
SECOND SUBSTITUTE HOUSE BILL 2396

State of Washington

61st Legislature

2010 Regular Session

By House 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)

READ FIRST TIME 02/09/10.

1 AN ACT Relating to emergency cardiac and stroke care; amending RCW
2 70.168.015 and 70.168.090; reenacting and amending RCW 42.56.360;
3 adding new sections to chapter 70.168 RCW; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

6 (a) In 2006, the governor's emergency medical services and trauma
7 care steering committee charged the emergency cardiac and stroke work
8 group with assessing the burden of acute coronary syndrome, otherwise
9 known as heart attack, cardiac arrest, and stroke and the care that
10 people receive for these acute cardiovascular events in Washington.

11 (b) The work group's report found that:

12 (i) Despite falling death rates, heart disease and stroke were
13 still the second and third leading causes of death in 2005. All
14 cardiovascular diseases accounted for thirty-four percent of deaths,
15 surpassing all other causes of death.

16 (ii) Cardiovascular diseases have a substantial social and economic
17 impact on individuals and families, as well as the state's health and
18 long-term care systems. Although many people who survive acute cardiac

1 and stroke events have significant physical and cognitive disability,
2 early evidence-based treatments can help more people return to their
3 productive lives.

4 (iii) Heart disease and stroke are among the most costly medical
5 conditions at nearly four billion dollars per year for hospitalization
6 and long-term care alone.

7 (iv) The age group at highest risk for heart disease or stroke,
8 people sixty-five and older, is projected to double by 2030,
9 potentially doubling the social and economic impact of heart disease
10 and stroke in Washington. Early recognition is important, as
11 Washington demographics indicate a significant occurrence of acute
12 coronary syndromes by the age of fifty-five.

13 (c) The assessment of emergency cardiac and stroke care found:

14 (i) Many cardiac and stroke patients are not receiving evidence-
15 based treatments;

16 (ii) Access to diagnostic and treatment resources varies greatly,
17 especially for rural parts of the state;

18 (iii) Training, protocols, procedures, and resources in dispatch
19 services, emergency medical services, and hospitals vary significantly;

20 (iv) Cardiac mortality rates vary widely depending on hospital and
21 regional resources; and

22 (v) Advances in technology and streamlined approaches to care can
23 significantly improve emergency cardiac and stroke care, but many
24 people do not get the benefit of these treatments.

25 (d) Time is critical throughout the chain of survival, from
26 dispatch of emergency medical services, to transport, to the emergency
27 room, for emergency cardiac and stroke patients. The minutes after the
28 onset of heart attack, cardiac arrest, and stroke are as important as
29 the "golden hour" in trauma. When treatment is delayed, more brain or
30 heart tissue dies. Timely treatment can mean the difference between
31 returning to work or becoming permanently disabled, living at home, or
32 living in a nursing home. It can be the difference between life and
33 death. Ensuring most patients will get life saving care in time
34 requires preplanning and an organized system of care.

35 (e) Many other states have improved systems of care to respond to
36 and treat acute cardiac and stroke events, similar to improvements in
37 trauma care in Washington.

1 (f) Some areas of Washington have deployed local systems to respond
2 to and treat acute cardiac and stroke events.

3 (2) It is the intent of the legislature to support efforts to
4 improve emergency cardiac and stroke care in Washington through an
5 evidence-based coordinated system of care.

6 **Sec. 2.** RCW 70.168.015 and 1990 c 269 s 4 are each amended to read
7 as follows:

8 As used in this chapter, the following terms have the meanings
9 indicated unless the context clearly requires otherwise.

10 (1) "Cardiac" means acute coronary syndrome, an umbrella term used
11 to cover any group of clinical symptoms compatible with acute
12 myocardial ischemia, which is chest discomfort or other symptoms due to
13 insufficient blood supply to the heart muscle resulting from coronary
14 artery disease. "Cardiac" also includes out-of-hospital cardiac
15 arrest, which is the cessation of mechanical heart activity as assessed
16 by emergency medical services personnel, or other acute heart
17 conditions.

18 (2) "Communications system" means a radio and landline network
19 which provides rapid public access, coordinated central dispatching of
20 services, and coordination of personnel, equipment, and facilities in
21 an emergency medical services and trauma care system.

22 ((+2)) (3) "Emergency medical service" means medical treatment and
23 care that may be rendered at the scene of any medical emergency or
24 while transporting any patient in an ambulance to an appropriate
25 medical facility, including ambulance transportation between medical
26 facilities.

27 ((+3)) (4) "Emergency medical services medical program director"
28 means a person who is an approved program director as defined by RCW
29 18.71.205(4).

30 ((+4)) (5) "Department" means the department of health.

31 ((+5)) (6) "Designation" means a formal determination by the
32 department that hospitals or health care facilities are capable of
33 providing designated trauma care services as authorized in RCW
34 70.168.070.

35 ((+6)) (7) "Designated trauma care service" means a level I, II,
36 III, IV, or V trauma care service or level I, II, or III pediatric

1 trauma care service or level I, I-pediatric, II, or III trauma-related
2 rehabilitative service.

3 ~~((+7))~~ (8) "Emergency medical services and trauma care system
4 plan" means a statewide plan that identifies statewide emergency
5 medical services and trauma care objectives and priorities and
6 identifies equipment, facility, personnel, training, and other needs
7 required to create and maintain a statewide emergency medical services
8 and trauma care system. The plan also includes a plan of
9 implementation that identifies the state, regional, and local
10 activities that will create, operate, maintain, and enhance the system.
11 The plan is formulated by incorporating the regional emergency medical
12 services and trauma care plans required under this chapter. The plan
13 shall be updated every two years and shall be made available to the
14 state board of health in sufficient time to be considered in
15 preparation of the biennial state health report required in RCW
16 43.20.050.

17 ~~((+8))~~ (9) "Emergency medical services and trauma care planning
18 and service regions" means geographic areas established by the
19 department under this chapter.

20 ~~((+9))~~ (10) "Facility patient care protocols" means the written
21 procedures adopted by the medical staff that direct the care of the
22 patient. These procedures shall be based upon the assessment of the
23 patients' medical needs. The procedures shall follow minimum statewide
24 standards for trauma care services.

25 ~~((+10))~~ (11) "Hospital" means a facility licensed under chapter
26 70.41 RCW, or comparable health care facility operated by the federal
27 government or located and licensed in another state.

28 ~~((+11))~~ (12) "Level I pediatric trauma care services" means
29 pediatric trauma care services as established in RCW 70.168.060.
30 Hospitals providing level I services shall provide definitive,
31 comprehensive, specialized care for pediatric trauma patients and shall
32 also provide ongoing research and health care professional education in
33 pediatric trauma care.

34 ~~((+12))~~ (13) "Level II pediatric trauma care services" means
35 pediatric trauma care services as established in RCW 70.168.060.
36 Hospitals providing level II services shall provide initial
37 stabilization and evaluation of pediatric trauma patients and provide
38 comprehensive general medicine and surgical care to pediatric patients

1 who can be maintained in a stable or improving condition without the
2 specialized care available in the level I hospital. Complex surgeries
3 and research and health care professional education in pediatric trauma
4 care activities are not required.

5 ~~((+13))~~ (14) "Level III pediatric trauma care services" means
6 pediatric trauma care services as established in RCW 70.168.060.
7 Hospitals providing level III services shall provide initial evaluation
8 and stabilization of patients. The range of pediatric trauma care
9 services provided in level III hospitals are not as comprehensive as
10 level I and II hospitals.

11 ~~((+14))~~ (15) "Level I rehabilitative services" means
12 rehabilitative services as established in RCW 70.168.060. Facilities
13 providing level I rehabilitative services provide rehabilitative
14 treatment to patients with traumatic brain injuries, spinal cord
15 injuries, complicated amputations, and other diagnoses resulting in
16 functional impairment, with moderate to severe impairment or
17 complexity. These facilities serve as referral facilities for
18 facilities authorized to provide level II and III rehabilitative
19 services.

20 ~~((+15))~~ (16) "Level I-pediatric rehabilitative services" means
21 rehabilitative services as established in RCW 70.168.060. Facilities
22 providing level I-pediatric rehabilitative services provide the same
23 services as facilities authorized to provide level I rehabilitative
24 services except these services are exclusively for children under the
25 age of fifteen years.

26 ~~((+16))~~ (17) "Level II rehabilitative services" means
27 rehabilitative services as established in RCW 70.168.060. Facilities
28 providing level II rehabilitative services treat individuals with
29 musculoskeletal trauma, peripheral nerve lesions, lower extremity
30 amputations, and other diagnoses resulting in functional impairment in
31 more than one functional area, with moderate to severe impairment or
32 complexity.

33 ~~((+17))~~ (18) "Level III rehabilitative services" means
34 rehabilitative services as established in RCW 70.168.060. Facilities
35 providing level III rehabilitative services provide treatment to
36 individuals with musculoskeletal injuries, peripheral nerve injuries,
37 uncomplicated lower extremity amputations, and other diagnoses

1 resulting in functional impairment in more than one functional area but
2 with minimal to moderate impairment or complexity.

3 ~~((+18+))~~ (19) "Level I trauma care services" means trauma care
4 services as established in RCW 70.168.060. Hospitals providing level
5 I services shall have specialized trauma care teams and provide ongoing
6 research and health care professional education in trauma care.

7 ~~((+19+))~~ (20) "Level II trauma care services" means trauma care
8 services as established in RCW 70.168.060. Hospitals providing level
9 II services shall be similar to those provided by level I hospitals,
10 although complex surgeries and research and health care professional
11 education activities are not required to be provided.

12 ~~((+20+))~~ (21) "Level III trauma care services" means trauma care
13 services as established in RCW 70.168.060. The range of trauma care
14 services provided by level III hospitals are not as comprehensive as
15 level I and II hospitals.

16 ~~((+21+))~~ (22) "Level IV trauma care services" means trauma care
17 services as established in RCW 70.168.060.

18 ~~((+22+))~~ (23) "Level V trauma care services" means trauma care
19 services as established in RCW 70.168.060. Facilities providing level
20 V services shall provide stabilization and transfer of all patients
21 with potentially life-threatening injuries.

22 ~~((+23+))~~ (24) "Patient care procedures" means written operating
23 guidelines adopted by the regional emergency medical services and
24 trauma care council, in consultation with local emergency medical
25 services and trauma care councils, emergency communication centers, and
26 the emergency medical services medical program director, in accordance
27 with minimum statewide standards. The patient care procedures shall
28 identify the level of medical care personnel to be dispatched to an
29 emergency scene, procedures for triage of patients, the level of trauma
30 care facility to first receive the patient, and the name and location
31 of other trauma care facilities to receive the patient should an
32 interfacility transfer be necessary. Procedures on interfacility
33 transfer of patients shall be consistent with the transfer procedures
34 required in chapter 70.170 RCW.

35 ~~((+24+))~~ (25) "Pediatric trauma patient" means trauma patients
36 known or estimated to be less than fifteen years of age.

37 ~~((+25+))~~ (26) "Prehospital" means emergency medical care or
38 transportation rendered to patients prior to hospital admission or

1 during interfacility transfer by licensed ambulance or aid service
2 under chapter 18.73 RCW, by personnel certified to provide emergency
3 medical care under chapters 18.71 and 18.73 RCW, or by facilities
4 providing level V trauma care services as provided for in this chapter.

5 ~~((+26+))~~ (27) "Prehospital patient care protocols" means the
6 written procedures adopted by the emergency medical services medical
7 program director that direct the out-of-hospital emergency care of the
8 emergency patient which includes the trauma patient. These procedures
9 shall be based upon the assessment of the patients' medical needs and
10 the treatment to be provided for serious conditions. The procedures
11 shall meet or exceed statewide minimum standards for trauma and other
12 prehospital care services.

13 ~~((+27+))~~ (28) "Rehabilitative services" means a formal program of
14 multidisciplinary, coordinated, and integrated services for evaluation,
15 treatment, education, and training to help individuals with disabling
16 impairments achieve and maintain optimal functional independence in
17 physical, psychosocial, social, vocational, and avocational realms.
18 Rehabilitation is indicated for the trauma patient who has sustained
19 neurologic or musculoskeletal injury and who needs physical or
20 cognitive intervention to return to home, work, or society.

21 ~~((+28+))~~ (29) "Secretary" means the secretary of the department of
22 health.

23 ~~((+29+))~~ (30) "Trauma" means a major single or multisystem injury
24 requiring immediate medical or surgical intervention or treatment to
25 prevent death or permanent disability.

26 ~~((+30+))~~ (31) "Trauma care system" means an organized approach to
27 providing care to trauma patients that provides personnel, facilities,
28 and equipment for effective and coordinated trauma care. The trauma
29 care system shall: Identify facilities with specific capabilities to
30 provide care, triage trauma victims at the scene, and require that all
31 trauma victims be sent to an appropriate trauma facility. The trauma
32 care system includes prevention, prehospital care, hospital care, and
33 rehabilitation.

34 ~~((+31+))~~ (32) "Triage" means the sorting of patients in terms of
35 disposition, destination, or priority. Triage of prehospital trauma
36 victims requires identifying injury severity so that the appropriate
37 care level can be readily assessed according to patient care
38 guidelines.

1 (~~(32)~~) (33) "Verification" means the identification of
2 prehospital providers who are capable of providing verified trauma care
3 services and shall be a part of the licensure process required in
4 chapter 18.73 RCW.

5 (~~(33)~~) (34) "Verified trauma care service" means prehospital
6 service as provided for in RCW 70.168.080, and identified in the
7 regional emergency medical services and trauma care plan as required by
8 RCW 70.168.100.

9 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.168 RCW
10 to read as follows:

11 (1) By January 1, 2011, the department shall endeavor to enhance
12 and support an emergency cardiac and stroke care system through:

13 (a) Encouraging hospitals to voluntarily self-identify cardiac and
14 stroke capabilities, indicating which level of cardiac and stroke
15 service the facility provides. Hospital levels must be defined by the
16 previous work of the emergency cardiac and stroke technical advisory
17 committee and must follow the guiding principles and recommendations of
18 the emergency cardiac and stroke work group report;

19 (b) Giving a hospital "deemed status" and designating it as a
20 primary stroke center if it has received a certification of distinction
21 for primary stroke centers issued by the nonprofit organization known
22 as the joint commission. When available, a hospital shall demonstrate
23 its cardiac or stroke level through external, national certifying
24 organizations, including, but not limited to, primary stroke center
25 certification by the joint commission; and

26 (c) Within the current authority of the department, adopting
27 cardiac and stroke prehospital patient care protocols, patient care
28 procedures, and triage tools, consistent with the guiding principles
29 and recommendations of the emergency cardiac and stroke work group
30 report.

31 (2) A hospital that voluntarily participates in the system:

32 (a) Shall participate in internal, as well as regional, quality
33 improvement activities;

34 (b) Shall participate in a national, state, or local data
35 collection system that measures cardiac and stroke system performance
36 from patient onset of symptoms to treatment or intervention, and

1 includes, at a minimum, the nationally recognized consensus measures
2 for stroke; and

3 (c) May advertise participation in the system, but may not claim a
4 verified certification level unless verified by an external, nationally
5 recognized, evidence-based certifying body as provided in subsection
6 (1)(b) of this section.

7 NEW SECTION. **Sec. 4.** A new section is added to chapter 70.168 RCW
8 to read as follows:

9 By December 1, 2012, the department shall share with the
10 legislature the department's report, which was funded by the centers
11 for disease control and prevention, concerning emergency cardiac and
12 stroke care.

13 **Sec. 5.** RCW 70.168.090 and 2005 c 274 s 344 are each amended to
14 read as follows:

15 (1) By July 1991, the department shall establish a statewide data
16 registry to collect and analyze data on the incidence, severity, and
17 causes of trauma, including traumatic brain injury. The department
18 shall collect additional data on traumatic brain injury should
19 additional data requirements be enacted by the legislature. The
20 registry shall be used to improve the availability and delivery of
21 prehospital and hospital trauma care services. Specific data elements
22 of the registry shall be defined by rule by the department. To the
23 extent possible, the department shall coordinate data collection from
24 hospitals for the trauma registry with the health care data system
25 authorized in chapter 70.170 RCW. Every hospital, facility, or health
26 care provider authorized to provide level I, II, III, IV, or V trauma
27 care services, level I, II, or III pediatric trauma care services,
28 level I, level I-pediatric, II, or III trauma-related rehabilitative
29 services, and prehospital trauma-related services in the state shall
30 furnish data to the registry. All other hospitals and prehospital
31 providers shall furnish trauma data as required by the department by
32 rule.

33 The department may respond to requests for data and other
34 information from the registry for special studies and analysis
35 consistent with requirements for confidentiality of patient and quality

1 assurance records. The department may require requestors to pay any or
2 all of the reasonable costs associated with such requests that might be
3 approved.

4 (2) (~~By January 1994,~~) In each emergency medical services and
5 trauma care planning and service region, a regional emergency medical
6 services and trauma care systems quality assurance program shall be
7 established by those facilities authorized to provide levels I, II, and
8 III trauma care services. The systems quality assurance program shall
9 evaluate trauma care delivery, patient care outcomes, and compliance
10 with the requirements of this chapter. The systems quality assurance
11 program may also evaluate emergency cardiac and stroke care delivery.

12 The emergency medical services medical program director and all other
13 health care providers and facilities who provide trauma and emergency
14 cardiac and stroke care services within the region shall be invited to
15 participate in the regional emergency medical services and trauma care
16 quality assurance program.

17 (3) Data elements related to the identification of individual
18 patient's, provider's and facility's care outcomes shall be
19 confidential, shall be exempt from RCW 42.56.030 through 42.56.570 and
20 42.17.350 through 42.17.450, and shall not be subject to discovery by
21 subpoena or admissible as evidence.

22 (4) Patient care quality assurance proceedings, records, and
23 reports developed pursuant to this section are confidential, exempt
24 from chapter 42.56 RCW, and are not subject to discovery by subpoena or
25 admissible as evidence. In any civil action, except, after in camera
26 review, pursuant to a court order which provides for the protection of
27 sensitive information of interested parties including the department:

28 (a) In actions arising out of the department's designation of a
29 hospital or health care facility pursuant to RCW 70.168.070; (b) in
30 actions arising out of the department's revocation or suspension of
31 designation status of a hospital or health care facility under RCW
32 70.168.070; or (c) in actions arising out of the restriction or
33 revocation of the clinical or staff privileges of a health care
34 provider as defined in RCW 7.70.020 (1) and (2), subject to any further
35 restrictions on disclosure in RCW 4.24.250 that may apply. Information
36 that identifies individual patients shall not be publicly disclosed
37 without the patient's consent.

1 **Sec. 6.** RCW 42.56.360 and 2009 c 1 s 24 (Initiative Measure No.
2 1000) and 2008 c 136 s 5 are each reenacted and amended to read as
3 follows:

4 (1) The following health care information is exempt from disclosure
5 under this chapter:

6 (a) Information obtained by the board of pharmacy as provided in
7 RCW 69.45.090;

8 (b) Information obtained by the board of pharmacy or the department
9 of health and its representatives as provided in RCW 69.41.044,
10 69.41.280, and 18.64.420;

11 (c) Information and documents created specifically for, and
12 collected and maintained by a quality improvement committee under RCW
13 43.70.510, 70.230.080, or 70.41.200, or by a peer review committee
14 under RCW 4.24.250, or by a quality assurance committee pursuant to RCW
15 74.42.640 or 18.20.390, or by a hospital, as defined in RCW 43.70.056,
16 for reporting of health care-associated infections under RCW 43.70.056,
17 a notification of an incident under RCW 70.56.040(5), and reports
18 regarding adverse events under RCW 70.56.020(2)(b), regardless of which
19 agency is in possession of the information and documents;

20 (d)(i) Proprietary financial and commercial information that the
21 submitting entity, with review by the department of health,
22 specifically identifies at the time it is submitted and that is
23 provided to or obtained by the department of health in connection with
24 an application for, or the supervision of, an antitrust exemption
25 sought by the submitting entity under RCW 43.72.310;

26 (ii) If a request for such information is received, the submitting
27 entity must be notified of the request. Within ten business days of
28 receipt of the notice, the submitting entity shall provide a written
29 statement of the continuing need for confidentiality, which shall be
30 provided to the requester. Upon receipt of such notice, the department
31 of health shall continue to treat information designated under this
32 subsection (1)(d) as exempt from disclosure;

33 (iii) If the requester initiates an action to compel disclosure
34 under this chapter, the submitting entity must be joined as a party to
35 demonstrate the continuing need for confidentiality;

36 (e) Records of the entity obtained in an action under RCW 18.71.300
37 through 18.71.340;

1 (f) Except for published statistical compilations and reports
2 relating to the infant mortality review studies that do not identify
3 individual cases and sources of information, any records or documents
4 obtained, prepared, or maintained by the local health department for
5 the purposes of an infant mortality review conducted by the department
6 of health under RCW 70.05.170;

7 (g) Complaints filed under chapter 18.130 RCW after July 27, 1997,
8 to the extent provided in RCW 18.130.095(1);

9 (h) Information obtained by the department of health under chapter
10 70.225 RCW; (~~and~~)

11 (i) Information collected by the department of health under chapter
12 70.245 RCW except as provided in RCW 70.245.150; and

13 (j) Cardiac and stroke system performance data submitted to
14 national, state, or local data collection systems under section 3(2)(b)
15 of this act.

16 (2) Chapter 70.02 RCW applies to public inspection and copying of
17 health care information of patients.

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