

1 S.42

2 Senator Hardy moves that the bill be amended by striking out all after the  
3 enacting clause and inserting in lieu thereof the following:

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

5 § 7257b. EMERGENCY SERVICE PROVIDER WELLNESS

6 COMMISSION

7 (a) As used in this section:

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

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

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

12 (A) currently or formerly recognized by a Vermont Fire Department  
13 as a firefighter;

14 (B) currently or formerly licensed by the Department of Health as an  
15 emergency medical technician, emergency medical responder, advanced  
16 emergency medical technician, or paramedic;

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

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

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

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

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

8           (1) to identify where increased or alternative supports or strategic  
9           investments within the emergency service provider community, designated or  
10           specialized service agencies, or other community service systems could  
11           improve the physical and mental health outcomes and overall wellness of  
12           emergency service providers;

13           (2) to identify how Vermont can increase capacity of qualified clinicians  
14           in the treatment of emergency service providers to ensure that the services of  
15           qualified clinicians are available throughout the State without undue delay;

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

20           (4) to educate the public, emergency service providers, State and local  
21           governments, employee assistance programs, and policymakers about best

1 practices, tools, personnel, resources, and strategies for the prevention and  
2 intervention of the effects of trauma experienced by emergency service  
3 providers;

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

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

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

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

1           (9) to consult with federal, State, and municipal agencies, organizations,  
2           entities, and individuals in order to make any other recommendations the  
3           Commission deems appropriate; and

4           (10) to identify the unique needs of and develop culturally appropriate  
5           services for emergency service providers who identify as women or as Black,  
6           Indigenous, or Persons of Color, or both, and who have experienced trauma in  
7           the course of their duties.

8           (c)(1) The Commission shall comprise the following members and include  
9           representation by individuals who identify as women or as Black, Indigenous,  
10           or Persons of Color, or both:

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

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

14           (C) the Commissioner of Health or designee;

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

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

17           (F) the Commissioner of Mental Health 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;

- 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.