

# SENATE BILL REPORT

## SB 5145

---

---

As Reported by Senate Committee On:  
Governmental Operations, January 29, 2013

**Title:** An act relating to community assistance referral and education services.

**Brief Description:** Allowing fire departments to develop a community assistance referral and education services program.

**Sponsors:** Senators Keiser, Conway, Eide, Kohl-Welles, Shin and Schlicher.

**Brief History:**

**Committee Activity:** Governmental Operations: 1/29/13 [DP].

---

### SENATE COMMITTEE ON GOVERNMENTAL OPERATIONS

**Majority Report:** Do pass.

Signed by Senators Roach, Chair; Benton, Vice Chair; Braun, Conway, Fraser, Hasegawa, Ranking Member; Rivers.

**Staff:** Samuel Brown (786-7470)

**Background:** In Washington, 911 services are primarily administered by counties, and in some cases, cities. Currently, four local fire agencies have developed Community Assistance Referral and Education Services (CARES) programs including: the Kent Regional Fire Authority, the Olympia Fire Department, the SeaTac Fire Department, and South King Fire and Rescue. CARES programs are intended to provide community outreach and assistance to residents of the area covered by the agency to advance injury and illness prevention within the community. CARES programs currently in place identify members of the community using the 911 system for nonemergency assistance calls and refer them to services such as primary care providers, other health care professionals, low-cost medication programs, and other social services.

The Health Care Personnel Shortage Task Force (Task Force) has 20 members, representing business, labor organizations, education, and government. The Task Force regularly updates a strategic plan which outlines actions for the Legislature, state and local agencies, educators, labor, health care industry employers, and workers to decrease the gap between supply and demand of health care personnel.

---

*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Summary of Bill:** A fire department, fire protection district, or regional fire authority may develop a CARES program. The program should connect callers in non-emergency situations to primary care providers, health care professionals, low-cost medication programs, and other social services. Participating agencies may seek grant opportunities and private gifts to support a CARES program. The CARES program may coordinate with the Task Force to identify assistance, referral, and education service providers.

CARES programs must measure, at least annually, the reduction of repeated use of the 911 emergency system and reduction of avoidable emergency room trips attributable to the program. Results containing these findings must be reported to the Legislature or local governments upon request. Such findings should include the estimated amount of Medicaid dollars not spent as a result of any reduction in emergency room visits attributable to the program.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Committee/Commission/Task Force Created:** No.

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

**Staff Summary of Public Testimony:** PRO: CARES programs have had remarkable results in the community. CARES programs keep residents with chronic health needs from going to the emergency room, and that keeps down costs. This bill puts forward an approach for fire departments to fund a CARES program and also requires that the program capture and report data. There is a potential to grow this program into other communities. These programs provide a new tier to the EMS system. Similar to fire prevention, this is EMS prevention. CARES programs provide injury and illness prevention and reduce the repetitive need for services. CARES programs have increased access to the appropriate level of health care and social services in a timely and cost-effective manner. The goal is to improve health outcomes while reducing waste and expenses. Implementation will require some policy changes and proof to payers that this is a cost-effective approach. The numbers are small, but promising anecdotally. Fire departments are able to refer callers to a CARES person to get them more appropriate attention.

OTHER: We like that this bill says may, rather than shall, since not all fire districts, especially in rural areas, will not be able to afford a CARES program.

**Persons Testifying:** PRO: Senator Keiser, prime sponsor; Geoff Simpson, WA State Council of Firefighters; Mitch Snyder, Kent Fire Department.

OTHER: Ryan Spiller, WA Fire Commissioners.