

SENATE BILL REPORT

SB 5591

As Reported by Senate Committee On:
Government Operations & Security, February 10, 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 Lias, Roach, Hasegawa, Fain, McCoy, Keiser, Pearson, Kohl-Welles, McAuliffe and Conway.

Brief History:

Committee Activity: Government Operations & Security: 2/03/15, 2/10/15 [DPS].

SENATE COMMITTEE ON GOVERNMENT OPERATIONS & SECURITY

Majority Report: That Substitute Senate Bill No. 5591 be substituted therefor, and the substitute bill do pass.

Signed by Senators Roach, Chair; Benton, Vice Chair; Pearson, Vice Chair; Lias, Ranking Minority Member; Habib and McCoy.

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

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.

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.

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 (Recommended Substitute): Any EMS provider with tax levying authority or federally recognized Indian tribe may develop a CARES program, seek grants and private gifts to support the program, and contract with health care professionals as needed to provide the program.

EMTs, advanced EMTs, and paramedics may participate in a CARES program if supervised by a medical program director and the participation does not exceed the EMT's, advanced EMT's, or paramedic's training or certification. EMTs, advanced EMTs, paramedics, and medical program directors are immune from liability for good faith acts or omissions as part of participation in a CARES program.

EFFECT OF CHANGES MADE BY GOVERNMENT OPERATIONS & SECURITY COMMITTEE (Recommended Substitute): Federally recognized Indian tribes may develop CARES programs. Any entity developing a CARES program may contract with health care professionals as needed to provide the program.

EMTs, advanced EMTs, and paramedics may participate in a CARES program if supervised by a medical program director and the participation does not exceed the EMT's, advanced EMT's, or paramedic's training or certification. EMTs, advanced EMTs, paramedics, and medical directors are immune from liability for good faith acts or omissions as part of participation in 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.

Staff Summary of Public Testimony on Original Bill: PRO: In 2013 legislation was passed permitting the creation of CARES programs, but as departments have tried to create these, they've found that the bill language wasn't clear enough. CARES programs provide one more avenue for folks to get help when they need it – some only know to call 911 right now. The bill is drafted the way it is because there's an EMS-only department that we wanted to include. The Department of Health fully supports the concept of using the existing workforce to meet the needs of patients in the community, but has three concerns: the actual and specific scope of practice of what EMT or community paramedics would be doing; the role of the medical program director; and whether relief from liability in emergency situations would be extended. We see approximately 100,000 patients per year. High-utilizer patients really need support services within the community, not medical services. A Snohomish County CARES program reduced 911 calls by 60 percent, and emergency room visits by 50 percent. This will reduce the burden on the health care system and costs; in Snohomish County, 50 people called 911 over 400 times – costing over \$1 million per year, the equivalent of shutting down a fire station for a month for those 50 citizens. There's broad community support and no downside to this kind of work. The traditional model of transporting patients to emergency departments often doesn't meet those patients' needs. This is an EMS prevention program, akin to a fire prevention program.

OTHER: There are innovative programs around the state with different approaches. We have broad support for these programs, but want more guidance for the roles of personnel, which are a traditional tool for patient safety and protection. There are plenty of places in eastern Washington where the private ambulance service goes at the same time as the fire districts to respond to calls. But if the private service doesn't have tax-levying authority, they can't participate in CARES programs under this bill. We would like to utilize our expertise to provide CARES services.

Persons Testifying: PRO: Senator Lias, prime sponsor; Kristi Weeks, WA Dept. of Health; Jamie Emery, Providence Regional Medical Center Everett; Shaughn Maxwell, Snohomish County Fire District 1; Carl Zapora, Snohomish County Public Hospital District No. 2; Rich Campbell, Snohomish County FD 1; Geoff Simpson, WA State Council of Firefighters.

OTHER: Sofia Aragon, WA State Nurses Assn.; Bob Berschauer, WA Ambulance Assn.; Melody Westmoreland, American Medical Response.