

SENATE BILL REPORT

SHB 1721

As Reported by Senate Committee On:
Health Care, March 26, 2015

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: House Committee on Health Care & Wellness (originally sponsored by Representatives Robinson, Schmick, Cody, Harris, Riccelli and Van De Wege).

Brief History: Passed House: 3/02/15, 95-2.

Committee Activity: Health Care: 3/12/15, 3/26/15 [DP].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Angel, Bailey, Brown, Cleveland, Conway, Jayapal, Keiser, Parlette and Rivers.

Staff: Mich'l Needham (786-7442)

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 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 Bill: The Department of Health and the Department of Social and Health Services must convene a workgroup 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

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.

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 workgroup 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 complete 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 service 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.

Appropriation: None.

Fiscal Note: Available.

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: Snohomish County has been working to create triage for patients with a behavioral health crisis and allow transport to an alternative facility that is more appropriate than an emergency room. Allowing transport to an alternative facility will take pressure off the hospital emergency rooms and help get people to the right care at the right time. Emergency medical service providers are often dispatched to situations that are not acute medical emergencies and they end up transporting patients to emergency rooms since it is the only way they get paid and manage their liability issues. The law needs to specifically allow transport to an alternative facility. This bill would allow first responders to triage and transport patients in need of mental health services or chemical dependency services to the appropriate location. It also would keep deputies on the streets rather than having them transport to alternative facilities. This is a process improvement that gets people to the appropriate location initially. It removes barriers to accessing the appropriate care. Each jurisdiction will develop procedures that work best for the community. The brings together a group of experts to develop the procedures and protocol to allow the ambulance to bypass the emergency room when appropriate. It also requires the development of a reimbursement method that will ensure the service gets paid when the patient is not delivered to the emergency room.

Persons Testifying: PRO: Representative Robinson, prime sponsor; John Flood, David Crandall, Snohomish Police Dept.; Timothy Key, Everett Fire Dept.; Ken Stark, Snohomish County; Bob Berschauer, WA Ambulance Assn.; Brian Enslow, WA State Assn. of Counties.

Persons Signed in to Testify But Not Testifying: No one.