

[Third Reprint]

ASSEMBLY, No. 3670

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED MARCH 13, 2018

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**Assemblywoman Reynolds-Jackson, Assemblyman Verrelli,
Assemblywoman McKnight, Senators Diegnan, Gill, Turner, Brown,
Greenstein and Madden**

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 Senate Budget and Appropriations Committee on January 6, 2020, with amendments.

(Sponsorship Updated As Of: 1/14/2020)

1 AN ACT concerning stroke care, amending ²and supplementing²
 2 P.L.2004, c.136, ²supplementing Title 27 of the Revised
 3 Statutes, and² repealing sections 3 and 4 of P.L.2004, c.136 ²【,
 4 and supplementing various parts of the statutory law】².

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

8
 9 1. Section 2 of P.L.2004, c.136 (C.26:2H-12.28) is amended to
 10 read as follows:

11 2. The Commissioner of Health shall designate hospitals that
 12 meet the criteria set forth in this **【act】** section as primary ¹,
 13 thrombectomy-capable,¹ or comprehensive stroke centers or acute
 14 stroke ready hospitals.

15 a. A hospital shall apply to the commissioner for designation
 16 and shall demonstrate to the satisfaction of the commissioner that
 17 the hospital **【meets the criteria set forth in section 3 or 4 of this act**
 18 **for】** has been certified as a primary ¹, thrombectomy-capable,¹ or
 19 comprehensive stroke center or as an acute stroke ready hospital,
 20 respectively, by the Joint Commission, the American Heart
 21 Association, ³【the Healthcare Facilities Accreditation Program,】³
 22 DNV GL, or another organization that provides such certifications
 23 as may be approved by the commissioner. A facility designated as
 24 a primary or comprehensive stroke center prior to the effective date
 25 of P.L. , c. ³(C.)³ (pending before the Legislature as this
 26 bill) shall retain such designation by obtaining, and providing the
 27 commissioner with documentation of, the appropriate certification
 28 by the Joint Commission, the American Heart Association, ³【the
 29 Healthcare Facilities Accreditation Program,】³ DNV GL, or
 30 ³【another】 other³ approved organization within three years of the
 31 effective date of P.L. , c. ³(C.)³ (pending before the
 32 Legislature as this bill), except that the commissioner may grant the
 33 facility up to two one-year extensions to obtain the appropriate
 34 certification, provided the facility certifies that the additional time
 35 is necessary to obtain the appropriate certification. ²Failure to meet
 36 the requirements of this subsection shall be deemed a voluntary
 37 surrender of the hospital's prior designation as a primary or
 38 comprehensive stroke center. A hospital that has its certification by
 39 the Joint Commission, the American Heart Association, ³【the
 40 Healthcare Facilities Accreditation Program,】³ DNV GL, or other
 41 certifying organization revoked shall report the revocation to the
 42 Department of Health no later than five days after the date the

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:

¹Assembly AAP committee amendments adopted June 13, 2019.

²Senate SHH committee amendments adopted November 14, 2019.

³Senate SBA committee amendments adopted January 6, 2020.

1 hospital receives notice of the revocation from the certifying
2 entity.²

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

13 c. ¹The commissioner shall designate as many hospitals as
14 thrombectomy-capable stroke centers as apply for the designation,
15 provided that the hospital meets the certification requirements set
16 forth in subsection a. of this section.

17 d.¹ The commissioner shall designate as many hospitals as
18 comprehensive stroke centers as apply for the designation, provided
19 that the hospital meets the **【**criteria set forth in section 4 of this act¹**】**
20 certification requirements set forth in subsection a. of this section.

21 **¹【d.】** e.¹ The commissioner shall designate as many hospitals
22 as acute stroke ready hospitals as apply for the designation,
23 provided that the hospital meets the certification requirements set
24 forth in subsection a. of this section.

25 **¹【e.】** f.¹ The commissioner shall appropriately recognize stroke
26 centers that have attained a level of stroke care distinction
27 recognized by the Joint Commission, the American Heart
28 Association, ³**【**the Healthcare Facilities Accreditation Program,³**】**
29 DNV GL, or another nationally-recognized, guidelines-based
30 organization that provides such distinctions and is approved by the
31 commissioner. Stroke centers that have attained a distinction that
32 shall be recognized pursuant to this subsection may include, but
33 shall not be not limited to, centers that offer mechanical
34 endovascular therapies.

35 **¹【f.】** g.¹ The commissioner may suspend or revoke a hospital's
36 designation as a stroke center or acute stroke ready hospital, after
37 notice and hearing, if the commissioner determines that the hospital
38 is not in compliance with the requirements of this act.

39 **¹【g.】** h.¹ The commissioner shall encourage primary ¹,
40 thrombectomy-capable,¹ and comprehensive stroke centers to
41 coordinate, by written agreement, with acute stroke ready hospitals
42 throughout the State to provide appropriate access to care for acute
43 stroke patients. Agreements made pursuant to this subsection shall
44 include: (1) transfer agreements for the transport to and acceptance
45 of stroke patients by stroke centers for the provision of stroke
46 treatment therapies an acute stroke ready hospital is unable to

1 provide; and (2) any communication criteria and protocols as shall
2 be necessary to effectuate the agreement.

3 ¹[h.] i.¹ ²Each hospital that is not a designated comprehensive
4 stroke center shall, no later than 180 days after the effective date of
5 P.L. , c. (C.) (pending before the Legislature as this bill),
6 enter into an agreement with at least one State-designated
7 comprehensive stroke center, which agreement shall, at a minimum:

8 (1) include protocols for engaging in prompt telephonic or video
9 consultation to assess and make treatment recommendations for
10 suspected stroke patients;

11 (2) provide, where most clinically appropriate, consistent with
12 patient safety and patient consent, for the ³[urgent] effective and
13 efficient³ transfer of patients needing the services of the
14 comprehensive stroke center ³, particularly in time-sensitive cases
15 including, but not limited to, large vessel occlusion³ ; and

16 (3) include a provision to access educational resources available
17 from the comprehensive stroke center to expand the knowledge base
18 of providers at the acute care general hospital.

19 The agreement shall be filed with the Department of Health
20 within 30 days.

21 j.² The Commissioner of Health shall prepare, maintain, and
22 make available on the Department of Health website a list of
23 facilities designated as primary stroke centers ³[.]³ ¹,
24 thrombectomy-capable stroke centers,¹ comprehensive stroke
25 centers, and acute stroke ready hospitals. A current copy of the list
26 shall be transmitted to each emergency medical services provider,
27 as defined in subsection e. of section 3 of P.L. , c. (C.)
28 (pending before the Legislature as this bill), no later than June 1 of
29 each year.

30 ¹[i.] ²[j.¹] k.² (1) Primary ¹, thrombectomy-capable,¹ and
31 comprehensive stroke centers and acute stroke ready hospitals shall,
32 on a quarterly basis, submit to the department data concerning
33 stroke care that are deemed appropriate by the Department of
34 Health, and that, at a minimum, align with the stroke consensus
35 measures jointly supported by the Joint Commission, the United
36 States Centers for Disease Control and Prevention's Paul Coverdell
37 National Acute Stroke Registry, American Heart Association, and
38 the American Stroke Association.

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

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

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

1 2. (New section) a. In order to ensure the implementation of a
2 strong Statewide system of stroke care, there is established in the
3 Department of Health the Stroke Care Advisory Panel, which,
4 subject to subsection c. of this section, shall consist of ²[13] ¹⁸²
5 members, as follows: the Commissioner of Health, or a designee,
6 who shall serve ex officio; the Director of the Office of Emergency
7 Medical Services in the Department of Health, or a designee, who
8 shall serve ex officio; and ²[11] ¹⁶² public members to be
9 appointed by the Governor. The public members shall include ²[a
10 nurse who is experienced in stroke care; a hospital physician who
11 has clinical experience] two nurses who provide stroke care at a
12 comprehensive stroke center; one nurse who provides stroke care at
13 a primary stroke center; three hospital physicians who are ³[board-
14 certified²] fellowship trained neuro-interventionalists³ in
15 neurosurgical or neuroendovascular intervention for stroke and who
16 ²[serves] serve² as the director of a primary ¹, thrombectomy-
17 capable,¹ or comprehensive stroke center; ²[and representatives of
18 the New Jersey First Aid Council, the American Stroke Association,
19 primary ¹thrombectomy-capable,¹ and comprehensive stroke
20 centers, acute stroke ready hospitals, hospitals located in urban and
21 rural areas of the State, physicians, and volunteer and non-volunteer
22 emergency medical services providers] two physicians who are
23 board-certified in neurology or neurosurgery who provide stroke
24 care, and who serve as the medical director of a primary ³or
25 comprehensive³ stroke center; a hospital physician who has clinical
26 experience in non-surgical intervention for stroke; a patient
27 advocate; a representative from a New Jersey facility that provides
28 rehabilitation services to stroke patients; two representatives from
29 emergency medical services providers that transport possible acute
30 stroke patients; a representative from the American Stroke
31 Association; a representative from the New Jersey Hospital
32 Association; and a representative from the Medical Society of New
33 Jersey² . Public members shall serve for a term of two years and
34 shall be eligible for reappointment.

35 b. The Stroke Care Advisory Panel established under this
36 section shall organize as soon as practicable but no later than 60
37 days after the effective date of ³[this act] P.L. __, c. (C. __)³ ,
38 and, except as provided in subsection c. of this section, shall select
39 a chairperson and a vice-chairperson from among its members. The
40 chairperson shall appoint a secretary who need not be a member of
41 the panel. The panel shall meet no less than four times per year and
42 at such other times as may be necessary to discharge its duties.
43 Members shall serve without compensation but shall be reimbursed
44 for necessary expenses incurred in the performance of their duties
45 within the limits of funds appropriated for that purpose. The
46 Department of Health shall provide staff services to the panel.

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

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

21 (1) analyze the Statewide stroke database maintained pursuant
22 to paragraph (2) of subsection ³[i.] k.³ of section 2 of P.L.2004,
23 c.136 (C.26:2H-12.28) to identify potential interventions to improve
24 the provision of stroke care in the State, with a focus on identifying
25 and improving care in underserved regions and populations of the
26 State;

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

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

33 (4) enhance coordination and communication between hospitals,
34 primary ¹, thrombectomy-capable,¹ and comprehensive stroke
35 centers, acute stroke ready hospitals, and other support services
36 necessary to assure access to effective and efficient stroke care ³,
37 particularly in time-sensitive cases including, but not limited to,
38 large vessel occlusion³ ;

39 (5) develop ³[evidence-based]³ treatment ³[guidelines]
40 protocols³ regarding the transitioning of patients to community-
41 based follow-up care in hospital outpatient, physician office, and
42 ambulatory clinic settings for ongoing care after hospital discharge
43 following acute treatment for stroke;

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

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

5 e. ²The Department of Health shall assign a current employee
6 to the Stroke Care Advisory Panel, which employee shall have
7 primary responsibility for assisting the panel in carrying out its
8 responsibilities with respect to data analysis, data sharing, data
9 oversight, and data reporting. If the department does not have a
10 current employee available who has the requisite skills, training,
11 and experience to fulfil this role, the department may contract with
12 an appropriate third party patient safety organization to perform this
13 function for the panel on an at cost or no cost basis.

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

20
21 3. (New section) a. ²【The Office of Emergency Medical
22 Services in the Department】 No later than June 1 of each year, the
23 Commissioner² of Health shall adopt a nationally recognized
24 standardized stroke triage assessment tool²【, which shall be made
25 available on the Department of Health website and shall be
26 transmitted to each emergency medical services provider in the
27 State no later than June 1 of each year】 to be used by emergency
28 medical services providers and protocols for the treatment and
29 timely transport of acute stroke patients to the hospital with the
30 most appropriate level of stroke care capability for the³effective
31 and efficient treatment of the³ patient’s condition. No later than
32 May 1 of each year, the Office of Emergency Medical Services in
33 the Department of Health, in consultation with the Stroke Advisory
34 Panel established pursuant to section 2 of P.L. , c. (C.)
35 (pending before the Legislature as this bill), shall provide the
36 commissioner with a non-binding list of recommendations to assist
37 the commissioner in adopting a stroke triage assessment tool and
38 protocols pursuant to this subsection².

39 b. Each emergency medical services provider in the State shall
40 ²【develop and】² implement³【a stroke triage assessment tool that is
41 substantially similar to】³ the³ nationally-recognized³ standardized
42 stroke triage assessment tool adopted pursuant to subsection a. of
43 this section.³Nothing in this section shall be construed to prevent
44 an emergency medical services provider from adopting, or require
45 an emergency medical services provider to adopt, additional stroke
46 assessment protocols.³

1 c. Each emergency medical services provider in the State shall
2 establish pre-hospital care protocols related to the assessment,
3 treatment, and transport of stroke patients, which shall include, but
4 not be limited to, plans for the triage and transport of acute stroke
5 patients to the most appropriate primary ¹, thrombectomy-capable,¹
6 or comprehensive stroke center or, when appropriate, acute stroke
7 ready hospital, ³which is capable of providing the most effective
8 and efficient treatment³ within a specified timeframe following the
9 onset of symptoms.

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

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

22
23 ¹4. The Commissioner of Health shall, pursuant to the
24 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),
25 promulgate rules and regulations as may be necessary to implement
26 this act.¹

27
28 ¹5. The following sections are repealed:
29 Section 3 of P.L.2004, c.136 (C.26:2H-12.29); and
30 Section 4 of P.L.2004, c.136 (C.26:2H-12.30).¹

31
32 ¹[4.] 6.¹ This act shall take effect immediately.