
SENATE BILL 6632

State of Washington

59th Legislature

2006 Regular Session

By Senators Kastama, Eide, Keiser, Roach, Johnson, Regala, Fraser, Haugen, Kline, Hewitt, Swecker, Finkbeiner, McAuliffe, Poulsen and Spanel

Read first time 01/17/2006. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to Washington state participation in the Johns
2 Hopkins University Atlantic cardiovascular patient outcomes research
3 team elective angioplasty study to determine, through evidence-based
4 medicine, whether nonemergency percutaneous coronary interventions can
5 be performed safely and effectively at hospitals without on-site open
6 heart surgery programs; adding new sections to chapter 43.70 RCW; and
7 providing an expiration date.

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (c) Are approved for participation by the department.

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

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

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

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

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

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

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

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

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