

[First Reprint]

**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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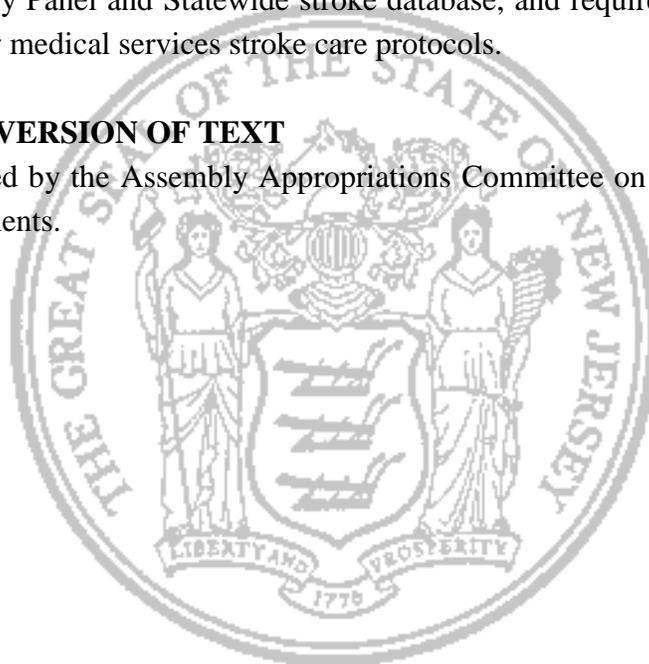
**Assemblywoman Reynolds-Jackson, Assemblyman Verrelli and  
Assemblywoman McKnight**

**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 reported by the Assembly Appropriations Committee on June 13, 2019, with amendments.



**(Sponsorship Updated As Of: 6/21/2019)**

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 <sup>1</sup>,  
12 thrombectomy-capable,<sup>1</sup> or comprehensive stroke centers or acute  
13 stroke ready hospitals.

14 a. A hospital shall apply to the commissioner for designation and  
15 shall demonstrate to the satisfaction of the commissioner that the  
16 hospital **[meets the criteria set forth in section 3 or 4 of this act for]**  
17 has been certified as a primary <sup>1</sup>, thrombectomy-capable,<sup>1</sup> or  
18 comprehensive stroke center or as an acute stroke ready hospital,  
19 respectively, by the Joint Commission, the American Heart  
20 Association, the Healthcare Facilities Accreditation Program, DNV  
21 GL, or another organization that provides such certifications as may be  
22 approved by the commissioner. A facility designated as a primary or  
23 comprehensive stroke center prior to the effective date of P.L. , c.  
24 (pending before the Legislature as this bill) shall retain such  
25 designation by obtaining, and providing the commissioner with  
26 documentation of, the appropriate certification by the Joint  
27 Commission, the American Heart Association, the Healthcare  
28 Facilities Accreditation Program, DNV GL, or another approved  
29 organization within three years of the effective date of P.L. , c.  
30 (pending before the Legislature as this bill), except that the  
31 commissioner may grant the facility up to two one-year extensions to  
32 obtain the appropriate certification, provided the facility certifies that  
33 the additional time is necessary to obtain the appropriate certification.

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

**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.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AAP committee amendments adopted June 13, 2019.

1 c. <sup>1</sup>The commissioner shall designate as many hospitals as  
2 thrombectomy-capable stroke centers as apply for the designation,  
3 provided that the hospital meets the certification requirements set forth  
4 in subsection a. of this section.

5 d.<sup>1</sup> The commissioner shall designate as many hospitals as  
6 comprehensive stroke centers as apply for the designation, provided  
7 that the hospital meets the [criteria set forth in section 4 of this act]  
8 certification requirements set forth in subsection a. of this section.

9 <sup>1</sup>[d.] e.<sup>1</sup> The commissioner shall designate as many hospitals as  
10 acute stroke ready hospitals as apply for the designation, provided that  
11 the hospital meets the certification requirements set forth in subsection  
12 a. of this section.

13 <sup>1</sup>[e.] f.<sup>1</sup> The commissioner shall appropriately recognize stroke  
14 centers that have attained a level of stroke care distinction recognized  
15 by the Joint Commission, the American Heart Association, the  
16 Healthcare Facilities Accreditation Program, DNV GL, or another  
17 organization approved by the commissioner as a nationally-  
18 recognized, guidelines-based organization that provides such  
19 distinctions. Stroke centers that have attained a distinction that shall  
20 be recognized pursuant to this subsection may include, but shall not be  
21 not limited to, centers that offer mechanical endovascular therapies.

22 <sup>1</sup>[f.] g.<sup>1</sup> The commissioner may suspend or revoke a hospital's  
23 designation as a stroke center or acute stroke ready hospital, after  
24 notice and hearing, if the commissioner determines that the hospital is  
25 not in compliance with the requirements of this act.

26 <sup>1</sup>[g.] h.<sup>1</sup> The commissioner shall encourage primary <sup>1</sup>,  
27 thrombectomy-capable,<sup>1</sup> and comprehensive stroke centers to  
28 coordinate, by written agreement, with acute stroke ready hospitals  
29 throughout the State to provide appropriate access to care for acute  
30 stroke patients. Agreements made pursuant to this subsection shall  
31 include: (1) transfer agreements for the transport to and acceptance of  
32 stroke patients by stroke centers for the provision of stroke treatment  
33 therapies an acute stroke ready hospital is unable to provide; and (2)  
34 any communication criteria and protocols as shall be necessary to  
35 effectuate the agreement.

36 <sup>1</sup>[h.] i.<sup>1</sup> The Commissioner of Health shall prepare, maintain,  
37 and make available on the Department of Health website a list of  
38 facilities designated as primary stroke centers, <sup>1</sup>, thrombectomy-  
39 capable stroke centers,<sup>1</sup> comprehensive stroke centers, and acute  
40 stroke ready hospitals. A current copy of the list shall be transmitted  
41 to each emergency medical services provider, as defined in subsection  
42 e. of section 3 of P.L. , c. (C. ) (pending before the Legislature  
43 as this bill), no later than June 1 of each year.

44 <sup>1</sup>[i.] j.<sup>1</sup> (1) Primary <sup>1</sup>, thrombectomy-capable,<sup>1</sup> and  
45 comprehensive stroke centers and acute stroke ready hospitals shall, on  
46 a quarterly basis, submit to the department data concerning stroke care  
47 that are deemed appropriate by the Department of Health, and that, at a

1 minimum, align with the stroke consensus measures jointly supported  
2 by the Joint Commission, the United States Centers for Disease  
3 Control and Prevention's Paul Coverdell National Acute Stroke  
4 Registry, American Heart Association, and the American Stroke  
5 Association.

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

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

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

13

14 2. (New section) a. In order to ensure the implementation of a  
15 strong Statewide system of stroke care, there is established in the  
16 Department of Health the Stroke Care Advisory Panel, which, subject  
17 to subsection c. of this section, shall consist of 13 members, as  
18 follows: the Commissioner of Health, or a designee, who shall serve  
19 ex officio; the Director of the Office of Emergency Medical Services  
20 in the Department of Health, or a designee, who shall serve ex officio;  
21 and 11 public members to be appointed by the Governor. The public  
22 members shall include a nurse who is experienced in stroke care; a  
23 hospital physician who has clinical experience in neurosurgical or  
24 neuroendovascular intervention for stroke and who serves as the  
25 director of a primary <sup>1</sup>, thrombectomy-capable,<sup>1</sup> or comprehensive  
26 stroke center; and representatives of the New Jersey First Aid Council,  
27 the American Stroke Association, primary <sup>1</sup>thrombectomy-capable,<sup>1</sup>  
28 and comprehensive stroke centers, acute stroke ready hospitals,  
29 hospitals located in urban and rural areas of the State, physicians, and  
30 volunteer and non-volunteer emergency medical services providers.  
31 Public members shall serve for a term of two years and shall be  
32 eligible for reappointment.

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

45 c. The chairperson, vice-chairperson, and any public members of  
46 the Stroke Advisory Panel constituted in the Department of Health as  
47 of the effective date of P.L. , c. (C. ) (pending before the  
48 Legislature as this bill) may choose to remain on the Stroke Care

1 Advisory Panel for up to one year following the effective date of  
2 P.L. , c. (C. ) (pending before the Legislature as this bill).  
3 Thereafter, the public members shall be eligible for reappointment  
4 pursuant to subsection a. of this section, and the chairperson and vice-  
5 chairperson shall be eligible for re-selection for their positions  
6 pursuant to subsection b. of this section.

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

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

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

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

27 (4) enhance coordination and communication between hospitals,  
28 primary <sup>1</sup> thrombectomy-capable,<sup>1</sup> and comprehensive stroke centers,  
29 acute stroke ready hospitals, and other support services necessary to  
30 assure access to effective and efficient stroke care;

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

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

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

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

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

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

11       c. Each emergency medical services provider in the State shall  
12 establish pre-hospital care protocols related to the assessment,  
13 treatment, and transport of stroke patients, which shall include, but not  
14 be limited to, plans for the triage and transport of acute stroke patients  
15 to the most appropriate primary <sup>1</sup>, thrombectomy-capable,<sup>1</sup> or  
16 comprehensive stroke center or, when appropriate, acute stroke ready  
17 hospital, within a specified timeframe following the onset of  
18 symptoms.

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

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

29  
30       <sup>1</sup>4. The Commissioner of Health shall, pursuant to the  
31 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),  
32 promulgate rules and regulations as may be necessary to implement  
33 this act.<sup>1</sup>

34  
35       <sup>1</sup>5. The following sections are repealed:  
36 Section 3 of P.L.2004, c.136 (C.26:2H-12.29); and  
37 Section 4 of P.L.2004, c.136 (C.26:2H-12.30).<sup>1</sup>

38  
39       <sup>1</sup>**[4.] 6.**<sup>1</sup> This act shall take effect immediately.