

SENATE BILL REPORT

SB 5591

As of February 2, 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: Senators Liias, Roach, Hasegawa, Fain, McCoy, Keiser, Pearson, Kohl-Welles, McAuliffe and Conway.

Brief History:

Committee Activity: Government Operations & Security: 2/03/15.

SENATE COMMITTEE ON GOVERNMENT OPERATIONS & SECURITY

Staff: Samuel Brown (786-7470)

Background: Community Assistance Referral and Education Services (CARES) Programs. Local fire departments may develop CARES programs to provide community outreach and assistance to local residents. CARES programs identify community members who use 911 for low-acuity assistance calls – non-emergency or non-urgent calls – and help direct these citizens to their primary care providers, other health care professionals, low-cost medication programs, and other social services. A non-emergency contact number may also be distributed as an alternative resource to the 911 system. Health care professionals may be hired as needed to assist with the CARES program. A fire department may seek grants and private gifts to support its CARES program.

Each program that is established must annually measure: (1) the reduction in the number of phone calls from those that repetitively used the 911 emergency system; (2) the reduction in avoidable emergency room trips attributed to implementation of the program; and (3) the estimated amounts of Medicaid funding that would have been spent on emergency room visits if the CARES program had not existed. Upon request the results must be reported to the Legislature or other local governments.

Currently, five local fire agencies have established CARES programs: the Kent Regional Fire Authority, the Olympia Fire Department, the Tacoma Fire Department, the SeaTac Fire Department, and Whatcom County Fire District #7.

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. Counties, emergency medical service (EMS) districts, cities, towns, public hospital districts, urban EMS districts, regional fire protection service authorities, and fire protection districts may authorize EMS levies. An EMS levy is a regular voter-approved levy which is used to provide emergency medical care or emergency medical services, including related personnel costs, training for such personnel and related equipment, supplies, vehicles, and structures needed to provide this care or service.

Emergency medical technicians (EMTs) do non-invasive basic life support at the scene of an emergency and en route to appropriate medical facilities. The permissible scope of EMT practice is limited to actions taken under the express orders of medical program directors. EMTs may not engage in freestanding or nondirected actions unless the situation presents an emergency or a life-threatening condition.

Summary of Bill: Any EMS provider may develop a CARES program, and seek grants and private gifts to support the program. EMTs may provide services under a CARES program. The permissible scope of practice for EMTs is amended to include actions taken as part of a CARES program.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.