

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 2110

Chapter 193, Laws of 2026

69th Legislature
2026 Regular Session

AMBULANCE SERVICE INTERFACILITY SPECIALTY CARE TRANSPORTS—PERSONNEL

EFFECTIVE DATE: June 11, 2026

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

LAURIE JINKINS

**Speaker of the House of
Representatives**

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

DENNY HECK

President of the Senate

Approved March 24, 2026 1:41 PM

BOB FERGUSON

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.

BERNARD DEAN

Chief Clerk

FILED

March 25, 2026

**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.

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

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

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

15 **Sec. 2.** RCW 18.73.030 and 2023 c 290 s 11 are each amended to
16 read as follows:

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

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

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

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

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

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

14 (6) "Basic life support" means noninvasive emergency medical
15 services requiring basic medical treatment skills as defined in this
16 chapter.

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

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

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

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

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

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

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

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

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

16 (15) "First responder" means a person who is authorized by the
17 secretary to render emergency medical care as defined by RCW
18 18.73.081.

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

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

24 ((~~17~~)) (18) "Organ transport vehicle" has the same meaning as
25 in RCW 46.04.371.

26 ((~~18~~)) (19) "Patient care procedures" means written operating
27 guidelines adopted by the regional emergency medical services and
28 trauma care council, in consultation with the local emergency medical
29 services and trauma care councils, emergency communication centers,
30 and the emergency medical services medical program director, in
31 accordance with statewide minimum standards. The patient care
32 procedures shall identify the level of medical care personnel to be
33 dispatched to an emergency scene, procedures for triage of patients,
34 the level of trauma care facility to first receive the patient, and
35 the name and location of other trauma care facilities to receive the
36 patient should an interfacility transfer be necessary. Procedures on
37 interfacility transfer of patients shall be consistent with the
38 transfer procedures in chapter 70.170 RCW.

39 ((~~19~~)) (20) "Prehospital patient care protocols" means the
40 written procedure adopted by the emergency medical services medical

1 program director which direct the out-of-hospital emergency care of
2 the emergency patient which includes the trauma care patient. These
3 procedures shall be based upon the assessment of the patient's
4 medical needs and what treatment will be provided for emergency
5 conditions. The protocols shall meet or exceed statewide minimum
6 standards developed by the department in rule as authorized in
7 chapter 70.168 RCW.

8 ~~((20))~~ (21) "Secretary" means the secretary of the department
9 of health.

10 ~~((21))~~ (22) "Specialty care transport" means the level of care
11 or service needed during an interfacility transport for a patient who
12 is critically injured or ill and whose condition requires care by a
13 physician, registered nurse with appropriate competencies, or a
14 paramedic who has received special training and approval of the
15 medical program director.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Passed by the House March 9, 2026.

Passed by the Senate March 3, 2026.

Approved by the Governor March 24, 2026.

Filed in Office of Secretary of State March 25, 2026.

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