CERTIFICATION OF ENROLLMENT

**ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1358**

65th Legislature

2017 Regular Session

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| Passed by the House April 17, 2017Yeas 95 Nays 2**Speaker of the House of Representatives**Passed by the Senate April 12, 2017Yeas 49 Nays 0**President of the Senate** | CERTIFICATEI, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1358** as passed by House of Representatives and the Senate on the dates hereon set forth.**Chief Clerk** |
| Approved  |  |
| **Governor of the State of Washington** | **Secretary of State** **State of Washington** |

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**ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1358**

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AS AMENDED BY THE SENATE

Passed Legislature - 2017 Regular Session

**State of Washington 65th Legislature 2017 Regular Session**

**By** House Appropriations (originally sponsored by Representatives Griffey and Cody)

AN ACT Relating to reimbursement for services provided pursuant to community assistance referral and education services programs; amending RCW 35.21.930; adding a new section to chapter 74.09 RCW; adding a new section to chapter 43.70 RCW; and creating new sections.

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

NEW SECTION. **Sec.**  A new section is added to chapter 74.09 RCW to read as follows:

The authority shall adopt standards for the reimbursement of health care services provided to eligible clients by fire departments pursuant to a community assistance referral and education services program under RCW 35.21.930. The standards must allow payment for covered health care services provided to individuals whose medical needs do not require ambulance transport to an emergency department.

**Sec.**  RCW 35.21.930 and 2015 c 93 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 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 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, a participating fire department may seek grant opportunities and private gifts, and, by resolution or ordinance, establish and collect reasonable charges for these services.

(3) In developing a community assistance referral and education services program, a fire department may consult with the health 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, regional fire protection service authorities organized under chapter 52.26 RCW, providers of emergency medical services ((~~that~~)) eligible to levy a tax under RCW 84.52.069, and federally recognized Indian tribes.

NEW SECTION. **Sec.**  A new section is added to chapter 43.70 RCW to read as follows:

The department of health must review the professional certification and training of health professionals participating in a community assistance referral and education program, review the certification and training requirements in other states with similar programs, and coordinate with the health care authority to link the certification requirements with the covered health care services recommended for payment in section 1 of this act. The department shall submit recommendations to the appropriate committees of the legislature for any changes and suggestions for implementation within six months of the development of the payment standards.

NEW SECTION. **Sec.**  (1) The joint legislative audit and review committee shall conduct a cost-effectiveness review, in consultation with the health care authority, of the standards for reimbursement established in section 1 of this act. The review must evaluate the amount paid on behalf of eligible clients under chapter 74.09 RCW by the health care authority to fire departments for health care services that did not require an ambulance transport and the amount that would have been paid had the services been provided in a different care setting.

(2) The cost-effectiveness review must consider the savings realized by medical assistance programs under chapter 74.09 RCW as a result of fire departments providing health care services and make any recommendations for improving the cost-effectiveness of the standards for reimbursement and reducing the potential for excessive billing or billing for unnecessary services. If the review finds that the standards of reimbursement have not resulted in savings to the state's medical assistance programs, the joint legislative audit and review committee shall recommend the repeal of section 1 of this act.

(3) The joint legislative audit and review committee shall submit the cost-effectiveness review, including its findings and recommendations, to the fiscal committees and health policy committees of the legislature by December 1, 2021.

NEW SECTION. **Sec.**  If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2017, in the omnibus appropriations act, this act is null and void.

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