

S.42

An act relating to establishing the Emergency Service Provider Wellness Commission.

The House proposes to the Senate to amend the bill by striking all after the enacting clause and inserting in lieu thereof the following:

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 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 that, in addition to the purposes listed below, shall consider the diversity of emergency service providers on the basis of gender, race, age, ethnicity, sexual orientation, gender identity, disability status, and the unique needs that emergency service providers who have experienced trauma may have as a result of their identity status:

(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;

(5) to identify gaps and strengths in Vermont's system of care for both emergency service providers who have experienced trauma and their immediate family members to ensure access to support and resources that address the impacts of primary and secondary trauma;

(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 and, to the extent feasible, include representation among members that reflects the gender, gender identity, racial, age, ethnic, sexual orientation, social, and disability status of emergency service providers in the State:

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

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

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 Department of
Mental Health;

(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 Department of Mental Health;

(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;

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

(X) the Executive Director of the Enhanced 911 Board or designee.

(2) The term of office of each member shall be three years. Of the members first appointed, ten shall be appointed for a term of one year, ten shall be appointed for a term of two years, and the remainder shall be appointed for a term of three years. Members shall hold office for the term of their appointments and until their successors have been appointed. All vacancies shall be filled for the balance of the unexpired term in the same manner as the original appointment. Members are eligible for reappointment.

(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, 2021.

(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 a circumstance 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, 2021.