

HOUSE BILL REPORT

HB 2044

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to emergency medical services.

Brief Description: Concerning emergency medical services.

Sponsors: Representatives Schmick, Cody and Griffey.

Brief History:

Committee Activity:

Health Care & Wellness: 2/18/15, 2/20/15 [DPS].

Brief Summary of Substitute Bill

- Authorizes emergency medical systems and federally recognized Indian tribes to establish community assistance referral and education services programs (programs).
- Allows emergency medical technicians, advanced emergency medical technicians, and paramedics to provide care in nonemergency and non-life-threatening situations if they are participating in a program and the care provided does not exceed their training and certification.

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:

Community Assistance Referral and Education Services Programs.

In 2013 legislation was enacted to allow fire departments to establish community assistance referral and education services programs (programs). These programs provide community

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outreach and assistance to residents to promote injury and illness prevention. The programs should identify members of the community who use the 911 system for nonemergency or nonurgent assistant calls. The programs connect residents with health care professionals, low-cost medication programs, and other social services. The programs are required to measure reductions in the repeated use of the 911 system and any associated reductions in avoidable emergency department trips.

Emergency Medical Services Personnel.

Emergency medical service (EMS) personnel are certified by the Department of Health, which is also responsible for their discipline in cases involving unprofessional conduct. There are four primary categories of EMS personnel: paramedics, intermediate life support technicians, emergency medical technicians, and first responders. Emergency medical service personnel may only provide services within the scope of care established in the curriculum of the person's level of certification or any specialized training. In addition, the services must be included in the protocols of each county's medical program director.

Summary of Substitute Bill:

Emergency medical systems and federally recognized Indian tribes may establish community assistance referral and education services programs (programs), just as fire departments may currently do. In addition to the programs advancing illness and injury prevention, they may conduct activities to improve population health. The programs may establish partnerships with hospitals to reduce readmissions. The authority for these programs to hire health care professionals is extended to include the employment of emergency medical technicians, advanced emergency medical technicians, and paramedics, as long as they are practicing under the authority of their medical program director and within the scope of their practice.

The term "emergency medical service intermediate life support technician" is changed to "advanced emergency medical technician." An exception to the prohibition against advanced emergency medical technicians and paramedics providing care in nonemergency and non-life-threatening situations is established for activities performed pursuant to a program. Emergency medical technicians, advanced emergency medical technicians, and paramedics participating in a program may provide care under the supervision and direction of their medical program director if it does not exceed their training and certification. Immunity from liability that generally applies to emergency medical services providers for acts and omissions related to the provision of emergency medical services is extended to emergency medical technicians, advanced emergency medical technicians, paramedics, and medical program directors participating in a program.

Substitute Bill Compared to Original Bill:

The substitute bill eliminates the discrete authority of providers of emergency medical services to establish community assistance referral and education services programs (programs). The definition of "fire district" is amended to include: (1) providers of emergency medical services that levy emergency medical care and service levies; and (2)

federally recognized Indian tribes. The purposes of programs are expanded to include improving population health, in addition to advancing injury and illness prevention.

The substitute bill allows emergency medical technicians to provide services under a program, in addition to advanced emergency medical technicians and paramedics, and covers them under the immunity from liability.

The substitute bill eliminates the grant of authority to medical program directors to make determinations of satisfactory performance and education for recertification of advanced emergency medical technicians and paramedics.

The substitute bill eliminates the authority of an ambulance service to transport patients to nonhospital facilities, such as urgent care clinics, mental health facilities, and chemical dependency programs.

References are corrected.

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 tries to bring additional health care to rural areas by making the necessary statutory changes. This bill allows all emergency medical service providers to participate in community service programs. The bill could be improved by allowing emergency medical technicians to operate in these programs. The hold harmless provision gives emergency providers peace of mind when they are out in the field. The nonhospital transport section is exciting because it will get the patient to the right location the first time.

As mobile health care changes under the Affordable Care Act, there needs to be flexibility and this bill supports that. Mobile health care can reduce employer cost, get employees back to work, save businesses money and time, and keep emergency departments available for true emergencies.

(With concerns) Several fire departments have established these programs. These are emergency medical service prevention tools. These programs should be operated by government entities for reasons of continuity of care and maintained oversight. Government emergency medical services providers see the people who will use these services, sometimes several times per month, and are best-suited to get them to the best community resources. Ambulance services are only secondarily dispatched if there is a need for transportation, but are not dispatched to every call.

(Opposed) None.

Persons Testifying: (In support) Representative Schmick, prime sponsor; Bob Berschauer, Washington Ambulance Association; and Marc Burnham, American Medical Responders.

(With concerns) Geoff Simpson, Washington State Council of Firefighters.

Persons Signed In To Testify But Not Testifying: None.