

ASSEMBLY, No. 3670

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED MARCH 13, 2018

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblyman THOMAS P. GIBLIN

District 34 (Essex and Passaic)

Assemblywoman CAROL A. MURPHY

District 7 (Burlington)

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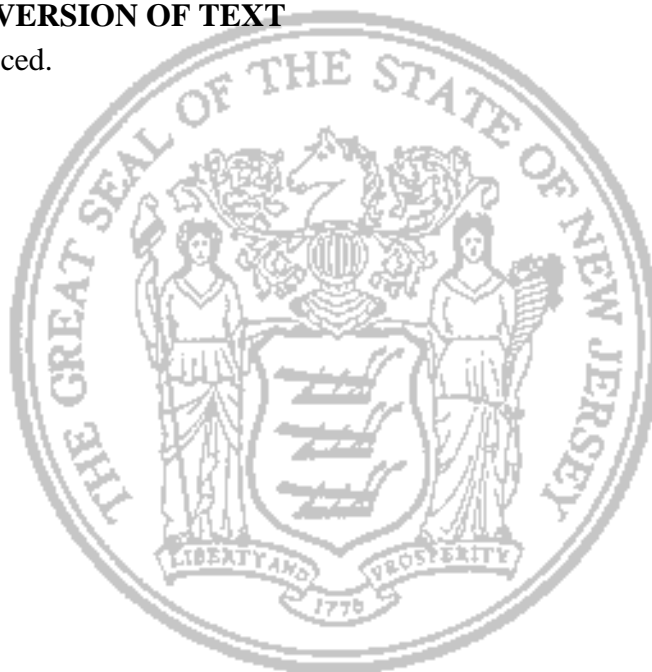
Assemblywoman Reynolds-Jackson

SYNOPSIS

Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database, and requires development of emergency medical services stroke care protocols.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/30/2018)

1 AN ACT concerning stroke care, amending P.L.2004, c.136,
2 repealing sections 3 and 4 of P.L.2004, c.136, and supplementing
3 various parts of the statutory law.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. Section 2 of P.L.2004, c.136 (C.26:2H-12.28) is amended to
9 read as follows:

10 2. The Commissioner of Health shall designate hospitals that
11 meet the criteria set forth in this **[act]** section as primary or
12 comprehensive stroke centers or acute stroke ready hospitals.

13 a. A hospital shall apply to the commissioner for designation
14 and shall demonstrate to the satisfaction of the commissioner that
15 the hospital **[meets the criteria set forth in section 3 or 4 of this act**
16 **for]** has been certified as a primary or comprehensive stroke center
17 or as an acute stroke ready hospital, respectively, by the Joint
18 Commission, the American Heart Association, the Healthcare
19 Facilities Accreditation Program, DNV GL, or another organization
20 that provides such certifications as may be approved by the
21 commissioner. A facility designated as a primary or comprehensive
22 stroke center prior to the effective date of P.L. , c. (pending
23 before the Legislature as this bill) shall retain such designation by
24 obtaining, and providing the commissioner with documentation of,
25 the appropriate certification by the Joint Commission, the American
26 Heart Association, the Healthcare Facilities Accreditation Program,
27 DNV GL, or another approved organization within three years of
28 the effective date of P.L. , c. (pending before the Legislature as
29 this bill), except that the commissioner may grant the facility up to
30 two one-year extensions to obtain the appropriate certification,
31 provided the facility certifies that the additional time is necessary to
32 obtain the appropriate certification.

33 b. The commissioner shall designate as many hospitals as
34 primary stroke centers as apply for the designation, provided that
35 the hospital meets the **[criteria set forth in section 3 of this act. In**
36 **addition to the criteria set forth in section 3 of this act, the**
37 **commissioner is encouraged to take into consideration whether the**
38 **hospital contracts with carriers that provide coverage through the**
39 **State Medicaid program, established pursuant to P.L.1968, c.413**
40 **(C.30:4D-1 et seq.) and the NJ FamilyCare Program, established**
41 **pursuant to P.L.2005, c.156 (C.30:4J-8 et al.)]** certification
42 requirements set forth in subsection a. of this section.

43 c. The commissioner shall designate as many hospitals as
44 comprehensive stroke centers as apply for the designation, provided

EXPLANATION – Matter enclosed in bold-faced brackets **[thus] in the above bill is not enacted and is intended to be omitted in the law.**

Matter underlined thus is new matter.

1 that the hospital meets the **【**criteria set forth in section 4 of this act**】**
2 certification requirements set forth in subsection a. of this section.

3 d. The commissioner shall designate as many hospitals as acute
4 stroke ready hospitals as apply for the designation, provided that the
5 hospital meets the certification requirements set forth in subsection
6 a. of this section.

7 e. The commissioner shall appropriately recognize stroke
8 centers that have attained a level of stroke care distinction
9 recognized by the Joint Commission, the American Heart
10 Association, the Healthcare Facilities Accreditation Program, DNV
11 GL, or another organization approved by the commissioner as a
12 nationally-recognized, guidelines-based organization that provides
13 such distinctions. Stroke centers that have attained a distinction
14 that shall be recognized pursuant to this subsection may include, but
15 shall not be not limited to, centers that offer mechanical
16 endovascular therapies.

17 f. The commissioner may suspend or revoke a hospital's
18 designation as a stroke center or acute stroke ready hospital, after
19 notice and hearing, if the commissioner determines that the hospital
20 is not in compliance with the requirements of this act.

21 g. The commissioner shall encourage primary and
22 comprehensive stroke centers to coordinate, by written agreement,
23 with acute stroke ready hospitals throughout the State to provide
24 appropriate access to care for acute stroke patients. Agreements
25 made pursuant to this subsection shall include: (1) transfer
26 agreements for the transport to and acceptance of stroke patients by
27 stroke centers for the provision of stroke treatment therapies an
28 acute stroke ready hospital is unable to provide; and (2) any
29 communication criteria and protocols as shall be necessary to
30 effectuate the agreement.

31 h. The Commissioner of Health shall prepare, maintain, and
32 make available on the Department of Health website a list of
33 facilities designated as primary stroke centers, comprehensive
34 stroke centers, and acute stroke ready hospitals. A current copy of
35 the list shall be transmitted to each emergency medical services
36 provider, as defined in subsection e. of section 3 of P.L. _____,

37 c. (C. _____) (pending before the Legislature as this bill), no later
38 than June 1 of each year.

39 i. (1) Primary and comprehensive stroke centers and acute
40 stroke ready hospitals shall, on a quarterly basis, submit to the
41 department data concerning stroke care that are deemed appropriate
42 by the Department of Health, and that, at a minimum, align with the
43 stroke consensus measures jointly supported by the Joint
44 Commission, the United States Centers for Disease Control and
45 Prevention's Paul Coverdell National Acute Stroke Registry,
46 American Heart Association, and the American Stroke Association.

1 (2) Data submitted pursuant to paragraph (1) of this subsection
2 shall be compiled by the department into a Statewide stroke
3 database, which shall be made available on the department website.

4 (3) Data submitted pursuant to paragraph (1) of this subsection
5 shall not contain or be construed to require disclosure of
6 confidential or personal identifying information.
7 (cf: P.L.2012, c.17, s.193)

8
9 2. (New section) a. In order to ensure the implementation of a
10 strong Statewide system of stroke care, there is established in the
11 Department of Health the Stroke Care Advisory Panel, which,
12 subject to subsection c. of this section, shall consist of 13 members,
13 as follows: the Commissioner of Health, or a designee, who shall
14 serve ex officio; the Director of the Office of Emergency Medical
15 Services in the Department of Health, or a designee, who shall serve
16 ex officio; and 11 public members to be appointed by the Governor.
17 The public members shall include a nurse who is experienced in
18 stroke care; a hospital physician who has clinical experience in
19 neurosurgical or neuroendovascular intervention for stroke and who
20 serves as the director of a primary or comprehensive stroke center;
21 and representatives of the New Jersey First Aid Council, the
22 American Stroke Association, primary and comprehensive stroke
23 centers, acute stroke ready hospitals, hospitals located in urban and
24 rural areas of the State, physicians, and volunteer and non-volunteer
25 emergency medical services providers. Public members shall serve
26 for a term of two years and shall be eligible for reappointment.

27 b. The Stroke Care Advisory Panel established under this
28 section shall organize as soon as practicable but no later than 60
29 days after the effective date of this act, and, except as provided in
30 subsection c. of this section, shall select a chairperson and a vice-
31 chairperson from among its members. The chairperson shall
32 appoint a secretary who need not be a member of the panel. The
33 panel shall meet no less than four times per year and at such other
34 times as may be necessary to discharge its duties. Members shall
35 serve without compensation but shall be reimbursed for necessary
36 expenses incurred in the performance of their duties within the
37 limits of funds appropriated for that purpose. The Department of
38 Health shall provide staff services to the panel.

39 c. The chairperson, vice-chairperson, and any public members
40 of the Stroke Advisory Panel constituted in the Department of
41 Health as of the effective date of P.L. , c. (C.) (pending
42 before the Legislature as this bill) may choose to remain on the
43 Stroke Care Advisory Panel for up to one year following the
44 effective date of P.L. , c. (C.) (pending before the
45 Legislature as this bill). Thereafter, the public members shall be
46 eligible for reappointment pursuant to subsection a. of this section,
47 and the chairperson and vice-chairperson shall be eligible for re-
48 selection for their positions pursuant to subsection b. of this section.

1 d. The Stroke Care Advisory Panel established pursuant to this
2 section shall continue any duties and responsibilities vested in the
3 Stroke Advisory Panel constituted in the Department of Health as of
4 the effective date of P.L. , c. (C.) (pending before the
5 Legislature as this bill). In addition, the Stroke Care Advisory
6 Panel shall be charged with assessing the stroke system of care in
7 New Jersey and identifying and recommending means of improving
8 the provision of stroke care. In addition to any other actions or
9 recommendations as it finds necessary and appropriate, the panel
10 shall:

11 (1) analyze the Statewide stroke database maintained pursuant
12 to paragraph (2) of subsection i. of section 2 of P.L.2004, c.136
13 (C.26:2H-12.28) to identify potential interventions to improve the
14 provision of stroke care in the State, with a focus on identifying and
15 improving care in underserved regions and populations of the State;

16 (2) encourage the sharing of information and data among health
17 care providers on ways to improve the quality of care provided to
18 stroke patients in the State;

19 (3) facilitate the communication and analysis of health
20 information and data among the health care professionals providing
21 care for stroke patients;

22 (4) enhance coordination and communication between hospitals,
23 primary and comprehensive stroke centers, acute stroke ready
24 hospitals, and other support services necessary to assure access to
25 effective and efficient stroke care;

26 (5) develop evidence-based treatment guidelines regarding the
27 transitioning of patients to community-based follow-up care in
28 hospital outpatient, physician office, and ambulatory clinic settings
29 for ongoing care after hospital discharge following acute treatment
30 for stroke;

31 (6) establish a data oversight process and implement a plan for
32 achieving continuous quality improvement in the quality of care
33 provided under the Statewide stroke system of care; and

34 (7) develop model protocols for the assessment, treatment, and
35 transport of stroke patients for use by emergency medical services
36 providers, which shall include best practice standards for the triage
37 and transport of acute stroke patients.

38 e. No later than one year after the date of organization, and
39 annually thereafter, the Stroke Care Advisory Panel shall submit a
40 report to the Governor and, pursuant to section 2 of P.L.1991, c.164
41 (C.52:14-19.1), to the Legislature, detailing its activities, findings,
42 and proposals for legislative, executive, or other action to improve
43 and enhance the Statewide stroke system of care.

44

45 3. (New section) a. The Office of Emergency Medical
46 Services in the Department of Health shall adopt a nationally
47 recognized standardized stroke triage assessment tool, which shall
48 be made available on the Department of Health website and shall be

1 transmitted to each emergency medical services provider in the
2 State no later than June 1 of each year.

3 b. Each emergency medical services provider in the State shall
4 develop and implement a stroke triage assessment tool that is
5 substantially similar to the standardized stroke triage assessment
6 tool adopted pursuant to subsection a. of this section.

7 c. Each emergency medical services provider in the State shall
8 establish pre-hospital care protocols related to the assessment,
9 treatment, and transport of stroke patients, which shall include, but
10 not be limited to, plans for the triage and transport of acute stroke
11 patients to the most appropriate primary or comprehensive stroke
12 center or, when appropriate, acute stroke ready hospital, within a
13 specified timeframe following the onset of symptoms.

14 d. Each emergency medical services provider in the State shall
15 incorporate training on the assessment and treatment of stroke
16 patients in its training requirements for emergency medical services
17 personnel.

18 e. As used in this section, "emergency medical services
19 provider" means any association, organization, company,
20 department, agency, service, program, unit, or other entity that
21 provides pre-hospital emergency medical care to patients in this
22 State, including, but not limited to, a basic life support ambulance
23 service, a mobile intensive care program or mobile intensive care
24 unit, an air medical service, or a volunteer or non-volunteer first
25 aid, rescue and ambulance squad.

26

27 4. This act shall take effect immediately.

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29

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STATEMENT

31

32 This bill establishes various requirements to revise and improve
33 the Statewide system of stroke care by recognizing a new category
34 of certified stroke care facilities, establishing a Statewide stroke
35 care database, mandating stroke care standards and protocols for
36 emergency medical services providers, and establishing a Stroke
37 Care Advisory Panel.

38 Specifically, the bill revises the requirements for designating
39 primary and comprehensive stroke centers, and permits the
40 designation of new acute stroke ready hospitals, by providing that
41 the Commissioner of Health ("commissioner") is to designate any
42 facility that has obtained the requisite certification from the Joint
43 Commission, the American Heart Association, the Healthcare
44 Facilities Accreditation Program, DNV GL, or any other
45 organization approved by the commissioner that provides
46 certifications for such facilities. Under current law, the
47 commissioner is tasked with determining which facilities meet the
48 requirements to be designated as a primary or comprehensive stroke

1 center in accordance with certain criteria set forth in statute; the bill
2 repeals the provisions detailing these criteria. Stroke care facilities
3 designated pursuant to current law may retain that designation by
4 obtaining and submitting documentation of the appropriate
5 certification to the commissioner within three years after the
6 effective date of the bill, except that the commissioner will be
7 permitted to grant up to two one-year extensions to obtain the
8 appropriate certification, if the facilities certifies the additional time
9 is necessary to obtain the certification. The commissioner is to
10 additionally recognize stroke centers that have attained a level of
11 stroke care distinction recognized by the Joint Commission, the
12 American Heart Association, the Healthcare Facilities Accreditation
13 Program, DNV GL, or another organization approved by the
14 commissioner as a nationally-recognized, guidelines-based
15 organization that provides such distinctions; stroke centers that have
16 attained such distinction may include, but will not be not limited to,
17 centers that offer mechanical endovascular therapies.

18 The bill requires the commissioner to encourage designated
19 stroke centers to enter into written agreements with acute stroke
20 ready hospitals to provide for the transfer of patients to stroke
21 centers for care that is unavailable at an acute stroke ready hospital.
22 The commissioner will be required to prepare, maintain, and make
23 available on the Department of Health (“DOH”) website a list of
24 designated stroke care facilities, which is to be transmitted to each
25 emergency medical services provider in the State no later than June
26 1 of each year.

27 Stroke centers and acute stroke ready hospitals will be required
28 to submit to the DOH, on a quarterly basis, data concerning stroke
29 care, which the DOH will compile into a Statewide stroke database
30 that will be available on the DOH website. The submitted data will,
31 at a minimum, align with the stroke consensus measures jointly
32 supported by the Joint Commission, the United States Centers for
33 Disease Control and Prevention’s Paul Coverdell National Acute
34 Stroke Registry, the American Heart Association, and the American
35 Stroke Association. The submitted data will not contain any
36 confidential or personal identifying information.

37 The bill additionally establishes the Stroke Care Advisory Panel
38 in the DOH. The advisory panel is to incorporate the duties,
39 responsibilities, and membership of the Stroke Advisory Panel
40 currently constituted in DOH. The 13-member panel will consist of
41 the commissioner and the Director of the Office of Emergency
42 Medical Services in DOH, or their designees, who will serve ex
43 officio, and 11 public members to be appointed by the Governor.
44 The public members are to include a nurse who is experienced in
45 stroke care; a hospital physician who has clinical experience in
46 neurosurgical or neuroendovascular intervention for stroke, and
47 who serves as the director of a primary or comprehensive stroke
48 center; and representatives from the New Jersey First Aid Council,

1 the American Stroke Association, primary and comprehensive
2 stroke centers, acute stroke ready hospitals, hospitals located in
3 urban and rural areas of the State, physicians, and volunteer and
4 non-volunteer emergency medical services providers. The public
5 members will serve for a term of two years and will be eligible for
6 reappointment. The public members serving on the current DOH
7 advisory panel will be authorized to remain as public members on
8 the panel created under the bill for up to one year, and will be
9 eligible for reappointment.

10 The advisory panel is to organize as soon as practicable but no
11 later than 60 days after the effective date of the bill, and is to select
12 a chairperson and a vice-chairperson from among its members,
13 except that the chairperson and vice-chairperson of the current
14 DOH advisory panel will be authorized to continue in those roles on
15 the advisory panel created under the bill for up to one year, and will
16 be eligible for reappointment to those roles. The chairperson is to
17 appoint a secretary who need not be a member of the advisory
18 panel. The advisory panel will be required to meet no less than four
19 times per year and at such other times as may be necessary to
20 discharge its duties. Members will serve without compensation but
21 will be reimbursed for necessary expenses incurred in the
22 performance of their duties within the limits of funds appropriated
23 for that purpose. DOH will provide staff services to the panel.

24 In addition to the duties and responsibilities of the current DOH
25 advisory panel, the panel created under the bill will be charged with
26 assessing the system of stroke care in New Jersey and identifying
27 and recommending means of improving the provision of stroke
28 care, including analyzing the Statewide stroke database established
29 under the bill; encouraging information and data sharing among
30 health care providers and facilities; developing evidence-based
31 treatment guidelines for transitioning patients to community-based
32 follow-up care; establishing a data oversight process and
33 implementing a plan for achieving continuous quality improvement
34 in the quality of care provided; developing model protocols for the
35 assessment, treatment, and transport of stroke patients for use by
36 emergency services providers; and proposing ways to enhance the
37 provision of stroke care in regions and communities of the State
38 that are underserved by the current system of stroke care. The
39 advisory panel is to submit an annual report to the Governor and the
40 Legislature detailing its activities, findings, and proposals to
41 improve and enhance the Statewide stroke system of care.

42 The bill requires the Office of Emergency Medical Services in
43 DOH to adopt a nationally recognized standardized stroke triage
44 assessment tool, which is to be made available on the Department of
45 Health website and transmitted to each emergency medical services
46 provider no later than June 1 of each year. Emergency medical
47 services providers are to develop and implement a stroke triage
48 assessment tool that is substantially similar to the standardized

1 stroke triage assessment tool. Emergency medical services
2 providers are to additionally establish pre-hospital care protocols
3 related to the assessment, treatment, and transport of stroke
4 patients, which are to include, but not be limited to, plans for the
5 triage and transport of acute stroke patients to the most appropriate
6 primary or comprehensive stroke center or, when appropriate, acute
7 stroke ready hospital, within a specified timeframe following the
8 onset of symptoms. Emergency medical services providers will
9 additionally be required to incorporate training on the assessment
10 and treatment of stroke patients in their training requirements for
11 emergency services personnel. As used in the bill, "emergency
12 medical services provider" means any association, organization,
13 company, department, agency, service, program, unit, or other
14 entity that provides pre-hospital emergency medical care to patients
15 in this State, including, but not limited to, a basic life support
16 ambulance service, a mobile intensive care program or mobile
17 intensive care unit, an air medical service, or a volunteer or non-
18 volunteer first aid, rescue and ambulance squad.