

SENATE BILL REPORT

SSB 5940

As Passed Senate, February 7, 2024

Title: An act relating to creating a medical assistant-EMT certification.

Brief Description: Creating a medical assistant-EMT certification.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Van De Wege, Hasegawa, Keiser, Lovick, Muzzall and Wagoner).

Brief History:

Committee Activity: Health & Long Term Care: 1/11/24, 1/18/24 [DPS].

Floor Activity: Passed Senate: 2/7/24, 49-0.

<p style="text-align: center;">Brief Summary of First Substitute Bill</p> <ul style="list-style-type: none">• Creates a medical assistant-EMT certification.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5940 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden and Van De Wege.

Staff: Julie Tran (786-7283)

Background: The Department of Health licenses several different types of medical assistants (MAs) as well as several types of emergency medical services (EMS) providers such as emergency medical technicians (EMTs), advanced EMTs, and paramedics.

An EMT is a person authorized by the Secretary of Health (Secretary) to render emergency medical care under the responsible supervision and direction of an approved Medical

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Program Director (MPD), which may include participating in an emergency services supervisory organization or a community assistance referral and education services program; or providing collaborative medical care if the participation or provision of collaborative medical care does not exceed the participant's training and certification.

A paramedic is a person who has been trained in an approved program to perform all phases of prehospital emergency medical care, including advanced life support, under an MPD's or approved physician delegate's written or oral authorization, and examined and certified by the Secretary.

An advanced EMT is a person who has been examined and certified by the secretary as an intermediate life support technician.

Summary of First Substitute Bill: A medical assistant-EMT (MA-EMT) is defined as a registered person who holds an EMT certification, an advanced EMT certification, or a paramedic certification, and who performs the authorized duties under the supervision of a health care practitioner.

Certification. Any person with an EMT or paramedic certification is eligible for a MA-EMT certification with no additional training or examination requirements if the EMT, advanced EMT, or paramedic certification is in good standing. The Secretary must issue an MA-EMT certification to any person who meets the MA-EMT qualifications. The qualifications must be consistent with the qualifications for the EMT certification, the advanced EMT certification, or the paramedic certification.

No individual may practice as an MA-EMT unless the individual is certified.

An MA-EMT certification is transferable only between licensed hospitals in the state.

Authorized Duties. MA-EMTs may perform the following duties delegated by, and under the supervision of, a health care practitioner if the duties are within the scope, training, endorsements of the MA-EMT's EMT, advanced EMT, or paramedic certification:

- fundamental procedures: disposing of biohazardous materials and practicing standard precautions;
- clinical procedures: taking vital signs; preparing patients for examination; observing and reporting patients' signs or symptoms; simple eye irrigation; hemorrhage control with direct pressure or hemostatic gauze; spinal and extremity motion restriction and immobilization; oxygen administration; airway maintenance, stabilization, and suctioning; cardiopulmonary resuscitation; and use of automated external defibrillators and semiautomated external defibrillators;
- specimen collection: capillary puncture and venipuncture; obtaining specimens for microbiological testing; and instructing patients in proper technique to collect urine and fecal specimens;
- diagnostic testing: electrocardiography; and respiratory testing, including

- nasopharyngeal swabbing for COVID-19;
- patient care: telephone and in-person screening, limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge; obtaining vital signs; obtaining and recording patient history; preparing and maintaining examination and treatment areas; preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries; and maintaining medication and immunization records;
- administering medications; and
- intravenous injections.

A MA-EMT may only administer medications if the drugs are: administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner; limited to vaccines, opioid antagonists, and oral glucose as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by Secretary of Health; and administered pursuant to a health care practitioner's written order.

A MA-EMT may establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, and remove intravenous lines under the health care practitioner's supervision.

The Secretary may adopt rules to further limit the drugs that a MA-EMT may administer. The adopted rules must limit the drugs based on risk, class, or route.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: This bill allows any EMS personnel to convert to a MA license type. Roughly 21 states are doing something like this type of credential. The authorized list of duties is narrower than any level of EMS are allowed to provide in the field. This bill will be a big help to hospitals to have qualified and trained personnel as it is challenging to fill positions that are above entry level and require some degree of clinical experience. There is a testing backlog for certified nursing assistants in the state. There is a gap and this bill fills that gap. Having MA-EMTs be credentialed would be a great resource and it would also help to build a career ladder.

This bill is a creative way to address the workforce shortage challenges happening all over the state, and especially in rural areas. It will help attract and retain a workforce since there is not enough funding to pay EMS providers and the services provided in rural communities

are on a volunteer basis. This credential keeps EMS personnel in the region, ensures communities have continuous access to EMS, and allows EMT and paramedic personnel to have paid employment. This proposal is also respectful of the roles and personnel who are currently operating in the hospital system.

OTHER: There is work being done on amended language. There are scope of practice concerns as the bill requires the qualifications for new MA-EMT credential, to be consistent with the qualifications for the paramedic and EMTs, but some of the skills and procedures in the scope of practice are not part of the EMT's training. Also, the Department of Health would not be allowed to require training for these procedures for EMT personnel when they come on board with their new credential. There are different scopes and different levels of training for each of those certifications. The credential should reflect the training and education of the certification. One of the bill's goals is to keep EMTs who are volunteering in the more rural areas in the mix and get them a paid job so they can stay in the region. This bill might be best in the rural areas of the state and perhaps, should be narrowed to rural areas and critical access hospitals.

Persons Testifying: PRO: Katie Kolan, Washington State Hospital Association; Colton Myers, Ferry County Public Hospital District; Kelly Thompson, Forks Community Hospital; Jennifer Burkhardt, Summit Pacific Medical Center.

OTHER: Shawna Fox, Washington State Department of Health; Dawn Felt, AVAILABLE FOR QUESTIONS: Washington State Department of Health; Melissa Johnson, Washington State Nurses Association.

Persons Signed In To Testify But Not Testifying: No one.