

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, social, and disability status of  
15           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