) a ~~representative professional firefighter~~ appointed by the
13 Professional Firefighters of Vermont;

14 (P) a medical professional appointed by the Executive Director of the
15 Vermont Medical Society;

16 (Q) a mental health professional appointed by the Executive
17 Directors of the Vermont Psychological Association and Vermont Mental
18 Health Counselor Association;

19 (R) a ~~volunteer firefighter~~ one professional EMT or paramedic
20 appointed by the Vermont State Ambulance Association ~~Governor~~;

1 (S) ~~a-one~~ volunteer emergency medical technician or paramedic
2 appointed by the ~~Vermont State Ambulance Association~~ Governor;

3 (T) a person who serves or served on a peer support team appointed
4 by the Governor; ~~and~~

5 (U) a representative appointed by the Vermont League of Cities and
6 Towns;

7 (V) a Chief appointed by the Vermont Career Fire Chiefs Association;
8 and

9 (W) a Chief appointed by the Vermont Fire Chiefs Association.

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

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

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

EN DRAFT 1.0: PROPOSED CHANGES TO S. 243

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

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

5 (e) The proceedings and records of the Commission describing or referring
6 to circumstances or an event involving an emergency service provider,
7 regardless of whether the emergency service provider is identified by name,
8 are confidential and are not subject to subpoena, discovery, or introduction into
9 evidence in a civil or criminal action. The Commission shall not use the
10 information, records, or data for purposes other than those designated by this
11 section.

12 (f) Commission meetings are confidential and shall be exempt from
13 1 V.S.A. chapter 5, subchapter 2 (the Vermont Open Meeting Law) when the
14 Commission is discussing circumstances or an event involving a specific
15 emergency service provider regardless of whether that person is identified by
16 name. Except as set forth in subsection (e) of this section, Commission records
17 are exempt from public inspection and copying under the Public Records Act
18 and shall be kept confidential.

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

1 (h) Notwithstanding 2 V.S.A. § 20(d), the Commission shall report its
2 conclusions and recommendations to the Governor and General Assembly as
3 the Commission deems necessary, but no less frequently than once per
4 calendar year. The report shall disclose individually identifiable health
5 information only to the extent necessary to convey the Commission’s
6 conclusions and recommendations and any such disclosures shall be limited to
7 information already known to the public. The report shall be available to the
8 public through the Department of Health.

9 (i) Nothing set forth in subsection (b) (3) is intended to provide a chief
10 executive of an emergency service provider organization or licensing entity
11 with authority to investigate or collect information. Subsection (b) (3) applies
12 to information that a chief executive of an emergency service provider
13 organization or licensing entity knows or otherwise possesses.

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

15 § 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND

16 (a) ~~(1)~~ The Emergency Medical Services Fund is established pursuant to
17 32 V.S.A. chapter 7, subchapter 5 comprising of such sums as may be
18 appropriated or transferred thereto from time to time by the General Assembly,
19 the State Emergency Board, or the Joint Fiscal Committee during such times as
20 the General Assembly is not in session and revenues, ~~not to exceed~~

EN DRAFT 1.0: PROPOSED CHANGES TO S. 243

1 \$ 150,000.00, received ~~from~~by the Department from the Fire Safety Special
2 Fund, pursuant to 32 V.S.A. § 8557(a), that are designated for this Special
3 Fund and public and private sources as gifts, grants, and donations together
4 with additions and interest accruing to the Fund. The Commissioner of Health
5 shall administer the Fund to the extent funds are available to support online
6 and regional training programs, licensure, data collection and analysis, and
7 other activities relating to the training and licensure of emergency medical
8 personnel and delivery of emergency medical services and ambulance services
9 in Vermont, as determined by the Commissioner, after consulting with the
10 EMS Advisory Committee established under section 909 of this title. The
11 Commissioner of Health shall administer the Fund to cover all fees associated
12 with licensure, training, and licensure renewal requirements for an prospective
13 or current emergency medical technician, advanced emergency medical
14 technician, or paramedic volunteer- emergency medical treatment providers
15 provided that the person is currently affiliated or will be affiliated with an
16 emergency service provider organization employing or supervising emergency
17 service providers as defined in § 7257b (a) (2) (A) – (B). A voluntary
18 emergency medical treatment provider shall not be responsible for fees related
19 to licensure or training. Any balance at the end of the fiscal year shall be
20 carried forward in the Fund.

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

7 * * *

8 Sec. 3. 18 V.S.A. § 906 is amended to read:

9 § 906. EMERGENCY MEDICAL SERVICES DIVISION;

10 RESPONSIBILITIES

11 To implement the policy of section 901 of this title, the Department of

12 Health shall be responsible for:

13 * * *

14 (6)(A) All costs and fees associated with licensure, training, or assisting in the
15 training of, emergency medical personnel.

16 Sec. 3. EFFECTIVE DATE

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