

CERTIFICATION OF ENROLLMENT
SUBSTITUTE SENATE BILL 5591

Chapter 93, Laws of 2015

64th Legislature
2015 Regular Session

EMERGENCY MEDICAL SERVICES--COMMUNITY ASSISTANCE REFERRAL AND
EDUCATION SERVICES PROGRAMS

EFFECTIVE DATE: 7/24/2015

Passed by the Senate March 3, 2015
Yeas 37 Nays 11

BRAD OWEN

President of the Senate

Passed by the House April 9, 2015
Yeas 65 Nays 31

FRANK CHOPP

Speaker of the House of Representatives

Approved April 24, 2015 3:44 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5591** as passed by Senate and the House of Representatives on the dates hereon set forth.

HUNTER G. GOODMAN

Secretary

FILED

April 25, 2015

**Secretary of State
State of Washington**

SUBSTITUTE SENATE BILL 5591

Passed Legislature - 2015 Regular Session

State of Washington

64th Legislature

2015 Regular Session

By Senate Government Operations & Security (originally sponsored by Senators Llias, Roach, Hasegawa, Fain, McCoy, Keiser, Pearson, Kohl-Welles, McAuliffe, and Conway)

READ FIRST TIME 02/11/15.

1 AN ACT Relating to allowing emergency medical services to develop
2 community assistance referral and education services programs;
3 amending RCW 35.21.930, 18.71.200, 18.71.205, and 18.71.210; and
4 reenacting and amending RCW 18.73.030.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** RCW 35.21.930 and 2013 c 247 s 1 are each amended to
7 read as follows:

8 (1) Any fire department may develop a community assistance
9 referral and education services program to provide community outreach
10 and assistance to residents of its (~~district~~) jurisdiction in order
11 to improve population health and advance injury and illness
12 prevention within its community. The program should identify members
13 of the community who use the 911 system or emergency department for
14 low acuity assistance calls (calls that are nonemergency or
15 nonurgent) and connect them to their primary care providers, other
16 health care professionals, low-cost medication programs, and other
17 social services. The program may partner with hospitals to reduce
18 readmissions. The program may also provide (~~a fire department-~~
19 ~~based,~~) nonemergency contact information in order to provide an
20 alternative resource to the 911 system. The program may hire or
21 contract with health care professionals as needed to provide these

1 services, including emergency medical technicians certified under
2 chapter 18.73 RCW and advanced emergency medical technicians and
3 paramedics certified under chapter 18.71 RCW. The services provided
4 by emergency medical technicians, advanced emergency medical
5 technicians, and paramedics must be under the responsible supervision
6 and direction of an approved medical program director. Nothing in
7 this section authorizes an emergency medical technician, advanced
8 emergency medical technician, or paramedic to perform medical
9 procedures they are not trained and certified to perform.

10 (2) A participating fire department may seek grant opportunities
11 and private gifts in order to support its community assistance
12 referral and education services program.

13 (3) In developing a community assistance referral and education
14 services program, a fire department may consult with the health
15 (~~care personnel shortage task force~~) workforce council to identify
16 health care professionals capable of working in a nontraditional
17 setting and providing assistance, referral, and education services.

18 (4) Community assistance referral and education services programs
19 implemented under this section must, at least annually, measure any
20 reduction of repeated use of the 911 emergency system and any
21 reduction in avoidable emergency room trips attributable to
22 implementation of the program. Results of findings under this
23 subsection must be reportable to the legislature or other local
24 governments upon request. Findings should include estimated amounts
25 of medicaid dollars that would have been spent on emergency room
26 visits had the program not been in existence.

27 (5) For purposes of this section, "fire department" includes city
28 and town fire departments, fire protection districts organized under
29 Title 52 RCW, (~~and~~) regional fire (~~{protection service}~~)
30 protection service authorities organized under chapter 52.26 RCW,
31 providers of emergency medical services that levy a tax under RCW
32 84.52.069, and federally recognized Indian tribes.

33 **Sec. 2.** RCW 18.71.200 and 1995 c 65 s 2 are each amended to read
34 as follows:

35 As used in this chapter, a "physician's trained advanced
36 emergency medical (~~service intermediate life support~~) technician
37 and paramedic" means a person who:

38 (1) Has successfully completed an emergency medical technician
39 course as described in chapter 18.73 RCW;

1 (2) Is trained under the supervision of an approved medical
2 program director according to training standards prescribed in rule
3 to perform specific phases of advanced cardiac and trauma life
4 support under written or oral authorization of an approved licensed
5 physician; and

6 (3) Has been examined and certified as a physician's trained
7 advanced emergency medical (~~(service intermediate life support)~~)
8 technician and paramedic, by level, by the University of Washington's
9 school of medicine or the department of health.

10 **Sec. 3.** RCW 18.71.205 and 2010 1st sp.s. c 7 s 24 are each
11 amended to read as follows:

12 (1) The secretary of the department of health shall prescribe:

13 (a) Practice parameters, training standards for, and levels of,
14 physician's trained advanced emergency medical (~~(service intermediate~~
15 ~~life support)~~) technicians and paramedics;

16 (b) Minimum standards and performance requirements for the
17 certification and recertification of physician's trained advanced
18 emergency medical (~~(service intermediate life support)~~) technicians
19 and paramedics; and

20 (c) Procedures for certification, recertification, and
21 decertification of physician's trained advanced emergency medical
22 (~~(service intermediate life support)~~) technicians and paramedics.

23 (2) Initial certification shall be for a period established by
24 the secretary pursuant to RCW 43.70.250 and 43.70.280.

25 (3) Recertification shall be granted upon proof of continuing
26 satisfactory performance and education, and shall be for a period
27 established by the secretary pursuant to RCW 43.70.250 and 43.70.280.

28 (4) As used in this chapter(~~(s 18.71)~~) and chapter 18.73 RCW,
29 "approved medical program director" means a person who:

30 (a) Is licensed to practice medicine and surgery pursuant to this
31 chapter (~~(18.71 RCW)~~) or osteopathic medicine and surgery pursuant to
32 chapter 18.57 RCW; and

33 (b) Is qualified and knowledgeable in the administration and
34 management of emergency care and services; and

35 (c) Is so certified by the department of health for a county,
36 group of counties, or cities with populations over four hundred
37 thousand in coordination with the recommendations of the local
38 medical community and local emergency medical services and trauma
39 care council.

1 (5) The uniform disciplinary act, chapter 18.130 RCW, governs
2 uncertified practice, the issuance and denial of certificates, and
3 the disciplining of certificate holders under this section. The
4 secretary shall be the disciplining authority under this section.
5 Disciplinary action shall be initiated against a person credentialed
6 under this chapter in a manner consistent with the responsibilities
7 and duties of the medical program director under whom such person is
8 responsible.

9 (6) Such activities of physician's trained advanced emergency
10 medical (~~((service—intermediate—life—support))~~) technicians and
11 paramedics shall be limited to actions taken under the express
12 written or oral order of medical program directors and shall not be
13 construed at any time to include freestanding or nondirected actions,
14 for actions not presenting an emergency or life-threatening
15 condition, except nonemergency activities performed pursuant to
16 subsection (7) of this section.

17 (7) Nothing in this section prohibits a physician's trained
18 advanced emergency medical technician or paramedic, acting under the
19 responsible supervision and direction of an approved medical program
20 director, from participating in a community assistance referral and
21 education services program established under RCW 35.21.930 if such
22 participation does not exceed the participant's training and
23 certification.

24 **Sec. 4.** RCW 18.71.210 and 1997 c 275 s 1 are each amended to
25 read as follows:

26 No act or omission of any physician's trained advanced emergency
27 medical (~~((service—intermediate—life—support))~~) technician and
28 paramedic, as defined in RCW 18.71.200, or any emergency medical
29 technician or first responder, as defined in RCW 18.73.030, done or
30 omitted in good faith while rendering emergency medical service under
31 the responsible supervision and control of a licensed physician or an
32 approved medical program director or delegate(s) to a person who has
33 suffered illness or bodily injury shall impose any liability upon:

34 (1) The physician's trained advanced emergency medical (~~((service~~
35 ~~intermediate—life—support))~~) technician and paramedic, emergency
36 medical technician, or first responder;

37 (2) The medical program director;

38 (3) The supervising physician(s);

1 (4) Any hospital, the officers, members of the staff, nurses, or
2 other employees of a hospital;

3 (5) Any training agency or training physician(s);

4 (6) Any licensed ambulance service; or

5 (7) Any federal, state, county, city, or other local governmental
6 unit or employees of such a governmental unit.

7 This section shall apply to an act or omission committed or
8 omitted in the performance of the actual emergency medical procedures
9 and not in the commission or omission of an act which is not within
10 the field of medical expertise of the physician's trained advanced
11 emergency medical (~~service intermediate life support~~) technician
12 and paramedic, emergency medical technician, or first responder, as
13 the case may be.

14 This section shall apply also to emergency medical technicians,
15 advanced emergency medical technicians, paramedics, and medical
16 program directors participating in a community assistance referral
17 and education services program established under RCW 35.21.930.

18 This section shall apply also, as to the entities and personnel
19 described in subsections (1) through (7) of this section, to any act
20 or omission committed or omitted in good faith by such entities or
21 personnel in rendering services at the request of an approved medical
22 program director in the training of emergency medical service
23 personnel for certification or recertification pursuant to this
24 chapter.

25 This section shall not apply to any act or omission which
26 constitutes either gross negligence or willful or wanton misconduct.

27 **Sec. 5.** RCW 18.73.030 and 2010 1st sp.s. c 7 s 25 are each
28 reenacted and amended to read as follows:

29 The definitions in this section apply throughout this chapter
30 unless the context clearly requires otherwise.

31 (1) "Advanced life support" means invasive emergency medical
32 services requiring advanced medical treatment skills as defined by
33 chapter 18.71 RCW.

34 (2) "Aid service" means an organization that operates one or more
35 aid vehicles.

36 (3) "Aid vehicle" means a vehicle used to carry aid equipment and
37 individuals trained in first aid or emergency medical procedure.

38 (4) "Ambulance" means a ground or air vehicle designed and used
39 to transport the ill and injured and to provide personnel,

1 facilities, and equipment to treat patients before and during
2 transportation.

3 (5) "Ambulance service" means an organization that operates one
4 or more ambulances.

5 (6) "Basic life support" means noninvasive emergency medical
6 services requiring basic medical treatment skills as defined in
7 chapter 18.73 RCW.

8 (7) "Communications system" means a radio and landline network
9 which provides rapid public access, coordinated central dispatching
10 of services, and coordination of personnel, equipment, and facilities
11 in an emergency medical services and trauma care system.

12 (8) "Council" means the local or regional emergency medical
13 services and trauma care council as authorized under chapter 70.168
14 RCW.

15 (9) "Department" means the department of health.

16 (10) "Emergency medical service" means medical treatment and care
17 which may be rendered at the scene of any medical emergency or while
18 transporting any patient in an ambulance to an appropriate medical
19 facility, including ambulance transportation between medical
20 facilities.

21 (11) "Emergency medical services medical program director" means
22 a person who is an approved medical program director as defined by
23 RCW 18.71.205(4).

24 (12) "Emergency medical technician" means a person who is
25 authorized by the secretary to render emergency medical care pursuant
26 to RCW 18.73.081 or, under the responsible supervision and direction
27 of an approved medical program director, to participate in a
28 community assistance referral and education services program
29 established under RCW 35.21.930 if the participation does not exceed
30 the participant's training and certification.

31 (13) "First responder" means a person who is authorized by the
32 secretary to render emergency medical care as defined by RCW
33 18.73.081.

34 (14) "Patient care procedures" means written operating guidelines
35 adopted by the regional emergency medical services and trauma care
36 council, in consultation with the local emergency medical services
37 and trauma care councils, emergency communication centers, and the
38 emergency medical services medical program director, in accordance
39 with statewide minimum standards. The patient care procedures shall
40 identify the level of medical care personnel to be dispatched to an

1 emergency scene, procedures for triage of patients, the level of
2 trauma care facility to first receive the patient, and the name and
3 location of other trauma care facilities to receive the patient
4 should an interfacility transfer be necessary. Procedures on
5 interfacility transfer of patients shall be consistent with the
6 transfer procedures in chapter 70.170 RCW.

7 (15) "Prehospital patient care protocols" means the written
8 procedure adopted by the emergency medical services medical program
9 director which direct the out-of-hospital emergency care of the
10 emergency patient which includes the trauma care patient. These
11 procedures shall be based upon the assessment of the patient's
12 medical needs and what treatment will be provided for emergency
13 conditions. The protocols shall meet or exceed statewide minimum
14 standards developed by the department in rule as authorized in
15 chapter 70.168 RCW.

16 (16) "Secretary" means the secretary of the department of health.

17 (17) "Stretcher" means a cart designed to serve as a litter for
18 the transportation of a patient in a prone or supine position as is
19 commonly used in the ambulance industry, such as wheeled stretchers,
20 portable stretchers, stair chairs, solid backboards, scoop
21 stretchers, basket stretchers, or flexible stretchers. The term does
22 not include personal mobility aids that recline at an angle or remain
23 at a flat position, that are owned or leased for a period of at least
24 one week by the individual using the equipment or the individual's
25 guardian or representative, such as wheelchairs, personal gurneys, or
26 banana carts.

Passed by the Senate March 3, 2015.

Passed by the House April 9, 2015.

Approved by the Governor April 24, 2015.

Filed in Office of Secretary of State April 25, 2015.