

ASSEMBLY COMMITTEE SUBSTITUTE FOR  
**ASSEMBLY, No. 1176**

**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

ADOPTED JANUARY 27, 2020

**Sponsored by:**

**Assemblyman ANDREW ZWICKER**  
**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**  
**Assemblyman ROY FREIMAN**  
**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**  
**Assemblywoman VERLINA REYNOLDS-JACKSON**  
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**Senator VIN GOPAL**  
**District 11 (Monmouth)**  
**Senator PAUL A. SARLO**  
**District 36 (Bergen and Passaic)**

**Co-Sponsored by:**

**Assemblyman Houghtaling, Assemblywoman Downey, Assemblymen  
Space, Wirths, Senators Doherty and Bateman**

**SYNOPSIS**

Requires DOH to license certain qualifying hospitals to provide full service adult diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services.

**CURRENT VERSION OF TEXT**

Substitute as adopted by the Assembly Health Committee.



**(Sponsorship Updated As Of: 12/17/2020)**

1 AN ACT concerning hospital licensure to perform certain cardiac  
2 procedures, amending P.L.1992, c.160, and supplementing Title  
3 26 of the Revised Statutes.

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

7  
8 1. (New section) As used in P.L. , c. (C. ) (pending  
9 before the Legislature as this bill):

10 “Angioplasty” or “percutaneous coronary intervention” means  
11 the mechanical reopening of an occluded vessel in the heart or  
12 corona using a balloon-tipped catheter.

13 “Applicant hospital” means a general hospital that has entered  
14 into a collaboration agreement with a cardiac surgery center  
15 licensed in New Jersey.

16 “Application” means all information required by the  
17 commissioner of an applicant hospital to determine compliance with  
18 P.L. , c. (C. ) (pending before the Legislature as this bill).

19 “C-PORT-E study” means the Atlantic Cardiovascular Patient  
20 Outcomes Research Team Elective Angioplasty Study clinical trial.

21 “Collaboration agreement” means an agreement between a  
22 licensed cardiac surgery center and a general hospital that includes:

23 (1) written protocols for enrolled patients who require transfer  
24 to, and receipt at, a cardiac surgery center’s operating room within  
25 one hour of the determination of the need for such transfer,  
26 including the emergency transfer of patients who require an intra-  
27 aortic balloon pump;

28 (2) regular consultation between the two hospitals on individual  
29 cases, including use of technology to share case information in a  
30 rapid manner; and

31 (3) evidence of adequate cardiac surgery on-call backup.

32 “Commissioner” means the Commissioner of Health.

33 “Department” means the Department of Health.

34 “Elective angioplasty” means an angioplasty or percutaneous  
35 coronary intervention performed on a non-emergent basis.

36 “Full service adult diagnostic cardiac catheterization facility”  
37 means an acute care general hospital that provides invasive cardiac  
38 diagnostic services to adult patients without cardiac surgery backup,  
39 is equipped with laboratories, and performs at least 250 cardiac  
40 catheterizations each year.

41 “Primary angioplasty” means an angioplasty or percutaneous  
42 coronary intervention performed on an acute or emergent basis.

43  
44 2. (New section) a. An applicant hospital may apply to the  
45 commissioner for a license to provide full service adult diagnostic

**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 cardiac catheterization services. The commissioner shall issue a  
2 license pursuant to such application to any hospital that:

- 3 (1) is not licensed as a cardiac surgery center;
- 4 (2) demonstrates the ability to provide full service adult  
5 diagnostic catheterization services consistent with national  
6 standards of care and current best practices;
- 7 (3) commencing in the second year of licensure pursuant to this  
8 subsection, and in each year thereafter, performs at least 250  
9 catheterizations per year, with each interventional cardiologist  
10 performing at least 50 catheterizations per year; and
- 11 (4) meets such other requirements as the commissioner may  
12 establish by regulation including, but not limited to, participation in  
13 the department's data collection programs and in national registries  
14 such as the National Cardiovascular Data Registry to monitor  
15 quality, outcomes, and compliance with State regulations.

16 b. An applicant hospital may apply to the commissioner for a  
17 license to provide primary angioplasty services. The commissioner  
18 shall issue a license pursuant to such application to any hospital  
19 that:

- 20 (1) is not licensed as a cardiac surgery center;
- 21 (2) has been licensed for at least six months pursuant to  
22 subsection a. of this section to provide full service adult diagnostic  
23 catheterization services;
- 24 (3) demonstrates the ability to consistently provide primary  
25 angioplasty services 24 hour per day and seven days per week,  
26 consistent with national standards of care and current best practices;  
27 and
- 28 (4) meets such other requirements as the commissioner may  
29 establish by regulation.

30 c. An applicant hospital may apply to the commissioner for a  
31 license to provide elective angioplasty services. The commissioner  
32 shall issue a license pursuant to such application to any hospital  
33 that:

- 34 (1) is not licensed as a cardiac surgery center;
- 35 (2) holds licensure to participate in the C-PORT-E study or the  
36 Elective Angioplasty Demonstration Project, or is an applicant  
37 hospital licensed by the department to provide primary angioplasty  
38 services pursuant to subsection b. of this section;
- 39 (3) demonstrates the ability to provide elective angioplasty  
40 services consistent with the provisions of N.J.A.C.8:33-3.11 or any  
41 successor regulation, as well as national standards of care and  
42 current best practices, including ensuring that all patients  
43 considered for elective angioplasty undergo careful selection,  
44 screening, and risk stratification pursuant to requirements  
45 promulgated by the department by regulation, and ensuring that  
46 patients who do not meet such screening criteria are transferred to  
47 an appropriate cardiac surgery facility for elective angioplasty;
- 48 (4) commencing in the second year of licensure pursuant to this  
49 subsection, and in each year thereafter, performs a minimum of 200

1 angioplasty procedures per year, with each interventional  
2 cardiologist performing at least 50 angioplasty procedures per year;  
3 and

4 (5) meets such other requirements as the commissioner may  
5 establish by regulation.

6 d. (1) A hospital issued a license pursuant to subsection a. or  
7 b. of this section that fails to meet the qualification requirements for  
8 that license shall be subject to corrective administrative action or  
9 other remedial action as the commissioner may establish by  
10 regulation, including, but not limited to, submitting a corrective  
11 action plan to the department for approval and meeting any  
12 benchmarks or deadlines for compliance as may be required by the  
13 department.

14 (2) A hospital issued a license pursuant to subsection c. of this  
15 section shall have two years to meet the volume requirements set  
16 forth in paragraph (4) of subsection c. of this section. A hospital  
17 that fails to meet or maintain the qualification requirements for that  
18 license, including the volume requirements set forth in paragraph  
19 (4) of subsection c. of this section, shall be subject to corrective  
20 administrative action or other remedial action as the commissioner  
21 may establish by regulation, including, but not limited to,  
22 submitting a corrective action plan to the department for approval  
23 and meeting any benchmarks or deadlines for compliance as may be  
24 required by the department. If a hospital that has entered into a  
25 corrective action plan pursuant to this subsection fails to meet and  
26 maintain the qualification requirements for a license issued pursuant  
27 to subsection c. of this section, including attaining the volume  
28 requirements set forth in paragraph (4) of subsection c. of this  
29 subsection, within two years after the hospital enters into a  
30 corrective action plan, the hospital's license issued pursuant to  
31 subsection c. of this section shall be revoked.

32 e. The department may impose fines, suspend or revoke a  
33 license, require corrective administrative action or other remedial  
34 action, including requiring submission of a corrective action plan,  
35 or impose other lawful remedies against any entity issued a license  
36 pursuant to this section that violates any of the requirements of this  
37 section. Subject to the provisions of subsection d. of this section,  
38 the department may revoke the license of a hospital authorized to  
39 provide any cardiac service, including elective angioplasty, which  
40 fails to comply with the licensing requirements set forth in this  
41 section related to that license, including facility volume  
42 requirements, within two years after the date of licensure.

43 f. (1) Diagnostic cardiac catheterization and angioplasty  
44 programs in all cardiac surgery facilities shall meet such other  
45 requirements as the commissioner may establish by regulation  
46 including, but not limited to, participation in the department's data  
47 collection programs and in national registries such as the National  
48 Cardiovascular Data Registry to monitor quality, outcomes, and  
49 compliance with State regulations.

1 (2) A licensed cardiac surgery facility may request a waiver  
2 based on documented and continued accreditation by the  
3 Accreditation for Cardiovascular Excellence or by a national  
4 organization or association that meets similar standards specific to  
5 cardiac catheterization and percutaneous coronary intervention.  
6 Licensed facilities that seek accreditation shall provide the  
7 department with access to reports, site visits, site visit reviews, any  
8 notice related to compliance standards, and notices related to  
9 change of accreditation status.

10 g. The commissioner shall establish by regulation the  
11 application and renewal fees for licenses issued pursuant to this  
12 section, including a nonrefundable fee for initial licensure in the  
13 amount of at least \$5,000.

14

15 3. (New section) Prior to performing any procedure authorized  
16 under a license issued pursuant to section 2 of P.L. , c. (C. )  
17 (pending before the Legislature as this bill), the applicant hospital  
18 shall furnish the following information to the patient and afford the  
19 patient the opportunity to review and consider such information  
20 before being asked to consent in writing to the procedure:

21 a. notice included with the informed consent form that the  
22 procedure is not being performed at a licensed cardiac surgery  
23 center, and in the event that the patient requires emergency cardiac  
24 surgery, the patient will be transferred to a licensed cardiac surgery  
25 center; and

26 b. details concerning the applicant hospital's plan and protocols  
27 for transferring patients who require emergency cardiac surgery,  
28 including the name and location of the cardiac surgery center with  
29 which the applicant hospital has entered into a collaboration  
30 agreement.

31 The applicant hospital shall, upon request, furnish the patient  
32 with a written copy of the hospital's transfer protocols, including  
33 transportation and associated charges for transportation, and a  
34 summary of the collaboration agreement.

35

36 4. Section 19 of P.L.1992, c.160 (C.26:2H-7a) is amended to  
37 read as follows:

38 19. Notwithstanding the provisions of section 7 of P.L.1971,  
39 c.136 (C.26:2H-7) to the contrary, the following are exempt from  
40 the certificate of need requirement:

41 Community-based primary care centers;

42 Outpatient drug and alcohol services;

43 Hospital-based medical detoxification for drugs and alcohol;

44 Ambulance and invalid coach services;

45 Mental health services which are non-bed related outpatient  
46 services;

47 Full service diagnostic catheterization services, primary  
48 angioplasty services, and elective angioplasty services in

1 accordance with a license issued under section 2 of  
 2 P.L. , c. (C. ) (pending before the Legislature as this bill);  
 3 Residential health care facility services;  
 4 Dementia care homes;  
 5 Capital improvements and renovations to health care facilities;  
 6 Additions of medical/surgical, adult intensive care and adult  
 7 critical care beds in hospitals;  
 8 Inpatient special psychiatric beds used solely for services for  
 9 patients with co-occurring mental health and substance use  
 10 disorders;  
 11 Replacement of existing major moveable equipment;  
 12 Inpatient operating rooms;  
 13 Alternate family care programs;  
 14 Hospital-based subacute care;  
 15 Ambulatory care facilities;  
 16 Comprehensive outpatient rehabilitation services;  
 17 Special child health clinics;  
 18 New technology in accordance with the provisions of section 18  
 19 of P.L.1998, c.43 (C.26:2H-7d);  
 20 Transfer of ownership interest except in the case of an acute care  
 21 hospital;  
 22 Change of site for approved certificate of need within the same  
 23 county;  
 24 Additions to vehicles or hours of operation of a mobile intensive  
 25 care unit;  
 26 Relocation or replacement of a health care facility within the  
 27 same county, except for an acute care hospital;  
 28 Continuing care retirement communities authorized pursuant to  
 29 P.L.1986, c.103 (C.52:27D-330 et seq.);  
 30 Magnetic resonance imaging;  
 31 Adult day health care facilities;  
 32 Pediatric day health care facilities;  
 33 Chronic or acute renal dialysis facilities; and  
 34 Transfer of ownership of a hospital to an authority in accordance  
 35 with P.L.2006, c.46 (C.30:9-23.15 et al.).  
 36 (cf: P.L.2017, c.94, s.1)

37  
 38 5. The Commissioner of Health may, pursuant to the  
 39 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et  
 40 seq.), adopt such rules and regulations as shall be necessary to  
 41 implement the provisions of this act.

42  
 43 6. This act shall take effect on the 90th day after the date of  
 44 enactment, except that the Commissioner of Health may take  
 45 anticipatory administrative action in advance as shall be necessary  
 46 for the implementation of the provisions of this act.