

HOUSE BILL REPORT

EHB 1554

As Passed House:
March 13, 2013

Title: An act relating to community assistance referral and education services.

Brief Description: Allowing fire departments to develop a community assistance referral and education services program.

Sponsors: Representatives Stonier, Harris, Rodne, Goodman, Ryu, O'Ban, Van De Wege, Moscoso and Pollet.

Brief History:

Committee Activity:

Public Safety: 2/13/13, 2/14/13, 2/21/13 [DP].

Floor Activity:

Passed House: 3/13/13, 98-0.

Brief Summary of Engrossed Bill

- Authorizes fire departments to implement a community assistance referral and education services program to assist local residents who use the 911 system for low acuity assistance calls.

HOUSE COMMITTEE ON PUBLIC SAFETY

Majority Report: Do pass. Signed by 11 members: Representatives Goodman, Chair; Roberts, Vice Chair; Klippert, Ranking Minority Member; Hayes, Assistant Ranking Minority Member; Appleton, Holy, Hope, Moscoso, Pettigrew, Ross and Takko.

Staff: Yvonne Walker (786-7841).

Background:

There are many individuals who find themselves in need of assistance but because they have nowhere else to turn, their first call is to 911. This first call to 911 is often a predictor of future 911 use as emergency providers are able to correct the immediate problem that is taking place.

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.

Many local communities have developed a "Fire Department-Community, Assistance, Referrals, and Education Services" (FDCARES) program. The "FDCARES" is a fire department-based community injury and illness prevention program. The FDCARES programs have been developed to interact directly with community members in an effort to prevent injury and illness and to help prevent the need for future emergency services for these individuals as well.

Emergency service prevention assists in preventing ambulance transportations, emergency room visits, and associated costs to both the individuals as well as insurance providers. The goal of the FDCARES program is to keep emergency service providers available for more acute type incidents as well as keep hospital emergency rooms from being overcrowded and alleviate the need for patient diversions.

Four local fire agencies have developed the FDCARES programs including: the Kent Regional Fire Authority, the Olympia Fire Department, the SeaTac Fire Department, and South King Fire and Rescue.

In 2003 the Legislature required the Workforce Training and Education Coordinating Board (Board) to address the health care personnel shortage by facilitating ongoing collaboration among stakeholders. The Board, in collaboration with these stakeholders, was to establish and maintain a state strategic plan for ensuring an adequate supply of health care personnel that safeguards the ability of the health care delivery system in the state in order to provide quality, accessible health care to Washington residents. The Board must submit an annual report to the Governor and the Legislature on progress of the state plan and make recommendations as necessary.

Accordingly, the Health Care Personnel Shortage Task Force (Task Force) was created. The Task Force has 20 members, representing business, labor, education, and government. The Task Force is directed to facilitate ongoing collaboration among stakeholders to address the health care personnel shortage and establish and maintain a state strategic plan for ensuring an adequate supply of personnel.

Summary of Engrossed Bill:

Local fire departments are authorized to develop a community assistance referral and education services program (program) to provide community outreach and assistance to local residents. This prevention assistance program must identify community members who use the 911 for low acuity assistance calls (non-emergency and 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 nonemergency contact number may also be distributed as an alternative resource to the 911 system.

To assist in developing the FDCARES program, a fire department may consult with the Task Force to identify health care professionals capable of working in a nontraditional setting and providing assistance, referral, and education services. Health care professionals may be hired as needed to assist with the FDCARES 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 program had not existed. Upon request, the results must be reported to the Legislature or other local governments.

Fire departments may seek grants and private gifts in order to support its program.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The FDCARES program started in the Kent fire department as they were noticing that they were routinely seeing a lot of the same people calling 911, who may or may not have needed trips to an emergency room. Often the Kent fire department realized that they were seeing these same people over 10 times per month. The fire department soon realized that there was a better way to help these individuals in a more efficient manner instead of using 911 for nonemergency issues. As a result, they began working with other agencies to help these individuals. They also worked with social service agencies, family members, doctors, and other providers. This created the evolution of fire prevention services which was about delivering the most cost efficient services to people as possible.

This program can save potentially millions of dollars if implemented on a wide-spread basis by reducing Medicaid costs, ambulance trips, and emergency room visits. The bill can also save lives by allowing fire departments to respond to other emergency matters such as house fires where time is of an essence. Currently, many fire departments are utilizing resources that are not being used in an efficient manner.

Lastly, fire departments are not statutorily authorized to accept gifts and grants. This bill will help fire departments to be able to accept grants to be used to help operate the FDCARES program.

(In support with amendments) This bill is the first step along the path of what is known as mobile health care by delivering community services and minor primary care evaluations by emergency medical service (EMS) personnel. However, the bill as drafted is exclusive to fire departments. The Department of Health licensed emergency medical services agencies should also be included in the bill as an amendment.

(Opposed) None.

Persons Testifying: (In support) Geoff Simpson, Washington State Council of Fire Fighters.

(In support with amendments)Bob Berschauer, Washington Ambulance Association.

Persons Signed In To Testify But Not Testifying: None.