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

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| Passed by the Senate March 3, 2015Yeas 37 Nays 11BRAD OWEN**President of the Senate**Passed by the House April 9, 2015Yeas 65 Nays 31FRANK CHOPP**Speaker of the House of Representatives** | CERTIFICATEI, 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**Chief Clerk** |
| Approved April 24, 2015 3:44 PM | April 25, 2015 |
| JAY INSLEE**Governor of the State of Washington** | **Secretary of State** **State of Washington** |

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**SUBSTITUTE SENATE BILL 5591**

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Passed Legislature - 2015 Regular Session

**State of Washington 64th Legislature 2015 Regular Session**

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

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

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

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

(1) Any fire department may develop a community assistance referral and education services program to provide community outreach and assistance to residents of its ((~~district~~)) jurisdiction in order to improve population health and advance injury and illness prevention within its community. The program should identify members of the community who use the 911 system or emergency department for low acuity assistance calls (calls that are nonemergency or nonurgent) and connect them to their primary care providers, other health care professionals, low‑cost medication programs, and other social services. The program may partner with hospitals to reduce readmissions. The program may also provide ((~~a fire department-based,~~)) nonemergency contact information in order to provide an alternative resource to the 911 system. The program may hire or contract with health care professionals as needed to provide these services, including emergency medical technicians certified under chapter 18.73 RCW and advanced emergency medical technicians and paramedics certified under chapter 18.71 RCW. The services provided by emergency medical technicians, advanced emergency medical technicians, and paramedics must be under the responsible supervision and direction of an approved medical program director. Nothing in this section authorizes an emergency medical technician, advanced emergency medical technician, or paramedic to perform medical procedures they are not trained and certified to perform.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) The medical program director;

(3) The supervising physician(s);

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

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

(6) Any licensed ambulance service; or

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

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

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

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

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

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

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

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

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

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

(4) "Ambulance" means a ground or air vehicle designed and used to transport the ill and injured and to provide personnel, facilities, and equipment to treat patients before and during transportation.

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

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

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

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

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

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

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

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

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

(14) "Patient care procedures" means written operating guidelines adopted by the regional emergency medical services and trauma care council, in consultation with the local emergency medical services and trauma care councils, emergency communication centers, and the emergency medical services medical program director, in accordance with statewide minimum standards. The patient care procedures shall identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients shall be consistent with the transfer procedures in chapter 70.170 RCW.

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

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

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

**--- END ---**

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.