

SENATE, No. 995

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JANUARY 16, 2018

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator LORETTA WEINBERG

District 37 (Bergen)

Co-Sponsored by:

Senators Diegnan and Gill

SYNOPSIS

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

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/18/2019)

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 and
14 shall demonstrate to the satisfaction of the commissioner that the
15 hospital **[meets the criteria set forth in section 3 or 4 of this act for]**
16 has been certified as a primary or comprehensive stroke center or as an
17 acute stroke ready hospital, respectively, by the Joint Commission, the
18 American Heart Association, or another organization that provides
19 such certifications as may be approved by the commissioner. A
20 facility designated as a primary or comprehensive stroke center prior
21 to the effective date of P.L. , c. (C.) (pending before the
22 Legislature as this bill) shall retain such designation by obtaining, and
23 providing the commissioner with documentation of, the appropriate
24 certification within one year of the effective date of P.L. , c.
25 (pending before the Legislature as this bill).

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

36 c. The commissioner shall designate as many hospitals as
37 comprehensive stroke centers as apply for the designation, provided
38 that the hospital meets the **[criteria set forth in section 4 of this act]**
39 certification requirements set forth in subsection a. of this section.

40 d. The commissioner shall designate as many hospitals as acute
41 stroke ready hospitals as apply for the designation, provided that the
42 hospital meets the certification requirements set forth in subsection a.
43 of this section.

44 e. The commissioner may suspend or revoke a hospital's
45 designation as a stroke center or acute stroke ready hospital, after

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 notice and hearing, if the commissioner determines that the hospital is
2 not in compliance with the requirements of this act.

3 f. The commissioner shall encourage primary and comprehensive
4 stroke centers to coordinate, by written agreement, with acute stroke
5 ready hospitals throughout the State to provide appropriate access to
6 care for acute stroke patients. Agreements made pursuant to this
7 subsection shall include: (1) transfer agreements for the transport to
8 and acceptance of stroke patients by stroke centers for the provision of
9 stroke treatment therapies an acute stroke ready hospital is unable to
10 provide; and (2) any communication criteria and protocols as shall be
11 necessary to effectuate the agreement.

12 g. The Commissioner of Health shall prepare, maintain, and make
13 available on the Department of Health website a list of facilities
14 designated as primary stroke centers, comprehensive stroke centers,
15 and acute stroke ready hospitals. A current copy of the list shall be
16 transmitted to each emergency services provider, as defined in
17 subsection e. of section 3 of P.L. , c. (C.) (pending before the
18 Legislature as this bill), no later than June 1 of each year.

19 h. (1) Primary and comprehensive stroke centers and acute stroke
20 ready hospitals shall, on a quarterly basis, submit to the department
21 data concerning stroke care that are deemed appropriate by the
22 Department of Health, and that, at a minimum, align with the stroke
23 consensus measures jointly supported by the Joint Commission, the
24 United States Centers for Disease Control and Prevention's Paul
25 Coverdell National Acute Stroke Registry, and the American Heart
26 Association and American Stroke Association.

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

30 (3) Data submitted pursuant to paragraph (1) of this subsection
31 shall not contain or be construed to require disclosure of confidential
32 or personal identifying information.

33 (cf: P.L.2012, c.17, s.193)

34

35 2. (New section) a. In order to ensure the implementation of a
36 strong Statewide system of stroke care, there is established in the
37 Department of Health the Stroke Care Advisory Panel, which,
38 subject to subsection c. of this section, shall consist of 13 members,
39 as follows: the Commissioner of Health, or a designee, who shall
40 serve ex officio; the Director of the Office of Emergency Medical
41 Services in the Department of Health, or a designee, who shall serve
42 ex officio; and 11 public members to be appointed by the Governor.
43 The public members shall include a nurse who is experienced in
44 stroke care; a hospital physician who has clinical experience in
45 neurosurgical or neuroendovascular intervention for stroke, and
46 who serves both as the director of a Comprehensive Stroke Center,
47 which has been certified by a recognized national accrediting body,
48 and as the director of a Primary Stroke Center; and representatives

1 of the New Jersey First Aid Council, the American Stroke
2 Association, primary and comprehensive stroke centers, acute
3 stroke ready hospitals, hospitals located in urban and rural areas of
4 the State, physicians, and volunteer and non-volunteer emergency
5 medical services providers. Public members shall serve for a term
6 of two years and shall be eligible for reappointment.

7 b. The Stroke Care Advisory Panel established under this
8 section shall organize as soon as practicable but no later than 60
9 days after the effective date of this act, and, except as provided in
10 subsection c. of this section, shall select a chairperson and a vice-
11 chairperson from among its members. The chairperson shall
12 appoint a secretary who need not be a member of the panel. The
13 panel shall meet no less than four times per year and at such other
14 times as may be necessary to discharge its duties. Members shall
15 serve without compensation but shall be reimbursed for necessary
16 expenses incurred in the performance of their duties within the
17 limits of funds appropriated for that purpose. The Department of
18 Health shall provide staff services to the panel.

19 c. The chairperson, vice-chairperson, and any public members
20 of the Stroke Advisory Panel constituted in the Department of
21 Health as of the effective date of P.L. , c. (C.) (pending
22 before the Legislature as this bill) may choose to remain on the
23 Stroke Care Advisory Panel for up to one year following the
24 effective date of P.L. , c. (C.) (pending before the
25 Legislature as this bill). Thereafter, the public members shall be
26 eligible for reappointment pursuant to subsection a. of this section,
27 and the chairperson and vice-chairperson shall be eligible for re-
28 selection for their positions pursuant to subsection b. of this section.

29 d. The Stroke Care Advisory Panel established pursuant to this
30 section shall continue any duties and responsibilities vested in the
31 Stroke Advisory Panel constituted in the Department of Health as of
32 the effective date of P.L. , c. (C.) (pending before the
33 Legislature as this bill). In addition, the Stroke Care Advisory
34 Panel shall be charged with assessing the stroke system of care in
35 New Jersey and identifying and recommending means of improving
36 the provision of stroke care. In addition to any other actions or
37 recommendations as it finds necessary and appropriate, the panel
38 shall:

39 (1) analyze the Statewide stroke database maintained pursuant
40 to paragraph (2) of subsection h. of section 2 of P.L.2004,
41 c.136 (C.26:2H-12.28) to identify potential interventions to improve
42 the provision of stroke care in the State, with a focus on identifying
43 and improving care in underserved regions and populations of the
44 State;

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

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

4 (4) enhance coordination and communication between hospitals,
5 primary and comprehensive stroke centers, acute stroke ready
6 hospitals, and other support services necessary to assure access to
7 effective and efficient stroke care;

8 (5) develop treatment protocols regarding the transitioning of
9 patients to community-based follow-up care in hospital outpatient,
10 physician office, and ambulatory clinic settings for ongoing care
11 after hospital discharge following acute treatment for stroke;

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

15 (7) develop model protocols for the assessment, treatment, and
16 transport of stroke patients for use by emergency services providers,
17 which shall include best practice standards for the triage and
18 transport of acute stroke patients.

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

25

26 3. (New section) a. The Office of Emergency Medical
27 Services in the Department of Health shall adopt a nationally
28 recognized standardized stroke triage assessment tool, which shall
29 be made available on the Department of Health website and shall be
30 transmitted to each emergency medical services provider in the
31 State no later than June 1 of each year.

32 b. Each emergency medical services provider in the State shall
33 develop and implement a stroke triage assessment tool that is
34 substantially similar to the standardized stroke triage assessment
35 tool adopted pursuant to subsection a. of this section.

36 c. Each emergency medical services provider in the State shall
37 establish pre-hospital care protocols related to the assessment,
38 treatment, and transport of stroke patients, which shall include, but
39 not be limited to, plans for the triage and transport of acute stroke
40 patients to the most appropriate primary or comprehensive stroke
41 center or, when appropriate, acute stroke ready hospital, within a
42 specified timeframe following the onset of symptoms.

43 d. Each emergency medical services provider in the State shall
44 incorporate training on the assessment and treatment of stroke
45 patients in its training requirements for emergency medical services
46 personnel.

47 e. As used in this section, "emergency medical services
48 provider" means any association, organization, company,

1 department, agency, service, program, unit, or other entity that
2 provides pre-hospital emergency medical care to patients in this
3 State, including, but not limited to, a basic life support ambulance
4 service, a mobile intensive care program or mobile intensive care
5 unit, an air medical service, or a volunteer or non-volunteer first
6 aid, rescue and ambulance squad.

7
8 4. The Commissioner of Health shall, pursuant to the
9 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
10 seq.), promulgate rules and regulations as may be necessary to
11 implement this act.

12
13 5. The following sections are repealed:
14 Section 3 of P.L.2004, c.136 (C.26:2H-12.29); and
15 Section 4 of P.L.2004, c.136 (C.26:2H-12.30).

16
17 6. This act shall take effect immediately.

18

19

20

STATEMENT

21

22 This bill establishes various requirements to revise and improve
23 the Statewide system of stroke care by recognizing a new category
24 of certified stroke care facilities, establishing a Statewide stroke
25 care database, mandating stroke care standards and protocols for
26 emergency medical services providers, and establishing a Stroke
27 Care Advisory Panel.

28 Specifically, the bill revises the requirements for designating
29 primary and comprehensive stroke centers, and permits the
30 designation of new acute stroke ready hospitals, by providing that
31 the Commissioner of Health (“commissioner”) is to designate any
32 facility that has obtained the requisite certification from the Joint
33 Commission, the American Heart Association, or any other
34 organization approved by the commissioner that provides
35 certifications for such facilities. Under current law, the
36 commissioner is tasked with determining which facilities meet the
37 requirements to be designated as a primary or comprehensive stroke
38 center in accordance with certain criteria set forth in statute; the bill
39 repeals the provisions detailing these criteria. Stroke care facilities
40 designated pursuant to current law may retain that designation by
41 obtaining and submitting documentation of the appropriate
42 certification to the commissioner within one year after the effective
43 date of the bill.

44 The bill requires the commissioner to encourage designated
45 stroke centers to enter into written agreements with acute stroke
46 ready hospitals to provide for the transfer of patients to stroke
47 centers for care that is unavailable at an acute stroke ready hospital.
48 The commissioner will be required to prepare, maintain, and make

1 available on the Department of Health (“DOH”) website a list of
2 designated stroke care facilities, which is to be transmitted to each
3 emergency medical services provider in the State no later than June
4 1 of each year.

5 Stroke centers and acute stroke ready hospitals will be required
6 to submit to the DOH, on a quarterly basis, data concerning stroke
7 care, which the DOH will compile into a Statewide stroke database
8 that will be available on the DOH website. At a minimum, the
9 submitted data are to align with the stroke consensus measures
10 jointly developed by the Joint Commission, the United States
11 Centers for Disease Control and Prevention’s Paul Coverdell
12 National Acute Stroke Registry, and the American Heart
13 Association and American Stroke Association. The submitted data
14 will not contain any confidential or personal identifying
15 information.

16 The bill additionally establishes the Stroke Care Advisory Panel
17 in the DOH. The advisory panel is to incorporate the duties,
18 responsibilities, and membership of the Stroke Advisory Panel
19 currently constituted in DOH. The 13-member panel will consist of
20 the commissioner and the Director of the Office of Emergency
21 Medical Services in DOH, or their designees, who will serve ex
22 officio, and 11 public members to be appointed by the Governor.
23 The public members are to include a nurse who is experienced in
24 stroke care; a hospital physician who has clinical experience in
25 neurosurgical or neuroendovascular intervention for stroke, and
26 who serves both as the director of a Comprehensive Stroke Center,
27 which has been certified by a recognized national accrediting body,
28 and as the director of a Primary Stroke Center; and representatives
29 from the New Jersey First Aid Council, the American Stroke
30 Association, primary and comprehensive stroke centers, acute
31 stroke ready hospitals, hospitals located in urban and rural areas of
32 the State, physicians, and volunteer and non-volunteer emergency
33 medical services providers. The public members will serve for a
34 term of two years and will be eligible for reappointment. The public
35 members serving on the current DOH advisory panel will be
36 authorized to remain as public members on the panel created under
37 the bill for up to one year, and will be eligible for reappointment.

38 The advisory panel is to organize as soon as practicable but no
39 later than 60 days after the effective date of the bill, and is to select
40 a chairperson and a vice-chairperson from among its members,
41 except that the chairperson and vice-chairperson of the current
42 DOH advisory panel will be authorized to continue in those roles on
43 the advisory panel created under the bill for up to one year, and will
44 be eligible for reappointment to those roles. The chairperson is to
45 appoint a secretary who need not be a member of the advisory
46 panel. The advisory panel will be required to meet no less than four
47 times per year and at such other times as may be necessary to
48 discharge its duties. Members will serve without compensation but

1 will be reimbursed for necessary expenses incurred in the
2 performance of their duties within the limits of funds appropriated
3 for that purpose. DOH will provide staff services to the panel.

4 In addition to the duties and responsibilities of the current DOH
5 advisory panel, the panel created under the bill will be charged with
6 assessing the system of stroke care in New Jersey and identifying
7 and recommending means of improving the provision of stroke
8 care, including analyzing the Statewide stroke database established
9 under the bill; encouraging information and data sharing among
10 health care providers and facilities; developing treatment protocols
11 for transitioning patients to community-based follow-up care;
12 establishing a data oversight process and implementing a plan for
13 achieving continuous quality improvement in the quality of care
14 provided; developing model protocols for the assessment, treatment,
15 and transport of stroke patients for use by emergency services
16 providers; and proposing ways to enhance the provision of stroke
17 care in regions and communities of the State that are underserved
18 by the current system of stroke care. The advisory panel is to
19 submit an annual report to the Governor and the Legislature
20 detailing its activities, findings, and proposals to improve and
21 enhance the Statewide stroke system of care.

22 The bill requires the Office of Emergency Medical Services in
23 DOH to adopt a nationally recognized standardized stroke triage
24 assessment tool, which is to be made available on the Department of
25 Health website and transmitted to each emergency medical services
26 provider no later than June 1 of each year. Emergency medical
27 services providers are to develop and implement a stroke triage
28 assessment tool that is substantially similar to the standardized
29 stroke triage assessment tool. Emergency medical services
30 providers are to additionally establish pre-hospital care protocols
31 related to the assessment, treatment, and transport of stroke
32 patients, which are to include, but not be limited to, plans for the
33 triage and transport of acute stroke patients to the most appropriate
34 primary or comprehensive stroke center or, when appropriate, acute
35 stroke ready hospital, within a specified timeframe following the
36 onset of symptoms. Emergency medical services providers will
37 additionally be required to incorporate training on the assessment
38 and treatment of stroke patients in their training requirements for
39 emergency services personnel. As used in the bill, "emergency
40 medical services provider" means any association, organization,
41 company, department, agency, service, program, unit, or other
42 entity that provides pre-hospital emergency medical care to patients
43 in this State, including, but not limited to, a basic life support
44 ambulance service, a mobile intensive care program or mobile
45 intensive care unit, an air medical service, or a volunteer or non-
46 volunteer first aid, rescue and ambulance squad.