CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 5821**

Chapter 58, Laws of 2022

67th Legislature

2022 Regular Session

CARDIAC AND STROKE EMERGENCY RESPONSE SYSTEM—EVALUATION

EFFECTIVE DATE: June 9, 2022

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| Passed by the Senate February 10, 2022Yeas 49 Nays 0DENNY HECK**President of the Senate**Passed by the House March 1, 2022Yeas 95 Nays 0LAURIE JINKINS**Speaker of the House of Representatives** | CERTIFICATEI, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5821** as passed by the Senate and the House of Representatives on the dates hereon set forth.SARAH BANNISTERSecretary |
| Approved March 11, 2022 10:54 AM | March 11, 2022 |
| JAY INSLEE**Governor of the State of Washington** | **Secretary of State** **State of Washington** |

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**SUBSTITUTE SENATE BILL 5821**

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Passed Legislature - 2022 Regular Session

**State of Washington 67th Legislature 2022 Regular Session**

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

AN ACT Relating to evaluating the state's cardiac and stroke emergency response system; creating new sections; and providing an expiration date.

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

NEW SECTION. **Sec.**  (1) The legislature intends to understand how current cardiac and stroke systems of care are functioning to impact health. Heart disease and stroke continue to be the leading cause of mortality in Washington state, responsible for approximately 15,000 deaths annually which is more than a quarter of all deaths in the state. A rigorous and systematic statewide assessment of care and outcomes will identify gaps in system performance and opportunities to target improvements that can save additional lives and decrease disability for all Washingtonians.

(2) The legislature finds that the department of health in collaboration with prehospital and hospital stakeholders has developed important data platforms that have the potential to measure prehospital and hospital care across health care systems. In order for these platforms to deliver on their public health potential, they require statewide coordination and oversight, robust linkage across stakeholder registries, and rigorous analysis to effectively identify and address gaps in care for cardiac and stroke emergencies. In response, the legislature intends to direct an evaluation that will inform the optimal statewide strategy to improve cardiac and stroke emergency care. The evaluation will inform the legislature on the gaps in the current cardiac and stroke system and what is required to strengthen this system.

NEW SECTION. **Sec.**  The department of health must, subject to amounts appropriated for this specific purpose, contract with a qualified independent party with demonstrated experience to evaluate the state's current system response for cardiac and stroke emergencies and provide recommendations to the legislature for ways in which the current response might be improved. The evaluation must be undertaken with consultation from the representatives identified in section 3 of this act and contain at a minimum, the following:

(1) An assessment of the existing system of care for cardiac and stroke care delivery, taking into consideration a review of the emergency medical system, its current gaps in resources such as equipment, staff availability, and training for emergency medical service providers, and hospital and system capacity including treatment resource availability with particular attention to critical access and rural hospitals;

(2) An analysis of the current state of quality data collection, its deficiencies, the reasons for the deficiencies, and the feasibility, associated costs, and requirements to improve data collection. This analysis must specifically include the value and costs of registries to monitor and improve cardiac and stroke care and outcomes, including identifying beneficial data linkages and interoperability. It must also include cost, staffing implications, technical assistance necessary for data collection, data submission and analysis, and cost of interoperability efforts for the state, emergency medical service providers, and hospitals;

(3) An analysis of 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

(4) Recommendations to support a cardiac and stroke care system for Washington state.

NEW SECTION. **Sec.**  In leading the study, the department of health must seek input and guidance from representatives of the following:

(a) A statewide medical association;

(b) A statewide organization of emergency physicians;

(c) A statewide hospital association;

(d) A representative of critical access hospitals;

(e) A statewide for-profit ambulance association;

(f) A statewide public emergency medical response organization;

(g) County and city governments actively engaged in providing emergency response;

(h) The American heart association; and

(i) The emergency cardiac and stroke technical advisory committee.

NEW SECTION. **Sec.**  The department of health must provide a report on the findings and recommendations from the evaluation under section 2 of this act to the legislature by October 1, 2023.

NEW SECTION. **Sec.**  This act expires November 1, 2023.

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Passed by the Senate February 10, 2022.

Passed by the House March 1, 2022.

Approved by the Governor March 11, 2022.

Filed in Office of Secretary of State March 11, 2022.