

Multiple Agency Fiscal Note Summary

| | |
|-----------------------------|---|
| Bill Number: 2466 HB | Title: Ambulance transfer wait times |
|-----------------------------|---|

Estimated Cash Receipts

NONE

| Agency Name | 2023-25 | | 2025-27 | | 2027-29 | |
|---------------------|--|-------|-----------|-------|-----------|-------|
| | GF- State | Total | GF- State | Total | GF- State | Total |
| Local Gov. Courts | | | | | | |
| Loc School dist-SPI | | | | | | |
| Local Gov. Other | Non-zero but indeterminate cost and/or savings. Please see discussion. | | | | | |
| Local Gov. Total | | | | | | |

Estimated Operating Expenditures

| Agency Name | 2023-25 | | | | 2025-27 | | | | 2027-29 | | | |
|--------------------------|--|---------------|---------------|----------------|------------|------------------|------------------|------------------|------------|------------------|------------------|------------------|
| | FTEs | GF-State | NGF-Outlook | Total | FTEs | GF-State | NGF-Outlook | Total | FTEs | GF-State | NGF-Outlook | Total |
| Department of Health | .4 | 86,000 | 86,000 | 144,000 | .9 | 54,000 | 54,000 | 299,000 | .6 | 0 | 0 | 202,000 |
| University of Washington | .0 | 0 | 0 | 0 | 3.8 | 6,673,160 | 6,673,160 | 6,673,160 | 3.8 | 8,253,160 | 8,253,160 | 8,253,160 |
| University of Washington | In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note. | | | | | | | | | | | |
| Total \$ | 0.4 | 86,000 | 86,000 | 144,000 | 4.7 | 6,727,160 | 6,727,160 | 6,972,160 | 4.4 | 8,253,160 | 8,253,160 | 8,455,160 |

| Agency Name | 2023-25 | | | 2025-27 | | | 2027-29 | | |
|---------------------|--|----------|-------|---------|----------|-------|---------|----------|-------|
| | FTEs | GF-State | Total | FTEs | GF-State | Total | FTEs | GF-State | Total |
| Local Gov. Courts | | | | | | | | | |
| Loc School dist-SPI | | | | | | | | | |
| Local Gov. Other | Non-zero but indeterminate cost and/or savings. Please see discussion. | | | | | | | | |
| Local Gov. Total | | | | | | | | | |

Estimated Capital Budget Expenditures

| Agency Name | 2023-25 | | | 2025-27 | | | 2027-29 | | |
|--------------------------|------------|----------|----------|------------|----------|----------|------------|----------|----------|
| | FTEs | Bonds | Total | FTEs | Bonds | Total | FTEs | Bonds | Total |
| Department of Health | .0 | 0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 |
| University of Washington | .0 | 0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 |
| Total \$ | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |

| Agency Name | 2023-25 | | | 2025-27 | | | 2027-29 | | |
|---------------------|--|----------|-------|---------|----------|-------|---------|----------|-------|
| | FTEs | GF-State | Total | FTEs | GF-State | Total | FTEs | GF-State | Total |
| Local Gov. Courts | | | | | | | | | |
| Loc School dist-SPI | | | | | | | | | |
| Local Gov. Other | Non-zero but indeterminate cost and/or savings. Please see discussion. | | | | | | | | |
| Local Gov. Total | | | | | | | | | |

Estimated Capital Budget Breakout

NONE

| | | |
|---------------------------------------|---------------------------------|---|
| Prepared by: Breann Boggs, OFM | Phone: (360) 485-5716 | Date Published: Final 2/ 2/2024 |
|---------------------------------------|---------------------------------|---|

Individual State Agency Fiscal Note

| | | |
|-----------------------------|---|---|
| Bill Number: 2466 HB | Title: Ambulance transfer wait times | Agency: 303-Department of Health |
|-----------------------------|---|---|

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

| | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|----------------------------------|---------|---------|---------|---------|---------|
| FTE Staff Years | 0.0 | 0.7 | 0.4 | 0.9 | 0.6 |
| Account | | | | | |
| General Fund-State 001-1 | 0 | 86,000 | 86,000 | 54,000 | 0 |
| General Fund-Private/Local 001-7 | 0 | 58,000 | 58,000 | 245,000 | 202,000 |
| Total \$ | 0 | 144,000 | 144,000 | 299,000 | 202,000 |

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

| | | |
|-----------------------------------|-----------------------|------------------|
| Legislative Contact: Emily Poole | Phone: 360-786-7106 | Date: 01/22/2024 |
| Agency Preparation: Donna Compton | Phone: 360-236-4538 | Date: 01/29/2024 |
| Agency Approval: Amy Burkel | Phone: 3602363000 | Date: 01/29/2024 |
| OFM Review: Breann Boggs | Phone: (360) 485-5716 | Date: 01/31/2024 |

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

House Bill 2466 addresses ambulance wait times for patient transfer from emergency medical services to hospital staff.

Section 1(1)(a): Adds a new section to chapter 70.41 RCW (hospital licensing and regulation) requiring a hospital with an emergency department to accept a patient within 30 minutes of arrival at the hospital, unless an exception applies, beginning December 1, 2025.

Section 1(1)(b): Adds a new section to chapter 70.41 RCW (hospital licensing and regulation) requiring hospitals to reimburse the ambulance service for the additional wait times in accordance with reimbursement rates set by the Department of Health (department).

Section 1(4): Adds a new section to chapter 70.41 RCW (hospital licensing and regulation) allowing the department to adopt rules to implement this section.

Section 2(2)(e): Amends RCW 70.168.020 (trauma care system steering committee) requiring emergency medical services (EMS) and trauma care steering committee to consult with the department regarding requirements for recording and reimbursing ambulance wait times.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Section 1: Current law, RCW 43.70.250 (License fees for professions, occupations, and businesses) requires that a business-licensing program be self-supporting and sufficient revenue be collected through fees to fund expenditures. As of July 1, 2023, the acute care hospital regulatory program had a fund balance of \$518,000. This fund balance is below the required reserve of \$800,000, which is 25% of yearly expenditures. The department is currently in the process of conducting a fee study for the program and if this bill is passed as written the department will adjust the fee as needed to account for these costs.

Section 2: The department does not collect fees to support emergency medical systems programs, all activities related to program operation are supported by general fund state; therefore, the department does not expect an increase in cash receipts related to the increased workload.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Rulemaking - Hospitals

Section 1(4): The department will develop and adopt rules to WAC 246-320-281 (Emergency Services) to set the requirements for recording ambulance arrival time, patient admission time, reimbursement rates for EMS, and exceptions to the requirements in the legislation. The department anticipates utilizing a team of subject matter experts to implement this bill. This team will consist of the program manager and a community engagement specialist to identify underreached communities and engage them in the rulemaking process. Based on the department's experience with rules, the department anticipates rulemaking to be complex. Complex rulemaking will require a rules project coordinator to support subject matter experts and ensure timely completion of rulemaking. This rule package is extended to identify specific groups who have previously had access barrier to engagement with the department as well as giving the department the ability to expand

community engagement and conduct additional workshops and listening sessions. This process will include six meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 18 months to complete. The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$9,000.

FY 2025 costs will be 0.3 FTE and \$58,000 (GF-L)

FY 2026 costs will be 0.2 FTE and \$30,000 (GF-L)

Rulemaking – Emergency Medical Systems

Section 1(4): The department will develop and adopt rules to chapter 246-976 WAC (Emergency medical services and trauma care systems (EMSTC)) to set the requirements for recording ambulance arrival time, reimbursement rates for EMS, exceptions to the requirements in the legislation, and update the responsibilities of the EMSTC Steering Committee. The department anticipates utilizing a team of subject matter experts to implement this bill. This team will consist of the program manager and a community engagement specialist to identify underreached communities and engage them in the rulemaking process. Based on the department's experience with rules, the department anticipates rulemaking to be complex. Complex rulemaking will require a rules project coordinator to support subject matter experts and ensure timely completion of rulemaking. This rule package is extended to identify specific groups who have previously had access barrier to engagement with the department as well as giving the department the ability to expand community engagement and conduct additional workshops and listening sessions. This process will include six meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 18 months to complete. The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$9,000.

FY 2025 costs will be 0.3 FTE and \$58,000 (GF-S)

FY 2026 costs will be 0.2 FTE and \$30,000 (GF-S)

Program – Emergency Medical Systems

Section 2(2)(e): The department will work with the EMS and trauma care steering committee to develop protocols for recording times related to transfer of care between EMS and hospitals, exceptions for when an ambulance waiting time may exceed 30 minutes without requiring reimbursement from the hospital, and reimbursement rates for ambulance waiting times based on Washington State wage and equipment rate guide. The department estimates the work will include staff time from multiple positions which include a Health Services Consultant, an Administrative Assistant, and a WMS2. The work will consist of scheduling meetings and agenda development, attending meetings with partners, internal meetings, research, determining service levels for reimbursement, development of transparent methodology, policy drafting and review, document presentation, updating all relevant webpages, and sending out communications and final policy to all interested parties.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$7,000.

FY 2025 costs will be 0.1 FTE and \$28,000 (GF-S)

FY 2026 costs will be 0.1 FTE and \$24,000 (GF-S)

Office of Information Technology (OIT)

Section 1(1)(a): OIT Staff will be required to modify the existing acute care hospital investigation and inspection process in the Healthcare Enforcement and Licensing Modernization Solution (HELMS) to include new RCW and WAC tags. Configuration in HELMS will also require 17 additional hours from the integration vendor at a rate of \$270 per hour, for a total of \$4,600 in FY 2025.

FY 2026 costs will be \$10,000 (GF-L)

FY 2027 costs will be \$3,000 (GF-L)

Inspection and Investigation

Section 1(1)(a): Inspection – The department conducts acute care hospital inspections once within a three-year period for compliance with the minimum operating and patient care standards. The department currently licenses 92 acute care hospitals therefore the department expects to conduct 30 inspections each year on a three-year cycle. Additionally, the department estimates one additional hour of policy and procedure reviews during routine inspections.

Section 1(1)(a): Investigations - Based on experiences with acute care hospitals, the department estimates 22 additional investigations per year, with each investigation taking approximately 38 hours. Since the department has begun the regulation of acute care hospitals, the department has learned that the investigations of these facilities can easily become complicated with many safety risks. The investigations need to be conscientious to the safety of patients, facility staff, and the department's staff conducting the investigation.

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff review the complaint, identify the history of the facility complained about, and help assess whether an investigation is needed. The investigator obtains information about the complaint and the respondent, then prepares a report detailing the findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, assistant attorney general, and other staff work to develop the legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and drafts the final order. Also, the Office of the Attorney General will represent the department at hearings and may provide advice throughout the enforcement process.

FY 2026 and ongoing costs will be 0.6 FTE and \$101,000 (GF-L)

Total costs to Implement this bill:

FY 2025 costs will be 0.7 FTE and \$86,000 (GF-S) and \$58,000 (GF-L)

FY 2026 costs will be 1.1 FTE and \$54,000 (GF-S) and \$141,000 (GF-L)

FY 2027 costs will be 0.6 FTE and \$104,000 (GF-L)

FY 2028 and ongoing costs will be 0.6 FTE and \$101,000 (GF-L)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

| Account | Account Title | Type | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|-----------------|---------------|---------------|---------|---------|---------|---------|---------|
| 001-1 | General Fund | State | 0 | 86,000 | 86,000 | 54,000 | 0 |
| 001-7 | General Fund | Private/Local | 0 | 58,000 | 58,000 | 245,000 | 202,000 |
| Total \$ | | | 0 | 144,000 | 144,000 | 299,000 | 202,000 |

III. B - Expenditures by Object Or Purpose

| | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|----------------------------------|---------|---------|---------|---------|---------|
| FTE Staff Years | | 0.7 | 0.4 | 0.9 | 0.6 |
| A-Salaries and Wages | | 66,000 | 66,000 | 169,000 | 124,000 |
| B-Employee Benefits | | 24,000 | 24,000 | 56,000 | 40,000 |
| C-Professional Service Contracts | | | | 7,000 | |
| E-Goods and Other Services | | 47,000 | 47,000 | 54,000 | 28,000 |
| T-Intra-Agency Reimbursements | | 7,000 | 7,000 | 13,000 | 10,000 |
| 9- | | | | | |
| Total \$ | 0 | 144,000 | 144,000 | 299,000 | 202,000 |

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

| Job Classification | Salary | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|-----------------------------------|---------|---------|---------|---------|---------|---------|
| Fiscal Analyst 2 | 53,000 | | | | 0.1 | 0.1 |
| HEALTH SERVICES CONSULTANT 4 | 86,208 | | 0.4 | 0.2 | 0.2 | |
| MANAGEMENT ANALYST 4 | 86,208 | | 0.3 | 0.2 | 0.1 | |
| NURSING CONSULTANT, INSTITUTIONAL | 111,156 | | | | 0.5 | 0.5 |
| Total FTEs | | | 0.7 | 0.4 | 0.9 | 0.6 |

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 1(4): The department will develop and adopt rules to WAC 246-320-281 (Emergency Services), and chapter 246-976 WAC (Emergency medical services and trauma care systems) as needed to implement this bill.

Individual State Agency Fiscal Note

Revised

| | | |
|-----------------------------|---|---|
| Bill Number: 2466 HB | Title: Ambulance transfer wait times | Agency: 360-University of Washington |
|-----------------------------|---|---|

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

| | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|--------------------------|----------|----------|----------|------------------|------------------|
| FTE Staff Years | 0.0 | 0.0 | 0.0 | 3.8 | 3.8 |
| Account | | | | | |
| General Fund-State 001-1 | 0 | 0 | 0 | 6,673,160 | 8,253,160 |
| Total \$ | 0 | 0 | 0 | 6,673,160 | 8,253,160 |

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

| | | |
|-----------------------------------|-----------------------|------------------|
| Legislative Contact: Emily Poole | Phone: 360-786-7106 | Date: 01/22/2024 |
| Agency Preparation: Michael Lantz | Phone: 2065437466 | Date: 01/30/2024 |
| Agency Approval: Jed Bradley | Phone: 2066164684 | Date: 01/30/2024 |
| OFM Review: Ramona Nabors | Phone: (360) 742-8948 | Date: 02/01/2024 |

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

House Bill 2466 requires a hospital with an emergency department to accept a patient transported to the hospital via ambulance within 30 minutes of arrival starting on December 1, 2025 (Section 1(1)(a)). It requires a hospital not accepting a patient within 30 minutes to reimburse the ambulance service for the additional waiting time in accordance with reimbursement rates set by the Department of Health (DOH) (Section 1(1)(b)). It also directs DOH to establish protocols for recording arrival and transfer times, exceptions to the 30-minute rule, and reimbursement rates (Section 1(2)(a-c)). Finally, it specifies that exceptions to the 30-minute rule do not include a lack of capacity due to hospital staffing but do include periods of patient surge due to activation of a disaster medical control center and periods of reduced capacity due to temporary, unforeseen damage or disruptions to the emergency department (Section 1(c)).

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

HB 2466 would have an indeterminate, but significant, impact on UW Medicine. UW Medicine does not know what the ambulance reimbursement rate for HB 2466 will be set at but has attempted to calculate costs based on current ambulance reimbursement rates provided by the State, as well as estimates of ambulance patient wait times at UW Medicine emergency departments. Estimated costs are included in the tables and discussed below.

UW Medicine operates three emergency departments at: UW Medical Center-Montlake (UWMC-Montlake), UW Medical Center-Northwest (UWMC-Northwest), and Harborview Medical Center (HMC). On average, HMC receives 1204 patients monthly via ambulance, UWMC-Northwest receives 695 patients monthly via ambulance, and UWMC-Montlake receives 367 patients monthly via ambulance.

Wait times for patients arriving via ambulance can vary significantly. When patients arrive at an emergency department, either via ambulance or walk-in, they are evaluated by hospital staff. Those with immediate, life-threatening conditions or severe injuries are seen quickly. Those with less urgent conditions may experience a wait. Hospitals strive to see each patient as quickly as possible but cannot control how many patients are utilizing the emergency department at one time or in what condition they arrive. This is particularly true for HMC, which operates the only level 1 trauma center in Washington, Alaska, Montana, and Idaho, and UWMC-Northwest and Montlake, which provide highly specialized care.

It is not known at what amount DOH will set reimbursement rates for ambulance patient wait times exceeding 30 minutes. Based on the 2022 Washington State Wage and Equipment Rate Guide, the current daily rate for single shift ambulances with staff and advanced life support is \$3,700 per day (\$462.50 per hour based on an eight-hour day).

UW Medicine has attempted to calculate the total number of hours that all patients arriving by ambulance have had to wait longer than 30 minutes. For HMC, the monthly total is approximately 381 hours, for UWMC-Northwest the monthly total is approximately 194 hours, and for UWMC-Montlake the monthly total is approximately 110 hours. Multiplying the approximate total number of hours of wait time over 30 minutes (685 hours) by the estimated hourly ambulance reimbursement rate (\$462.50), the monthly cost for UW Medicine late patient acceptance under the bill would be approximately \$316,800 per month or \$3.8 million per year.

There would also be additional staffing costs associated with developing, and engaging in, the process to track the time between when a patient arrives via ambulance and when they are accepted by the emergency department. UW Medicine’s three emergency departments operate 24 hours per day, so the tracking costs would be significant. UW Medicine expects that it would need at least one Emergency Department Intake Coordinator (salary: \$60,000; benefits rate: 38.1 percent) per hospital (three total) to track ambulance arrivals, as well as .75 FTE for a centrally located Data Analyst (salary: \$80,000; benefits rate: 30 percent) to compile and review the data provided by the intake coordinators.

Overall, the costs to UW Medicine from HB 2466 are expected to be approximately \$4.13 million per fiscal year. This measure takes effect December 1, 2025, 5 months into FY26. Therefore, only seven months of reimbursement payments will be needed in that fiscal year (approximately \$2.22 million). However, full salaries and benefits for the new staff for FY26 will be needed so that UW Medicine can hire and train them, as well as develop the applicable tracking policies and procedures.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

| Account | Account Title | Type | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|-----------------|---------------|-------|---------|---------|---------|-----------|-----------|
| 001-1 | General Fund | State | 0 | 0 | 0 | 6,673,160 | 8,253,160 |
| Total \$ | | | 0 | 0 | 0 | 6,673,160 | 8,253,160 |

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

| | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|--------------------------------------|---------|---------|---------|-----------|-----------|
| FTE Staff Years | | | | 3.8 | 3.8 |
| A-Salaries and Wages | | | | 480,000 | 480,000 |
| B-Employee Benefits | | | | 173,160 | 173,160 |
| C-Professional Service Contracts | | | | | |
| E-Goods and Other Services | | | | 6,020,000 | 7,600,000 |
| G-Travel | | | | | |
| J-Capital Outlays | | | | | |
| M-Inter Agency/Fund Transfers | | | | | |
| N-Grants, Benefits & Client Services | | | | | |
| P-Debt Service | | | | | |
| S-Interagency Reimbursements | | | | | |
| T-Intra-Agency Reimbursements | | | | | |
| 9- | | | | | |
| Total \$ | 0 | 0 | 0 | 6,673,160 | 8,253,160 |

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

| Job Classification | Salary | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|---|--------|---------|---------|---------|---------|---------|
| Data Analyst | 80,000 | | | | 0.8 | 0.8 |
| Emergency Department Intake Coordinator | 60,000 | | | | 3.0 | 3.0 |
| Total FTEs | | | | | 3.8 | 3.8 |

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

Bill Number: 2466 HB

Title: Ambulance transfer wait times

Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- Cities: Revenue increase for public ambulance service agencies being reimbursed pursuant with section 1
- Counties: Revenue increase for public ambulance service agencies being reimbursed pursuant with section 1
- Special Districts: Revenue increase public ambulance service agencies which are reimbursed pursuant with section 1; Increase in PHD expenditures for having to reimburse ambulance services pursuant with section 1
- Specific jurisdictions only:
- Variance occurs due to:

Part II: Estimates

- No fiscal impacts.
- Expenditures represent one-time costs:
- Legislation provides local option:
- Key variables cannot be estimated with certainty at this time: Revenue increase for public ambulance service agencies which are reimbursed pursuant with section 1; Increase in PHD expenditures for having to reimburse ambulance services pursuant with section 1

Estimated revenue impacts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated expenditure impacts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Part III: Preparation and Approval

| | | |
|---------------------------------------|-----------------------|------------------|
| Fiscal Note Analyst: Brandon Rountree | Phone: (360) 999-7103 | Date: 01/29/2024 |
| Leg. Committee Contact: Emily Poole | Phone: 360-786-7106 | Date: 01/22/2024 |
| Agency Approval: Allan Johnson | Phone: 360-725-5033 | Date: 01/29/2024 |
| OFM Review: Breann Boggs | Phone: (360) 485-5716 | Date: 02/02/2024 |

Part IV: Analysis

A. SUMMARY OF BILL

Description of the bill with an emphasis on how it impacts local government.

Summary: Requires hospitals to reimburse ambulance service agencies if handoff time from an ambulance to the hospital is more than 30 minutes.

Sections that impact local governments/special districts:

Sec. 1 (Adds new section to RCW 70.41):

(1) (a) Establishes that beginning December 1, 2025, a hospital with an emergency department must accept care for a patient transported to the hospital by an ambulance within 30 minutes of the ambulance arriving at the hospital, unless an exception applies.

(1) (b) Requires hospitals to reimburse the ambulance service for the ambulance's additional waiting time if the hospital does not accept care for a patient in 30 or less and an expectation does not apply.

(1) (c) Establishes that exceptions to (a) and (b) of this subsection do not include reduced emergency department capacity due to hospital staffing, but do include:

(i) Periods of patient surge due to the activation of a disaster medical control center; and

(ii) Periods of reduced emergency department capacity due to temporary, unforeseen damage or disruptions to the emergency department, such as water damage or system outages.

(2) Requires the department by December 1, 2025 to consultation with the emergency medical services and trauma care steering committee and establish requirements regarding:

(a) The implementation of protocols by hospital and ambulance services for recording the time of the ambulance's arrival at the hospital and the time that the transfer of care to the hospital occurs;

(b) Exceptions for when ambulance waiting time may exceed 30 minutes without requiring reimbursement by the hospital; and

(c) Reimbursement rates for ambulance waiting time exceeding 30 minutes, based on the Washington state wage and equipment rate guide.

(3) Establishes that this section does not prohibit a hospital that does not have the capability to treat a specific medical condition from transferring a patient to a hospital with specialized capabilities in accordance with state and federal law.

B. SUMMARY OF EXPENDITURE IMPACTS

Expenditure impacts of the legislation on local governments with the expenditure provisions identified by section number and when appropriate, the detail of expenditures. Delineated between city, county and special district impacts.

This legislation would have a net positive indeterminate expenditure impact on public hospital districts (PHD) due to public hospitals having to reimburse ambulance service agencies if they violate the requirements outlined in Section 1.

The cost of reimbursement is indeterminate because the reimbursement rates have not been set and there is no available data on how many ambulances wait longer than 30 minutes at hospitals.

C. SUMMARY OF REVENUE IMPACTS

Revenue impacts of the legislation on local governments, with the revenue provisions identified by section number, and when appropriate, the detail of revenue sources. Delineated between city, county and special district impacts.

This legislation would have a net positive indeterminate revenue impact on local governments, EMS Districts, and Fire Departments/Districts due to 404 of the 478 licensed EMS Agencies being public and possibly being reimbursed if their ambulances have to wait more than 30 minutes to handoff patients. However, the possible amount of reimbursement they could receive is indeterminate because the reimbursement rates have not been set and there is no available data on how many ambulances wait longer than 30 minutes at hospitals.

SOURCES:

