

**ASSEMBLY CONCURRENT
RESOLUTION No. 218**

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED DECEMBER 12, 2016

Sponsored by:

Assemblyman ERIK PETERSON

District 23 (Hunterdon, Somerset and Warren)

Assemblyman PARKER SPACE

District 24 (Morris, Sussex and Warren)

Co-Sponsored by:

Assemblywoman Phoebus

SYNOPSIS

Urges DOH to adopt rules permitting additional facilities to perform elective angioplasty procedures.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/24/2017)

1 **A CONCURRENT RESOLUTION** urging DOH to promulgate rules to
2 permit additional facilities to perform elective angioplasty
3 procedures.
4

5 **WHEREAS**, Angioplasty is a procedure used to treat clogged heart
6 arteries, and involves temporarily inserting a tiny balloon that
7 widens the artery and pushes away the plaque causing the blockage.
8 Angioplasty may be accompanied by the insertion of a permanent
9 stent that helps prop the artery open to prevent it from narrowing
10 again; and

11 **WHEREAS**, Angioplasties may be performed to restore blood flow in
12 the heart in emergency situations, such as during a heart attack, or
13 on an elective basis to remove blockages that may be causing pain
14 or could present future health problems for the patient; and

15 **WHEREAS**, In 2006, a cardiologist at Johns Hopkins University began
16 the Cardiovascular Patient Outcomes Research Team Elective
17 Angioplasty Study (C-PORT-E), to assess whether there is an
18 increased risk of complications from elective angioplasties
19 performed at hospitals without on-site cardiac surgery capabilities
20 as compared with licensed cardiac surgery facilities; and

21 **WHEREAS**, The C-PORT-E study tracked patient outcomes from
22 elective angioplasties performed on more than 18,000 patients in 10
23 states; New Jersey authorized 11 non-cardiac surgery facilities to
24 perform elective angioplasties under the study; and

25 **WHEREAS**, In 2012, the results of the C-PORT-E study were published
26 in the New England Journal of Medicine and presented at the
27 annual meeting of the American College of Cardiology; the study
28 concluded that there is no greater risk of death or complications
29 when elective angioplasties are performed at non-cardiac surgery
30 facilities as compared with licensed cardiac surgery facilities; and

31 **WHEREAS**, Following the end of the C-PORT-E study, the New Jersey
32 Department of Health (DOH) promulgated rules establishing a
33 continuing demonstration project to be operated along the same
34 parameters as applied to the C-PORT-E study, including allowing
35 the 11 non-cardiac surgery facilities authorized to perform elective
36 angioplasties under the C-PORT-E study to continue performing
37 the procedures; and

38 **WHEREAS**, Revisions to the demonstration project rules adopted in
39 August 2015 indicate that the demonstration project will continue
40 until DOH adopts new rules revising N.J.A.C.8:33E, concerning
41 licensure requirements for cardiac treatment facilities, to permit
42 licensure of additional elective angioplasty facilities; DOH has
43 declined to permit additional non-cardiac surgery facilities to
44 perform elective angioplasties until that time; and

45 **WHEREAS**, As of October 2016, DOH has not published any proposed
46 revisions to N.J.A.C.8:33E in the New Jersey Register or otherwise
47 indicated that revisions to the rule, including proposals to expand

1 the number of facilities authorized to perform elective
2 angioplasties, are imminent; and

3 **WHEREAS**, There are currently 29 facilities authorized to perform
4 elective angioplasties in the State, including the 11 demonstration
5 project facilities and 18 licensed cardiac surgery centers. However,
6 these 29 facilities are located in just 14 of the State's 21 counties,
7 and out of those 14, six counties, including Atlantic, Burlington,
8 Mercer, Morris, Ocean, and Somerset Counties, have only one
9 elective angioplasty facility. Seven counties, including Cape May,
10 Cumberland, Gloucester, Hunterdon, Salem, Sussex, and Warren
11 Counties, do not contain any elective angioplasty facilities; and

12 **WHEREAS**, Residents of counties that have either no elective
13 angioplasty facilities or only one facility may be required to drive a
14 long distance or travel to a neighboring state to undergo an elective
15 angioplasty; and

16 **WHEREAS**, Permitting the licensure of additional elective angioplasty
17 facilities, particularly in the regions of the State that have reduced
18 or limited access to facilities licensed to perform the procedure, is
19 essential to promoting good cardiac health for the citizens of New
20 Jersey; now, therefore,

21
22 **BE IT RESOLVED** by the General Assembly of the State of New
23 Jersey (the Senate concurring):
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25 1. The Department of Health is respectfully urged to
26 promulgate rules permitting the licensure of additional elective
27 angioplasty facilities, particularly in counties and communities with
28 limited access to a currently-licensed elective angioplasty facility.
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30 2. Copies of this resolution, as filed with the Secretary of State,
31 shall be transmitted by the Clerk of the General Assembly or the
32 Secretary of the Senate to the Governor and to the Commissioner of
33 Health.
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36 STATEMENT

37
38 This resolution respectfully urges the Department of Health
39 (DOH) to adopt rules permitting the licensure of additional elective
40 angioplasty facilities. Angioplasty is a procedure used to widen
41 clogged arteries and help remove blockages, restoring blood flow
42 and potentially reducing the risk of an adverse cardiac event.

43 In 2012, the Cardiovascular Patient Outcomes Research Team
44 Elective Angioplasty Study (C-PORT-E) concluded that there is no
45 increased risk of death or complications from an elective
46 angioplasty conducted at a facility that does not have cardiac
47 surgery capabilities as compared with a licensed cardiac surgery
48 facility. Following the end of the C-PORT-E study, DOH

1 established a continuing demonstration program permitting the 11
2 State facilities that participated in the C-PORT-E study to continue
3 performing elective angioplasties; additionally, elective
4 angioplasties may currently be performed at any of the State's 18
5 licensed cardiac surgery centers. However, DOH has declined to
6 permit the licensure of additional elective angioplasty facilities until
7 it revises the current rules concerning licensure requirements for
8 cardiac treatment facilities and, as of October 2016, no proposed
9 revisions to these rules have been published in the New Jersey
10 Register.

11 Out of the 21 counties in the State, six counties currently have
12 only one facility licensed to perform elective angioplasties and
13 seven counties have no licensed elective angioplasty facilities.
14 Residents in these counties, which are primarily located in the
15 southern and northwestern regions of the State, may consequently
16 be required to travel a long distance or out of the State to receive an
17 elective angioplasty, reducing access to a key tool in treating the
18 risks and symptoms of cardiac disease. It is the sponsor's belief
19 that promulgating rules permitting licensure of additional facilities
20 will help improve access to quality cardiac health care for the
21 citizens of New Jersey.