

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

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

**STATE OF NEW JERSEY**

DATED: DECEMBER 7, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably Assembly Bill No. 1176 ACS.

This bill requires the Department of Health (DOH) to license certain hospitals to provide full service adult diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services.

Specifically, the bill provides that a hospital that is not a licensed cardiac surgery center may apply to the Commissioner of Health (commissioner):

- For a license to provide full service diagnostic cardiac catheterization services, provided that, commencing in the second year of licensure, and in each year thereafter, the hospital performs at least 250 catheterizations per year, with each interventional cardiologist performing at least 50 catheterizations per year. In addition, the hospital will be required to participate in the DOH's data collection programs and in national registries to monitor quality, outcomes, and compliance with State regulations;
- For a license to provide primary angioplasty services, which are angioplasty procedures performed on an acute or emergency basis, provided the hospital has been licensed to provide full service adult diagnostic catheterization services under the bill for at least six months; and
- For a license to provide elective angioplasty services, provided the hospital is licensed to provide primary angioplasty services under the bill or was licensed to participate in the Atlantic Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study (C-PORT-E) clinical trial or the State Elective Angioplasty Demonstration Project, and, commencing in the second year of licensure, and in each year thereafter, performs a minimum of 200 elective angioplasty procedures per year, with each interventional cardiologist performing at least 50 elective angioplasty procedures per year. The hospital will additionally be required to ensure all prospective elective angioplasty patients undergo careful selection, screening, and risk stratification.

A hospital applying for licensure under the bill will be required to enter into a collaboration agreement with a licensed cardiac surgery center; the agreement is to include written protocols for transferring patients requiring emergency cardiac surgery to the licensed cardiac surgery center, regular consultation between the hospitals on individual cases, and evidence of adequate cardiac surgery on-call backup. Applicant hospitals will further be required to demonstrate the ability to provide services consistent with national standards of care and current best practices and to meet any other requirements established by the commissioner by regulation. The commissioner will be permitted to waive any requirement for licensure based on the applicant hospital's special experience with cardiac and endovascular catheterizations.

A hospital issued a license to provide elective angioplasty procedures will have two years to meet the volume requirements for that license as specified in the bill.

Any facility issued a license under the bill that fails to comply with the qualification requirements for that license will be required to submit a corrective action plan to the DOH and comply with any benchmarks or deadline for compliance as the DOH may require. In the case of a hospital issued a license to provide elective angioplasty services that is subject to a corrective action plan, the hospital will have two years to meet the requirements for licensure, including the volume requirements set forth in the bill, or the hospital's license to provide elective angioplasty services will be revoked. The DOH will also be authorized to impose fines, suspend or revoke a license, or impose other lawful remedies against a hospital issued any license under the bill for a violation of the requirements of the bill.

Before providing services authorized pursuant to a license issued under the bill or requesting written consent for the procedures, a hospital will be required to ensure that patients receive, and have an opportunity to review, written notice providing that the procedure is not being performed at a licensed cardiac surgery center, the patient will be transferred to a licensed cardiac surgery center in the event of an emergency, and the name and location of the cardiac surgery center with which the applicant hospital has entered into a collaboration agreement. The hospital is to additionally provide patients, upon request, with a written copy of the hospital's transfer protocols, including transportation and associated charges for transportation, and a summary of the collaboration agreement. The bill provides an exception from the certificate of need requirement for diagnostic catheterization and angioplasty services authorized by a license issued under the bill.

Angioplasty, which is also known as percutaneous coronary intervention, is a procedure used to widen clogged arteries and help remove blockages, restoring blood flow and potentially reducing the risk of an adverse cardiac event.

As reported by the committee, Assembly Bill No. 1176 (ACS) is identical to Senate Bill No. 515, which the committee also reported on this date, with amendments.