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**HOUSE BILL 2044**

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

**By** Representatives Schmick, Cody, and Griffey

AN ACT Relating to emergency medical services; amending RCW 35.21.930, 18.71.200, 18.71.205, and 18.71.210; and adding a new section to chapter 18.73 RCW.

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 or state-licensed provider of emergency medical services may develop a community assistance referral and education services program to provide community outreach and assistance to residents of its district in order to 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 in order to provide an alternative resource to the 911 system. The program may hire health care professionals as needed to provide these services, including advanced emergency medical technicians and paramedics certified under chapter 18.71 RCW. The services provided by advanced emergency medical technicians or paramedics must be under the responsible supervision and direction of an approved medical program director. Nothing in this section authorizes an advanced emergency medical technician or paramedic to perform medical procedures they are not trained and certified to perform.

(2) A participating fire department or state-licensed provider of emergency medical services 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 or state-licensed provider of emergency medical services may consult with the health care personnel shortage task force 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.

**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 standards, as determined by the approved medical program director and approved by the secretary, and shall be for a period established by the secretary pursuant to RCW 43.70.250 and 43.70.280.

(4) As used in ((~~chapters 18.71~~))this chapter 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 or delegate, 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 also applies to 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.

NEW SECTION. **Sec.**  A new section is added to chapter 18.73 RCW to read as follows:

An ambulance service may transport patients to a facility other than a hospital, such as an urgent care clinic, mental health facility, or chemical dependency program, as authorized in regional emergency medical services and trauma care plans under RCW 70.168.100.

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