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HOUSE BILL 2888

State of Washington 59th Legislature 2006 Regular Session

By 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

Read first time 01/16/2006. Referred to Committee on Health Care.

AN ACT Relating to 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; adding new sections to chapter 43.70 RCW; and providing an expiration date.

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

NEW SECTION. **Sec. 1.** (1) The legislature finds that the current system in this state of allowing hospitals without on-site open heart surgery programs to perform emergency but not nonemergency angioplasty and stent placements, also known as percutaneous coronary intervention, is an inefficient system and is impacting access to and quality of cardiac services in many communities throughout the state. Negative consequences of the current system include:

(a) An inability for many communities to recruit and retain cardiologists resulting in a shortage of cardiologists that impacts the availability, accessibility, and quality of comprehensive cardiac services;

(b) Duplication of diagnostic tests, evaluations, and other procedures, which leads to increased patient risk; and

(c) Higher costs associated with duplication, transfers, and longer hospital stays.

(2) While advancements in technology have expanded the availability of nonemergency percutaneous coronary interventions at many hospitals without on-site open heart surgery programs both nationally and internationally, Washington state only allows hospitals without on-site open heart surgery programs to perform percutaneous coronary interventions on an emergency basis. The number of hospitals performing nonemergency percutaneous coronary interventions without on-site open heart surgery programs continues to grow in the United States. These interventions are being performed in every industrialized country in Europe, and this practice is approved by the European society for cardiology. Despite this growing trend, concerns regarding whether nonemergency percutaneous coronary interventions can be performed safely and effectively in hospitals without on-site open heart surgery programs continue to be raised because existing data is gathered from registries, not randomized trials.

(3) The Johns Hopkins cardiovascular patient outcomes research team elective angioplasty study, conducted in partnership with nationally renowned cardiologists and researchers from the nation's top research institutions, is a randomized clinical trial comparing nonemergency percutaneous coronary interventions performed at hospitals with and without on-site open heart surgery programs. The Johns Hopkins study is designed to gather the highest quality evidence-based data to answer the concerns raised.

(4) It is the intent of the legislature that Washington state allow qualified hospitals to participate in the Johns Hopkins study to ensure that future decisions on cardiac service delivery in Washington are made on evidence-based data, and where possible, such data shall include data specific to Washington state. The legislature finds that participation in the study is in the best interests of our citizens.

NEW SECTION. **Sec. 2.** (1) As used in sections 1 through 3 of this act, "Johns Hopkins study" means the Johns Hopkins cardiovascular patient outcomes research team elective angioplasty study.

(2) The department shall waive any existing rules, policies, or directives that restrict or prohibit Washington state hospitals from participating in the Johns Hopkins study.

(3) The waivers shall be granted only to those hospitals that:

(a) Meet the specific Johns Hopkins study criteria for participation and any Washington state specific criteria;

(b) Are accepted by Johns Hopkins University into the Johns Hopkins study; and

(c) Are approved for participation by the department.

(4) Waivers to existing rules, policies, or directives shall be issued to hospitals only for the specific time period of the Johns Hopkins study.

(5) The process used to determine which hospitals shall participate in the Johns Hopkins study shall include the Johns Hopkins study criteria as published in the Johns Hopkins *Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study Manual of Operations*.

(6) In addition, no hospital may be approved to participate in the Johns Hopkins study if participation would reduce the number of emergency and nonemergency percutaneous coronary interventions at any hospital with an existing open heart surgery program to below two hundred twenty interventions per year.

(7) The department shall monitor the outcomes of the Johns Hopkins study, obtain quarterly reports from Johns Hopkins University, and send those reports to the chairs of the house of representatives and senate health committees.

(8) The department may terminate Washington state participation in the Johns Hopkins study if, after consultation with Johns Hopkins University, it finds that the study is endangering the health and safety of Washington citizens.

NEW SECTION. **Sec. 3.** The department shall require hospitals participating in the Johns Hopkins study to submit an application fee to the department to cover appropriate costs, not covered by the Johns Hopkins study, for the administration of the Johns Hopkins study by the department.

NEW SECTION. **Sec. 4.** This act expires December 31, 2010.

NEW SECTION. **Sec. 5.** Sections 1 through 3 of this act are each added to chapter 43.70 RCW.

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