

SENATE BILL REPORT

2SHB 1452

As of March 21, 2023

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

Brief Description: Establishing a state medical reserve corps.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Timmons, Harris, Simmons, Rude, Doglio, Pollet, Bateman and Leavitt).

Brief History: Passed House: 3/1/23, 96-0.

Committee Activity: Health & Long Term Care: 3/14/23, 3/16/23 [DP-WM, w/oRec].
Ways & Means: 3/23/23.

Brief Summary of Bill

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

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Muzzall, Assistant Ranking Member; Conway, Dhingra, Randall and Van De Wege.

Minority Report: That it be referred without recommendation.

Signed by Senators Rivers, Ranking Member; Holy and Padden.

Staff: Andie Parnell (786-7439)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Monica Fontaine (786-7341)

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.

Background: 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. The Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) allows state governments during a declared emergency to give reciprocity to other states' licensees to provide emergency health services without meeting the disaster state's licensing requirements. Health professionals may register either in advance of or during an emergency to provide volunteer services in an enacting state. UEVHPA authorizes healthcare facilities and disaster relief organizations in affected states, working in cooperation with local emergency response agencies, to use health professionals for the duration of emergency declarations, subject to any limitations or restrictions that those states determine may be necessary. Washington D.C., the U.S. Virgin Islands and 17 states, including Washington State, have enacted a version of the UEVHPA.

Emergency Management Act. The Washington Emergency Management Act establishes a comprehensive program of emergency management in the state, which is administered by the Military 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.

Summary of Bill: State Emergency Medical Reserve Corps Establishment. The State Emergency MRC is established within the Department of Health (DOH). The State Emergency MRC includes members registered with DOH who provide health, veterinary, or support services while deployed pursuant to the Secretary of Health (Secretary) orders. The provisions of the new chapter do not affect any program established by the UEVHPA.

Secretary of Health Deployment. The Secretary may deploy the State Emergency MRC by order, enter into contracts on behalf of DOH, enter into and distribute grants on behalf of DOH, and promulgate any rules necessary to carry out the State Emergency MRC. The Secretary may deploy the State Emergency MRC under any of the following circumstances:

- when the Secretary determines a threat to public health including, but not limited to, outbreaks of diseases, food poisoning, contaminated water supplies and all other matters injurious to public health;
- while an emergency declaration is in effect; or
- for training, or exercises, or both.

An order of the Secretary deploying the State Emergency MRC must, at minimum, include:

- the duration of the deployment, which the Secretary may extend;
- the geographical areas in which members may provide services;

- which members may participate in the deployment;
- whether the members will receive compensation for their participation in the deployment and the amount of such compensation; and
- the services the members may provide.

The Secretary may include in the order any other matters necessary to effectively coordinate the provision of services or the training or exercises during the deployment. An order may take effect immediately, without prior notice or comment. The Secretary must coordinate the deployment of the State Emergency MRC with local health jurisdictions to ensure that local MRC members are not deployed away from local crises or emergencies that are happening concurrently to a state-declared emergency or threat.

Deployment Costs. For any State Emergency MRC deployment, DOH must track and account for any costs incurred as a direct result of the deployment, including but not limited to, any compensation of members and any costs associated with the logistics of a deployment.

DOH may enter into a cost-sharing or billing agreement with the health care entity that is receiving services from deployment when a public health threat or emergency declaration exists, and the health care entity has not requested the deployment. In the absence of a cost-sharing or billing agreement, DOH must absorb the costs of the deployment.

DOH must charge the health care entity that is receiving services from deployment when a public health threat or emergency declaration exists, and the health care entity requested the deployment. If payment has not been received from the requesting health care entity, DOH must absorb the costs of the deployment.

DOH must absorb the costs when deployment is for training, exercises, or both.

DOH may seek federal or private funding to support the costs of the State Emergency MRC deployments.

Membership. A person must apply to DOH to register with the State Emergency MRC as a health practitioner member or support member. A health care practitioner member must be licensed and in good standing in this state. A support member does not hold a health practitioner license or holds a health practitioner license but does not practice that profession during their services in the State Emergency MRC. If a support member applicant holds a professional license in this state, the license must be in good standing. All applicants must pass a background check. DOH may establish additional required qualifications for member registration.

A health practitioner member when serving with the State Emergency MRC must adhere to the scope of practice for their respective profession. Health practitioners are subject to disciplinary action pursuant to the Uniform Disciplinary Act, for conduct committed while

deployed. Disciplining authorities must consider the circumstances in which the conduct took place, including any exigent circumstances, and the practitioner's scope of practice, education, training, experience, and specialized skill. State Emergency MRC participation does not limit rights, privileges, or immunities provided to health practitioner members by other laws.

DOH may, as allowed by law or government-to-government agreement, incorporate emergency management personnel into the State Emergency MRC who are not officers or employees of this state, a political subdivision of this state, or a municipality or other local government within this state for the purpose of deployment to other jurisdictions.

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 Emergency MRC. A member who dies or is injured from providing services through the State Emergency 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.

DOH, in consultation with the Department of Labor and Industries, may take measures to facilitate the receipt of benefits for injury or death under the workers' compensation law.

Civil Liability. 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 Emergency 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.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony (Health & Long Term Care): PRO: Not every

county is equipped for a sustainable local MRC. A state network of volunteers can be activated across county lines in times of public health emergencies and reach the most vulnerable communities. The State Emergency MRC would increase access to emergency resources, provide coordination to fulfill needs and potentially save lives. Mobilizing veterinarians for zoological emergencies could also be an asset to our state.

OTHER: Establishing the State Emergency MRC is an opportunity to leverage lessons learned from the pandemic. The State Emergency MRC can reach out to the rural areas heavily impacted and provide resources. This is how we get better responding to citizens in public health emergencies.

Persons Testifying (Health & Long Term Care): PRO: Representative Joe Timmons, Prime Sponsor; Gabrielle Hubbard, WSALPHO; Nicole Thompson, WSALPHO; Alex Wehinger, WA State Medical Association (WSMA).

OTHER: Andrew Rose, AVAILABLE FOR QUESTIONS Washington State Department of Health.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.