



Workforce innovation: Allow EMS personnel to work in hospitals as an MA-EMT

Background

Washington, like other states around the country, continues to face a challenging health care workforce landscape, particularly in rural communities. This has resulted in increased patient wait times, ambulance offload delays and diversions to hospitals farther away, jeopardizing patient safety. Emergency medical services (EMS) personnel have skills and training that can help, though our state's statutory and regulatory structure prohibits EMS personnel from rendering services within a hospital.

WSHA Position

WSHA supports allowing EMS personnel – EMT basic and advanced and paramedics – to work within an acute-care hospital setting by granting them a medical assistant-EMT credential. This would not increase scope, but would convert an EMT to an MA license type for practice in the hospital setting. Adding a fifth type of medical assistant in Washington will allow hospitals to better meet patient needs in their communities and help maintain an EMS presence in rural communities. HB 1907/SB 5940 specifies the services that are allowed to be performed in the hospital with a specific lens toward patient safety, skills, and training.

Key Messages

There is a shortage of clinical staff to adequately meet hospitals' needs in Washington State. Washington hospitals are looking for innovative solutions to address these challenges and ensure communities have access to hospital and emergency medical services, even in the most rural areas.

- In some rural communities, volunteers provide EMS. These individuals often need a source of income and are forced to look outside their community. Compensating volunteer EMS personnel who work in hospitals would maintain services in these areas.
- In order to qualify for the MA-EMT credential, an EMT or paramedic must be certified in Washington. To maintain certification in Washington, the individual is required to be associated with an EMS agency either on a voluntary or paid basis. This structure will ensure that EMS agencies and hospitals are not competing with one another for staff.
- Health care is unpredictable. Hospitals cannot account for the unexpected surges in patients rural hospitals experience in their emergency departments. Allowing clinically skilled personnel already in communities is an efficient method to help deal with this unpredictability.
- Similar to how Washington permitted military training to satisfy the requirements for a medical assistant credential, this new credential would allow EMS skills to transfer and meet the requirements of a medical assistant.
- HB 1907/SB 5940 would maintain patient safety by creating a set of authorized services each level of EMS personnel is already trained to provide outside of the hospital. The key difference between

existing law and this proposal is that EMS personnel would be granted an additional setting in which to provide those services. The proposal significantly reduces the authorized services allowed under the MA-EMT.

- MAs are a recognized and versatile license type that would allow accommodating the EMT training and skill set, while meeting the unique needs in the hospital setting.
- HB 1907/SB 5940 allows for new flexibility and promotes partnerships with local EMS. In other cases, rural hospitals own and operate the local ambulance service and employ EMS personnel. This proposal would allow for a seamless transition from the community setting to the hospital for patients.

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