

RCW 35.21.930 Community assistance referral and education services program. (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) 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 eligible to levy a tax under RCW 84.52.069, and federally recognized Indian tribes. [2017 c 273 s 2; 2015 c 93 s 1; 2013 c 247 s 1.]