

Multiple Agency Fiscal Note Summary

Bill Number: 1545 HB	Title: Cardiac and stroke outcomes
-----------------------------	---

Estimated Cash Receipts

NONE

Agency Name	2025-27		2027-29		2029-31	
	GF- State	Total	GF- State	Total	GF- State	Total
Local Gov. Courts						
Loc School dist-SPI						
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.					
Local Gov. Total						

Estimated Operating Expenditures

Agency Name	2025-27				2027-29				2029-31			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Department of Health	11.7	5,767,000	5,767,000	5,767,000	9.0	3,526,000	3,526,000	3,526,000	8.9	3,512,000	3,512,000	3,512,000
Total \$	11.7	5,767,000	5,767,000	5,767,000	9.0	3,526,000	3,526,000	3,526,000	8.9	3,512,000	3,512,000	3,512,000

Agency Name	2025-27			2027-29			2029-31		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Local Gov. Total									

Estimated Capital Budget Expenditures

Agency Name	2025-27			2027-29			2029-31		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Department of Health	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Agency Name	2025-27			2027-29			2029-31		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Local Gov. Total									

Estimated Capital Budget Breakout

NONE

Prepared by: Amy Hatfield, OFM	Phone: (360) 280-7584	Date Published: Final 2/10/2025
---------------------------------------	---------------------------------	---

Individual State Agency Fiscal Note

Bill Number: 1545 HB	Title: Cardiac and stroke outcomes	Agency: 303-Department of Health
-----------------------------	---	---

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	11.8	11.6	11.7	9.0	8.9
Account					
General Fund-State 001-1	3,610,000	2,157,000	5,767,000	3,526,000	3,512,000
Total \$	3,610,000	2,157,000	5,767,000	3,526,000	3,512,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 01/26/2025
Agency Preparation: Donna Compton	Phone: 360-236-4538	Date: 02/03/2025
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 02/03/2025
OFM Review: Amy Hatfield	Phone: (360) 280-7584	Date: 02/06/2025

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

The bill recodifies RCW 70.168.150 (Emergency Cardiac and Stroke Care System—Voluntary Hospital Participation) and creates a new chapter in Title 70 RCW (Public Health and Safety) to establish a statewide cardiac and stroke care registry. This system will develop care standards, categorize centers, collect and evaluate data on heart attacks, sudden cardiac arrest, and strokes, and provide technical support. It aims to ensure data quality, minimize reporting requirements, analyze performance, and offer recommendations for improvement and education.

Section 1: Requires the Department of Health (department) to develop an inclusive care system that requires ongoing oversight evidence-based input, coordination, and evaluation of performance.

Section 3: Directs the department to coordinate a statewide cardiac and stroke system including developing standards, categorization, data collection and performance evaluation.

Section 4: Requires the department to establish and coordinate the statewide cardiac and stroke registry (registry) that gathers information submitted by emergency medical staff. The department shall establish a data validation process and implement a plan for continuous data quality improvement and coordinate with state and national organizations to minimize the creation of new reporting requirements. Beginning July 1, 2027, hospitals will submit data pursuant to this section on a quarterly basis through the Washington emergency medical services information system (WEMESIS) and the department will provide technical assistance to emergency medical services and trauma regions and hospitals. Beginning July 1, 2028, and annually thereafter, the department shall provide a summary report on the data collected and an analysis of the statewide progress to improving care and patient outcomes and must be posted on the department's website and submitted to the governor and the relevant committees of the legislature. The 2028 report must include recommendations regarding whether on-site verification of hospital's adherence to cardiac and stroke standards of care is needed to improve care. The department may adopt rules to implement the requirements of this section, as necessary.

Section 5: Requires the department to establish and implement a plan for achieving continuous quality improvement in the care provided under the statewide system for cardiac and stroke response and treatment. This bill establishes a performance oversight process using data from the registry to analyze cardiac and stroke response and treatment to identify areas in need of improvement. The department must provide quarterly reports on cardiac and stroke system performance and quality of care measures to the trauma care steering committee and legislature. This bill directs the department to use data from the registry to further develop standards and education and disseminate interventions to improve cardiac and stroke care in prehospital, hospital, local, and regional systems of care.

Section 6: Requires the department to assist critical access and rural hospitals in securing data platforms to meet the data collection requirements, within appropriated funds.

Section 7: Requires the department to conduct public education within appropriated funds.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Office of Information Technology

Section 4: Directs the department to establish and coordinate the statewide cardiac and stroke registry. The Office of Information Technology (OIT) will support the creation of the statewide cardiac and stroke registry, and the collection and configuration of data from several existing systems. OIT will provide structural support and ongoing maintenance and operations for this system.

This project is expected to last 12 months and will require external project quality assurance services and WA Tech oversight and include the following FTE.

1 FTE IT Project Manager: This position will manage the day-to-day technical tasks of the project, including technical resource management, vendor selection, development and implementation of registry replacement, and transition from current vendor technology solution.

1 FTE IT Application Development: This data pipeline engineer is responsible for working with data sources, including on perm databases, cloud data sources, APIs, data interactions with the DataLake, streaming data, and generating data products as data sets or visualization dashboards. This position ensures data is processed and stored efficiently and scalable in alignment with the data architecture, data policies and regulations, best practices, and the customer need.

0.50 FTE IT Business Analyst: This position will be responsible for facilitating requirements documentation, analysis, and approval. This position will be responsible for facilitating requirements alignment with IT QA to assure full coverage of testing documentation and the testing cycle for both IT and user acceptance testing.

0.50 FTE IT Quality Assurance Journey: This position supports test planning, documentation, and test implementation. This position is responsible for testing documentation and management, project alignment with iterative development and implementation, and establishing and evaluating test objectives.

1 FTE IT Quality Assurance Journey: This position will support the registry development and implementation project around readiness activities and develop and implement communication planning using the department's adopted standard of ADKAR (Awareness, Desire, Knowledge, Ability, Reinforcement).

Subscriptions to existing data sources include \$7,000 for the American Heart Association stroke registry, \$60,000 for the Foundation for Healthcare Quality, \$5,500 for the AHA Coronary Artery Disease registry, \$80,000 for the King County EMS Cardiac Arrest Registry, and one-time expense of \$180,000 to facilitate the connection to the cardiac registry.

External project quality assurance services will be procured through a contract vendor and focus on minimally assessment and support of the overall project performance, variances on Scope, Schedule and Budget and cover key practice areas and domains that align with project management methodology and industry best practice to include lessons learned.

Costs include staff, associated expenses (including goods and services, intra-agency, and indirect charges), one-time and annual subscription fees, and external project quality assurance services.

FY 2026 costs will be 2.7 FTE and \$893,000 (GF-S)

FY 2027 costs will be 2.6 FTE and \$536,000 (GF-S)

FY 2028 and on-going costs will be \$159,000 (GF-S)

Health Systems Quality Assurance:

Rulemaking

Section (1) - The department will develop and adopt rules to create a cardiac and stroke registry. The department anticipates utilizing a team of subject matter experts to implement this bill. This team will consist of the program manager and a community engagement specialist to identify underreached communities and engage them in the rulemaking process. This process will include two meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 12 months to complete. The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and the Office of Attorney General support in the amount of \$4,000.

FY 2026 one-time costs will be 0.2 FTE and \$29,000 (GF-S)

Healthcare Enforcement and Licensing Modernization System (HELMS)

Section 4 & 5: The department will establish and coordinate the statewide cardiac and stroke registry that gathers information submitted by emergency medical staff and hospitals, and it will establish a plan for achieving continuous quality improvement in the care provided using the registry and other data sources. The department will modify the Healthcare Enforcement and Licensing Modernization System to include a cardiac and stroke categorization for the Research, Analysis and Data (RAD) section to monitor the status of hospitals and ensure compliance with reporting requirements. Modification will include reconfiguring applications, database support services and developing new reports and dashboards.

Costs include staff, associated expenses (including goods and services, intra-agency, and indirect charges).

FY 2027 costs will be 0.20 FTE and \$36,000 (GF-S)

FY 2028 costs will be 0.10 FTE \$26,000 (GF-S)

FY 2029 and on-going costs will be 0.10 FTE \$12,000 (GF-S)

Research, Analysis and Data (RAD) Program

Section 3, 4, 5, 6, and 7: Directs the department to establish the statewide cardiac and stroke registry, implement a data validation process, minimize new reporting requirements by using existing data, and provide technical assistance to EMS, trauma regions, and hospitals with data submissions. The department will regularly report on progress, oversee system performance, implement quality improvement plans, and disseminate interventions to improve stroke and cardiac care across the state. To carry out this work the following staff needs have been identified:

- 1.0 FTE Epidemiologist 2 will serve as a data quality and management expert. Tasks will include developing and conducting data linkages, developing and maintaining routine reports, fulfilling data requests, and assessing and managing data quality.
- 1.0 FTE Epidemiologist 3 will provide data analysis, research and evaluation support and direction. The work in this position will include building and maintaining routine data indicators and reports, conducting special studies and analysis, and working with external partners.
- 1.0 FTE Health Services Consultant 4 will serve as the data system administrator. This work will include routine communication, technical assistance and general support for hospital registrars responsible for submitting data, facilitating regular registrar workgroups, and acting as liaison with all data system vendors for technical related matters associated with the registry.
- 0.20 FTE Senior Epidemiologist will provide program management and supervisory support to cardiac and stroke registry and associated staff. This work will include vendor procurement and contract management, data acquisition, and integration with other data components of EMS and Trauma System. This position will serve as a data steward for cardiac and stroke registry.

Costs include staff and all associated expenses (including goods and services, travel, intra-agency, and indirect charges).

FY 2026 costs will be 4.5 FTE and \$626,000 (GF-S)

FY 2027 and ongoing costs will be 4.5 FTE and \$613,000 (GF-S)

Emergency Medical Services (EMS) Program

Section 3, 4, 5, 6, and 7: Directs the department to establish and coordinate the statewide cardiac and stroke registry. The department has identified the staffing needs to assist critical access and rural hospitals in securing platforms for data collection, acquiring equipment and training for cardiac and stroke personnel, and providing public education for heart attack and stroke signs and symptoms. To carry out this work the following staff needs have been identified:

- 1.5 FTE Health Services Consultant 4 will serve as the overseer of the program's structure, ensure legislative compliance, and coordinates with stakeholders. Manages timelines and deliverables for program milestones. Other activities include tracking progress on implementation goals and ensuring alignment with legislative requirements.
- 1.0 FTE Nursing Consultant Institutional will serve as the subject matter expert on cardiac and stroke care to guide the development of system standards. Conduct clinical training for EMS providers and hospital staff for alignment with system standards. This work will also provide recommendations for clinical improvements and identify gaps in care.
- 0.20 FTE Washington Management Services 2 will be responsible for program supervision and performance development. This position advocates program requirements at executive leadership meetings, provides strategic direction and addresses escalated program issues. Liaise with other departments and federal agencies to align program efforts with external initiatives.
- 0.50 FTE Administrative Assistant will schedule meetings, manage calendars, and coordinate travel for program staff. This position also prepares agendas and note taking and disseminates after meeting information. Organize and maintain program files, records, and reports, handle correspondence, including emails and phone inquiries.

Costs include staff and all associated expenses (including goods and services, travel, intra-agency, and indirect charges).

FY 2026 costs will be 4.5 FTE and \$578,000 (GF-S)

FY 2027 and ongoing costs will be 4.4 FTE and \$566,000 (GF-S)

Grants and Public Education

Section 6 & 7: Directs the department to assist critical access and rural hospitals in securing the necessary data platforms to meet data collection requirements and to conduct public education on the signs and symptoms of heart attack and stroke and the lifesaving benefits of calling 911 and seeking immediate treatment. Annual grants of \$100,000 and \$300,000 will help critical access and rural hospitals secure platforms for meeting data collection requirements. One-time grants to support rural EMS agencies in acquiring improved equipment and training for cardiac and stroke patient care, including devices like AEDs and Advanced Cardiac Monitor/Defibrillators in the amount of \$1,000,000. The department will conduct public education on the signs of heart attack and stroke, aimed at encouraging timely medical response, especially through 911 calls in the amount for a one-time cost of \$50,000.

FY 2026 costs will be \$1,484,000 (GF-S)

FY 2027 and ongoing costs will be \$406,000 (GF-S)

Total cost for this bill-

FY 2026 costs will be 11.8 FTE and \$3,610,000 (GF-S)

FY 2027 costs will be 11.6 FTE and \$2,157,000 (GF-S)

FY 2028 costs will be 9.0 FTE and \$1,770,000 (GF-S)

FY 2029 and ongoing, costs will be 8.9 FTE and \$1,756,000 (GF-S)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2026	FY 2027	2025-27	2027-29	2029-31
001-1	General Fund	State	3,610,000	2,157,000	5,767,000	3,526,000	3,512,000
Total \$			3,610,000	2,157,000	5,767,000	3,526,000	3,512,000

III. B - Expenditures by Object Or Purpose

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	11.8	11.6	11.7	9.0	8.9
A-Salaries and Wages	1,043,000	1,040,000	2,083,000	1,572,000	1,564,000
B-Employee Benefits	378,000	376,000	754,000	573,000	570,000
C-Professional Service Contracts	181,000	15,000	196,000		
E-Goods and Other Services	1,904,000	647,000	2,551,000	1,257,000	1,254,000
G-Travel	2,000	2,000	4,000	4,000	4,000
J-Capital Outlays	26,000		26,000		
T-Intra-Agency Reimbursements	76,000	77,000	153,000	120,000	120,000
Total \$	3,610,000	2,157,000	5,767,000	3,526,000	3,512,000

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2026	FY 2027	2025-27	2027-29	2029-31
ADMINISTRATIVE ASSISTANT 3	54,204	0.5	0.5	0.5	0.5	0.5
EPIDEMIOLOGIST 2 (NON-MEDICAL)	105,612	1.0	1.0	1.0	1.0	1.0
EPIDEMIOLOGIST 3 (NON-MEDICAL)	116,556	1.0	1.0	1.0	1.0	1.0
Fiscal Analyst 2	53,000	2.2	2.0	2.1	1.5	1.5
HEALTH SERVICES CONSULTANT 4	88,800	2.6	2.5	2.6	2.5	2.5
Health Svcs Conslt 1	53,000	1.1	1.2	1.2	1.0	1.0
IT APP DEVELOPMENT - SENIOR/SPECIALIST	124,068	0.5	0.5	0.5		
IT BUSINESS ANALYST - JOURNEY	107,148	0.3	0.3	0.3		
IT PROJECT MANAGEMENT - SENIOR/SPECIALIST	124,068	0.5	0.5	0.5		
IT QUALITY ASSURANCE - JOURNEY	107,148	0.3	0.3	0.3		
IT SYSTEM ADMINISTRATION - JOURNEY	112,536		0.1	0.1	0.1	
MANAGEMENT ANALYST 4	88,800	0.1		0.1		
MANAGEMENT ANALYST 5	98,040	0.3	0.3	0.3		
NURSING CONSULTANT INSTITUTIONAL	126,384	1.0	1.0	1.0	1.0	1.0
SENIOR EPIDEMIOLOGIST (NON-MEDICAL)	131,880	0.2	0.2	0.2	0.2	0.2
WMS02	122,496	0.2	0.2	0.2	0.2	0.2
Total FTEs		11.8	11.6	11.7	9.0	8.9

III. D - Expenditures By Program (optional)

Program	FY 2026	FY 2027	2025-27	2027-29	2029-31
HEALTH SYSTEMS QUALITY ASSURANC (060)	3,374,000	1,952,000	5,326,000	3,212,000	3,200,000
DOH ADMINISTRATION (090)	236,000	205,000	441,000	314,000	312,000
Total \$	3,610,000	2,157,000	5,767,000	3,526,000	3,512,000

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

The department will adopt rules in 246 WAC (Health, Department of) as necessary to implement this bill.

LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

Bill Number: 1545 HB

Title: Cardiac and stroke outcomes

Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- Cities:
- Counties:
- Special Districts: Public Hospital Districts (PHD)
- Specific jurisdictions only:
- Variance occurs due to:

Part II: Estimates

- No fiscal impacts.
- Expenditures represent one-time costs:
- Legislation provides local option:
- Key variables cannot be estimated with certainty at this time: the cost to public hospital for implementing the necessary data systems and reporting procedures required to comply with Washington State Department of Health (DOH) rules; Total amount of available DOH funding for assisting critical access and rural hospitals in securing the necessary data platforms; and the DOH rules regarding the specific data elements that hospitals must report to the registry and standards for data submission

Estimated revenue impacts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated expenditure impacts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Part III: Preparation and Approval

Fiscal Note Analyst: Brandon Rountree	Phone: (360) 999-7103	Date: 02/10/2025
Leg. Committee Contact: Chris Blake	Phone: 360-786-7392	Date: 01/26/2025
Agency Approval: Allan Johnson	Phone: 360-725-5033	Date: 02/10/2025
OFM Review: Amy Hatfield	Phone: (360) 280-7584	Date: 02/10/2025

Part IV: Analysis

A. SUMMARY OF BILL

Description of the bill with an emphasis on how it impacts local government.

Overview: Directs the Department of Health (DOH) to coordinate the Statewide Cardiac and Stroke System through the development of care system standards, stroke and cardiac center categorizations, data collection systems, and care system performance evaluation. Additionally, this bill would establish the Statewide Cardiac and Stroke Registry.

Sec 1 (Adds New Section to 70 RCW)

This section would outline the legislatures intent to implement the emergency cardiac and stroke system recommendations.

Sec. 2 (Adds New Section to 70 RCW)

This section would outline the definitions that apply to this section.

Sec. 3 (Adds New Section to 70 RCW)

This section would require the Washington State Department of Health (DOH) to coordinate the statewide cardiac and stroke system of care.

Sec.4 (Adds New Section to 70 RCW)

Subsection (1) would require DOH to establish and coordinate the statewide cardiac and stroke registry.

Subsection (2) would outline the required information that must be included in the registry.

Subsection (2) (a) would require DOH to define, in rule, specific data elements to be reported to the registry and standards for data submission.

Subsection (3) (a) would require hospitals to submit data required pursuant to this section on a quarterly basis to DOH

Subsection (3) (b) would require emergency medical service providers to submit data required pursuant to this section to the department through the Washington emergency medical services information system.

Subsection (4) would require DOH to provide technical assistance to emergency medical services and trauma regions, hospitals, and critical access hospitals that currently lack in data submissions for existing registries.

Sec. (5) (Adds New Section to 70 RCW)

Subsection (7) would require DOH to provide quality improvement assistance to emergency medical services, hospitals, and emergency medical services and trauma regions to improve performance on care and system coordination.

Subsection (9) would require DOH to identify and disseminate interventions to improve cardiac and stroke care in prehospital and hospital settings and in local and regional systems of care.

Sec. 6 (Adds New Section to 70 RCW)

This section would require DOH to use appropriate funds to assist critical access and rural hospitals in securing the necessary data platforms to meet DOHs data collection requirements and support prehospital services.

B. SUMMARY OF EXPENDITURE IMPACTS

Expenditure impacts of the legislation on local governments with the expenditure provisions identified by section number and when appropriate, the detail of expenditures. Delineated between city, county and special district impacts.

This bill would have an indeterminate impact on public hospitals expenditures.

The expenditure impact of this bill is currently indeterminate because the DOH rules regarding the specific data elements that hospitals must report to the registry and standards for data submission. This expenditure impact would increase public

hospital expenditures due to the bills requirement for all hospitals to implement the necessary data systems and reporting procedures required to comply with DOHs rules related to hospital participation in the statewide cardiac and stroke registry. Additionally, the cost to public hospital for implementing the necessary data systems and reporting procedures required to comply with DOHs rules would vary from hospital to hospital.

C. SUMMARY OF REVENUE IMPACTS

Revenue impacts of the legislation on local governments, with the revenue provisions identified by section number, and when appropriate, the detail of revenue sources. Delineated between city, county and special district impacts.

This bill would have an indeterminate impact on public hospitals revenue.

The revenue impact of this bill is currently indeterminate because the amount of qualified public hospitals that would require DOH funding in order to secure the necessary data platforms to meet DOHs data collection requirements is unknown. Additionally, the amount of available funds that DOH could make available for qualified public hospitals is currently unknown.

SOURCES:

House Bill Report, HB 1545, Health Care & Wellness Committee