

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred Senate Bill No. 42
3 entitled “An act relating to establishing the Emergency Service Provider
4 Wellness Commission” respectfully reports that it has considered the same and
5 recommends that the House propose to the Senate that the bill be amended by
6 striking out all after the enacting clause and inserting in lieu thereof the
7 following:

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

9 § 7257b. EMERGENCY SERVICE PROVIDER WELLNESS

10 COMMISSION

11 (a) As used in this section:

12 (1) “Chief executive of an emergency service provider organization”

13 means a person in charge of an organization that employs or supervises
14 emergency service providers in their official capacity.

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

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

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

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

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

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

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

10 (b) There is created the Emergency Service Provider Wellness Commission
11 within the Agency of Human Services that, in addition to the purposes listed
12 below, shall consider the diversity of emergency service providers on the basis
13 of gender, race, age, ethnicity, sexual orientation, gender identity, disability
14 status, and the unique needs that emergency service providers who have
15 experienced trauma may have as a result of their identity status:

16 (1) to identify where increased or alternative supports or strategic
17 investments within the emergency service provider community, designated or
18 specialized service agencies, or other community service systems could
19 improve the physical and mental health outcomes and overall wellness of
20 emergency service providers;

1 (2) 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 (3) 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 (4) 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;

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

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

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

1 (8) to recommend policies, practices, training, legislation, rules, and
2 services that will increase successful interventions and support for emergency
3 service providers to improve health outcomes, job performance, and personal
4 well-being and reduce health risks, violations of employment, and violence
5 associated with the impact of untreated trauma, including whether to amend
6 Vermont’s employment medical leave laws to assist volunteer emergency
7 service providers in recovering from the effects of trauma experienced while
8 on duty; and

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

12 (c)(1) The Commission shall comprise the following members and, to the
13 extent feasible, include representation among members that reflects the gender,
14 gender identity, racial, age, ethnic, sexual orientation, social, and disability
15 status of emergency service providers in the State:

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

17 (B) a representative, appointed by the Vermont Criminal Justice
18 Council;

19 (C) the Commissioner of Health or designee;

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

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

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

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

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

5 (I) a representative, appointed by the Vermont Association of Chiefs
6 of Police;

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

8 (K) a volunteer firefighter, appointed by the Vermont State
9 Firefighters' Association;

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

12 (M) a representative, appointed by the Vermont State Employees
13 Association;

14 (N) a representative, appointed by the Vermont Troopers'
15 Association;

16 (O) a professional firefighter, appointed by the Professional
17 Firefighters of Vermont;

18 (P) a clinician associated with a peer support program who has
19 experience in treating workplace trauma, appointed by the Department of
20 Mental Health;

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

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

5 (S) a person who serves or served on a peer support team, appointed
6 by the Department of Mental Health;

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

9 (U) a Chief, appointed by the Vermont Career Fire Chiefs
10 Association;

11 (V) a Chief, appointed by the Vermont Fire Chiefs Association;

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

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

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

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

7 (d)(1) The Commissioner of Health or designee shall call the first meeting
8 of the Commission to occur on or before September 30, 2021.

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

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

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

15 (e) The Commission's meetings shall be open to the public in accordance
16 with 1 V.S.A. chapter 5, subchapter 2. Notwithstanding 1 V.S.A. § 313, the
17 Commission may go into executive session in the event a circumstance or an
18 event involving a specific emergency service provider is described, regardless
19 of whether the emergency service provider is identified by name.

20 (f) Commission records describing a circumstance or an event involving a
21 specific emergency service provider, regardless of whether the emergency

1 service provider is identified by name, are exempt from public inspection and
2 copying under the Public Records Act and shall be kept confidential.

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

6 (h) Notwithstanding 2 V.S.A. § 20(d), the Commission shall report its
7 conclusions and recommendations to the Governor and General Assembly as
8 the Commission deems necessary but not less frequently than once per
9 calendar year. The report shall disclose individually identifiable health
10 information only to the extent necessary to convey the Commission's
11 conclusions and recommendations, and any such disclosures shall be limited to
12 information already known to the public. The report shall be available to the
13 public through the Department of Health.

14 Sec. 2. EFFECTIVE DATE

15 This act shall take effect on July 1, 2021.

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19 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE