Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care Committee

HB 2888

Brief Description: Authorizing Washington state participation in the Johns Hopkins University Atlantic cardiovascular patient outcomes research team elective angioplasty study to determine, through evidence-based medicine, whether nonemergency percutaneous coronary interventions can be performed safely and effectively at hospitals without on-site open heart surgery programs.

Sponsors: Representatives Morrell, Hinkle, Blake, Kessler, Grant, Walsh, Clibborn, Green, Appleton, Schual-Berke, Upthegrove, Morris, Quall, McDonald, Takko, Williams, Nixon, Hunt, Chandler, Campbell, Tom, Pearson and Springer.

Brief Summary of Bill

- Authorizes the Department of Health to issue waivers to hospitals without open heart surgery programs to provide nonemergent interventional cardiology procedures as part of the Johns Hopkins Cardiovascular Patient Outcome Research Team Elective Angioplasty Study.

Hearing Date: 1/31/06

Staff: Chris Blake (786-7392).

Background:

Coronary angioplasty is a medical procedure that is used to restore blood flow through an artery in the heart that has been blocked due to the accumulation of plaque on the inner walls of the artery. The procedure involves the insertion of a thin tube into a blood vessel which is directed to the site of the blockage. At the end of the tube is a small balloon or other device which is inflated to push the plaque against the wall of the artery to widen the artery and increase blood flow.

In Washington, only hospitals that have an established on-site open heart surgery program may perform nonemergent interventional cardiology procedures, including percutaneous transluminal coronary angioplasty. Open heart surgery relates to the care of patients who have surgery on the heart muscle, valves, arteries, or other structures and requires the use of a heart lung bypass machine. Open heart surgery is considered a tertiary service which requires that a hospital receive a certificate of need from the Department of Health (Department) prior to offering to these services. To obtain a certificate of need to provide open heart surgery services, the hospital must provide a minimum of 250 open heart surgeries per year.

The Johns Hopkins Cardiovascular Patient Outcome Research Team Elective Angioplasty Study (Johns Hopkins Study) is comparing nonemergent percutaneous coronary interventions as these procedures are performed at hospitals with and without on-site open heart surgery programs.

Summary of Bill:

The Department of Health (Department) is required to waive all rules, policies, and directives that would restrict or prohibit hospitals in Washington from participating in the Johns Hopkins Study. The waiver is only available for hospitals that:

- meet the criteria of the Johns Hopkins Study and Washington-specific criteria;
- are accepted by Johns Hopkins University to participate in the study; and
- are approved for participation by the Department.

The waivers are only valid while the Johns Hopkins Study is being conducted. The process for selecting hospitals to participate in the study must include the Johns Hopkins *Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study Manual of Operations*. Hospitals are prohibited from participating if it would reduce the number of emergency and nonemergency percutaneous coronary interventions performed at a hospital with an existing open heart surgery program to less than 220 interventions annually.

Johns Hopkins University must provide quarterly reports to the Department who shall forward the reports to the chairs of the committees of the Legislature with jurisdiction over health care matters. The Department, after consultation with Johns Hopkins University, may terminate participation in the study if it finds that the study is endangering the health and safety of Washington residents.

The act expires December 31, 2010.

Appropriation: None.

Fiscal Note: Requested on January 27, 2006.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.