

SENATE BILL REPORT

2SHB 2396

As Reported by Senate Committee On:
Health & Long-Term Care, February 24, 2010

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

Brief Description: Regarding emergency cardiac and stroke care.

Sponsors: House Committee on Health & Human Services Appropriations (originally sponsored by Representatives Morrell, Hinkle, Driscoll, Campbell, Cody, Van De Wege, Carlyle, Johnson, Simpson, Hurst, O'Brien, Clibborn, Nelson, Maxwell, Conway, McCoy and Moeller).

Brief History: Passed House: 2/13/10, 95-0.

Committee Activity: Health & Long-Term Care: 2/22/10, 2/24/10 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Becker, Fairley, Marr, Murray and Parlette.

Staff: Rhoda Donkin (786-7465)

Background: Many people in Washington die or are disabled from heart attacks and strokes because they don't get life-saving treatment in time. This was the finding in a report issued by the Department of Health (department) which oversees the state emergency medical services and trauma care system in the state. The report, written by a work group of the state Emergency Medical Services and Trauma Care Steering Committee, attributed low treatment rates to several factors, including too much time passing between the onset of stroke and heart attack and care. According to their findings, death and disability may be significantly reduced if treatment for stroke begins within three hours of onset of symptoms, and treatment for heart attack within one hour of symptom onset. However, too often people delay seeking treatment anywhere from 90 minutes to six hours.

The work group issued recommendations that included establishing a statewide comprehensive and coordinated system of cardiac and stroke care, with prevention and public education, data collection, standards for pre-hospital, hospital and rehabilitative care, and verification of hospital stroke and cardiac treatment capabilities.

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.

Summary of Bill: By January 1, 2011, the department must encourage hospitals to self-identify cardiac and stroke capabilities by indicating the level of service their facilities provide. The department must deem certain hospitals as primary stroke centers if these facilities have received specific certification. The department must adopt cardiac and stroke prehospital patient care protocols, procedures, and triage tools consistent with the recommendations of the Emergency Cardiac and Stroke Work Group.

Any hospital that voluntarily participates in the emergency cardiac and stroke care system must remain involved in quality improvement activities and contribute to data collection on system performance.

By December 1, 2012, the department must provide the Legislature with their report funded by the centers for disease control on emergency cardiac and stroke care.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: The state will benefit from a coordinated system for the treatment of stroke and cardiac arrest patients. Time between these events and treatment is critical. Every hospital in the state has different capabilities and transport emergency care personnel need to know exactly where to go no matter where they are in the state. A system that is as coordinated and effective as the trauma care system is needed in the state. This bill is the result of three years of working with stakeholders and is a good first step to having an efficient regional approach to emergency treatment of cardiac and stroke emergencies.

Persons Testifying: PRO: Representative Dawn Morrell, prime sponsor; Carlton Heine, MD PhD, Washington Chapter of American College of Emergency Physicians; Lucy Culp, American Health Association; Craig Riggs, citizen; Steve Romines, TC Medic.