
Health Care & Wellness Committee

SSB 5591

Brief Description: Allowing emergency medical services to develop community assistance referral and education services programs.

Sponsors: Senate Committee on Government Operations & Security (originally sponsored by Senators Lias, Roach, Hasegawa, Fain, McCoy, Keiser, Pearson, Kohl-Welles, McAuliffe and Conway).

Brief Summary of Substitute Bill

- Authorizes emergency medical services providers that levy an emergency medical services tax 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 standards.

Hearing Date: 3/25/15

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 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.

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.

Emergency Medical Services Personnel.

Emergency medical services (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 services 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 Bill:

Emergency medical services providers that levy an emergency medical services tax 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 standards. 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.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

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