

HOUSE BILL REPORT

SSB 5591

As Passed House:

April 9, 2015

Title: An act relating to allowing emergency medical services to develop community assistance referral and education services programs.

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 History:

Committee Activity:

Health Care & Wellness: 3/25/15, 3/26/15 [DP].

Floor Activity:

Passed House: 4/9/15, 65-31.

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.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 10 members: Representatives Cody, Chair; Riccelli, Vice Chair; Clibborn, Jinkins, Johnson, Moeller, Robinson, Rodne, Tharinger and Van De Wege.

Minority Report: Do not pass. Signed by 4 members: Representatives Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier and Short.

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.

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.

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: Available.

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

Staff Summary of Public Testimony:

(In support) Paramedics and firefighters are in the community every day and they see the health care challenges that people face. When the health care system does not work and is not coordinated, people call 911, sometimes repeatedly, to get help for their chronic conditions. This bill allows paramedics to get involved in solving the problems in the community to better manage patient care. This bill prevents emergency medical services providers from having to return repeatedly for the same problems and makes communities healthier. Paramedics are the eyes and ears of the community and are in peoples' homes every day. This bill allows emergency medical providers to send a community resource paramedic to see a patient outside of the emergency medical system. Citizens have increased satisfaction with their health care when providers respond on a nonemergent basis. These programs proactively look at the most frequent utilizers of the 911 system and connect them with community resources. This bill will bend the cost curve through prevention and the elimination of unnecessary transports.

Multiple stakeholder groups have worked on this bill. This bill should be passed as written.

(Opposed) This is a fantastic bill, except it excludes non-tax supported entities. It will take more than just one agency to provide mobile integrated health care. Private ambulance services are already doing mobile integrated health care in other parts of the country and look forward to doing it in Washington, but the current bill excludes private ambulance services. The original version of House Bill 2044 allowed all providers to participate, but this bill excludes them. This allows emergency medical technicians and paramedics covered under this bill to do nonemergent work beyond just what 911 does.

Emergency medical services personnel should be able to work to their full scope regardless of whether they are public or private and the state should not exclude a group of providers from this practice. Scope and delivery of health care has always been open to all providers by qualification, not by how they are funded.

Persons Testifying: (In support) Senator Liias, prime sponsor; Rich Campbell, Snohomish County Fire District 1; Brian Schaeffer, Spokane City Fire Department; and Geoff Simpson, Washington State Council of Fire Fighters.

(Opposed) Brent Butte, American Medical Response; and Bob Berschauer, Washington Ambulance Association.

Persons Signed In To Testify But Not Testifying: None.