HOUSE BILL REPORT
HB 2396

As Reported by House Committee On:
Health Care & Wellness
Health & Human Services Appropriations

Title: An act relating to emergency cardiac and stroke care.

Brief Description: Concerning emergency cardiac and stroke care.

Sponsors: Representatives Morrell, Hinkle, Driscoll, Campbell, Cody, Van De Wege, Carlyle, Johnson, Simpson, Hurst, O'Brien, Clibborn, Nelson, Maxwell, Conway, McCoy and Moeller.

Brief History:
Committee Activity:
Health Care & Wellness: 1/14/10, 1/22/10 [DPS];
Health & Human Services Appropriations: 2/4/10, 2/5/10 [DP2S(w/o sub HCW)].

Brief Summary of Second Substitute Bill

- Creates a statewide emergency cardiac and stroke care system.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Driscoll, Vice Chair; Campbell, Clibborn, Green, Hinkle, Kelley, Moeller, Morrell and Pedersen.

Minority Report: Without recommendation. Signed by 3 members: Representatives Ericksen, Ranking Minority Member; Bailey and Herrera.

Staff: Jim Morishima (786-7191).

Background:

The Department of Health (DOH) oversees the state emergency medical services and trauma care system along with regional emergency medical services and trauma care councils. The DOH has established minimum standards for level I, II, III, IV, and V trauma care services.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

A facility wishing to be authorized to provide such services must request an appropriate designation from the DOH. Facilities authorized to provide level I, II, or III trauma care services within an emergency medical services and trauma care planning and service region must establish a quality assurance program to evaluate trauma care delivery, patient care outcomes, and compliance with regulatory requirements.

The Emergency Medical Services and Trauma Care Steering Committee (Steering Committee) advises the DOH regarding emergency medical services and trauma care needs, reviews regional emergency medical services and trauma care plans, recommends changes to the DOH before it adopts the plans, and reviews and recommends modification to administrative rules for emergency services and trauma care. The Steering Committee is composed of representatives of individuals knowledgeable in emergency medical services and trauma care appointed by the Governor.

In 2006 the Steering Committee created an Emergency Cardiac and Stroke Work Group (Work Group) to evaluate and make recommendations regarding emergency cardiac and stroke care in Washington. In 2008 the Work Group issued a report containing recommendations including the establishment of a statewide comprehensive and coordinated system of cardiac and stroke care that includes prevention and public education, data collection, standards for pre-hospital, hospital, and rehabilitative care, and verification of hospital capabilities.

Summary of Substitute Bill:

The Emergency Cardiac and Stroke Care System.

By January 1, 2011, the DOH must endeavor to enhance and support an emergency cardiac and stroke care system through:

- encouraging medical facilities to voluntarily self-identify cardiac and stroke capabilities, indicating which level of cardiac and stroke service the facility provides. Facility levels must be defined by the previous work of the Emergency Cardiac and Stroke Technical Advisory Committee and must follow the guiding principles and recommendations of the Work Group report;
- giving a medical facility "deemed status" and designating it as a primary stroke center if it is receiving a certification of distinction for primary stroke centers issued by the Joint Commission. When available, a facility must demonstrate its cardiac or stroke level through external, national certifying organizations; and
- adopting cardiac and stroke pre-hospital patient care protocols, patient care procedures, and triage tools, consistent with the guiding principles and recommendations of the Work Group.

A medical facility that participates in the system:

- must participate in internal, as well as regional, quality improvement activities;
- must participate in a national, state, or local data collection system that measures cardiac and stroke system performance from patient onset of symptoms to treatment or intervention, and includes nationally recognized consensus measures for stroke.

Data submitted to the collection system are exempt from public inspection and copying; and
- may advertise participation in the system, but may not claim a verified certification level unless verified by an external, nationally-recognized, evidence-based certifying body.

Reports.

By December 1, 2012, the DOH must share its Centers for Disease Control and Prevention (CDC)-funded report concerning emergency cardiac and stroke care with the Legislature.

Quality Assurance Programs.

Regional emergency medical services and trauma care systems quality assurance programs may evaluate emergency cardiac and stroke care delivery. Emergency cardiac and stroke care providers may participate in regional emergency medical services and trauma care quality assurance programs.

Substitute Bill Compared to Original Bill:

The substitute bill:
- defines "cardiac" as acute coronary syndrome, an umbrella term used to cover any group of clinical symptoms compatible with acute myocardial ischemia and also as out-of-hospital cardiac arrest or other acute heart conditions;
- requires the DOH to "endeavor to enhance and support" (instead of "establish") an emergency cardiac and stroke care system through:
    - encouraging medical facilities to voluntarily self-identify cardiac and stroke capabilities;
    - giving a facility "deemed status" and designating it as a primary stroke center if it has received certification from the Joint Commission; and
    - adopting cardiac and stroke pre-hospital patient care protocols, patient care procedures, and triage tools;
- removes provisions:
    - requiring the DOH to establish minimum standards for participating facilities and to verify such hospitals' capabilities;
    - requiring the DOH to adopt minimum standards, destination procedures, guidelines for patient care, and a training curriculum, for emergency cardiac and stroke patients;
    - requiring the DOH to identify quality improvement measures necessary to track the effectiveness of the emergency cardiac and stroke care system;
    - requiring the DOH to publish documents and generate reports; and
    - requiring hospitals to submit a report on their quality initiatives or measures that the DOH must aggregate into a report card;
- requires a facility participating in the emergency cardiac and stroke system to participate in a national, state, or local data collection system that measures system performance from patient onset of symptoms to treatment or intervention. The data submitted to the system are not subject to public inspection and copying;

- requires the DOH to share with the Legislature its CDC-funded report concerning emergency cardiac and stroke care;
- allows, instead of requires, regional emergency medical services and trauma care systems qualify assurance programs to evaluate emergency cardiac and stroke care delivery; and
- allows emergency cardiac and stroke care providers to participate in a regional emergency medical services and trauma care quality assurance program.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Emergency cardiac and stroke care should be aligned with other emergency services. The time it takes to receive proper treatment for cardiac and stroke patients has a significant effect on outcomes. Patients must get to the proper hospital quickly. Cardiac arrest is treatable, but not enough people are getting the right treatments. The intent of this bill is to implement the recommendations of the Emergency Cardiac and Stroke Work Group and to allow systems that are in place on the local level to be utilized statewide. This bill sets the framework for a statewide program that will improve the manner in which we provide emergency cardiac and stroke care.

(Opposed) None.

Persons Testifying: Representative Morrell, prime sponsor; Representative Driscoll; Lucy Culp and Graham Nichol, American Heart Association; Steve Romines, Thurston County Medic One and Pre-hospital Technical Advisory Committee; Carlton Heine, Washington Chapter of the American College of Emergency Physicians; and Vance Lobe.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 15 members: Representatives Pettigrew, Chair; Seaquist, Vice Chair; Schmick, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Appleton, Cody, Dickerson, Fagan, Johnson, Miloscia, Morrell, O'Brien, Roberts, Walsh and Wood.

Staff: Chris Blake (786-7392).

Summary of Recommendation of Committee On Health & Human Services Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

The second substitute bill allows only hospitals to participate in the emergency cardiac and stroke care system as opposed to all medical facilities.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) When an individual has a heart attack or stroke, a person is less likely to suffer any harm if he or she receives medical treatment within an hour. Most hospitals are striving to be cardiac or stroke certified. This bill connects the state's trauma system with the cardiac system. The long-term costs to individuals and the health care system are large when care is not provided in a timely fashion. Heart disease and stroke are the second and third leading causes of death in Washington. Less than 3 percent of stroke patients get the right care in time.

(Opposed) None.

Persons Testifying: Lucy Culp, American Heart Association.

Persons Signed In To Testify But Not Testifying: None.