

# HOUSE BILL REPORT

## SSB 5821

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to evaluating the state's cardiac and stroke emergency response system.

**Brief Description:** Evaluating the state's cardiac and stroke emergency response system.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Rivers, Billig, Conway, Dhingra, Nobles, Stanford, Van De Wege, Wilson, C. and Wilson, L.).

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/17/22, 2/21/22 [DP].

**Brief Summary of Substitute Bill**

- Requires the Department of Health to evaluate the state's current system response for cardiac and stroke emergencies and provide recommendations to the Legislature regarding potential improvements.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 15 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Harris, Macri, Maycumber, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

**Staff:** Emily Poole (786-7106).

**Background:**

The Department of Health (DOH) and regional emergency medical services (EMS) and trauma care councils oversee Washington's EMS and Trauma System. The DOH designates

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five levels of trauma care services, Level I, II, III, IV, and V, and has established minimum standards for each level. A facility wishing to be authorized to provide such services must request an appropriate designation from the DOH.

The EMS and Trauma Care Steering Committee advises the DOH regarding EMS and trauma care needs, reviews regional EMS and trauma care plans and recommends improvements, and reviews and recommends modifications to administrative rules for EMS and trauma care.

A 2010 statute created the Emergency Cardiac and Stroke (ECS) System, similar to the state's Trauma System. The ECS System is a coordinated systems approach to emergency response and treatment for cardiac arrest and stroke patients. As part of the ECS System, the DOH adopts prehospital patient care protocols, patient care procedures, and tools for EMS to assess and triage cardiac and stroke patients. To participate, hospitals self-identify their cardiac and stroke resources and capabilities by applying for categorization as a Level I, II, or III Stroke Center, or Level I or II Cardiac Center.

Hospitals that participate in the ECS System must participate in certain quality improvement activities and must participate in a national, state, or local data collection system that measures cardiac and stroke system performance from the onset of patient symptoms to treatment or intervention.

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### **Summary of Bill:**

The Department of Health (DOH) is required to contract with a qualified independent party to evaluate the state's current system response for cardiac and stroke emergencies and provide recommendations to the Legislature regarding potential improvements. The evaluation must contain the following, at a minimum:

- an assessment of the existing system of care for cardiac and stroke care delivery, including a review of the current gaps of the emergency medical system, with particular attention to critical access and rural hospitals;
- an analysis of the current state of quality data collection and the feasibility, associated costs, and requirements to improve data collection, submission, and analysis, including the value and costs of registries to improve cardiac and stroke care;
- an analysis of the potential benefits of establishing a statewide cardiac and stroke steering committee to monitor the provision of cardiac and stroke care and prioritize improvement initiatives; and
- recommendations to support a cardiac and stroke care system for Washington.

In conducting the evaluation, the DOH must seek input and guidance from representatives of the following groups:

- a statewide medical association;
- a statewide organization of emergency physicians;

- a statewide hospital association;
- a representative of critical access hospitals;
- a statewide for-profit ambulance association;
- a statewide public emergency medical response organization;
- county and city governments actively engaged in providing emergency response;
- the American Heart Association; and
- the Emergency, Cardiac and Stroke Technical Advisory Committee.

The DOH must provide a report on its findings and recommendations to the Legislature by October 1, 2023.

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**Appropriation:** None.

**Fiscal Note:** Available.

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

**Staff Summary of Public Testimony:**

(In support) Cardiac arrest and stroke are two prevalent causes of death in Washington. When these events occur, there should be a coordinated and timely response across hospitals. There can be harm to patients when the nearest hospital is not equipped for a procedure and treatment is delayed. The ability to make a positive difference requires a systems approach. This bill is an important step to ensure a strong response for cardiac and stroke patients. This bill will help the Legislature understand the gaps in resources in communities across the state. It is important to know that people can be treated quickly wherever they are in the state. Registry tools could be used to inform leadership on how to improve care and reduce disease across Washington. Legislation was passed to create the framework for cardiac and stroke response, but there was no funding associated with it. This bill would refocus efforts on this issue and give the Legislature the opportunity to assess how to make the system better.

(Opposed) None.

**Persons Testifying:** Brady Horenstein; James Nania; Thomas Rea; Bryan Fuhs; Penny Lipsou, American Heart Association; and Cameron Buck, Washington Chapter, American College of Emergency Physicians.

**Persons Signed In To Testify But Not Testifying:** None.