

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
3 No. 42 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;

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

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

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

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

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

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

19 (2) to identify how Vermont can increase capacity of qualified clinicians
20 in the treatment of emergency service providers to ensure that the services of
21 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;

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

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

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

18 (8) to recommend policies, practices, training, legislation, rules, and
19 services that will increase successful interventions and support for emergency
20 service providers to improve health outcomes, job performance, and personal
21 well-being and reduce health risks, violations of employment, and violence

1 associated with the impact of untreated trauma, including whether to amend
2 Vermont’s employment medical leave laws to assist volunteer emergency
3 service providers in recovering from the effects of trauma experienced while
4 on duty; and

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

8 (c)(1) The Commission shall comprise the following members and, to the
9 extent feasible, include representation among members that reflects the gender,
10 racial, age, ethnic, sexual, social, and disability status of emergency service
11 providers in the State:

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

13 (B) a representative, appointed by the Vermont Criminal Justice
14 Council;

15 (C) the Commissioner of Health or designee;

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

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

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

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

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

- 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, appointed by the Vermont State
5 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 professional firefighter, appointed by the Professional
13 Firefighters of Vermont;
- 14 (P) a clinician associated with a peer support program who has
15 experience in treating workplace trauma, appointed by the Governor;
- 16 (Q) a professional emergency medical technician or paramedic,
17 appointed by the Vermont State Ambulance Association;
- 18 (R) a volunteer emergency medical technician or paramedic,
19 appointed by the Vermont State Ambulance Association;
- 20 (S) a person who serves or served on a peer support team, appointed
21 by the Governor;

1 (T) a representative, appointed by the Vermont League of Cities and

2 Towns;

3 (U) a Chief, appointed by the Vermont Career Fire Chiefs

4 Association;

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

6 (W) a representative, appointed by the Vermont Association for

7 Hospitals and Health Systems; and

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

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

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

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

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

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

12 (f) Commission records describing a circumstance or an event involving a
13 specific emergency service provider, regardless of whether the emergency
14 service provider is identified by name, are exempt from public inspection and
15 copying under the Public Records Act and shall be kept confidential.

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

19 (h) Notwithstanding 2 V.S.A. § 20(d), the Commission shall report its
20 conclusions and recommendations to the Governor and General Assembly as
21 the Commission deems necessary but not less frequently than once per

1 calendar year. The report shall disclose individually identifiable health
2 information only to the extent necessary to convey the Commission’s
3 conclusions and recommendations, and any such disclosures shall be limited to
4 information already known to the public. The report shall be available to the
5 public through the Department of Health.

6 Sec. 2. EFFECTIVE DATE

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

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14 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE