

HOUSE BILL REPORT

HB 1452

As Reported by House Committee On:

Health Care & Wellness
Appropriations

Title: An act relating to establishing a state medical reserve corps.

Brief Description: Establishing a state medical reserve corps.

Sponsors: Representatives Timmons, Harris, Simmons, Rude, Doglio, Pollet, Bateman and Leavitt.

Brief History:

Committee Activity:

Health Care & Wellness: 1/24/23, 1/25/23 [DPS];

Appropriations: 2/6/23, 2/23/23 [DP2S(w/o sub HCW)].

Brief Summary of Second Substitute Bill

- Establishes the State Emergency Medical Reserve Corps within the Department of Health.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Barnard, Bronoske, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier and Tharinger.

Staff: Kim Weidenaar (786-7120).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Local Medical Reserve Corps.

The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to supplement existing emergency and public health resources. The MRC units organize and utilize local volunteers to prepare for and respond to emergencies and to support ongoing preparedness initiatives. The MRC volunteers include medical and public health professionals as well as other community members without healthcare backgrounds who want to improve the health and safety of their communities. Washington currently has 21 MRC units.

Uniform Emergency Volunteer Health Practitioners Act.

In 2006 the Uniform Law Commission proposed the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) to provide a process for out-of-state medical professionals, not covered by agreements such as the Emergency Management Assistance Compact, to provide services during a declared emergency. Seventeen states, the District of Columbia, and the United States Virgin Islands have enacted a version of the UEVHPA.

Emergency Management Act.

The state's Emergency Management Act (EMA) establishes a comprehensive program of emergency management in the state, which is administered by the Military Department (Department). As part of the emergency management program, each county, city, and town must establish a local organization or join a joint local organization for emergency management. The EMA grants immunity from liability for the acts of covered volunteer emergency workers while engaged in a covered activity. The immunity applies only when the covered volunteer emergency worker was engaged in an activity within his or her assigned duties and under the direction of a local emergency management organization or the Department, and only if the covered volunteer emergency worker's act or omission does not constitute gross negligence or willful or wanton misconduct.

Summary of Substitute Bill:

The State Emergency Medical Reserve Corps (State MRC) is established within the Department of Health (DOH). The Secretary of Health (Secretary) may deploy the State MRC under the following circumstances:

- when the Secretary determines there is a threat to the public health including outbreaks of diseases, food poisoning, contaminated water supplies, and all other matters injurious to the public health;
- while an emergency declaration is in effect; or
- for training and exercises.

An order of the Secretary deploying the State MRC must include:

- the duration of the deployment, which the Secretary may extend;
- the geographical areas covered;
- which members may participate in the deployment;

- whether the members will receive compensation for their participation and the amount of the compensation; and
- the services the members may provide.

Orders issued other than orders for training or exercises may take effect immediately and without any prior notice or comment. The Secretary must coordinate the deployment of the State MRC with local health jurisdictions to ensure that local MRC members are not deployed away from local crises or emergencies.

To register with the State MRC, a person must apply to the DOH and to qualify:

- health practitioner members must pass a background check and be licensed in good standing in Washington; and
- support members must pass a background check and if the person holds a professional license other than a health practitioner license, that license must be in good standing.

The DOH may establish additional qualifications for members by rule. A health practitioner member, defined as an individual licensed in Washington to provide health or veterinary services, serving with the State MRC must adhere to the scope of practice for the health practitioner's profession. Health practitioners are subject to disciplinary action under the Uniform Disciplinary Act for conduct committed while deployed with the State MRC, but disciplining authorities must consider the circumstances in which the conduct took place, the practitioner's scope of practice, education, training, experience, and specialized skill.

No act or omission, except for those constituting gross negligence or willful or wanton misconduct, by a member providing services pursuant to an order authorizing the State MRC, shall impose any liability for civil damages resulting from an act or omission upon:

- the member;
- the supervisor or supervisors of the member;
- any facility or their officers or employees;
- the employer of the member;
- the owner of the property or vehicle where the act or omission may have occurred;
- the state or any state or local governmental entity; or
- any professional or trade association of the member.

The DOH may, as authorized by law or agreement, incorporate State MRC members who are not officers or employees into the forces of emergency management personnel.

Members shall not be deemed or treated as employees of Washington for the purpose of the state civil service rules or for any other purpose solely by virtue of their status as a member of the State MRC. A member who dies or is injured as a result of providing services through the State MRC is deemed to be an employee for purposes of receiving benefits for the death or injury under workers' compensation if:

- the member is not otherwise eligible for such benefits for the injury or death; and
- the practitioner, or in the case of death the practitioner's personal representative, elects coverage under the workers' compensation by making a claim.

The DOH, in consultation with the Department of Labor and Industries, may adopt rules, enter into agreements with other states, or take other measures to facilitate the receipt of benefits for injury or death under the workers' compensation by members who reside in other states, and may waive or modify requirements for filing, processing, and paying claims that unreasonably burden the practitioners.

The Secretary is authorized to enter into contracts and distribute grants on the behalf of the DOH to carry out the purposes of the State MRC and may promulgate rules to implement the chapter created. The provisions of the new chapter do not affect any program established by Title 38, Militia and Military Affairs, or the Uniform Emergency Volunteer Health Practitioners Act. A new chapter in Title 70 RCW is created and the act may be known and cited as the State Emergency Medical Reserve Corps Act.

Substitute Bill Compared to Original Bill:

The substitute bill:

- changes the name of the State Medical Reserve Corps to the State Emergency Medical Reserve Corps; and
- removes the provision that states that except as otherwise expressly provided in the chapter creating the State Medical Reserve Corps, a health practitioner is not authorized to provide services outside of the practitioner's scope of practice.

Appropriation: None.

Fiscal Note: Requested on January 21, 2023.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) One of the foundational roles of government is to plan and respond to emergencies. This bill will allow the state to be more nimble during emergencies, and will allow specialized professionals to be activated to respond to specific localized issues and provide relief.

Local medical reserve corps are critical and this bill adds another layer so that all communities will be covered. In one community during COVID-19, a local reserve corps provided 21,000 hours of pandemic response which was valued at over one \$1 million.

Medical reserve corps are a remarkable asset and a statewide reserve corps would lead to more training, opportunities, and collaboration, and will improve emergency preparedness and response. The sponsor worked with local public health agencies to work on language to ensure that local emergencies are prioritized.

Work is being done on an amendment to remove some language in the bill that alludes to an allowance to practice outside of a practitioner's scope, which is inconsistent with other sections of the bill that require the practitioner to provide care only within their scope of practice.

(Opposed) None.

Persons Testifying: Representative Joe Timmons, prime sponsor; Gabbie Hubbard, Tacoma-Pierce County Health Department; Mike Hilley, Whatcom County Emergency Medical Services; Jaime Bodden, Washington State Association of Local Public Health Officials; and Alex Wehinger, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Berg, Chandler, Chopp, Connors, Couture, Davis, Dye, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Steele, Stonier and Tharinger.

Staff: Lily Smith (786-7175).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

The Appropriations Committee recommended the addition of the following provisions related to costs incurred by deployments:

- a requirement that the Department of Health (DOH) track deployment costs;
- a requirement that the DOH charge a requesting health entity for deployment costs;
- a provision for cost sharing or billing agreements between the DOH and a healthcare entity where the deployment was not requested;
- a requirement that the DOH absorb the costs of a deployment in the absence of an agreement with or payment by a healthcare entity, or for training exercises; and
- a provision that the DOH may seek federal or private funding to support the costs of

deployments.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) This structure is critical for emergency response and will protect local communities. Not every local health jurisdiction has a robust response ability. Creating a statewide pool would be easier than relying only on local response, as incidents require coordinated and centralized support, particularly when multiple events occur contemporaneously.

(Opposed) None.

Persons Testifying: Nicole Thomsen, Snohomish County Health Department.

Persons Signed In To Testify But Not Testifying: None.