
HOUSE BILL 2232

State of Washington

69th Legislature

2026 Regular Session

By Representatives Parshley, Ryu, Reed, Zahn, Macri, and Fosse

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1 AN ACT Relating to improving system outcomes for time-sensitive
2 emergencies through data-driven continuous quality improvement;
3 amending RCW 70.168.090 and 70.168.150; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** The legislature intends to:

6 (1) Implement the recommendations of the emergency cardiac and
7 stroke system assessment directed by chapter 58, Laws of 2022 to
8 support efforts to improve emergency cardiac and stroke care in
9 Washington and reduce death and disability resulting from cardiac and
10 stroke events. This includes developing an inclusive system of
11 optimal cardiac and stroke care throughout the continuum of care
12 delivery. Coordinated health care delivery systems require ongoing
13 levels of oversight, evidence-based inputs, coordination, and
14 evaluation of performance. Accordingly, the legislature intends that
15 the department has the responsibility for oversight and coordination
16 of the statewide cardiac and stroke system of care; and

17 (2) Establish a single statewide data repository for time-
18 sensitive emergencies, including stroke events, cardiac events such
19 as heart attack and sudden cardiac arrest, and trauma events, such as
20 traumatic brain injury. The data repository shall be established by
21 maintaining the existing reporting requirements under the trauma

1 registry and adding new data sets related to stroke events and
2 cardiac events. The result will provide a data repository that is
3 able to analyze data on the incidence, severity, and causes of
4 cardiac, stroke, and trauma events. In addition, the data repository
5 will have the capacity to interact with the statewide electronic
6 emergency medical services data system to provide complete
7 information about the status of the time-sensitive emergency response
8 system in Washington.

9 **Sec. 2.** RCW 70.168.090 and 2019 c 314 s 19 are each amended to
10 read as follows:

11 (1) ~~((a) By July 1991))~~ Until January 1, 2031, when the time-
12 sensitive emergencies data repository is established under subsection
13 (2) of this section, the department shall ~~((establish))~~ maintain a
14 statewide data registry to collect and analyze data on the incidence,
15 severity, and causes of trauma, including traumatic brain injury. The
16 department shall collect additional data on traumatic brain injury
17 should additional data requirements be enacted by the legislature.
18 The registry shall be used to improve the availability and delivery
19 of prehospital and hospital trauma care services. Specific data
20 elements of the registry shall be defined by rule by the department.
21 To the extent possible, the department shall coordinate data
22 collection from hospitals for the trauma registry with the health
23 care data system authorized in chapter 70.170 RCW. Every hospital,
24 facility, or health care provider authorized to provide level I, II,
25 III, IV, or V trauma care services, level I, II, or III pediatric
26 trauma care services, level I, level I-pediatric, II, or III trauma-
27 related rehabilitative services, and prehospital trauma-related
28 services in the state shall furnish data to the registry. All other
29 hospitals and prehospital providers shall furnish trauma data as
30 required by the department by rule.

31 ~~((b) The department may respond to requests for data and other
32 information from the registry for special studies and analysis
33 consistent with requirements for confidentiality of patient and
34 quality assurance records. The department may require requestors to
35 pay any or all of the reasonable costs associated with such requests
36 that might be approved.))~~

37 (2) (a) By January 1, 2031, the department shall establish the
38 statewide time-sensitive emergencies data repository to collect and

1 analyze data on the incidence, severity, and causes of time-sensitive
2 emergencies.

3 (b) The time-sensitive emergencies data repository shall consist
4 of data elements identified by the department in rule as relevant to
5 assessing the timeliness of the care delivered to patients
6 experiencing time-sensitive emergencies and evaluating performance on
7 nationally recognized measures, the delivery of care, and patient
8 outcomes, including:

9 (i) A data set related to trauma events, including traumatic
10 brain injury;

11 (ii) A data set related to cardiac events, such as heart attack
12 and sudden cardiac arrest; and

13 (iii) A data set related to stroke events.

14 (c) Beginning January 1, 2031, on a quarterly basis and in a
15 format approved by the department:

16 (i) Every hospital, facility, or health care provider authorized
17 to provide level I, II, III, IV, or V trauma care services, level I,
18 II, or III pediatric trauma care services, level I, level I-
19 pediatric, II, or III trauma-related rehabilitative services, and
20 prehospital trauma-related services must submit to the data
21 repository those data required under (b)(i) of this subsection (2);

22 (ii) Every hospital authorized by the department to provide
23 specialized emergency cardiac care must submit to the data repository
24 those data required under (b)(ii) of this subsection (2); and

25 (iii) Every hospital authorized by the department to provide
26 specialized emergency stroke care shall submit to the data repository
27 those data required under (b)(iii) of this subsection (2).

28 (d)(i) The department shall establish a data validation process
29 for the statewide time-sensitive emergencies data repository and
30 implement a plan for continuous data quality improvement.

31 (ii) The department may minimize the creation of new reporting
32 requirements by using existing data sources and coordinating with
33 state and national organizations involved in time-sensitive emergency
34 services quality improvement. The department may enter into any
35 necessary data-sharing agreements for this purpose.

36 (e) The department shall provide technical assistance to
37 ambulance and aid services, hospitals, including critical access
38 hospitals, and emergency care regional partners.

39 (f)(i) Beginning July 1, 2033, and annually thereafter, the
40 department shall provide a summary report of the data collected

1 pursuant to this subsection (2) and an analysis of the statewide
2 progress toward improving quality of care and patient outcomes. The
3 department shall report all data in aggregate form and post the data
4 on the department's website.

5 (ii) The 2033 report must include an analysis of data collected
6 and recommendations regarding whether on-site verification of
7 hospitals' adherence to cardiac and stroke systems of care is needed
8 to improve citizens' access to safe, timely, evidence-based care for
9 stroke, acute coronary syndrome, and cardiac arrest.

10 (3) The department must establish a statewide electronic
11 emergency medical services data system and adopt rules requiring
12 licensed ambulance and aid services to report and furnish patient
13 encounter data to the electronic emergency medical services data
14 system. The data system must be used to improve the availability and
15 delivery of prehospital emergency medical services. The department
16 must establish in rule the specific data elements of the data system
17 and secure transport methods for data. The data collected must
18 include data on suspected drug overdoses for the purposes of
19 including, but not limited to, identifying individuals to engage
20 substance use disorder peer professionals, patient navigators,
21 outreach workers, and other professionals as appropriate to prevent
22 further overdoses and to induct into treatment and provide other
23 needed supports as may be available.

24 ~~((3))~~ (4) In each emergency medical services and trauma care
25 planning and service region, a regional emergency medical services
26 and trauma care systems quality assurance program shall be
27 established by those facilities authorized to provide levels I, II,
28 and III trauma care services. The systems quality assurance program
29 shall evaluate trauma care delivery, patient care outcomes, and
30 compliance with the requirements of this chapter. The systems quality
31 assurance program (~~may~~) shall also evaluate emergency cardiac and
32 stroke care delivery. The emergency medical services medical program
33 director and all other health care providers and facilities who
34 provide trauma and emergency cardiac and stroke care services within
35 the region shall be invited to participate in the regional emergency
36 medical services and trauma care quality assurance program.

37 ~~((4))~~ (5) The department shall:

38 (a) Establish and implement a plan for achieving continuous
39 quality improvement in the care provided under the time-sensitive
40 emergencies data repository. The department shall develop and

1 implement the statewide plan using the time-sensitive emergencies
2 data repository, the statewide electronic emergency medical services
3 data system, and other data sources available to the department;

4 (b) Establish a system performance oversight process using data
5 from the statewide time-sensitive emergencies data repository;

6 (c) Analyze data concerning time-sensitive emergency response and
7 treatment and identify areas in need of improvement;

8 (d) Provide quarterly reports on system performance and quality
9 of care measures to the emergency cardiac and stroke technical
10 advisory committee and the hospital technical advisory committee of
11 the emergency medical services and trauma care steering committee;

12 (e) Provide recommendations to the emergency medical services and
13 trauma care steering committee for the improvement of time-sensitive
14 emergency services in the state;

15 (f) Provide aggregate time-sensitive emergencies care feedback to
16 participating ambulance and aid services, trauma regions, and
17 hospitals to improve performance on care and system coordination;

18 (g) Use data from the statewide time-sensitive emergencies data
19 repository to further the development of cardiac, stroke, and trauma
20 system standards and education; and

21 (h) Identify and disseminate interventions to improve time-
22 sensitive emergency care in prehospital and hospital settings and in
23 local and regional systems of care.

24 (6) The department may respond to requests for data and other
25 information from the trauma registry established in subsection (1) of
26 this section, the statewide time-sensitive emergencies data
27 repository established in subsection (2) of this section, and the
28 statewide electronic emergency medical services data system
29 established in subsection (3) of this section for special studies,
30 public health activities, and analysis consistent with requirements
31 for confidentiality of patient and quality assurance records. The
32 department may require requestors to pay any or all of the reasonable
33 costs associated with such requests that might be approved.

34 (7) Data elements related to the identification of individual
35 patient's, provider's, and facility's care outcomes shall be
36 confidential, shall be exempt from ((RCW 42.56.030 through 42.56.570
37 and 42.17.350 through 42.17.450)) chapter 42.56 RCW, and shall not be
38 subject to discovery by subpoena or admissible as evidence.

39 ((+5)) (8) Patient care quality assurance proceedings, records,
40 and reports developed pursuant to this section are confidential,

1 exempt from chapter 42.56 RCW, and are not subject to discovery by
2 subpoena or admissible as evidence in any civil action, except, after
3 in camera review, pursuant to a court order which provides for the
4 protection of sensitive information of interested parties including
5 the department: (a) In actions arising out of the department's
6 designation of a hospital or health care facility pursuant to RCW
7 70.168.070; (b) in actions arising out of the department's revocation
8 or suspension of designation status of a hospital or health care
9 facility under RCW 70.168.070; (c) in actions arising out of the
10 department's licensing or verification of an ambulance or aid service
11 pursuant to RCW 18.73.030 or 70.168.080; (d) in actions arising out
12 of the certification of a medical program director pursuant to RCW
13 18.71.212; or (e) in actions arising out of the restriction or
14 revocation of the clinical or staff privileges of a health care
15 provider as defined in RCW 7.70.020 (1) and (2), subject to any
16 further restrictions on disclosure in RCW 4.24.250 that may apply.
17 Information that identifies individual patients shall not be publicly
18 disclosed without the patient's consent.

19 (9) The department may contract with a single entity to develop
20 and administer the statewide time-sensitive emergencies data
21 repository established under subsection (2) of this section. The
22 department shall conduct a competitive procurement to select an
23 entity to develop and administer the time-sensitive emergencies data
24 repository.

25 (10) Within funds appropriated for this specific purpose, the
26 department shall assist critical access hospitals and rural hospitals
27 with their platforms to meet the department's data collection
28 requirement and support prehospital services, particularly in rural
29 areas, in acquiring improved equipment and additional personnel
30 training for the treatment of patients experiencing a cardiac,
31 stroke, or trauma event.

32 (11) Within funds appropriated for this specific purpose, the
33 department shall conduct public education of the signs and symptoms
34 of heart attack and stroke and the lifesaving benefits of calling 911
35 and seeking immediate treatment.

36 (12) For purposes of this section, "time-sensitive emergency"
37 means a medical condition for which rapid assessment, intervention,
38 and coordinated transport to an appropriate facility are critical to
39 improving patient outcomes and reducing the risk of death or
40 permanent disability. Time-sensitive emergencies include stroke

1 events, cardiac events, such as heart attack and sudden cardiac
2 arrest, and trauma events, including traumatic brain injury.

3 **Sec. 3.** RCW 70.168.150 and 2010 c 52 s 3 are each amended to
4 read as follows:

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

7 (a) Encouraging hospitals to voluntarily self-identify cardiac
8 and stroke capabilities, indicating which level of cardiac and stroke
9 service the facility provides. Hospital levels must be defined by the
10 previous work of the emergency cardiac and stroke technical advisory
11 committee and must follow the guiding principles and recommendations
12 of the emergency cardiac and stroke work group report;

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

21 (c) Within the current authority of the department, adopting
22 cardiac and stroke prehospital patient care protocols, patient care
23 procedures, and triage tools, consistent with the guiding principles
24 and recommendations of the emergency cardiac and stroke work group
25 report.

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

27 (a) Shall participate in internal, as well as regional, quality
28 improvement activities;

29 (b) Shall participate in a national, state, or local data
30 collection system that measures cardiac and stroke system performance
31 from patient onset of symptoms to treatment or intervention, and
32 includes, at a minimum, the nationally recognized consensus measures
33 for stroke. Beginning January 1, 2031, hospitals that participate in
34 the system shall submit data to the time-sensitive emergencies data
35 repository; and

36 (c) May advertise participation in the system, but may not claim
37 a verified certification level unless verified by an external,

1 nationally recognized, evidence-based certifying body as provided in
2 subsection (1)(b) of this section.

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