

THURSTON COUNTY MEDIC ONE
EMERGENCY MEDICAL SERVICES COUNCIL
EMERGENCY SERVICES CENTER/EOC

AGENDA

April 15, 2015, **3:30 PM**

- I. CALL TO ORDER/ROLL CALL
- II. APPROVAL OF AGENDA
- III. PUBLIC PARTICIPATION -
- IV. REVIEW AND APPROVAL OF MINUTES
 - A. EMS Council - March 18, 2015 Meeting
 - B. Operations Committee - Draft April 2, 2015 Meeting (Informational only)
- V. COMMITTEE REPORTS
 - A. Operations Committee – Ops Chair or Representative
 - B. West Region EMS Council – WREMS Representative
 - C. Staff Report – Hambly

VI. OLD BUSINESS

	ITEM	PRESENTER	EXPECTED OUTCOME
A.	TRPC Prioritization Project Work	Subcommittee	Update
B.	2014 Data Review	Wright	Update
C.	2016 Budget Reserve	McPhee	Discussion

OLD BUSINESS - ISSUES & ACTIONS PENDING

VII. NEW BUSINESS

	ITEM	PRESENTER	EXPECTED OUTCOME
A.	BLS Financial Support & FD7/FD8 Merger	Cindy	Discussion
B.			
C.			

- VIII. PUBLIC PARTICIPATION
- IX. GOOD OF THE ORDER
- X. ADJOURNMENT

**Thurston County Medic One
Emergency Medical Services Council – Regular Meeting
Emergency Operations Center/ECC
March 18, 2015**

PRESENT: Margaret McPhee, Dr. Tom Fell, John Christiansen, Rena Merithew, Lenny Greenstein, Jim Cooper, Eileen Swarhout, John Ricks, Stan Moon, Greg Wright, Frank Kirkbride, Bud Blake, Russ Hendrickson, Roger McMaster

EXCUSED: Dr. Fontanilla

GUESTS: Terry Ware, Mary Campbell, Steve Brooks, Scott LaVeille

STAFF: Cindy Hambly, Fay Flanery, Catherine Griffin

- I. CALL TO ORDER/ROLL CALL** – Chair McPhee called the regular meeting of the Emergency Medical Services Council (EMSC) to order at 3:30 PM. Roll was recorded by staff.
- II. APPROVAL OF AGENDA – MSC** (Moon/McMaster) move to approve agenda as presented.
- III. PUBLIC PARTICIPATION** – None.
- IV. REVIEW AND APPROVAL OF MINUTES**
 - A. EMS COUNCIL – March 18, 2015 – **MSC** (Greenstein/Cooper) move to approve with correction to remove Frank Kirkbride from the Present list as his alternate attended.
 - B. OPERATIONS COMMITTEE – March 5, 2015 Meeting (Informational Only). MEETING CANCELLED.
- V. COMMITTEE REPORTS**
 - A. OPERATIONS COMMITTEE – Wright reported the Operations Committee did not meet in March.
 - B. WEST REGION EMS COUNCIL– Hambly reported the West Region annual conference was held at Ocean Shores was a great conference, however attendance was down in attendance by approximately 100. Hambly added as a group the West Region will discuss whether to have a meeting next year or not. This year the West Region received a grant that helped support the costs of the conference otherwise would have been in the red.
 - C. STAFF REPORT– Hambly provided an update on Steve Romines medical condition. Included with packet, Hambly highlighted on:
 - Raffelson award will be presented next month if Darlene is available.
 - Protocol class update rollout will start with West Thurston the end of March, primary changes include eliminating the backboard and EMT's will now be using glucometer's in the field and pulse ox readers
 - BLS data system now has Olympic Ambulance up and running and we have 2 depts. left, still waiting to hear from AMR
 - The National Registry pass rate is up to 95%
 - Spring EMT class started with 30 students, lost one down to 29.
 - Hambly highlighted the legislative report
 - The 2014 Business Plan update is included in the packet
- VI. OLD BUSINESS –**
 - A. Elections Vote – Election subcommittee member Moon reported their recommendation to carry the current slate of officers forward, McPhee for Chair and Fell for Vice Chair all in favor **MSC** (McMaster/Cooper) move to take subcommittee recommendation to carry current slate of officers forward.
 - B. TRPC Study Project Work – Kirkbride reported once EMSC accepted the prioritization schedule the subcommittee sent it to Paul Brewster for review and asked him to put together a scope and not to exceed proposal. Paul has some initial questions and will meet with the subcommittee on Friday. Paul will also meet with Fire Commissioner's and Fire Chiefs at their next meeting in late April. Kirkbride will have an update at next month's meeting.
- VII. NEW BUSINESS –**
 - A. CPR Density – Hambly provided a PowerPoint presentation giving an update on how the CPR Density study has been doing. Council discussion followed requesting a CPR class for EMSC in the near future. Hambly will request new CPR Outreach Coordinator Preston Wallace to attend for it. Hendrickson requested a copy of

the presentation, staff to provide. Wright commented on the presentation adding the CPR outreach program is remarkable adding we are doing incredible work and all of us are responsible for that.

- B. OPS request for direction to review 2014 data – Wright provided some history on the process the Ops Committee takes to review data each year. He added it's that time to review the data again and in the past the RED committee has been put together to do it, but says it's something the Ops Committee can do this time and hopes to have a preliminary report at next months meeting. He continued to ask the Council if they have any specific information they wanted to see, with no comment, Wright will provide the same level of information provided in the past.

VIII. PUBLIC PARTICIPATION – None.

- IX. GOOD OF THE ORDER –** Wright reported April 13, 14 & 15 Olympia FD and Lacey FD3 together will bring in Dr. Martin to speak 6 times over 3 days to help EMS providers cope and deal with the stress of the calls they go on daily. There is no charge and is available for 150 folks per session and is located at Capital Christian Center (old Lacey Cinemas) on Martin Way.

- X. ADJOURNMENT –** ccMeeting adjourned at 4:44 PM.

**THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE ~ MEETING MINUTES
EMERGENCY SERVICES CENTER
April 2, 2015**

PRESENT: Greg Wright, Brian VanCamp, Steve Brooks, Scott LaVielle, Jim Quackenbush, Jim Fowler, Mary Campbell, Dave Pearsall, Mark Gregory, Larry Fontanilla MD (MPD), Mallore Barnes

ABSENT: Scott Puhalla, Alex Christiansen

EXCUSED: Kathy Pace

GUESTS: Brett Knutsen, Bill Hurley

STAFF: Cindy Hambly, Fay Flanery, Catherine Griffin

I. CALL TO ORDER/ROLL CALL – Chair Wright called the regular meeting of the Operations Committee to order at 2:08 PM. Roll was recorded by staff. Chair Wright asked for round table introductions.

II. APPROVAL OF AGENDA –MSC (Fowler/LaVielle) Accept agenda as Amended.

III. PUBLIC PARTICIPATION – None

IV. REVIEW AND APPROVAL OF MINUTES

1. Operations Committee – February 5, 2015 – **MSC** (LaVielle/Fowler) move to approve. March mtg cancelled.
2. EMS Council – Draft March 18, 2015 Mtg. (Informational Only)

V. COMMITTEE REPORTS

A. WEST REGION – Hambly reported the conference was successful but attendance was down. The committee will be deciding if they will be holding a conference in 2016. WREMS retreat is coming up. Their office will be moving in July to Station 95.

B. SUBCOMMITTEES

1. Equipment Committee (EqC) – No report.
2. Mass Casualty Incident (MCI) Committee – Brooks will report in New Business Item 7E.
3. Training Advisory Committee (TAC) – TAC draft minutes were handed out and Hambly highlighted the following:
 - TACs new chairperson is Erin Burgman, FD17.
 - Protocol update classes have started.
 - Chiefs Concerns still in discussion: mandatory attendance, alternative delivery models and class attendance requirements.
 - EMS Online 2015 – King County is working on Thurston County requested changes.
 - OFD, TFD and Lacey FD3 are supporting a video project with BLS funds and their personnel to produce EMT basic skills. Medic One Training will remain as technical advisors and provide moulage support.
 - Next TAC meeting will be April 15

C. STAFF REPORT – Staff report was included in the packet. Hambly highlighted the following:

- TRPC reviewing priority project lists.
- Retired paramedic Darlene Raffelson will attend a future meeting to recognize her years of contribution.
- CPR Outreach Program continues to be successful. Survival rate is currently 47%.
- Ebola – TCMO has received all PPE items in preparedness.
- Protocol Update Rollout has begun with WTRFA, OFD and SETFA. Classes should conclude around June 30, 2015. Once class taken, EMS personnel are ready to implement the new protocols.
- Paramedic written exam 05/04 and orals 05/05/2015.
- The BLS data system implementation is almost complete. AMR waiting on program interface.

- National Registry is 95% passing. Encourage students to complete process and percentage will rise.
- EMT class 38 applicants; 30 accepted, 27 students remain (3 self-dropped).
- CPR Instructor Class beginning in April. 24 to attend.
- Hambly highlighted the Legislative Report.
- 2014 Accomplishment & Successes – Hambly highlighted the 2014 Business/Strategic Plan accomplishments..

D. MEDIC ONE OFFICE UPDATE – Hambly provided an update on Steve Romines and office staffing.

VI. OLD BUSINESS

- A. EMS Council Report – Wright briefed council on 2014 Preliminary Data and Special Projects. Asking TRPC to follow up on report and to define next phase. .

VII. NEW BUSINESS

- A. Special Projects – Wright reviewed applicants and requested volunteers. Brooks, LaVielle and Fowler were appointed. Flanery will contact members and provide applications for the subcommittee review.
- B. Draft BLS Funding Spreadsheet – Flanery presented spreadsheet summarizing statistics and supporting funds. Questions around merging districts and disbursement of funds. VanCamp will email official notice of merge. Changes to funding/distributions would be applied after the year merged. Brooks requests this be brought to EMSC for possible development of a policy.
- C. Data Review – Wright presented preliminary data reports. He requested members to submit any data questions or data to be reported to him along with your name if question(s) clarification required. Discussion followed.
- D. Protocol Update – Dr. Fontanilla stated there is a two phase protocol rollout, one for ALS and another for BLS. The electronic documents cannot be pushed out therefore in lieu of TCMO is providing hardcopies (packets). He provided an overview of key protocol changes (glucometer, back boarding/spinal immobilization, pulse oximetry, stoke response time change 4-1/2hrs, EMTs no longer assist with Nitro administration,
- E. April I Active Shooter drill report – Brooks provided a summary. This exercise was 18 months in the planning. There were approximately 350 individuals, 40-50 role player actors, 5 counties, and evenly split between LE & EMS personnel. IMT managed logistics and support functions. It showed areas for improvement in our training. In general it was a very successful drill and validated a lot of the plans that they have implemented. Quackenbush commented that communications, both in the field and at TCOMM911, was much improved over past exercises. Barnes commented that SPH did not receive a good heads up but they were able pick up quickly and did not experience any problems thereafter. Media coverage was minimal due to other press priorities.

- VIII. GOOD OF THE ORDER** – Wright notes we need to research the number of Thurston County Association of Fire Chief's BLS representatives. Future agenda item to discuss interfacility transports, framing up what that question is and if there is data out there to be obtained.

ADJOURNMENT - 3:43 PM

EMS Council meeting**Medic One/EMS, Staff Report, April 2015****EMS Week May 17-23, 2015 Full Scale Shooter Exercise April 1****Leg Report attached**

EMS System Operational Review, TRPC as Process Project Manager, proposed at July meeting, recommending contract to BOCC. Signed by BOCC September 25, TRPC initiating, last session 12/19, contacting Chiefs/Com, Report 6/19 EMS Council meeting 3:30, presented, to EMS community for comment. Presentations: EMSC 6/19, Fire Commissioner/Chiefs Assoc 7/16, BOCC 8/7 (Medic One website, System Reports), comments due, EMS Council accepts 9/18, to BOCC, Steering Committee (expanded) working, EMSC agenda/minutes recommendation 4.4 approved to staff on website; Governance recommendation 4.3.1 approved by BOCC. BOCC appoints new/vacant EMSC Citizen members (Dr Tom Fell, countywide MD rep, Rena Merithew BOCC 1 rep). Steering Committee report to EMS Council, projects prioritized at July meeting, reviewed at September meeting, approved work plan at Jan 21, to Business Plan. TRPC reviewing priority project list for proposal.

Justin Frank, LFD3 Paramedic, completes Brown/Fell Scholarship award requirements, award Feb 18 EMSC mtg.
Lt Kevin Armstrong, paramedic, OFD, retires with 36 years Medic One paramedic, 42 years Thurston EMS/fire.
Lt Darlene Raffelson, paramedic TFD, retires with 16 years Medic One paramedic, 21 years GHEMS, 37 years total

CPR Outreach, special on site upcoming Community CPR classes: Intercity Transit (4 classes), Washington State Parks (2 classes), Dept. of Revenue committed to have all their employees trained setting up dates next month. Instructor pool increased (6 to 41). Citizen Hands Only CPR class implemented. **CPR Instructor course set for April 2, 25 student max almost full.**
2014 Cardiac Arrest Survival = 47% (+2 EMD)

Ebola planning, 9-1-1 screening protocol, supplemental PPE **received (waiting additional coveralls)**, PPE protocol developed, training being prepared, response plan being developed

Protocol update processing to roll-out, app update to follow. Scheduling update classes, required EMS attendance.

2015 Budget drafted by staff and budget committee, presenting to EMSC, 7/16 meeting, Status quo budget being recommended, targeting zero increase, EMS Council recommends \$1,000 per agency enhancement, to BOCC, rejected, Fire Commissioners Assoc to request reconsideration at budget hearing, approved to add \$1,000 base/agency financial. 2014 Business plan Q2 report on website. Website updated for plan, agendas, minutes, bylaws, members, completed. 2015 Levy Rate = \$0.3709/\$1,000; \$9,958,158.20 (2014 = \$0.3855/\$1,000; \$9,738,937.35)

Medic hiring and oral exams. **Scheduling May 2015 exam.** Oct 2014 written exam 16 tested, 6 passed, 5 to retake oral plus 6 new, 11 testing, 2 on list, day 2 completed, 5 on eligible list.

NurseLine Criteria Based Dispatch Program, started December 11, 8AM, calls routed to Evergreen Hospital "Healthline," contract completed, implemented: 15 in August 2003, 14 September, 15 October, 15 November, 16 December, 11 January 2004, 13 February, 11 March, 8 April, 11 May, 7 June, 11 July, 8 Aug, 12 Sept, 8 Oct, 8 Nov, 13 Dec, 11 Jan 2005, 13 Feb, 12 Mar, 10 Apr, 11 May, 10 June; 11 July; 6 Aug; 4 Sept; 9 Oct; 5 Nov; 12 Dec; 14 Jan 2006; 11 Feb; 4 Mar; 14 Apr; 4 May; 9 June; 9 July; 11 Aug; 8 Sep; 7 Oct; 15 Nov; 6 Dec; 10 Jan; 12 Feb; 13 Mar; 7 Apr; 20 May; 15 June; 18 July; 10 Aug; 13 Sept; 8 Oct; 15 Nov; 11 Dec; Jan '08 11, 15 Feb, 10 Mar, 12 Apr, 14 May, 11 June, 14 July, 15 Aug; 22 Sept; 11 Oct; 14 Nov; 7 Dec. 5 Jan '09, 7 Feb, 6 Mar, 17 Apr, 7 May; 10 Jun; 17 Jul; 7 Aug; 10 Sep; 11 Oct; 15 Nov; 14 Dec; 11 Jan 2010; 7 Feb; 14 Mar; 10 Apr; 10 May, 16 Jun, 21 Jul, 18 Aug, 23 Sep, 14 Oct, 10 Nov, 16 Dec; 11 Jan 2011, Feb 15, Mar 24, Apr 19, May 20, Jun 10, July 21, Aug 14, Sep 17, Oct 15, Nov 10, Dec 21; 12 Jan 23, Feb 16, Mar 17, Apr 18, May 19, Jun 14, Jul 9 Aug 25, Sep 16, Oct 13, Nov 14, Dec 16; Jan 13, Feb 9, Mar 9, Apr 14, May 5, June 14, July 10, Aug 12, Sep 11, Oct 27, Nov 17, Dec 12; 14 Jan 16, Feb 11, Mar 13, Apr 9, May 14, Jun 17, Jul 16, Aug 10, Sep 10, Oct 19, Nov 4, Dec 13; **15 Jan 19, Feb 15 Total to date= 1,775/138** (avg 12.9/month) **Rate increase to \$17.40** from \$17.05/call allowed by contract medical CPI (line fee is same \$100/month)

EMS Data 2013 (TCOMM source), 28,630 system call volume +2,060 calls, +7.7% (2013 data volume 26,570). ALS response time 7.0 minutes average countywide, 94% goals achieved, call volume 8,622, +295 calls, responses +3.5% (2013 response time 7.6 minutes, 94% of goals, 8,327 responses). BLS call volume 20,008, +1,765, +9.7% (2013 18,243) Countywide BLS average response time 6.6 minutes, all BLS. BLS TCOMM Data Warehouse report, **draft data to Operations Committee for review.**

BLS data system, equipment received. HIPAA Business Associate agreements to be developed. Roll out started with LFD3 (due to troubleshooting proximity to M1 office) then FD12, installing all, training restarted, Olympic Ambulance agrees to use SafetyPad system, AMR reviewing interface possibility. (*Strategic area*) **In production: FD 6, 8, 9, 12, 16, 17, SETFA, WTRFA. In testing: TFD. Unscheduled: LFD3, OFD, AMR (interface only), FD13, Bucoda. Working with Trittech for CAD interface.**

WATRAC Advisory Group member added, meeting 9/9, planning sessions next 5/16, **next regular meeting 4/6**

TRAINING: average pass rate NR EMT exam = national 79%, WA state 85%, WR 90%, CR 93%, TC 95%
First Responder Course, none held

EMT Course 15-1 started 3/2/15 sta 9-5. Received 38 applications (7 late), 30 student start
EMS Instructor/Evaluator Workshop 42 instructors (9 new), completed
NIMS online training available at <http://training.fema.gov/EMIweb/IS/is700.asp>



LEGISLATIVE UPDATE - 04/9/2015

EMS & TRAUMA CARE STEERING COMMITTEE
For Questions: Call Les Myhre at (360)236-2831

Introduction

This *Legislative Update* will be updated weekly and emailed to the members of the EMS and Trauma Care Steering Committee and its sub-committees every week during the 2015 Legislative Session. This update is being provided for information purposes only and is provided at the request of the EMS and Trauma Care Steering Committee. This update is in summary form and does not contain all bill information. It is not intended to convey support or opposition on any issue. If you have any questions, please contact Les Myhre at (360) 236-2831.

For additional information regarding the 2015 Legislative Session and Washington Legislative bills being introduced, please go to: www.leg.wa.gov.

Important 2015 Session Cut-off Dates

- 1/12 First Day of Session.
- 2/20 Last day to read in committee reports in house of origin**, except House fiscal committees and Senate Ways & Means and Transportation committees.
- 2/27 Last day to read in committee reports from House fiscal committees and Senate Ways & Means and Transportation committees in house of origin.
- 3/11 Last day to consider bills in house of origin (5 p.m.).
- 4/1 Last day to read in committee reports from opposite house, except House fiscal committees and Senate Ways & Means and Transportation committees.
- 4/7 Last day to read in opposite house committee reports from House fiscal committee and Senate Ways & Means and Transportation committees.
- 4/15 Last day to consider opposite house bills (5 p.m.) (except initiatives and alternatives to initiatives, budgets and matters necessary to implement budgets, differences between the houses, and matters incident to the interim or closing of the session).
- 4/26 Sine Die -- Last day allowed for regular session under state constitution.

- The Governor has five (5) days, excluding Sundays, to take action on any bill passed by the Legislature, provided adjournment does not occur within those five (5) days.

Bill # Sponsor	Bill Title	Brief Description	Status
BILLS			
<p>+HB 1340 Rep Cody, etc</p>	<p>An Act relating to developing a process to allow pilot programs for health care professionals to learn new skills or roles</p>	<p>This bill amends RCW 18 by establishing the ability for sponsoring organizations to propose pilot projects – approved by the department - to test provider training or scope of practice flexibility. Pilot projects approved by the department would complete a trial period and then be evaluated. The evaluation will include possible changes to existing laws, training curriculum or scope of practice based on findings.</p> <p>Formalizes pilot project process.</p> <p>1st Substitute Permits the Department of Health to approve health workforce pilot projects that teach new skills to health care personnel, use existing skills in new settings, accelerate training, or teach new roles and skills to previously trained persons whose skills or license are not recognized in Washington. Permits a trainee in an approved project to perform services under a collaborative work agreement with a sponsoring organization and supervisor. Permits (rather than requires) the Department to consult with stakeholders, provides that the Department's decisions are not appealable, and directs that fees be set at a level to defray the costs of the program.</p>	<p>Jan 19-1st reading, referred to Health Care & Wellness Jan 28 Public hearing in the House Committee on Health Care & Wellness at 1:30 PM. (Committee Materials) Feb 6 Executive action taken in the House Committee on Health Care & Wellness at 10:00 AM. HCW - Majority; 1st substitute bill be substituted, do pass. Minority; do not pass. Feb 10 Referred to Appropriations. Feb 24 Scheduled for public hearing in the House Committee on Appropriations at 1:30 PM. (Subject to change)</p>
<p>~SB 5151 Sen Keiser, etc</p>	<p>Continuing education related to cultural competency for health care professionals</p>	<p>Amends RCW 43.70.615 and adding a new section to RCW 43.70. Requires a disciplining authority for certain health care professions to adopt rules requiring a health care provider to receive cultural competency continuing education (CE) training. DOH is required to approve, develop and make available a list of CE opportunities related to cultural competency. Rules/programs in place by July 1, 2017.</p>	<p>Jan 14-1st reading, referred to Health Care Probably dead as no action by Feb 20</p>

Bill # Sponsor	Bill Title	Brief Description	Status
		Expands culture training requirement, would require additional CE hours.	
<p>+HB 1135 Rep Cody, etc; by request of DOH / SB 5754 Sen Keiser</p>	<p>Relating to education-based practice remediation for licensed health and health-related professions</p>	<p>Authorizes a disciplining authority to, after investigation, offer a remediation plan to licensed health and health- related professions. A remediation plan must not be used in any case in which there is evidence of harm to a patient or client as a direct result of the license holder’s practice-related deficiencies. A remediation plan is not a disciplinary action, adverse action, or negative action and is not reportable under RCW 18.130.110 Allows non-disciplinary remediation.</p> <p>1st substitute Allows a credentialed health professional and disciplining authority to agree to a remediation plan to resolve allegations of unprofessional conduct. Provides for situations where a remediation plan is inappropriate.</p>	<p>1135: Jan 14-First reading referred to Health Care & Wellness Feb 10- Scheduled for a public hearing in House Cmte on Health Care & Wellness at 8:00am Feb 13 Executive action taken in the House Committee on Health Care & Wellness at 10:00 AM. HCW - Majority; 1st substitute bill be substituted, do pass Feb 17 Referred to Rules 2 Review. Mar 6 Rules Committee relieved of further consideration. Placed on second reading. Mar 9 1st substitute bill substituted (HCW 15). Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 98; nays, 0; absent, 0; excused, 0. IN THE SENATE Mar 11 First reading, referred to Health Care Mar 17 Public hearing in the Senate Committee on Health Care at 10:00 AM</p> <p>5754: Feb 2 First reading, referred to Health Care.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			Mar 17 Scheduled for public hearing in the Senate Committee on Health Care at 10:00 AM.
<p>+HB 1009 Rep Manweller, / SB 5000 Sen</p>	<p>Relating to allowing rural counties providing emergency medical services to locations with a rural amphitheater to impose an additional admissions surcharge</p>	<p>Amending RCW 36.38.010 and RCW 36.38.020; adding a new section to chapter RCW 43.10; and creating a new section</p> <p>HB 1009 authorizes certain counties to levy and apply an emergency medical services surcharge of up to one dollar per person to the price of admission at events (concerts and festivals) in rural amphitheaters.</p> <p>The county must distribute 65% of the proceeds of the surcharge to a hospital district providing service to the rural amphitheater and the remainder must be distributed to a fire protection district providing service to the rural amphitheater. The county legislative authority may authorize a person collecting EMS surcharge to retain up to five cents per dollar of surcharge as reimbursement for costs associated with collecting the surcharge.</p> <p>Rural amphitheater is defined as an outdoor amphitheater with capacity to accommodate greater than ten thousand people at one time in a county with fewer than one hundred fifteen thousand people as determined by OFM on April 1st of each year. Gorge at George cost recovery issue.</p> <p>1st substitute</p> <p>The Attorney General is required to appear and represent any county imposing the surcharge with respect to any action or proceeding arising from the imposition of the surcharge.</p> <p>Rural amphitheater must be in a rural county.</p> <p>2nd Substitute</p> <p>Removed section 43.10 that required Attorney</p>	<p>Dec 8- Prefiled for introduction Jan 12-First reading, referred to House Cmte Local Government Jan 14 Public hearing in the House Committee on Local Government at 8:00 AM. Feb 17 Executive action taken in the House Committee on Local Government at 10:00 AM. LG - Majority; 1st substitute bill be substituted, do pass. Minority; do not pass. Minority; without recommendation. Feb 19 Referred to Finance. Feb 23 Scheduled for public hearing in the House Committee on Finance at 8:00 AM. (Subject to change) Feb 25 – Executive action taken in House Cmte on Finance at 8:00am Majority; 2nd substitute, do pass Feb 27 – Referred to Rules 2 Review Mar 6 Rules Committee relieved of further consideration. Placed on second reading Mar 13 Returned to Rules Committee for second reading.</p> <p>5000: Dec 2 Prefiled for introduction.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>Jan 12 First reading, referred to Government Operations & State Security.</p> <p>Jan 19 Public hearing in the Senate Committee on Government Operations & Security at 10:00 AM.</p> <p>Feb 3 Executive action taken in the Senate Committee on Government Operations & Security at 10:00 AM. GOS - Majority; do pass. (Majority Report) And refer to Ways & Means. Minority; do not pass</p> <p>Feb 4 Referred to Ways & Means.</p> <p>Feb 16 Public hearing in the Senate Committee on Ways & Means at 3:30 PM</p> <p>Feb 26 Executive action taken in the Senate Committee on Ways & Means at 1:30 PM.</p> <p>Feb 27 WM - Majority; 1st substitute bill be substituted, do pass. Minority; do not pass. Minority; without recommendation. Passed to Rules Committee for second reading.</p> <p>Mar 3 Placed on second reading by Rules Committee.</p> <p>Mar 23 Senate Rules "X" file</p>
+SB 5175	Relating to telemedicine	Amending RCW 70.40.020 and 70.41.230; adding a new section to chapter RCW 41.05; adding a new section to chapter RCS 48.43;	<p>5175: Jan 15-1st reading, referred to Health Care</p>

Bill # Sponsor	Bill Title	Brief Description	Status
<p>Sen Becker, / HB 1403 Bergquist</p>		<p>adding a new section to chapter RCW 74.09; creating new sections; and providing an effective date. Legislature intent is to recognize the application of telemedicine as a reimbursable service by which an individual receives medical services from a health care provider without in person contact with the provider. Telemedicine means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, ‘telemedicine’ does not include the use of audio- only telephone, facsimile, or electronic mail. Allows cost recovery.</p> <p>1st substitute Health insurance carriers, including health plans offered to state employees and Medicaid managed care plan enrollees, must reimburse a provider for a health care service delivered through telemedicine or store and forward technology if: the plan provides coverage of the health care service when provided in person; the health care service is medically necessary; and the health care service is a service recognized as an essential health benefit under the ACA.</p>	<p>Jan 26 Public hearing in the Senate Committee on Health Care at 10:00 AM. Feb 5 Executive action taken in the Senate Committee on Health Care at 10:00 AM.) HLTH - Majority; 1st substitute bill be substituted, do pass. Feb 6 Passed to Rules Committee for second reading. Feb 10 Placed on second reading by Rules Committee. Feb 11 1st substitute bill substituted (HLTH 15). Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 46; nays, 0; absent, 0; excused, 3. (View Roll Calls)</p> <p>IN THE HOUSE Feb 16 First reading, referred to Health Care & Wellness (Not Officially read and referred until adoption of Introduction report). Mar 25 Scheduled for public hearing in the House Committee on Health Care & Wellness at 1:30 PM. (Subject to change) Mar 26 Scheduled for executive session in the House Committee on Health Care & Wellness at 10:00 AM HCW - Majority; do pass. Mar 31 Referred to Appropriations.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>Apr 1 Committee relieved of further consideration. Referred to Rules 2 Review Apr 8 Placed on second reading by Rules Committee. Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 88; nays, 9; absent, 0; excused,</p> <p>1403: Jan 20 First reading, referred to Health Care & Wellness (Not Officially read and referred until adoption of Introduction report). Jan 30 Public hearing in the House Committee on Health Care & Wellness at 11:00 AM. Feb 3 Executive action taken in the House Committee on Health Care & Wellness at 8:00 AM. HCW - Executive action taken by committee. HCW - Majority; do pass. Minority; do not pass. (Minority Report) Feb 5 Referred to Rules 2 Review. X= file</p>
<p>~SB 5291 Sen Mullet, / HB 1528 Re[Robinson</p>	<p>Relating to authorized health care providers prescribing epinephrine</p>	<p>Adds a new section to chapter RCW 70.54 Authorized health care provider may prescribe epinephrine autoinjectors in the name of an authorized entity for use in accordance with this section, and pharmacists and physicians may dispense</p>	<p>5291: Jan 19-1st reading, referred to Health Care</p>

Bill # Sponsor	Bill Title	Brief Description	Status
	autoinjectors in the name of authorized entities	epinephrine autoinjectors pursuant to a prescription issued in the name of an authorized entity. The authorized entity may acquire and stock a supply in a location readily accessible in an emergency. Employees or agents of entity must complete anaphylaxis training prior to providing or administering an epinephrine autoinjector. "Authorized entity" means any entity or organization at or in connection with which allergens capable of causing anaphylaxis may be present, including, but not limited to, restaurants, recreation camps, youth sports leagues, amusement parks, and sports arenas: PROVIDED, However, a school described in RCW 28A.210.383 is an authorized entity for purposes of subsection (7) of this section11only. Broadens EpiPen availability. MPD opinion?	Feb 10 Public hearing in the Senate Committee on Health Care at 10:00 AM. Feb 12 Executive action taken in the Senate Committee on Health Care at 10:00 AM. HLTH - Majority; do pass. (Majority Report) Minority; without recommendation. (Minority Report) Feb 13 Passed to Rules Committee for second reading. Feb 26 – Placed on second reading by Rules Committee Mar 23 Senate Rules "X" file. 1528: Jan 22 First reading, referred to Health Care & Wellness
HB 1339 Rep Cody, etc	Relating to allowing the secretary of health to intercede and stay any decision of a disciplining authority that expands scope of practice	Adding a new section to chapter RCW 18.130; and creating a new section. Scope of practice for all health care professions is determined by the legislature. The scope of practice may be clarified, but not expanded, by a disciplining authority. Disciplining authorities do, on occasion, impermissibly expand the scope of practice for a profession under the guise of clarification. The legislature intends to create a process to allow the secretary of health to intercede and stay any decision of a disciplining authority that expands scope of practice. Clarifying.	Jan 19-First reading referred to Health Care & Wellness Jan 28-Public hearing in the House Cmte on Health Care & Wellness Jan 30 Executive action taken in the House Committee on Health Care & Wellness at 11:00 AM HCW - Executive action taken by committee. HCW - Majority; do pass. (Majority Report) Feb 3 Referred to Rules 2 Review. Feb 5 Placed on second reading by Rules Committee.

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>Feb 9 Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 88; nays, 8; absent, 0; excused, 2. (View Roll Calls)</p> <p>IN THE SENATE Feb 10 First reading, referred to Health Care Mar 16 Public hearing in the Senate Committee on Health Care at 10:00 AM. Mar 31 Executive action taken in the Senate Committee on Health Care at 10:00 AM. Apr 1 HLTH - Majority; do pass with amendment(s). Passed to Rules Committee for second reading.</p>
+ SB 5821 Sen Rivers and Litzow	Relating to updating pharmacy provisions	Amending RCW 18.64.046, 18.64.020, 69.50.302, and 69.50.310; reenacting and amending RCW 18.64.011 and 18.64.044; adding new sections to chapter RCW 18.64; and creating a new section. Current legislative and regulatory laws relating to pharmacy practice in Washington state are out of date and in need of updating. Every pharmacy must establish a continuous quality improvement program that documents medication errors, contributing factors to the error, and how the error was resolved. The continuous quality improvement program must advance error prevention by conducting a systems review approach in response to a quality related event. Requires QI process for pharmaceutical errors.	Feb 4 – First reading, referred to Health Care Probably dead as no action by Feb 20
+ HB 1944	Relating to exemptions and	Amending RCW 43.06.220	Feb 3 – First reading, referred to Judiciary

Bill # Sponsor	Bill Title	Brief Description	Status
Rep Rodne, etc	immunities during a state of emergency	Expands the list of waivers or suspensions of statutory or regulatory obligations or limitations that the governor may order after proclaiming a state of emergency. Those providing health care services in an area identified by the governor's emergency proclamation including but not limited to hospitals, nursing homes, emergency medical services, home health care agencies, kidney dialysis facilities, assisted living facilities, and their employees and agents, is not liable for property damage or a persons' death or injury resulting from health care provided under the extreme emergency conditions, including but not limited to limited or rationed resources, damaged infrastructure, or exceeding the scope of practice or the limits of licensure for which the person or facility is licensed. This subsection does not apply when the injury, loss, or damage is due to: (a) The willful misconduct or gross negligence of the person, firm, corporation, or entity; or (b) The person being under the influence of or affected by intoxicating liquor, marijuana, or any drug. Expands medical hold harmless during declared emergency.	Probably dead as no action by Feb 20
?HB 1878 Rep Kagi, etc	Relating to authorizing emergency medical technicians to administer glucagon in emergency situations	Amending RCW 18.73.250 All state's ambulance and aid services shall: make glucagon emergency kits available to their emergency medical technicians in their emergency care supplies; emergency medical technicians may administer epinephrine or glucagon. Unknown if supported by state MPD Committee or EMS/Trauma Steering Committee, will increase costs for: initial training, CE, supplies, equipment. MPD opinion?	Feb 2 – First reading, referred to Health Care & Wellness Probably dead as no action by Feb 20
+HB 1721 Rep Robinson, etc	Relating to transport of patients by ambulance to facilities other than hospitals	Amending RCW 70.168.100 and 18.71.210; adding a new section to chapter RCW 70.168; adding a new section to chapter to RCW 18.73; and adding a new section to chapter RCW 74.09. Requires DOH in consultation with DSHS to convene a workgroup to establish guidelines for the development of protocols and procedures for the emergency medical transport of patients in need of mental health	Jan 27 – First reading, referred to Health Care & Wellness Feb 13 Public hearing in the House Committee on Health Care & Wellness at 10:00 AM.

Bill # Sponsor	Bill Title	Brief Description	Status
		<p>or chemical dependency services to an appropriate treatment facility other than a hospital emergency department.</p> <p>1st substitute</p> <p>Establishes a workgroup to adopt guidelines for appropriate transport of patients to chemical dependency treatment programs or mental health facilities by ambulance.</p> <p>Directs Health Care Authority to develop a reimbursement methodology for ambulance services that transport patients to a mental health facility or chemical dependency treatment program in accordance with regional alternative facility procedures.</p> <p>Aligns with Community Mobile Medicine concept, National and State EMS Strategic initiatives. Will require protocol development and provider training/continuing education.</p>	<p>Feb 18 Executive action taken in the House Committee on Health Care & Wellness at 1:00 PM.</p> <p>Feb 20 HCW Majority; 1st substitute bill be substituted, do pass. Referred to Rules 2 Review</p> <p>Feb 27 – Placed on second reading by Rules Committee</p> <p>Mar 2 – 1st substitute bill substituted. Rules suspended. Placed on Third Reading; passed yeas 95 nays 2 absent 0 excused 1</p> <p>In Senate:</p> <p>Mar 4 – First reading, referred to Health Care</p> <p>Mar 12 – Scheduled for public hearing in Senate Cmte on Health Care at 10:00am</p> <p>Mar 26 Executive action taken in the Senate Committee on Health Care at 10:00 AM.</p> <p>Mar 27 HLTH - Majority; do pass. Passed to Rules Committee for second reading</p> <p>Apr 8 Placed on second reading by Rules Committee</p>
<p>+HB 1671 Rep Walkinshaw, etc</p>	<p>Relating to increasing access to opioid antagonists to prevent opioid-related overdose deaths</p>	<p>Amending RCS 69.41.040 and 69.50.315; adding a new section to chapter RCW 69.41; creating a new section; and repealing RCW 18.130.345.</p> <p>The legislature intends to increase access to opioid antagonists by permitting health care practitioners to administer, prescribe, and dispense, directly or by collaborative drug therapy agreement or</p>	<p>Jan 26 – First reading, referred to Health Care & Wellness</p> <p>Feb 10 – Scheduled for public hearing in House Cmte on Health Care & Wellness at 8:00am</p>

Bill # Sponsor	Bill Title	Brief Description	Status
		<p>standing order to any person who may be present at an overdose and to permit those individuals to possess and administer it.....</p> <p>1st substitute Requires a prescription for opioid overdose medication to be labeled with a warning that the person receiving medication must be evaluated by a health care professional. Permits any person or entity to possess, store, deliver, distribute, and administer opis</p> <p>Will allow non-medical personnel to obtain and use narcotic antagonists (like Narcan). Unknown if state Medical, MPDs or Public Health supports but I know it has been discussed. MPD opinion?</p>	<p>Feb 13 Executive action taken in the House Committee on Health Care & Wellness at 10:00 AM HCW - Majority; 1st substitute bill be substituted, do pass. (View 1st Substitute) (Majority Report) Feb 17 Referred to Rules 2 Review Feb 27 – Placed on second reading by Rules Committee Mar 2 – 1st substitute bill , floor amendment adopted Rules suspended. Placed on Third Reading, passed yeas, 96, nays, 1 excused, 1</p> <p>In Senate: Mar 4 – First reading, referred to Health Care Mar 17 Scheduled for public hearing in the Senate Committee on Health Care at 10:00 AM. Mar 31 Executive action taken in the Senate Committee on Health Care at 10:00 AM. Apr 1 HLTH - Majority; do pass with amendment(s). Passed to Rules Committee for second reading. Apr 7 Placed on second reading by Rules Committee. Apr 8 Committee amendment adopted with no other amendments. Rules suspended. Placed on Third Reading.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			Third reading, passed; yeas, 47; nays, 0; absent, 0; excused, 2
<p>+SB 5591 Sen Liias / HB 2077 Rep Peterson</p>	<p>Relating to allowing emergency medical services to develop community assistance referral and education services programs</p>	<p>Amending RCW 35.21.930, 18.71.200, and 18.71.205. Any EMS provider may develop a CARES program, and seek grants and private gifts to support the program. EMTs may provide services under a CARES program. The permissible scope of practice for EMTs is amended to include actions taken as part of a CARES program. Allows for the development of local CARES programs and places under local MPD guidance.</p>	<p>Jan 26 – First reading, referred to Government Operations & State Security Feb 3 – Public hearing in Senate Cmte on Government Operations & Security at 10:00 am Feb 10 Executive action taken in the Senate Committee on Government Operations & Security at 10:00 AM. GOS - Majority; 1st substitute bill be substituted, do pass. Feb 11 Passed to Rules Committee for second reading. Feb 23 Made eligible to be placed on second reading Feb 26 – Placed on second reading by Rules Committee Mar 3 – 1st substitute bill, Rules suspended. Placed on Third Reading, passed yeas, 37; nays,11; excused, 1 Notice given to reconsider vote on final passage Mar 11 No action on notice to reconsider vote on third reading</p> <p>IN THE HOUSE Mar 13 First reading, referred to Health Care & Wellness Mar 25 Scheduled for public hearing in the House Committee on Health Care & Wellness at 1:30 PM.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>Mar 26 Scheduled for executive session in the House Committee on Health Care & Wellness at 10:00 AM. HCW - Majority; do pass. Minority; do not pass. Mar 31 Referred to Rules 2 Review Apr 8 Placed on second reading by Rules Committee. Apr 9 Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 65; nays, 31; absent, 0; excused, 2.</p>
<p>+HB 1625 Rep Schmick and Wylie</p>	<p>Relating to the provision of drugs to ambulance and aid services</p>	<p>Adding a new section to RCW 18.64 A pharmacy licensed and operated by a hospital that is licensed under RCW 70.41.090 may provide minimal quantities of drugs to ambulance or aid services that are licensed under RCW 18.73.130 for use associated with providing emergency medical services to patients if specific conditions are met. 1st substitute Adds a new chapter to 70.168 and providing an expiration date Allows local hospitals to provide pharmaceuticals to local ambulance services.</p>	<p>Jan 23 – First reading, referred to Health Care & Wellness Feb 10 – Scheduled for public hearing in the House Cmte on Health care & Wellness at 8:00am Feb 17 Executive action taken in the House Committee on Health Care & Wellness at 8:00 AM. HCW - Majority; 1st substitute bill be substituted, do pass. Feb 19 Referred to Rules 2 Review. Feb 27 – Paced on second reading by Rules Committee Mar 2 – 1st substitute bill substituted, Rules suspended Placed on Third Reading, passed; yeas 97;excused 1 In Senate: Mar 4 – First reading, referred to Health Care.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>Mar 16 Public hearing in the Senate Committee on Health Care at 10:00 AM.</p> <p>Mar 30 Executive action taken in the Senate Committee on Health Care at 10:00 AM.</p> <p>HLTH - Majority; do pass with amendment(s).</p> <p>Mar 31 Passed to Rules Committee for second reading</p> <p>Apr 7 Placed on second reading by Rules Committee.</p> <p>Apr 8 Committee amendment adopted with no other amendments.</p> <p>Rules suspended. Placed on Third Reading.</p> <p>Third reading, passed; yeas, 47; nays, 0; absent, 0; excused, 2.</p>
<p>?HB 1498 Rep Goodman, etc</p>	<p>Relating to adrenal insufficiency</p>	<p>Amending RCW 18.73.250 and adding a new section to chapter RCW 28A.210.</p> <p>All of the state’s ambulance and aid services shall make hydrocortisone sodium succinate or similar medication for the treatment of acute adrenal insufficiency available to their emergency medical technicians in their emergency care supplies. Unknown if supported by state MPD Committee or EMS/Trauma Steering Committee, will increase costs for: initial training, CE, supplies, equipment. MPD opinion?</p>	<p>Jan 21 – First reading, referred to Health Care & Wellness</p> <p>Probably dead as no action by Feb 20</p>
<p>+SB 5346 Sen Ranker, etc</p>	<p>Relating to providing first responders with contact information for subscribers of</p>	<p>Requires employees of companies providing life alert services, when requested by first responders during an emergency, to provide to first responders the name, address, and other information necessary for first responders to contact their subscribers.</p>	<p>Jan 20 – First reading, referred to Health Care</p> <p>Feb 16 Public hearing in the Senate Committee on Health Care at 10:00 AM.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
	life alert services during an emergency	<p>1st substitute Changes life alert services to personal emergency response services. First responders must destroy confidential information received during an emergency.</p> <p>Floor amendments, engrossed bill. Allows for emergency information sharing by companies providing medical alert/monitoring to EMS response agencies. I worked with Sen Ranker's offices on this.</p>	<p>Feb 19 Executive action taken in the Senate Committee on Health Care at 10:00 AM. Feb 20 HLTH Majority: 1st substitute bill be substituted, do pass Minority, do not pass Passed to Rules Committee for second reading Feb 26 – Placed on second reading by Rules Committee Mar 10 1st substitute bill substituted (HLTH 15). Floor amendment(s) adopted. Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 49; nays, 0; absent, 0; excused, 0.</p> <p>IN THE HOUSE Mar 12 First reading, referred to Public Safety Mar 25 Scheduled for public hearing in the House Committee on Public Safety at 1:30 PM. Mar 26 Scheduled for executive session in the House Committee on Public Safety at 10:00 AM. PS - Majority; do pass. Mar 31 Referred to Rules 2 Review. Apr 8 Placed on second reading by Rules Committee. Rules suspended. Placed on Third Reading.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			Third reading, passed; yeas, 97; nays, 0; absent, 0; excused, 1.
+ HB 1159 Rep Pike, etc	Relating to safety of new drivers	<p>Establishes the teen driving safety act. Requires a person who is under nineteen years of age and operating a motor vehicle to affix a "new driver" decal to the inside of the motor vehicle's rear window. Allows a person holding a driver's instruction permit to drive a motor vehicle upon the public highways if the "new driver" decal is displayed on the motor vehicle being operated. Prohibits an intermediate licensee from operating a motor vehicle unless a "new driver" decal is displayed on the motor vehicle. Expires December 31, 2021.</p> <p>1st substitute Establishes a pilot program in Clark County that requires a New Driver decal be displayed on any vehicle operated by a person under 18 years of age. Requires a person to perform community service if fails to properly display a New Driver decal</p> <p>Intent is to warn other drivers of less experienced driver.</p>	<p>Jan 14 – First reading, referred to Transportation Jan 29 – Public hearing in House Cmte on Transportation Feb 2 – Executive session schedule, but no action taken in House Cmte on Transportation TR - Majority; 1st substitute bill be substituted, do pass. Minority; do not pass. Minority; without recommendation. Feb 19 Referred to Rules 2 Review. Mar 4 – Placed on second reading by Rules Committee Mar 6 1st substitute bill substituted (TR 15). Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 53; nays, 44; absent, 0; excused, 1</p> <p>IN THE SENATE Mar 10 First reading, referred to Transportation. Mar 16 Public hearing in the Senate Committee on Transportation at 3:30 PM</p>
+ HB 1276	Relating to impaired driving	HB 1276 enhances the present RCW for driving under the influence of alcohol, and other drugs by inserting marijuana use when addressing	Jan 16 – First reading, referred to Public Safety

Bill # Sponsor	Bill Title	Brief Description	Status
Rep Klippert, etc		<p>ignition interlock devices for sobriety monitoring, commercial drivers under the influence, implied consent procedures, describes the open container law for marijuana and storage of marijuana when driving, and penalties for alcohol, marijuana use and other drugs while driving under the influence.</p> <p>1st substitute Substitute bill amends and clarifies many statutory provisions relating to DUI and Ignition interlock devices.</p> <p>2nd Substitute Removes addition of prior offenses from DUI sentencing standards, etc.</p> <p>Substitute bill amends and clarifies many statutory provisions relating to DUI and Ignition interlock devices.</p>	<p>Jan 23 – Public hearing in House Cmte on Public Safety Jan 30 – Executive action taken in House Cmte on Public Safety; Majority 1st substitute bill, do pass Feb 4 Referred to General Government & Information Technology Feb 23 – Public hearing and executive action taken in House Cmte on General Government & Information Technology at 9:00am Majority; 2nd substitute , do pass Feb 27 – Referred to Rules 2 Review Mar 4 – Placed on second reading by Rules Committee Mar 6 2nd substitute bill substituted (GGIT 15). Floor amendment(s) adopted. Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 94; nays, 4; absent, 0; excused, 0</p> <p>IN THE SENATE Mar 10 First reading, referred to Law & Justice. Mar 17 Scheduled for public hearing in the Senate Committee on Law & Justice at 8:00 AM. Mar 31 Executive action taken in the Senate Committee on Law & Justice at 8:00 AM.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>LAW - Majority; do pass with amendment(s). And refer to Ways & Means. Apr 1 Referred to Ways & Means Apr 6 Public hearing in the Senate Committee on Ways & Means at 10:00 AM. (Committee Materials) Apr 7 Executive action taken in the Senate Committee on Ways & Means at 10:00 AM. (Committee Materials) WM - Majority; do pass with amendment(s). (Majority Report) Minority; do not pass. (Minority Report) Minority; without recommendation. (Minority Report) Passed to Rules Committee for second reading.</p>
<p>+HB 1433 Rep, Scott, etc</p>	<p>Relating to conforming Washington State's school zones law to federal gun-free school zones law</p>	<p>Amending RCW 9.41.280 and 9.41.280; creating a new section; providing an effective date; and providing an expiration date. Brings our state's school zones law into closer conformity with the federal gun-free school zones act. Restricts guns on school grounds in alignment with federal requirements.</p>	<p>Jan 20 – First reading, referred to Judiciary Probably dead as no action by Feb 20</p>
<p>-SB 5198 Sen, Benton, etc Companion HB1748 Rep Blake</p>	<p>Relating to the use of motorcycle helmets</p>	<p>Amending RCW 46.37.530 The bill mandates use of motorcycle helmets only for people age 18 and under. Riders over age 18 would not have to wear a helmet. Removes helmet requirement for those over 18yoa.</p>	<p>Jan 15 – First reading, referred to Transportation Feb 9 – Scheduled for public hearing in the Senate Cmte on Transportation at 3:30pm Feb 25 – Executive action scheduled, but the report on the motion to move</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>the bill out of committee did not receive sufficient signatures. Probably dead as no action by Feb 20</p>
<p>+SB 5656 Sen, Rivers, etc.</p>	<p>Relating to enhancing public safety by reducing distracted driving incidents caused by use of personal wireless communications devices</p>	<p>Amending RCW 46.61.668, 46.20.055, 46.20.075, 46.25.010, and 46.20.130; creating a new section; repealing RCW 46.61.667; prescribing penalties; and providing an effective date. The bill updates the Washington State “Cell Phone Law” to further enhance public safety, and address the many new varieties of “personal wireless communication devices” (PWCDs). If enacted, Washington State will be eligible for additional federal traffic safety funding. Increases restrictions for use of electronic devices while driving, exempts emergency personnel if used during course of emergency response or persons reporting an emergency.</p>	<p>Jan 28 – First reading, referred to Transportation Feb 9 – Scheduled for public hearing in the Senate Cmte on Transportation at 3:30pm Feb 25 – Executive action taken in Senate Cmte on Transportation at 1:30pm Feb 27 – Majority; 1st substitute bill’ do pass Passed to Rules Committee for second reading Mar 4 – Placed on second reading by Rules Committee Mar 10 1st substitute bill substituted (TRAN 15). (View 1st Substitute) Floor amendment(s) adopted. Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 35; nays, 14; absent, 0; excused, 0</p> <p>IN THE HOUSE Mar 12 First reading, referred to Transportation Mar 25 Scheduled for public hearing in the House Committee on Transportation at 3:30 PM.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
- HB 1425 Rep, Pollet	Relating to ensuring that entities performing government functions and advisory committees are subject to the open public meetings act and public records act	Subjects to the open public meetings act and the public records act, certain advisory boards, committees, and other entities performing government functions.; adding a new section to chapter 35.64 RCW; adding a new section to chapter 42.30 RCW; adding a new section to chapter 42.56 RCW; and creating a new section.	Jan 20 First reading, referred to State Government (Not Officially read and referred until adoption of Introduction report). Feb 5 Public hearing in the House Committee on State Government at 1:30 PM. (Committee Materials) Probably dead as no action by Feb 20
+ HB 1389 Rep Goodman / SB 5181 Sen	Relating to the scope of state fire service mobilization and ensuring compliance with existing state and federal disaster response policies;	Clarifies that state fire service mobilization be allowed in all incidents to which fire departments, fire districts, and regional fire protection authorities typically respond, as long as the mobilization meets the requirements identified in the state fire service mobilization plan. Amending RCW 43.43.960 and 43.43.961; and creating a new section.	1389: Jan 19 First reading, referred to Public Safety (Not Officially read and referred until adoption of Introduction report). Jan 21 Public hearing and executive action taken in the House Committee on Public Safety at 1:30 PM. PS - Executive action taken by committee. PS - Majority; do pass. Jan 23 Referred to Appropriations. Feb 4 Public hearing in the House Committee on Appropriations at 3:30 PM. Feb 19 Scheduled for executive session in the House Committee on Appropriations at 3:30 PM. (Subject to change) APP-Majority do pass Feb 20 referred to Rules 2 Review. Mar 4 Placed on second reading by Rules Committee

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>Mar 10 Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 98; nays, 0; absent, 0; excused, 0. (View Roll Calls)</p> <p>IN THE SENATE Mar 12 First reading, referred to Government Operations & Security. Mar 23 Public hearing in the Senate Committee on Government Operations & Security at 10:00 AM.) Mar 24 Executive action taken in the Senate Committee on Government Operations & Security at 10:00 AM Mar 25 GOS - Majority; do pass with amendment(s). And refer to Ways & Means. Referred to Ways & Means. Apr 7 Executive action taken in the Senate Committee on Ways & Means at 10:00 AM. WM - Majority; do pass with amendment(s). Passed to Rules Committee for second reading.</p> <p>5181: Jan 15 First reading, referred to Government Operations & State Security.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
			<p>Jan 22 Public hearing in the Senate Committee on Government Operations & Security at 10:00 AM.</p> <p>Jan 27 Executive action taken in the Senate Committee on Government Operations & Security at 10:00 AM.</p> <p>GOSS - Majority; do pass. (Majority Report)</p> <p>And refer to Ways & Means.</p> <p>Jan 28 Referred to Ways & Means.</p> <p>Feb 17 Public hearing in the Senate Committee on Ways & Means at 3:30 PM.</p>
<p>+HB 1251 Rep VanDeWege</p>	<p>Relating to providing for increased funding for emergency medical services by adjusting the emergency medical services' levy cap;</p>	<p>Adjusts the emergency medical services' levy cap to increase funding for emergency medical services. Amending RCW 84.52.069.3</p>	<p>Jan 16 First reading, referred to Finance (Not Officially read and referred until adoption of Introduction report).</p> <p>Jan 23 Public hearing in the House Committee on Finance at 8:00 AM.</p> <p>Probably dead as no action by Feb 20</p>
<p>+HB 2007 Rep Zeiger/ SB 5840 Sen Demmeier</p>	<p>Relating to reimbursement to eligible providers for medicaid ground emergency medical transportation services;</p>	<p>Requires an eligible provider to receive supplemental medicaid reimbursement in addition to the rate of payment that the provider would otherwise receive for medicaid ground emergency medical transportation services.</p> <p>Requires the state health care authority to design and implement, in consultation with eligible providers, an intergovernmental transfer program relating to medicaid managed care, ground emergency medical transport services including those services provided by emergency medical technicians at the basic, advanced, and paramedic levels in the prestabilization and preparation for transport in order to</p>	<p>Feb 6 First reading, referred to Appropriations (Not Officially read and referred until adoption of Introduction report)</p> <p>Feb 24 Scheduled for public hearing in the House Committee on Appropriations at 1:30 PM.</p> <p>Feb 27 Executive action taken in the House Committee on Appropriations at 9:00 AM.</p> <p>APP - Majority; do pass.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
		increase capitation payments for the purpose of increasing reimbursement to eligible providers.	<p>Minority; do not pass Referred to Rules 2 Review. Mar 3 Placed on second reading by Rules Committee. Mar 4 Rules suspended. Placed on Third Reading. Third reading, passed; yeas, 88; nays, 10; absent, 0; excused, 0. (View Roll Calls)</p> <p>IN THE SENATE Mar 6 First reading, referred to Ways & Means. Mar 24 Executive session in the Senate Committee on Ways & Means at 3:30 PM. Mar 25 WM - Majority; do pass. Minority; without recommendation Mar 26 Passed to Rules Committee for second reading. Apr 8 Placed on second reading by Rules Committee.</p>
HB 2044 Rep Schmick	Concerning emergency medical services	<p>Allows state-licensed providers of emergency medical services to develop a community assistance referral and education services program. Changes the term "physician's trained emergency medical service intermediate life support technician and paramedic" to "physician's trained advanced emergency medical technician and paramedic" for purposes of emergency medical service personnel provisions. Authorizes an ambulance service to transport patients to a facility other than a hospital, such as an urgent care</p>	<p>Feb 9 First reading, referred to Health Care & Wellness (Not Officially read and referred until adoption of Introduction report). Feb 18 Public hearing in the House Committee on Health Care & Wellness at 1:00 PM. Feb 20 Executive action taken in the House Committee on Health Care & Wellness at 10:00 AM.</p>

Bill # Sponsor	Bill Title	Brief Description	Status
		clinic, a mental health facility, or a chemical dependency program, as authorized in regional emergency medical services and trauma care plans.	HCW - Majority; 1st substitute bill be substituted, do pass. Referred to Rules 2 Review.

2014 EMS CALL DATA			BLS DIRECT SUPPORT							SYSTEM SUPPORT & COORDINATION					TRAINING SUPPORT			AGENCY TOTALS ALL BLS		SYSTEM DATA			
			FINANCIAL SUPPORT				SUPPLIES & EQUIPMENT			\$288,703	\$20,000	\$100,906	\$284,068	\$693,677	\$277,097	\$245,728	\$522,825	\$2,179,402		\$10,609,862		\$12,789,264	
			Budgeted: \$517,249				Budgeted: \$445,651			BLS	Vehicle	CPR/PIE	Admin	Agency Total	Initial	OTEP &	Agency Total	BLS Agency Total	Agency % of Total	ALS SUPPORT		System total all programs by Agency	
Agency	BLS Run Volume	% of Volume	Base*	\$9.47 Per Call	\$818 Base MCT	\$0.83 MCT/Call	Agency Total	Base	\$11.38 Per Call	Agency Total	Other	Surplus	Program		Support	Training				KC Online	ALS Run Volume		\$1,231 Per Call
			Amount					Amount			\$10.09	\$1,333	\$3.52	\$9.92	\$5,773	\$484							
1/11 WTRFA	2,088	7.29%	\$14,000	\$19,778	\$818	\$1,738	\$36,334	\$8,000	\$23,753	\$31,753	\$21,058	\$1,333	\$7,360	\$20,720	\$50,472	\$40,410	\$26,121	\$66,531	\$185,090	8.49%	742	\$913,179	\$1,098,269
2 /4 SET	2,638	9.22%	\$14,000	\$24,988	\$818	\$2,195	\$42,001	\$8,000	\$30,010	\$38,010	\$26,605	\$1,333	\$9,299	\$26,178	\$63,415	\$23,091	\$13,544	\$36,636	\$180,062	8.26%	890	\$1,095,323	\$1,275,385
3 - Lacey	9,163	32.01%	\$14,000	\$86,795	\$818	\$7,625	\$109,238	\$8,000	\$104,239	\$112,239	\$92,412	\$1,333	\$32,299	\$90,928	\$216,973	\$23,091	\$52,241	\$75,333	\$513,783	23.57%	2,744	\$3,377,040	\$3,890,823
5 - Black Lake	323	1.13%	\$14,000	\$3,060	\$818	\$269	\$18,146	\$8,000	\$3,674	\$11,674	\$3,258	\$1,333	\$1,139	\$3,205	\$8,935	\$0	\$0	\$0	\$38,756	1.78%	89	\$109,532	\$148,288
6 - E Olympia	688	2.40%	\$14,000	\$6,517	\$818	\$573	\$21,908	\$8,000	\$7,827	\$15,827	\$6,939	\$1,333	\$2,425	\$6,827	\$17,525	\$23,091	\$14,511	\$37,603	\$92,862	4.26%	237	\$291,676	\$384,538
7 - N Olympia	239	0.83%	\$14,000	\$2,264	\$818	\$199	\$17,281	\$8,000	\$2,719	\$10,719	\$2,410	\$1,333	\$842	\$2,372	\$6,958	\$51,956	\$9,674	\$61,630	\$96,588	4.43%	92	\$113,224	\$209,812
8 - South Bay	421	1.47%	\$14,000	\$3,988	\$818	\$350	\$19,156	\$8,000	\$4,789	\$12,789	\$4,246	\$1,333	\$1,484	\$4,178	\$11,241	\$34,637	\$14,995	\$49,632	\$92,819	4.26%	154	\$189,528	\$282,347
9 - McLane	620	2.17%	\$14,000	\$5,873	\$818	\$516	\$21,207	\$8,000	\$7,053	\$15,053	\$6,253	\$1,333	\$2,185	\$6,153	\$15,924	\$40,410	\$23,702	\$64,112	\$116,296	5.34%	160	\$196,912	\$313,208
12 - Tenino	559	1.95%	\$14,000	\$5,295	\$818	\$465	\$20,578	\$8,000	\$6,359	\$14,359	\$5,638	\$1,333	\$1,970	\$5,547	\$14,489	\$17,319	\$5,805	\$23,123	\$72,549	3.33%	226	\$278,138	\$350,688
13 - Griffin	339	1.18%	\$14,000	\$3,211	\$818	\$282	\$18,311	\$8,000	\$3,856	\$11,856	\$3,419	\$1,333	\$1,195	\$3,364	\$9,311	\$17,319	\$10,642	\$27,960	\$67,439	3.09%	113	\$139,069	\$206,509
16 - Gibson Valley	37	0.13%	\$14,000	\$350	\$818	\$31	\$15,199	\$8,000	\$421	\$8,421	\$373	\$1,333	\$130	\$367	\$2,204	\$0	\$1,935	\$1,935	\$27,759	1.27%	17	\$20,922	\$48,681
17 - Bald Hills	318	1.11%	\$14,000	\$3,012	\$818	\$265	\$18,095	\$8,000	\$3,618	\$11,618	\$3,207	\$1,333	\$1,121	\$3,156	\$8,817	\$5,773	\$8,707	\$14,480	\$53,009	2.43%	134	\$164,914	\$217,923
Bucoda	65	0.23%	\$14,000	\$616	\$818	\$54	\$15,488	\$8,000	\$739	\$8,739	\$656	\$1,333	\$229	\$645	\$2,863	\$0	\$2,419	\$2,419	\$29,509	1.35%	29	\$35,690	\$65,199
Olympia	8,210	28.68%	\$14,000	\$77,768	\$818	\$6,832	\$99,418	\$8,000	\$93,397	\$101,397	\$82,801	\$1,333	\$28,940	\$81,471	\$194,545	\$0	\$41,116	\$41,116	\$436,477	20.03%	2,265	\$2,787,535	\$3,224,012
Tumwater	2,918	10.19%	\$14,000	\$27,640	\$818	\$2,428	\$44,887	\$8,000	\$33,195	\$41,195	\$29,429	\$1,333	\$10,286	\$28,957	\$70,005	\$0	\$20,316	\$20,316	\$176,403	8.09%	729	\$897,180	\$1,073,583
	28,626	100%	\$210,000	\$271,156	\$12,272	\$23,821	\$517,249	\$120,000	\$325,651	\$445,651	\$288,703	\$20,000	\$100,906	\$284,068	\$693,677	\$277,097	\$245,728	\$522,825	\$2,179,402	100%	8,621	\$10,609,862	\$12,789,264
Avg	1,908		14,000	18,077	818	1,588	34,483	8,000	21,710	29,710	19,247	1,333	6,727	18,938	46,245	18,473	16,382	34,855	145,293	6.67%	575	707,324	852,618
Min	37		14,000	350	818	31	15,199	8,000	421	8,421	373	1,333	130	367	2,204	0	0	0	27,759	1.27%	17	20,922	48,681
Max	9,163		14,000	86,795	818	7,625	109,238	8,000	104,239	112,239	92,412	1,333	32,299	90,928	216,973	51,956	52,241	75,333	513,783	23.57%	2,744	3,377,040	3,890,823
<i>Call Volume Data Per TCOMM Summary of Activity 2013</i>				517,249			<i>budgeted/adjusted</i>		445,651		<i>CBD Trng, Nurse+, Vaccines, etc divided by call volume</i>	<i>Value of surplus ALS vehicles divided by call volume (non-budgeted value)</i>	<i>50% of CPR/PIE Program divided by calls (balance to ALS Support)</i>	<i>50% of Admin divided by call volume (50% balance to ALS Support)</i>	<i>BLS Initial Training divided by students per agency</i>	<i>OTEP divided by # responders, includes \$50 KC Online Training Program per responder</i>	<i>Total Initial, OTEP & KC Online Training value</i>	<i>G/T all BLS Support</i>	<i>All ALS plus .50 Admin & .50 CPR/PIE divided by ALS call volume</i>		<i>Total value of ALS & BLS Support per agency</i>		
				(246,093)			<i>base deducted</i>		(120,000)														
				271,156			<i>balance</i>		325,651														
				9.47			<i>per call rate</i>		11.38														

Special Projects (\$15,000) and TCAFC Leadership Tuition Awards (\$2,000) are allocated and awarded separately