

FINAL BILL REPORT

SSB 5591

C 93 L 15

Synopsis as Enacted

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).

Senate Committee on Government Operations & Security

House Committee on Health Care & Wellness

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.

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

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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: An EMS provider with tax levying authority or a 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.

Votes on Final Passage:

Senate	37	11
House	65	31

Effective: July 24, 2015