CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE HOUSE BILL 2110

69th Legislature
2026 Regular Session

Passed by the House March 9, 2026
Yeas 95 Nays 0

Speaker of the House of Representatives

Passed by the Senate March 3, 2026
Yeas 49 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2110** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

Secretary of State
State of Washington

ENGROSSED SUBSTITUTE HOUSE BILL 2110

AS AMENDED BY THE SENATE

Passed Legislature - 2026 Regular Session

State of Washington 69th Legislature 2026 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Schmick, Tharinger, Engell, Parshley, Davis, Stuebe, Marshall, Simmons, Barnard, Zahn, Griffey, Graham, and Bernbaum)

READ FIRST TIME 01/27/26.

AN ACT Relating to personnel for ambulance service interfacility specialty care transports; amending RCW 18.73.030 and 18.73.150; and creating a new section.

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

NEW SECTION. **Sec. 1.** The legislature finds that a statewide program of emergency medical care is necessary to promote the health, safety, and welfare of the citizens of this state. The intent of the legislature is to assure minimum standards and training for first responders and emergency medical technicians, and minimum standards for ambulance services, ambulances, aid vehicles, aid services, and emergency medical equipment. It is further the intent of the legislature to improve timely and safe interfacility specialty care transfers of patients to the appropriate level of care when workforce limitations would otherwise inhibit the transport.

Sec. 2. RCW 18.73.030 and 2023 c 290 s 11 are each 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 this chapter.

(7) "Collaborative medical care" means medical treatment and care provided pursuant to agreements with local, regional, or state public health agencies to control and prevent the spread of communicable diseases which is rendered separately from emergency medical service.

(8) "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.

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

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

(11) "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.

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

(13) "Emergency medical technician" means a person who is authorized by the secretary to render emergency medical care pursuant to RCW 18.73.081, under the responsible supervision and direction of an approved medical program director, which may include participating

in an emergency services supervisory organization or a community assistance referral and education services program established under RCW 35.21.930, or providing collaborative medical care if the participation or provision of collaborative medical care does not exceed the participant's training and certification.

(14) "Emergency services supervisory organization" means an entity that is authorized by the secretary to use certified emergency medical services personnel to provide medical evaluation or initial treatment, or both, to sick or injured people, while in the course of duties with the organization for on-site medical care prior to any necessary activation of emergency medical services. Emergency services supervisory organizations include law enforcement agencies, disaster management organizations, search and rescue operations, diversion centers, and businesses with organized industrial safety teams.

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

(16) "Interfacility transport" means medical transport of a patient between recognized medical treatment facilities requested by a licensed health care provider.

(17) "Organ transport service" means an organization that operates one or more organ transport vehicles.

((~~(17)~~)) (18) "Organ transport vehicle" has the same meaning as in RCW 46.04.371.

((~~(18)~~)) (19) "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.

((~~(19)~~)) (20) "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.

((~~(20)~~)) (21) "Secretary" means the secretary of the department of health.

((~~(21)~~)) (22) "Specialty care transport" means the level of care or service needed during an interfacility transport for a patient who is critically injured or ill and whose condition requires care by a physician, registered nurse with appropriate competencies, or a paramedic who has received special training and approval of the medical program director.

(23) "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.

Sec. 3. RCW 18.73.150 and 2021 c 17 s 1 are each amended to read as follows:

(1)(a) Any ambulance operated as such shall operate with sufficient personnel for adequate patient care, at least one of whom shall be an emergency medical technician under standards promulgated by the secretary. The emergency medical technician shall have responsibility for its operation and for the care of patients both before they are placed aboard the vehicle and during transit. If there are two or more emergency medical technicians operating the ambulance, a nondriving medical technician shall be in command of the vehicle. The emergency medical technician in command of the vehicle shall be in the patient compartment and in attendance to the patient.

(b) Except as provided in ((~~subsection~~)) subsections (2) and (3) of this section, the driver of the ambulance shall have at least a

certificate of advance first aid qualification recognized by the secretary pursuant to RCW 18.73.120 unless there are at least two certified emergency medical technicians in attendance of the patient, in which case the driver shall not be required to have such certificate.

(2) With approval from the department, an ambulance service established by volunteer or municipal corporations, or by an association made up entirely of two or more municipalities, in a rural area with insufficient personnel may use a driver without any medical or first aid training so long as the driver is at least eighteen years old, successfully passes a background check issued or approved by the department, possesses a valid driver's license with no restrictions, is accompanied by a nondriving emergency medical technician while operating the ambulance during a response or transport of a patient, and only provides medical care to patients to the level that they are trained.

(3)(a) A registered nurse without an emergency medical technician certification is sufficient personnel for an ambulance service providing an interfacility specialty care transport if:

(i) There is at least one emergency medical technician within the ambulance;

(ii) The registered nurse has the appropriate competencies to provide patient care during the interfacility specialty care transport;

(iii) The ambulance service providing interfacility specialty care transport does not have a paramedic on an employed or volunteer basis available to respond to the call for service; and

(iv) The sending hospital does not have a registered nurse with an emergency medical technician certification available to respond to the call for service.

(b) A registered nurse providing patient care during an interfacility specialty care transport under this subsection must follow the medical direction of the sending or receiving physician.

(c) A registered nurse participating in an interfacility specialty care transport under this subsection must work under the registered nurse scope of practice in alignment with the standards, competence, and professional accountability established by the state board of nursing.

(d) The sending hospital shall coordinate with the ambulance service to confirm that the registered nurse is familiar with the

equipment and medical supplies in the ambulance before the nurse participates in an interfacility specialty care transport under this subsection.

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