

HOUSE BILL REPORT

HB 1721

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to the transport of patients by ambulance to facilities other than hospitals.

Brief Description: Concerning the transport of patients by ambulance to facilities other than hospitals.

Sponsors: Representatives Robinson, Schmick, Cody, Harris, Riccelli and Van De Wege.

Brief History:

Committee Activity:

Health Care & Wellness: 2/13/15, 2/18/15 [DPS].

Brief Summary of Substitute Bill

- Establishes a work group to adopt guidelines for the appropriate transport of patients to chemical dependency treatment programs or mental health facilities by ambulance services.
- Directs the Health Care Authority to develop a reimbursement methodology for ambulance services that transport patients to a mental health facility or chemical dependency treatment program in accordance with regional alternative facility procedures.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

Staff: Chris Blake (786-7392).

Background:

Ambulance services provide transportation services for the ill and injured according to patient care procedures. Patient care procedures are written guidelines adopted by regional

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emergency medical services and trauma care councils that identify several elements necessary to coordinate the provision of emergency services, including the type of facility to receive the patient.

Medicaid covers ambulance transportation in several different cases. Generally, these services are covered when it is medically necessary based on the client's condition at the time of the trip, it is appropriate to the client's actual medical need, and it is to a destination that is a contracted Medicaid provider or the appropriate trauma facility.

Summary of Substitute Bill:

The Department of Health and the Department of Social and Health Services must convene a work group to establish alternative facility guidelines for the development of protocols, procedures, and applicable training for ambulance services to transport patients in need of mental health or chemical dependency services. The guidelines must establish when transport to a mental health facility or chemical dependency treatment program is required as indicated by the presence of a medical emergency, the severity of the patient's behavioral health needs, the training of emergency medical service personnel, and the risk posed by the patient to himself or herself or to others. The work group must include members of the Emergency Medical Service and Trauma Care Steering Committee, mental health providers, ambulance services, firefighters, and chemical dependency treatment programs. The guidelines must be completed by July 1, 2016, and be distributed to regional emergency medical services and trauma care councils for inclusion in their regional plans.

Ambulance services are given specific authority to transport patients to nonmedical facilities, such as mental health facilities and chemical dependency treatment programs. Immunity from liability that generally applies to emergency medical services providers is extended to acts or omissions by those providers when transporting a patient to a mental health facility or chemical dependency treatment program in accordance with regional alternative facility procedures.

The Health Care Authority is directed to develop a reimbursement methodology for ambulance services in cases when they transport Medicaid clients to a mental health facility or chemical dependency treatment program in accordance with regional alternative facility procedures.

Substitute Bill Compared to Original Bill:

The substitute bill adds firefighters to the participants in the Department of Health work group that must establish alternative facility guidelines. The work group's guidelines must also develop applicable training appropriate to the level of emergency medical service provider.

The substitute bill adds references to mental health facilities and chemical dependency programs to the definition of "patient care procedures."

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill will help transport patients to triage centers when somebody is having behavioral health issues. This will help hospital emergency departments across the state, allowing ambulances to divert low-risk patients to a more appropriate facility. Low-risk patients could be better served if there were improved access to and coordination of services to address their mental health or chemical dependency issues in a community setting. This provides a tool for preventing readmissions to hospitals and assuring appropriate care. This bill will allow the option to offer a better course of treatment by taking the patients to a mental health triage center.

The emergency department is a very expensive place to receive subacute services. The development of a reimbursement method for these transports will eliminate a roadblock. This will save money by reducing ambulance trips and emergency department charges. Many times people who need behavioral health services do not want to accept a transport because of the cost of an emergency department visit.

This bill aligns multiple community systems and eliminates liability and reimbursement barriers to get people in the right systems. This bill brings all of the stakeholders together to set the parameters so that patient safety is the deciding factor in making appropriate diversions.

There are many community members who suffer from mental illness and chemical dependency who are known to local public safety officials and who need frequent services. These people need services in mental health facilities, not in an emergency department.

This bill helps keep law enforcement resources on the street for 911 emergency calls for service. When a deputy is taking a person to a triage facility, it takes officers off of the street, but this bill will allow for ambulance services to do that instead.

(Opposed) None.

Persons Testifying: Representative Robinson, prime sponsor; TJ LaRocque, Providence St. Peter Hospital; Brian Enslow, Washington State Association of Counties; Bob Berschauer, Washington Ambulance Association; and John Flood and David Crandall, Snohomish Police Department.

Persons Signed In To Testify But Not Testifying: None.