

ASSEMBLY, No. 1351

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

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District 14 (Mercer and Middlesex)

Assemblyman THOMAS P. GIBLIN

District 34 (Essex and Passaic)

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Co-Sponsored by:

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

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning stroke care, amending and supplementing
2 P.L.2004, c.136, supplementing Title 27 of the Revised Statutes,
3 and repealing sections 3 and 4 of P.L.2004, c.136.
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 ,
12 thrombectomy-capable, 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 , thrombectomy-capable, 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. ,
24 c. (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. ,
30 c. (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 Failure to meet the requirements of this subsection shall be deemed a
35 voluntary surrender of the hospital's prior designation as a primary or
36 comprehensive stroke center. A hospital that has its certification by
37 the Joint Commission, the American Heart Association, the Healthcare
38 Facilities Accreditation Program, DNV GL, or other certifying
39 organization revoked shall report the revocation to the Department of
40 Health no later than five days after the date the hospital receives notice
41 of the revocation from the certifying entity.

42 b. The commissioner shall designate as many hospitals as primary
43 stroke centers as apply for the designation, provided that the hospital
44 meets the **[criteria set forth in section 3 of this act**. In addition to the
45 criteria set forth in section 3 of this act, the commissioner is

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 encouraged to take into consideration whether the hospital contracts
2 with carriers that provide coverage through the State Medicaid
3 program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.)
4 and the NJ FamilyCare Program, established pursuant to P.L.2005,
5 c.156 (C.30:4J-8 et al.) certification requirements set forth in
6 subsection a. of this section.

7 c. The commissioner shall designate as many hospitals as
8 thrombectomy-capable stroke centers as apply for the designation,
9 provided that the hospital meets the certification requirements set forth
10 in subsection a. of this section.

11 d. The commissioner shall designate as many hospitals as
12 comprehensive stroke centers as apply for the designation, provided
13 that the hospital meets the **criteria set forth in section 4 of this act**
14 certification requirements set forth in subsection a. of this section.

15 **[d.]** e. The commissioner shall designate as many hospitals as
16 acute stroke ready hospitals as apply for the designation, provided that
17 the hospital meets the certification requirements set forth in subsection
18 a. of this section.

19 f. The commissioner shall appropriately recognize stroke centers
20 that have attained a level of stroke care distinction recognized by the
21 Joint Commission, the American Heart Association, the Healthcare
22 Facilities Accreditation Program, DNV GL, or another nationally-
23 recognized, guidelines-based organization that provides such
24 distinctions and is approved by the commissioner. Stroke centers that
25 have attained a distinction that shall be recognized pursuant to this
26 subsection may include, but shall not be not limited to, centers that
27 offer mechanical endovascular therapies.

28 g. The commissioner may suspend or revoke a hospital's
29 designation as a stroke center or acute stroke ready hospital, after
30 notice and hearing, if the commissioner determines that the hospital is
31 not in compliance with the requirements of this act.

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

41 i. Each hospital that is not a designated comprehensive stroke
42 center shall, no later than 180 days after the effective date of P.L. ,
43 c. (C.) (pending before the Legislature as this bill), enter into an
44 agreement with at least one State-designated comprehensive stroke
45 center, which agreement shall, at a minimum:

46 (1) include protocols for engaging in prompt telephonic or video
47 consultation to assess and make treatment recommendations for
48 suspected stroke patients;

1 (2) provide, where most clinically appropriate, consistent with
2 patient safety and patient consent, for the urgent transfer of patients
3 needing the services of the comprehensive stroke center; and

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

7 The agreement shall be filed with the Department of Health within
8 30 days.

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

17 k. (1) Primary, thrombectomy-capable, and comprehensive
18 stroke centers and acute stroke ready hospitals shall, on a quarterly
19 basis, submit to the department data concerning stroke care that are
20 deemed appropriate by the Department of Health, and that, at a
21 minimum, align with the stroke consensus measures jointly supported
22 by the Joint Commission, the United States Centers for Disease
23 Control and Prevention's Paul Coverdell National Acute Stroke
24 Registry, American Heart Association, and the American Stroke
25 Association.

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

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

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

33
34 2. (New section) a. In order to ensure the implementation of a
35 strong Statewide system of stroke care, there is established in the
36 Department of Health the Stroke Care Advisory Panel, which, subject
37 to subsection c. of this section, shall consist of 18 members, as
38 follows: the Commissioner of Health, or a designee, who shall serve
39 ex officio; the Director of the Office of Emergency Medical Services
40 in the Department of Health, or a designee, who shall serve ex officio;
41 and 16 public members to be appointed by the Governor. The public
42 members shall include two nurses who provide stroke care at a
43 comprehensive stroke center; one nurse who provides stroke care at a
44 primary stroke center; three hospital physicians who are board-
45 certified in neurosurgical or neuroendovascular intervention for stroke
46 and who serve as the director of a primary , thrombectomy-capable,¹
47 or comprehensive stroke center; two physicians who are board-
48 certified in neurology or neurosurgery who provide stroke care, and

1 who serve as the medical director of a primary stroke center; a hospital
2 physician who has clinical experience in non-surgical intervention for
3 stroke; a patient advocate; a representative from a New Jersey facility
4 that provides rehabilitation services to stroke patients; two
5 representatives from emergency medical services providers that
6 transport possible acute stroke patients; a representative from the
7 American Stroke Association; a representative from the New Jersey
8 Hospital Association; and a representative from the Medical Society of
9 New Jersey. Public members shall serve for a term of two years and
10 shall be eligible for reappointment.

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

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

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

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

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

4 (3) facilitate the communication and analysis of health information
5 and data among the health care professionals providing care for stroke
6 patients;

7 (4) enhance coordination and communication between hospitals,
8 primary, thrombectomy-capable, and comprehensive stroke centers,
9 acute stroke ready hospitals, and other support services necessary to
10 assure access to effective and efficient stroke care;

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

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

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

22 e. The Department of Health shall assign a current employee to
23 the Stroke Care Advisory Panel, which employee shall have primary
24 responsibility for assisting the panel in carrying out its responsibilities
25 with respect to data analysis, data sharing, data oversight, and data
26 reporting. If the department does not have a current employee
27 available who has the requisite skills, training, and experience to fulfil
28 this role, the department may contract with an appropriate third party
29 patient safety organization to perform this function for the panel on an
30 at cost or no cost basis.

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

37
38 3. (New section) a. No later than June 1 of each year, the
39 Commissioner of Health shall adopt a nationally recognized
40 standardized stroke triage assessment tool to be used by emergency
41 medical services providers and protocols for the treatment and timely
42 transport of acute stroke patients to the hospital with the most
43 appropriate level of stroke care capability for the patient's condition.
44 No later than May 1 of each year, the Office of Emergency Medical
45 Services in the Department of Health, in consultation with the Stroke
46 Advisory Panel established pursuant to section 2 of P.L. ,
47 c. (C.) (pending before the Legislature as this bill), shall provide
48 the commissioner with a non-binding list of recommendations to assist

1 the commissioner in adopting a stroke triage assessment tool and
2 protocols pursuant to this subsection.

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

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

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

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

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

30
31 5. The following sections are repealed:
32 Section 3 of P.L.2004, c.136 (C.26:2H-12.29); and
33 Section 4 of P.L.2004, c.136 (C.26:2H-12.30).
34

35 6. This act shall take effect immediately.
36
37

38 STATEMENT

39
40 This bill establishes various requirements to revise and improve
41 the Statewide system of stroke care by recognizing a new category
42 of certified stroke care facilities, establishing a Statewide stroke
43 care database, mandating stroke care standards and protocols for
44 emergency medical services providers, and establishing a Stroke
45 Care Advisory Panel.

46 Specifically, the bill revises the requirements for designating
47 primary, thrombectomy-capable, and comprehensive stroke centers,
48 and permits the designation of new acute stroke ready hospitals, by

1 providing that the Commissioner of Health (“commissioner”) is to
2 designate any facility that has obtained the requisite certification
3 from the Joint Commission, the American Heart Association, the
4 Healthcare Facilities Accreditation Program, DNV GL, or any other
5 organization that provides certifications for such facilities and is
6 approved by the commissioner. Under current law, the
7 commissioner is tasked with determining which facilities meet the
8 requirements to be designated as a primary, thrombectomy-capable,
9 or comprehensive stroke center in accordance with certain criteria
10 set forth in statute; the bill repeals the provisions detailing these
11 criteria. Stroke care facilities designated pursuant to current law
12 may retain that designation by obtaining and submitting
13 documentation of the appropriate certification to the commissioner
14 within three years after the effective date of the bill, except that the
15 commissioner will be permitted to grant up to two one-year
16 extensions to obtain the appropriate certification, if the facilities
17 certifies the additional time is necessary to obtain the certification.
18 The commissioner is to additionally recognize stroke centers that
19 have attained a level of stroke care distinction recognized by the
20 Joint Commission, the American Heart Association, the Healthcare
21 Facilities Accreditation Program, DNV GL, or another organization
22 approved by the commissioner as a nationally-recognized,
23 guidelines-based organization that provides such distinctions; stroke
24 centers that have attained such distinction may include, but will not
25 be not limited to, centers that offer mechanical endovascular
26 therapies.

27 The bill provides that the failure to submit the required
28 documentation will be deemed a voluntary surrender of the
29 hospital’s designation as a stroke center. In addition, if a hospital
30 has its stroke certification revoked by the certifying entity, the
31 hospital is to report the revocation to the Department of Health
32 (DOH) within five days of the revocation.

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

41 The bill additionally requires all hospitals that are not
42 comprehensive stroke centers to enter into an agreement with at
43 least one State-designated comprehensive stroke center, which
44 agreement is to include protocols for remote consultations,
45 providing for the urgent transfer of stroke patients to the
46 comprehensive stroke center when clinically appropriate, and
47 provide the hospital with access to educational resources available

1 from the comprehensive stroke center. The written agreement is to
2 be filed with the DOH within 30 days.

3 Stroke centers and acute stroke ready hospitals will be required
4 to submit to the DOH, on a quarterly basis, data concerning stroke
5 care, which the DOH will compile into a Statewide stroke database
6 that will be available on the DOH website. The submitted data will,
7 at a minimum, align with the stroke consensus measures jointly
8 supported by the Joint Commission, the United States Centers for
9 Disease Control and Prevention's Paul Coverdell National Acute
10 Stroke Registry, the American Heart Association, and the American
11 Stroke Association. The submitted data will not contain any
12 confidential or personal identifying information.

13 The bill additionally establishes the Stroke Care Advisory Panel
14 in the DOH. The advisory panel is to incorporate the duties,
15 responsibilities, and membership of the Stroke Advisory Panel
16 currently constituted in DOH. The 18-member panel will consist of
17 the commissioner and the Director of the Office of Emergency
18 Medical Services in DOH, or their designees, who will serve ex
19 officio, and 16 public members to be appointed by the Governor.
20 The public members are to include various health care professionals
21 with experience in providing stroke care, two representatives from
22 emergency medical services providers who provide transportation
23 services to stroke patients, a patient advocate, a representative from
24 a facility that provides rehabilitation services to stroke patients, a
25 representative from the American Stroke Association, a
26 representative from the Hospital Association of New Jersey, and a
27 representative from the Medical Society of New Jersey. The public
28 members will serve for a term of two years and will be eligible for
29 reappointment. The public members serving on the current DOH
30 advisory panel will be authorized to remain as public members on
31 the panel created under the bill for up to one year, and will be
32 eligible for reappointment.

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

47 In addition to the duties and responsibilities of the current DOH
48 advisory panel, the panel created under the bill will be charged with

1 assessing the system of stroke care in New Jersey and identifying
2 and recommending means of improving the provision of stroke
3 care, including analyzing the Statewide stroke database established
4 under the bill; encouraging information and data sharing among
5 health care providers and facilities; developing evidence-based
6 treatment guidelines for transitioning patients to community-based
7 follow-up care; establishing a data oversight process and
8 implementing a plan for achieving continuous quality improvement
9 in the quality of care provided; developing model protocols for the
10 assessment, treatment, and transport of stroke patients for use by
11 emergency services providers; and proposing ways to enhance the
12 provision of stroke care in regions and communities of the State
13 that are underserved by the current system of stroke care. The
14 advisory panel is to submit an annual report to the Governor and the
15 Legislature detailing its activities, findings, and proposals to
16 improve and enhance the Statewide stroke system of care.

17 The bill requires the DOH to assign a current employee to the
18 advisory panel, who will have primary responsibility for assisting
19 the panel in carrying out its responsibilities with respect to data
20 analysis, sharing, oversight, and reporting. If the DOH does not
21 have a current employee with the requisite skill set, the DOH may
22 contract with an appropriate third party patient safety organization
23 to perform this function on an at cost or no cost basis.

24 The bill requires the DOH, no later than June 1 of each year, to
25 adopt a standardized stroke triage assessment tool and protocols for
26 the transport of stroke patients to clinically-appropriate hospitals.
27 No later than May 1 of each year, the Office of Emergency Medical
28 Services in the DOH is to provide, in consultation with the advisory
29 panel, a nonbinding list of recommendations to assist the DOH in
30 carrying out this duty. Emergency medical services providers are to
31 additionally implement a stroke triage assessment tool and develop
32 pre-hospital care protocols related to the assessment, treatment, and
33 transport of stroke patients.