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)

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Section 2 of P.L.2004, c.136 (C.26:2H-12.28) is amended to read as follows:
2. The Commissioner of Health shall designate hospitals that meet the criteria set forth in this [act] section as primary or comprehensive stroke centers or acute stroke ready hospitals.
   a. A hospital shall apply to the commissioner for designation and shall demonstrate to the satisfaction of the commissioner that the hospital [meets the criteria set forth in section 3 or 4 of this act for] has been certified as a primary or comprehensive stroke center or as an acute stroke ready hospital, respectively, by the Joint Commission, the American Heart Association, or another organization that provides such certifications as may be approved by the commissioner. A facility designated as a primary or comprehensive stroke center prior to the effective date of P.L. , c. (C. ) (pending before the Legislature as this bill) shall retain such designation by obtaining, and providing the commissioner with documentation of, the appropriate certification within one year of the effective date of P.L. , c. (pending before the Legislature as this bill).
   b. The commissioner shall designate as many hospitals as primary stroke centers as apply for the designation, provided that the hospital meets the [criteria set forth in section 3 of this act. In addition to the criteria set forth in section 3 of this act, the commissioner is encouraged to take into consideration whether the hospital contracts with carriers that provide coverage through the State Medicaid program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.) and the NJ FamilyCare Program, established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.) certification requirements set forth in subsection a. of this section.
   c. The commissioner shall designate as many hospitals as comprehensive stroke centers as apply for the designation, provided that the hospital meets the [criteria set forth in section 4 of this act] certification requirements set forth in subsection a. of this section.
   d. The commissioner shall designate as many hospitals as acute stroke ready hospitals as apply for the designation, provided that the hospital meets the certification requirements set forth in subsection a. of this section.
   e. The commissioner may suspend or revoke a hospital's 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.
notice and hearing, if the commissioner determines that the hospital is
not in compliance with the requirements of this act.

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

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

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

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

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

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

2. (New section) a. In order to ensure the implementation of a
strong Statewide system of stroke care, there is established in the
Department of Health the Stroke Care Advisory Panel, which,
subject to subsection c. of this section, shall consist of 13 members,
as follows: the Commissioner of Health, or a designee, who shall
serve ex officio; the Director of the Office of Emergency Medical
Services in the Department of Health, or a designee, who shall serve
ex officio; and 11 public members to be appointed by the Governor.
The public members shall include a nurse who is experienced in
stroke care; a hospital physician who has clinical experience in
neurosurgical or neuroendovascular intervention for stroke, and
who serves both as the director of a Comprehensive Stroke Center,
which has been certified by a recognized national accrediting body,
and as the director of a Primary Stroke Center; and representatives
of the New Jersey First Aid Council, the American Stroke
Association, primary and comprehensive stroke centers, acute
stroke ready hospitals, hospitals located in urban and rural areas of
the State, physicians, and volunteer and non-volunteer emergency
medical services providers. Public members shall serve for a term
of two years and shall be eligible for reappointment.

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

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

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

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

(2) encourage the sharing of information and data among health
care providers on ways to improve the quality of care provided to
stroke patients in the State;
(3) facilitate the communication and analysis of health information and data among the health care professionals providing care for stroke patients;

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

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

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

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

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

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

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

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

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

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

4. The Commissioner of Health shall, pursuant to the
seq.), promulgate rules and regulations as may be necessary to
implement this act.

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

6. This act shall take effect immediately.

STATEMENT

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

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

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

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

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

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

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

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