

FINAL BILL REPORT

SB 5145

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Synopsis as Enacted

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

Sponsors: Senators Keiser, Conway, Eide, Kohl-Welles, Shin and Schlicher.

Senate Committee on Governmental Operations
House Committee on Public Safety

Background: In Washington, 911 services are primarily administered by counties, and in some cases, cities. Currently, four local fire agencies have developed Community Assistance Referral and Education Services (CARES) programs, including the Kent Regional Fire Authority, the Olympia Fire Department, the SeaTac Fire Department, and South King Fire and Rescue. CARES programs are intended to provide community outreach and assistance to residents of the area covered by the agency to advance injury and illness prevention within the community. CARES programs currently in place identify members of the community using the 911 system for nonemergency assistance calls and refer them to services such as primary care providers, other health care professionals, low-cost medication programs, and other social services.

The Health Care Personnel Shortage Task Force (Task Force) has 20 members, representing business, labor organizations, education, and government. The Task Force regularly updates a strategic plan which outlines actions for the Legislature, state and local agencies, educators, labor, health care industry employers, and workers to decrease the gap between supply and demand of health care personnel.

Summary: A fire department, fire protection district, or regional fire authority may develop a CARES program. The program should connect callers in low acuity – nonemergency or nonurgent – situations to primary care providers, health care professionals, low-cost medication programs, and other social services. Participating agencies may seek grant opportunities and private gifts to support a CARES program. The CARES program may coordinate with the Task Force to identify assistance, referral, and education service providers.

CARES programs must measure, at least annually, the reduction of repeated use of the 911 emergency system and reduction of avoidable emergency room trips attributable to the program. Results containing these findings must be reported to the Legislature or local

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governments upon request. Such findings should include the estimated amount of Medicaid dollars not spent as a result of any reduction in emergency room visits attributable to the program.

Votes on Final Passage:

Senate	48	0	
House	97	0	(House amended)
Senate	47	0	(Senate concurred)

Effective: July 28, 2013.