

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

Passed by the Senate February 10,  
2022

Yeas 49 Nays 0

DENNY HECK

**President of the Senate**

Passed by the House March 1, 2022

Yeas 95 Nays 0

LURIE JINKINS

**Speaker of the House of  
Representatives**

Approved March 11, 2022 10:54 AM

CERTIFICATE

I, 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 BANNISTER

**Secretary**

FILED

March 11, 2022

JAY INSLEE

**Governor of the State of Washington**

**Secretary of State  
State of Washington**

---

**SUBSTITUTE SENATE BILL 5821**

---

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)

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.

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.

--- END ---