

SENATE BILL REPORT

SHB 1427

As Reported By Senate Committee On:
Health & Long-Term Care, March 24, 1995

Title: An act relating to emergency medical service professionals.

Brief Description: Modifying provisions for emergency medical service professionals.

Sponsors: House Committee on Health Care (originally sponsored by Representatives Dyer, Dellwo, Backlund, Thibaudeau and Skinner).

Brief History:

Committee Activity: Health & Long-Term Care: 3/21/95, 3/24/95 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Quigley, Chair; Wojahn, Vice Chair; Deccio, Fairley, Franklin, Winsley and Wood.

Staff: Rhoda Jones (786-7198)

Background: Emergency medical services are provided by several different levels of trained emergency personnel, which are presently defined in statute.

Emergency medical technicians (EMT) do non-invasive basic life support at the scene of an emergency and en route to appropriate medical facilities. Three other levels of emergency care are regulated under the Physicians Practice Act. At the highest level, the mobile intensive care paramedic can medicate, insert IVs, create airways, and perform other technical emergency procedures defined in statute. Two other "intermediate" categories of emergency medical personnel include mobile intravenous therapy technicians and mobile airway management technicians.

Training standards and practice parameters for the different categories are specified in statute.

Summary of Bill: The specific categories of mobile intravenous technician, mobile airway management technician and mobile intensive care paramedic are repealed and defined categorically as "emergency medical service intermediate life support technicians and paramedics."

The Department of Health, in conjunction with the Emergency Medical Services Licensing and Certification Advisory Committee and the Medical Quality Assurance Commission, are directed to establish, in rule, practice parameters and training standards for these levels of emergency medical service personnel.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: This legislation will improve quality and access to emergency medical services for rural areas. This provides more flexibility to train intermediate level EMS personnel as they are needed.

Testimony Against: None.

Testified: Susan Tracy, WSMA (pro); Janet Griffith, DOH (pro).