SENATE BILL REPORT

SB 6213

As Reported By Senate Committee On: Health & Long-Term Care, January 31, 2000

Title: An act relating to guidelines for emergency medical personnel when dealing with directives.

Brief Description: Requiring guidelines for the response of emergency medical personnel to directives.

Sponsors: Senators Deccio and Winsley.

Brief History:

Committee Activity: Health & Long-Term Care: 1/19/2000, 1/31/2000 [DPS].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6213 be substituted therefor, and the substitute bill do pass.

Signed by Senators Thibaudeau, Chair; Wojahn, Vice Chair; Costa, Deccio, Franklin, Johnson and Winsley.

Staff: Joan K. Mell (786-7447)

Background: Emergency medical service technicians and paramedics are regulated professionals through the Department of Health. These professionals perform under the direction of a licensed physician. These professionals, in a very short time frame, must undertake care to a patient that is either full code or supportive care. Patients can direct whether they want code or supportive care if they require emergency services. Across the state, there are varying practices relative to the professionals recognizing an individual's direction regarding the kind of emergency care they would choose to receive. Apparently, the varying practices can be attributed to the fact that there is not in law a requirement that the individual's directive be in a specific form. The Department of Health, pursuant to statute, developed guidelines concerning the delivery of emergency services and developed a form. The department's form was never put into rule or statute.

Summary of Substitute Bill: The Department of Health must develop a simple standardized form that emergency medical personnel recognize as prescriptive of the kind of care an individual must receive in an emergency situation that is recognized statewide.

Substitute Bill Compared to Original Bill: The bill required rule-making and expanded advance directives to include court orders. The substitute does not add court order to existing statute and does not require rule-making.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The department proposes amendatory language that clarifies rule-making as not necessary because guidelines have already been developed that could be required to be recognized statewide.

Testimony Against: None.

Testified: Janet Griffith, Department of Health - Ems and Trauma (pro).

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