

Bill No. 277 relating to Community Mental Health programs and Second Substitute Senate Bill No. 146, the Uniform Controlled Substances Act relating to dangerous and narcotic drugs. I have therefore exercised certain vetoes in this act to alleviate any problems of inconsistency.

Veto
Message

Second Substitute Senate Bill No. 146, the Uniform Controlled Substances Act repeals chapters 69.33 and 69.40 RCW. Section 2, page 2, lines 12, 13 and 14 of Senate Bill No. 273 has reference to those chapters. Reference to those same chapters are also contained in section 7, page 5, lines 5 and 6 of Senate Bill No. 273. As a consequence I have vetoed the inappropriate words in those sections, recognizing that the Uniform Controlled Substances Act relating to narcotic and dangerous drugs is a new chapter, RCW 69.50, and that the intention of the legislature is that the definitions contained in the new RCW chapter will apply to Senate Bill No. 273.

Section 12 of S.B. 273 was included in the event that H.B. 277 did not pass. Section 2 of H.B. 277 provides for funding of community mental health services as contained in sections 6 and 7 of S.B. 273.

It was understood by the legislators involved that in the event H.B. 277 did pass, section 12 would be vetoed out of S.B. 273. As a consequence, since H.B. 277 did pass, I have vetoed section 12 of S.B. 273 in order to avoid duplication, ambiguity and confusion in the funding mechanism related to community mental health services and drug treatment programs."

CHAPTER 305

[Engrossed Senate Bill No. 188]

PHYSICIAN'S TRAINED MOBILE INTENSIVE CARE PARAMEDICS--
RENDERING EMERGENCY LIFESAVING SERVICE BY PARAMEDICS--
IMMUNITY FROM CIVIL LIABILITY FOR EMERGENCY SERVICES PERFORMED
WITHOUT CONSENT

AN ACT Relating to the practice of medicine and surgery; providing for physician's trained mobile intensive care paramedics; authorizing the rendering of emergency lifesaving service by a physician's trained mobile intensive care paramedic under

certain specified circumstances; granting immunity from civil liability for good faith emergency lifesaving services rendered by physician's trained mobile intensive care paramedics; amending section 14, chapter 192, Laws of 1909 as last amended by section 18, chapter 199, Laws of 1969 ex. sess. and RCW 18.71.020; adding new sections to chapter 192, Laws of 1909 and chapter 18.71 RCW; adding a new section; adding a new section to chapter 46.61 RCW; and declaring an emergency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Section 1. Section 14, chapter 192, Laws of 1909 as last amended by section 18, chapter 199, Laws of 1969 ex. sess. and RCW 18.71.020 are each amended to read as follows:

Any person who shall practice or attempt to practice or hold himself out as practicing medicine and surgery in this state, without having, at the time of so doing, a valid, unrevoked certificate as provided in this chapter, shall be guilty of a misdemeanor: PROVIDED, That nothing in this section shall be so construed as to prohibit or penalize emergency life-saving service rendered by a physician's trained mobile intensive care paramedic, as defined in section 2 of this 1971 amendatory act, if such emergency life-saving service be rendered under the responsible supervision and control of a licensed physician. In each such conviction the fine shall be paid, when collected, to the state treasurer: PROVIDED, That all fees, fines, forfeitures and penalties collected or assessed by a justice court because of the violation of a state law shall be remitted as provided in chapter 3.62 RCW as now exists or is later amended. The director of licenses is authorized to prosecute all persons guilty of a violation of the provisions of this chapter.

NEW SECTION. Sec. 2. There is added to chapter 192, Laws of 1909 and to chapter 18.71 RCW a new section to read as follows:

As used in section 1 of this 1971 amendatory act, "physician's trained mobile intensive care paramedic" means a person who:

(1) has successfully completed an advanced first aid course equivalent to the advanced industrial first aid course prescribed by the Division of Safety, Department of Labor and Industries; and

(2) is trained by a licensed physician:

(a) to carry out all phases of cardio-pulmonary resuscitation;

(b) to administer drugs under written or oral authorization of a licensed physician; and

(c) to administer intravenous solutions under written or oral authorization of a licensed physician; and

(3) has been examined and certified as a physician's trained mobile intensive care paramedic by a county health officer or by the

University of Washington's School of Medicine or by their designated representatives.

NEW SECTION. Sec. 3. There is added to chapter 192, Laws of 1909 and to chapter 18.71 RCW a new section to read as follows:

No act or omission of any physician's trained mobile intensive care paramedic, as defined in section 2 of this 1971 amendatory act, done or omitted in good faith while rendering emergency lifesaving service under the responsible supervision and control of a licensed physician to a person who is in immediate danger of loss of life shall impose any liability upon the trained mobile intensive care paramedic, the supervising physician, any hospital, the officers, members of the staff, nurses, or other employees of a hospital or upon a federal, state, county, city or other local governmental unit or upon other employees of such a governmental unit: PROVIDED, That this section shall not relieve a physician or a hospital of any duty otherwise imposed by law upon such physician or hospital for the designation or training of a physician's trained mobile intensive care paramedic or for the provision or maintenance of equipment to be used by the physician's trained mobile intensive care paramedics.

NEW SECTION. Sec. 4. No physician or hospital licensed in this state shall be subject to civil liability, based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital, or health services to any individual regardless of age where its patient is unable to give his consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care: PROVIDED, That such physician or hospital has acted in good faith and without knowledge of facts negating consent. The state board of health shall adopt rules and regulations defining situations which may be considered emergent for the purposes of this act. -V

NEW SECTION. Sec. 5. This 1971 amendatory act is necessary for the immediate preservation of the public peace, health and safety, the support of the state government and its existing public institutions and shall take effect immediately.

Passed the Senate May 10, 1971.

Passed the House May 10, 1971.

Approved by the Governor May 20, 1971 with the exception of an item in section 4 which is vetoed.

Filed in Office of Secretary of State May 21, 1971.

Note: Governor's explanation of partial veto is as follows:

"...This bill enacts a program of emergency life-saving services and further, in section four provides for immunity from liability for physicians or hospitals

Veto
Message

rendering emergency services based solely upon failure to obtain consent where the individuals served are unable by reason of age or condition to give consent and when there is no other person reasonably available who is legally authorized to give such consent.

Veto
Message

I have vetoed the sentence in section 4 on page 3, lines 17 through 19, which provides that the state board of health shall adopt rules and regulations defining situations which may be considered emergent for the purposes of this act. Unfortunately, no one, including the state board of health has sufficient foresight to define emergency situations in a manner which would include all emergencies. Having such defined codified regulations might well at times require an additional expenditure of time by the physician or hospital personnel on the scene while they try to assure that the situation falls within rules and regulations. In such circumstances, time is of the essence and the judgment of a qualified and licensed physician and hospital personnel on the scene is the best judgment which must be relied upon. No one would be protected by rules and regulations defining emergencies, and at times someone might well be harmed thereby avoiding the very purpose of this act. The public is well protected from inappropriate judgments by the requirement of "good faith" action and the other limitations in the statute.

Since the opportunity for harm to persons in emergency situations due to delay or misunderstanding would be increased and no off-setting benefit either to the public or the individuals involved would accrue, this item has been vetoed. The remainder of the bill is approved."

CHAPTER 306

[Engrossed Senate Bill No. 179]

PUBLIC ASSISTANCE--

RECOVERY OF MEDICAL EXPENSES BY STATE

AN ACT Relating to public assistance; and amending section 74.09.180, chapter 26, Laws of 1959 as amended by section 8, chapter 173, Laws of 1969 ex. sess. and RCW 74.09.180.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Section 1. Section 74.09.180, chapter 26, Laws of 1959 as