
SUBSTITUTE SENATE BILL 5821

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)

READ FIRST TIME 02/07/22.

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

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

5 NEW SECTION. **Sec. 1.** (1) The legislature intends to understand
6 how current cardiac and stroke systems of care are functioning to
7 impact health. Heart disease and stroke continue to be the leading
8 cause of mortality in Washington state, responsible for approximately
9 15,000 deaths annually which is more than a quarter of all deaths in
10 the state. A rigorous and systematic statewide assessment of care and
11 outcomes will identify gaps in system performance and opportunities
12 to target improvements that can save additional lives and decrease
13 disability for all Washingtonians.

14 (2) The legislature finds that the department of health in
15 collaboration with prehospital and hospital stakeholders has
16 developed important data platforms that have the potential to measure
17 prehospital and hospital care across health care systems. In order
18 for these platforms to deliver on their public health potential, they
19 require statewide coordination and oversight, robust linkage across
20 stakeholder registries, and rigorous analysis to effectively identify
21 and address gaps in care for cardiac and stroke emergencies. In

1 response, the legislature intends to direct an evaluation that will
2 inform the optimal statewide strategy to improve cardiac and stroke
3 emergency care. The evaluation will inform the legislature on the
4 gaps in the current cardiac and stroke system and what is required to
5 strengthen this system.

6 NEW SECTION. **Sec. 2.** The department of health must, subject to
7 amounts appropriated for this specific purpose, contract with a
8 qualified independent party with demonstrated experience to evaluate
9 the state's current system response for cardiac and stroke
10 emergencies and provide recommendations to the legislature for ways
11 in which the current response might be improved. The evaluation must
12 be undertaken with consultation from the representatives identified
13 in section 3 of this act and contain at a minimum, the following:

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

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

31 (3) An analysis of potential benefits of establishing a statewide
32 cardiac and stroke steering committee to monitor the provision of
33 cardiac and stroke care and prioritize improvement initiatives; and

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

36 NEW SECTION. **Sec. 3.** In leading the study, the department of
37 health must seek input and guidance from representatives of the
38 following:

- 1 (a) A statewide medical association;
2 (b) A statewide organization of emergency physicians;
3 (c) A statewide hospital association;
4 (d) A representative of critical access hospitals;
5 (e) A statewide for-profit ambulance association;
6 (f) A statewide public emergency medical response organization;
7 (g) County and city governments actively engaged in providing
8 emergency response;
9 (h) The American heart association; and
10 (i) The emergency cardiac and stroke technical advisory
11 committee.

12 NEW SECTION. **Sec. 4.** The department of health must provide a
13 report on the findings and recommendations from the evaluation under
14 section 2 of this act to the legislature by October 1, 2023.

15 NEW SECTION. **Sec. 5.** This act expires November 1, 2023.

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