

26:2H-12.27

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2004 **CHAPTER:** 136

NJSA: 26:2H-12.27 (Provides for primary and comprehensive stroke centers at acute care hospitals)

BILL NO: S477 (Substituted for A3126)

SPONSOR(S): Buono and others

DATE INTRODUCED: Pre-filed

COMMITTEE: **ASSEMBLY:**
SENATE Budget and Appropriations; Health, Human Services

AMENDED DURING PASSAGE: No

DATE OF PASSAGE: **ASSEMBLY:** June 24, 2004

SENATE: June 17, 2004

DATE OF APPROVAL: September 1, 2004

FOLLOWING ARE ATTACHED IF AVAILABLE:

[FINAL TEXT OF BILL](#) Senate Committee Substitute enacted

S477

[SPONSOR'S STATEMENT](#): (Begins on page 6 of original bill) [Yes](#)

COMMITTEE STATEMENT: **ASSEMBLY:** No

SENATE: Yes [2-9-2004 \(Health\)](#)
[5-20-2004 \(Budget\)](#)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

A3126

[SPONSOR'S STATEMENT](#): (Begins on page 6 of original bill) [Yes](#)

COMMITTEE STATEMENT: **ASSEMBLY:** [Yes](#)

SENATE: No

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: No

FOLLOWING WERE PRINTED:

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REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

No

§§1-6 -
C.26:2H-12.27
to 26:2H-12.32
§8 - Approp.
§§7,9 - Note to
§§1-6

P.L. 2004, CHAPTER 136, *approved September 1, 2004*
Senate Committee Substitute for
Senate, No. 477

1 **AN ACT** concerning the designation of stroke centers, supplementing
2 P.L.1971, c.136 (C.26:2H-1 et seq.) and making an appropriation.

3

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

6

7 1. The Legislature finds and declares that:

8 a. Despite significant advances in diagnosis, treatment and
9 prevention, stroke remains a common disorder; an estimated 700,000
10 to 750,000 new and recurrent strokes occur each year in this country;
11 and with the aging of the population, the number of persons who have
12 strokes is projected to increase;

13 b. Although new treatments are available to improve the clinical
14 outcomes of stroke, many acute care hospitals lack the necessary staff
15 and equipment to optimally triage and treat stroke patients, including
16 the provision of optimal, safe and effective emergency care for these
17 patients;

18 c. Two levels of stroke centers should be established for the
19 treatment of acute stroke. Primary stroke centers should be established
20 in as many acute care hospitals as possible. These centers would
21 evaluate, stabilize and provide emergency care to patients with acute
22 stroke and then, depending on the patient's needs and the center's
23 capabilities, either admit the patient and provide inpatient care or
24 transfer the patient to a comprehensive stroke center. Comprehensive
25 stroke centers should be established in hospitals that meet the criteria
26 set forth in this act, to ensure coverage for all patients throughout the
27 State who require this level of care. These centers would provide
28 complete and specialized care to patients who experience the most
29 complex strokes, which require specialized testing, highly technical
30 procedures and other interventions. Also, these centers would provide
31 education and guidance to affiliated primary stroke centers;

32 d. There is a public health need for acute care hospitals in this
33 State to establish stroke centers to ensure the rapid triage, diagnostic
34 evaluation and treatment of patients suffering a stroke. This should
35 result in increased survival and a decrease in the disabilities associated
36 with stroke; and

37 e. Therefore, it is in the best interest of the residents of this State
38 to establish a program to designate stroke centers throughout the
39 State, to provide specific patient care and support services criteria that

1 stroke centers must meet in order to ensure that stroke patients receive
2 safe and effective care, and to provide financial support to acute care
3 hospitals to encourage them to develop stroke centers in all areas of
4 the State.

5
6 2. The Commissioner of Health and Senior Services shall
7 designate hospitals that meet the criteria set forth in this act as primary
8 or comprehensive stroke centers.

9 a. A hospital shall apply to the commissioner for designation and
10 shall demonstrate to the satisfaction of the commissioner that the
11 hospital meets the criteria set forth in sections 3 or 4 of this act for a
12 primary or comprehensive stroke center, respectively.

13 b. The commissioner shall designate as many hospitals as primary
14 stroke centers as apply for the designation, provided that the hospital
15 meets the criteria set forth in section 3 of this act. In addition to the
16 criteria set forth in section 3 of this act, the commissioner is
17 encouraged to take into consideration whether the hospital contracts
18 with carriers that provide coverage through the State Medicaid
19 program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.),
20 the Children's Health Care Coverage Program, established pursuant to
21 P.L.1997, c.272 (C.30:4I-1 et seq.), and the FamilyCare Health
22 Coverage Program, established pursuant to P.L.2000, c.71 (C.30:4J-1
23 et seq.).

24 c. The commissioner shall designate as many hospitals as
25 comprehensive stroke centers as apply for the designation, provided
26 that the hospital meets the criteria set forth in section 4 of this act.

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

31
32 3. A hospital designated as a primary stroke center shall, at a
33 minimum, meet the following criteria:

34 a. With respect to patient care, the hospital shall:

35 (1) maintain acute stroke team availability to see an emergency
36 department patient within 15 minutes of arrival at the emergency
37 department, 24 hours a day, seven days a week;

38 (2) maintain written care protocols and standing orders for
39 emergency care of stroke patients;

40 (3) maintain neurology and emergency department personnel
41 trained in the diagnosis and treatment of acute stroke;

42 (4) maintain telemetry or critical care beds staffed by physicians
43 and nurses who are trained and experienced in caring for acute stroke
44 patients;

45 (5) provide for neurosurgical services, including operating room
46 availability either at the hospital or under agreement with a

1 comprehensive stroke center, within two hours, 24 hours a day, seven
2 days a week;

3 (6) provide acute care rehabilitation services; and

4 (7) enter into and maintain a written transfer agreement with a
5 comprehensive stroke center so that patients with complex strokes can
6 be transported to the comprehensive center for care when clinically
7 warranted.

8 b. With respect to support services, the hospital shall:

9 (1) demonstrate an institutional commitment and support of a
10 stroke center, including having a designated physician stroke center
11 director with special training and experience in caring for patients with
12 stroke;

13 (2) maintain neuro-imaging services capability, which shall include
14 computerized tomography scanning or magnetic resonance imaging
15 and interpretation of the image, that is available 24 hours a day, seven
16 days a week, within 25 minutes of order entry;

17 (3) maintain laboratory services capability, which shall include
18 blood testing, electrocardiography and X-ray services that are
19 available 24 hours a day, seven days a week, within 45 minutes of
20 order entry;

21 (4) develop and maintain outcomes and quality improvement
22 activities, which include a database or registry to track patient
23 outcomes. These data shall include, at a minimum: (a) the number of
24 patients evaluated; (b) the number of patients receiving acute
25 interventional therapy; (c) the amount of time from patient
26 presentation to delivery of acute interventional therapy; (d) patient
27 length of stay; (e) patient functional outcome; and (f) patient
28 morbidity. A primary stroke center may share these data with its
29 affiliated comprehensive stroke center for the purposes of quality
30 improvement and research;

31 (5) provide annual continuing education on stroke to support and
32 emergency services personnel regarding stroke diagnosis and
33 treatment, which will be the responsibility of the stroke center
34 director;

35 (6) require the stroke center director to obtain a minimum of eight
36 hours of continuing education on stroke each year; and

37 (7) demonstrate a continuing commitment to ongoing education to
38 the general public about stroke, which includes conducting at least two
39 programs annually for the general public on the prevention,
40 recognition, diagnosis and treatment of stroke.

41

42 4. A hospital designated as a comprehensive stroke center shall
43 use proven state-of-the-art technology and medical techniques and, at
44 a minimum, meet the criteria set forth in this section.

45 a. The hospital shall meet all of the criteria required for a primary
46 stroke center pursuant to section 3 of this act.

- 1 b. With respect to patient care, the hospital shall:
- 2 (1) maintain a neurosurgical team that is capable of assessing and
- 3 treating complex stroke and stroke-like syndromes;
- 4 (2) maintain on staff a neuro-radiologist with Certificate of Added
- 5 Qualifications and a physician with neuro-interventional angiographic
- 6 training and skills;
- 7 (3) provide comprehensive rehabilitation services either on site or
- 8 by transfer agreement with another health care facility; and
- 9 (4) enter into and maintain written transfer agreements with
- 10 primary stroke centers to accept transfer of patients with complex
- 11 strokes when clinically warranted.
- 12 c. With respect to support services, the hospital shall:
- 13 (1) have magnetic resonance imaging and computed tomography
- 14 angiography capabilities;
- 15 (2) have digital subtraction angiography and a suite equipped for
- 16 neuro-interventional procedures;
- 17 (3) develop and maintain sophisticated outcomes assessment and
- 18 performance improvement capability that incorporates data from
- 19 affiliated primary stroke centers and integrates regional, State and
- 20 national data;
- 21 (4) provide guidance and continuing medical education to primary
- 22 stroke centers;
- 23 (5) provide graduate medical education in stroke; and
- 24 (6) conduct research on stroke-related topics.
- 25 d. If the Commissioner of Health and Senior Services determines
- 26 that a new drug, device, technique or technology has become available
- 27 for the treatment of stroke that provides a diagnostic or therapeutic
- 28 advantage over existing elements included in the criteria established in
- 29 this section or in section 3 of this act, the commissioner may, by
- 30 regulation, revise or update the criteria accordingly.
- 31
- 32 5. a. In order to encourage and ensure the establishment of stroke
- 33 centers throughout the State, the Commissioner of Health and Senior
- 34 Services shall award matching grants to hospitals that seek designation
- 35 as stroke centers and demonstrate a need for financial assistance to
- 36 develop the necessary infrastructure, including personnel and
- 37 equipment, in order to satisfy the criteria for designation provided
- 38 pursuant to this act. The matching grants shall not exceed \$250,000 or
- 39 50% of the hospital's cost for developing the necessary infrastructure,
- 40 whichever is less.
- 41 b. A hospital seeking designation as a stroke center shall apply to
- 42 the commissioner for a matching grant, in a manner and on a form
- 43 required by the commissioner, and provide such information as the
- 44 commissioner deems necessary to determine if the hospital is eligible
- 45 for the grant.
- 46 c. The commissioner may provide matching grants to as many

1 hospitals as the commissioner deems appropriate, except that:

2 (1) Matching grant awards shall be made to at least two applicant
3 hospitals in the northern region of this State (comprising Bergen,
4 Hudson, Essex, Passaic, Morris, Sussex, and Warren counties), at least
5 two applicant hospitals in the central region of this State (comprising
6 Union, Somerset, Hunterdon, Mercer, Middlesex, and Monmouth
7 counties) and at least two applicant hospitals in the southern region of
8 this State (comprising Burlington, Camden, Gloucester, Salem,
9 Cumberland, Cape May, Atlantic, and Ocean counties), provided in the
10 case of each region that the applicant hospitals receiving the awards
11 must be eligible therefor under the provisions of this act; and

12 (2) No more than 20% of the funds appropriated pursuant to this
13 act shall be allocated to hospitals that seek designation as
14 comprehensive stroke centers.

15

16 6. The Commissioner of Health and Senior Services shall, not later
17 than September 1, 2005, prepare and submit to the Governor, the
18 President of the Senate, and the Speaker of the General Assembly a
19 report indicating, as of June 30, 2005, the total number of hospitals
20 that shall have applied for grants under section 5 of this act and the
21 number of those applicants that shall have been found to be eligible for
22 such grants, the total number of grants awarded, the name and address
23 of each grantee hospital and the amount of the award to each, and the
24 amount of each award that shall have been paid to the grantee.

25

26 7. The Commissioner of Health and Senior Services shall adopt
27 regulations pursuant to the "Administrative Procedure Act," P.L.1968,
28 c.410 (C.52:14B-1 et seq.) to carry out the purposes of this act.

29

30 8. There is appropriated \$3,000,000 from the General Fund to the
31 Department of Health and Senior Services for the purpose of
32 awarding grants to acute care hospitals in the State to establish stroke
33 centers.

34

35 9. This act shall take effect on the 60th day after the date of
36 enactment.

37

38

39

40

41 _____
42 Provides for primary and comprehensive stroke centers at acute care
hospitals; appropriates \$3 million.

SENATE, No. 477

STATE OF NEW JERSEY 211th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2004 SESSION

Sponsored by:

Senator BARBARA BUONO

District 18 (Middlesex)

Senator RICHARD J. CODEY

District 27 (Essex)

Co-Sponsored by:

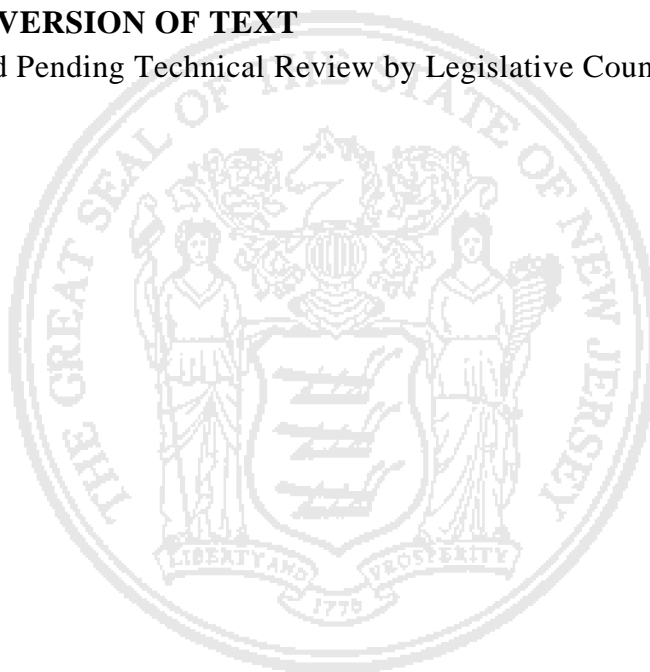
Senators Adler and Karcher

SYNOPSIS

Provides for primary and comprehensive stroke centers at acute care hospitals; appropriates \$14 million.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 2/6/2004)

1 AN ACT concerning the designation of stroke centers, supplementing
2 P.L.1971, c.136 (C.26:2H-1 et seq.) and making an appropriation.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. The Legislature finds and declares that:

8 a. Despite significant advances in diagnosis, treatment and
9 prevention, stroke remains a common disorder; an estimated 700,000
10 to 750,000 new and recurrent strokes occur each year in this country;
11 and with the aging of the population, the number of persons who have
12 strokes is projected to increase;

13 b. Although new treatments are available to improve the clinical
14 outcomes of stroke, many acute care hospitals lack the necessary staff
15 and equipment to optimally triage and treat stroke patients, including
16 the provision of optimal, safe and effective emergency care for these
17 patients;

18 c. Two levels of stroke center should be established for the
19 treatment of acute stroke. Primary stroke centers should be established
20 in as many acute care hospitals as possible. These centers would
21 evaluate, stabilize and provide emergency care to patients with acute
22 stroke and then, depending on the patient's needs and the center's
23 capabilities, either admit the patient and provide inpatient care or
24 transfer the patient to a comprehensive stroke center. Comprehensive
25 stroke centers should be established in hospitals that meet the criteria
26 set forth in this act, to ensure coverage for all patients throughout the
27 State who require this level of care. These centers would provide
28 complete and specialized care to patients who experience the most
29 complex strokes, which require specialized testing, highly technical
30 procedures and other interventions. Also, these centers would provide
31 education and guidance to affiliated primary stroke centers;

32 d. There is a public health need for acute care hospitals in this
33 State to establish stroke centers to ensure the rapid triage, diagnostic
34 evaluation and treatment of patients suffering a stroke. This should
35 result in increased survival and a decrease in the disabilities associated
36 with stroke; and

37 e. Therefore, it is in the best interest of the residents of this State
38 to establish a program to designate stroke centers throughout the
39 State, to provide specific patient care and support services criteria that
40 stroke centers must meet in order to ensure that stroke patients receive
41 safe and effective care, and to provide financial support to acute care
42 hospitals to encourage them to develop stroke centers in all areas of
43 the State.

44
45 2. The Commissioner of Health and Senior Services shall designate
46 hospitals that meet the criteria set forth in this act as primary or

1 comprehensive stroke centers.

2 a. A hospital shall apply to the commissioner for designation and
3 shall demonstrate to the satisfaction of the commissioner that the
4 hospital meets the criteria set forth in sections 3 or 4 of this act for a
5 primary or comprehensive stroke center, respectively.

6 b. The commissioner shall designate as many hospitals as primary
7 stroke centers as apply for the designation, provided that the hospital
8 meets the criteria set forth in section 3 of this act.

9 c. The commissioner shall designate as many hospitals as
10 comprehensive stroke centers as apply for the designation, provided
11 that the hospital meets the criteria set forth in section 4 of this act.

12 d. The commissioner may suspend or revoke a hospital's
13 designation as a stroke center, after notice and hearing, if the
14 commissioner determines that the hospital is not in compliance with
15 the requirements of this act.

16

17 3. A hospital designated as a primary stroke center shall, at a
18 minimum, meet the following criteria:

19 a. With respect to patient care, the hospital shall:

20 (1) maintain acute stroke team availability to see an emergency
21 department patient within 15 minutes of arrival at the emergency
22 department, 24 hours a day, seven days a week;

23 (2) maintain written care protocols and standing orders for
24 emergency care of stroke patients;

25 (3) maintain neurology and emergency department personnel trained
26 in the diagnosis and treatment of acute stroke;

27 (4) maintain telemetry or critical care beds staffed by physicians and
28 nurses who are trained and experienced in caring for acute stroke
29 patients;

30 (5) provide for neurosurgical services, including operating room
31 availability either at the hospital or under agreement with a
32 comprehensive stroke center, within two hours, 24 hours a day, seven
33 days a week;

34 (6) provide acute care rehabilitation services; and

35 (7) enter into and maintain a written transfer agreement with a
36 comprehensive stroke center so that patients with complex strokes can
37 be transported to the comprehensive center for care when clinically
38 warranted.

39 b. With respect to support services, the hospital shall:

40 (1) demonstrate an institutional commitment and support of a
41 stroke center, including having a designated physician stroke center
42 director with special training and experience in caring for patients with
43 stroke;

44 (2) maintain neuro-imaging services capability, which shall include
45 computerized tomography scanning or magnetic resonance imaging
46 and interpretation of the image, that is available 24 hours a day, seven

- 1 days a week, within 25 minutes of order entry;
- 2 (3) maintain laboratory services capability, which shall include
3 blood testing, electrocardiography and X-ray services that are
4 available 24 hours a day, seven days a week, within 45 minutes of
5 order entry;
- 6 (4) develop and maintain outcomes and quality improvement
7 activities, which include a database or registry to track patient
8 outcomes. These data shall include, at a minimum: (a) the number of
9 patients evaluated; (b) the number of patients receiving acute
10 interventional therapy; (c) the amount of time from patient
11 presentation to delivery of acute interventional therapy; (d) patient
12 length of stay; (e) patient functional outcome; and (f) patient
13 morbidity. A primary stroke center may share these data with its
14 affiliated comprehensive stroke center for the purposes of quality
15 improvement and research;
- 16 (5) provide annual continuing education on stroke to support and
17 emergency services personnel regarding stroke diagnosis and
18 treatment, which will be the responsibility of the stroke center
19 director;
- 20 (6) require the stroke center director to obtain a minimum of eight
21 hours of continuing education on stroke each year; and
- 22 (7) demonstrate a continuing commitment to ongoing education to
23 the general public about stroke, which includes conducting at least two
24 programs annually for the general public on the prevention,
25 recognition, diagnosis and treatment of stroke.
- 26
- 27 4. A hospital designated as a comprehensive stroke center shall use
28 proven state-of-the-art technology and medical techniques and, at a
29 minimum, meet the criteria set forth in this section.
- 30 a. The hospital shall meet all of the criteria required for a primary
31 stroke center pursuant to section 3 of this act.
- 32 b. With respect to patient care, the hospital shall:
- 33 (1) maintain a neurosurgical team that is capable of assessing and
34 treating complex stroke and stroke-like syndromes;
- 35 (2) maintain on staff a neuro-radiologist with Certificate of Added
36 Qualifications and a physician with neuro-interventional angiographic
37 training and skills;
- 38 (3) provide comprehensive rehabilitation services either on site or
39 by transfer agreement with another health care facility; and
- 40 (4) enter into and maintain written transfer agreements with primary
41 stroke centers to accept transfer of patients with complex strokes
42 when clinically warranted.
- 43 c. With respect to support services, the hospital shall:
- 44 (1) have magnetic resonance imaging and computed tomography
45 angiography capabilities;
- 46 (2) have digital subtraction angiography and a suite equipped for

1 neuro-interventional procedures;

2 (3) develop and maintain sophisticated outcomes assessment and
3 performance improvement capability that incorporates data from
4 affiliated primary stroke centers and integrates regional, State and
5 national data;

6 (4) provide guidance and continuing medical education to primary
7 stroke centers;

8 (5) provide graduate medical education in stroke; and

9 (6) conduct research on stroke-related topics.

10 d. If the Commissioner of Health and Senior Services determines
11 that a new drug, device, technique or technology has become available
12 for the treatment of stroke that provides a diagnostic or therapeutic
13 advantage over existing elements included in the criteria established in
14 this section or in section 3 of this act, the commissioner may, by
15 regulation, revise or update the criteria accordingly.

16

17 5. In order to encourage and ensure the establishment of stroke
18 centers throughout the State, the Commissioner of Health and Senior
19 Services shall award matching grants to hospitals that seek designation
20 as stroke centers and demonstrate a need for financial assistance to
21 develop the necessary infrastructure, including personnel and
22 equipment, in order to satisfy the criteria for designation provided
23 pursuant to this act. The matching grants shall not exceed \$250,000 or
24 50% of the hospital's cost for developing the necessary infrastructure,
25 whichever is less.

26 A hospital seeking designation as a stroke center shall apply to the
27 commissioner for a matching grant, in a manner and on a form
28 required by the commissioner, and provide such information as the
29 commissioner deems necessary to determine if the hospital is eligible
30 for the grant.

31 The commissioner may provide matching grants to as many
32 hospitals as the commissioner deems appropriate, except that no more
33 than 20% of the funds appropriated pursuant to this act shall be
34 allocated to hospitals that seek designation as comprehensive stroke
35 centers. In consideration of the specialty health care services and
36 infrastructure available at the State's designated Level I trauma
37 centers, these hospitals are encouraged to apply for designation as
38 comprehensive stroke centers, but they shall not be eligible for a
39 matching grant under this section.

40

41 6. The Commissioner of Health and Senior Services shall adopt
42 regulations pursuant to the "Administrative Procedure Act," P.L.1968,
43 c.410 (C.52:14B-1 et seq.) to carry out the purposes of this act.

44

45 7. There is appropriated \$14,000,000 from the General Fund to the
46 Department of Health and Senior Services for the purpose of

1 awarding grants to acute care hospitals in the State to establish stroke
2 centers.

3
4 8. This act shall take effect on the 60th day after the date of
5 enactment.

6
7
8
9

STATEMENT

10 This bill is intended to improve medical care for the largest possible
11 number of stroke patients in the State by encouraging the development
12 of, and establishing standards for, dedicated stroke centers in acute
13 care hospitals throughout the State.

14 The bill directs the Commissioner of Health and Senior Services to
15 designate hospitals as primary or comprehensive stroke centers.
16 Primary stroke centers would evaluate, stabilize and provide
17 emergency care to patients with acute stroke and then, depending on
18 the patient's needs and the center's capabilities, either admit the patient
19 and provide inpatient care or transfer the patient to a comprehensive
20 stroke center. Comprehensive stroke centers would provide complete
21 and specialized care to patients who experience the most complex
22 strokes, which require specialized testing, highly technical procedures
23 and other interventions. Also, these centers would provide education
24 and guidance to affiliated primary stroke centers.

25 The bill provides that a hospital shall apply to the commissioner for
26 designation and demonstrate to the satisfaction of the commissioner
27 that the hospital meets the applicable patient care and support services
28 criteria set forth in the bill for a primary or comprehensive stroke
29 center. The commissioner shall designate as many hospitals as primary
30 and comprehensive stroke centers as apply for the designation
31 provided that the hospital meets the criteria set forth in the bill. The
32 commissioner may suspend or revoke a hospital's designation as a
33 stroke center, after notice and hearing, if the commissioner determines
34 that the hospital is not in compliance with the requirements of this bill.

35 The bill also provides for a \$14 million matching grant program to
36 encourage and ensure the establishment of stroke centers throughout
37 the State. The commissioner may award a matching grant to a hospital
38 that seeks designation as a stroke center and demonstrates a need for
39 financial assistance to develop the necessary infrastructure, including
40 personnel and equipment, in order to satisfy the criteria for
41 designation. The matching grant shall not exceed \$250,000 or 50% of
42 the hospital's cost for developing the necessary infrastructure,
43 whichever is less. The bill provides that the commissioner may provide
44 matching grants to as many hospitals as the commissioner deems
45 appropriate, except that no more than 20% of the funds appropriated
46 for this purpose shall be allocated to hospitals that seek designation as

S477 BUONO, CODEY

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1 comprehensive stroke centers. The bill further provides that in
2 consideration of the specialty health care services and infrastructure
3 available at the State's designated Level I trauma centers, these
4 hospitals are encouraged to apply for designation as comprehensive
5 stroke centers, but shall not be eligible for a matching grant.

6 The bill appropriates \$14 million from the General Fund to the
7 Department of Health and Senior Services for the matching grants to
8 hospitals seeking designation as a stroke center.

9 Finally, the bill takes effect on the 60th day after enactment.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 477

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 9, 2004

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 477.

As amended by committee, this bill is intended to improve medical care for the largest possible number of stroke patients in the State by encouraging the development of, and establishing standards for, dedicated stroke centers in acute care hospitals throughout the State.

The bill directs the Commissioner of Health and Senior Services to designate hospitals as primary or comprehensive stroke centers. Primary stroke centers would evaluate, stabilize and provide emergency care to patients with acute stroke and then, depending on the patient's needs and the center's capabilities, either admit the patient and provide inpatient care or transfer the patient to a comprehensive stroke center. Comprehensive stroke centers would provide complete and specialized care to patients who experience the most complex strokes, which require specialized testing, highly technical procedures and other interventions. Also, these centers would provide education and guidance to affiliated primary stroke centers.

The bill provides that a hospital shall apply to the commissioner for designation and demonstrate to the satisfaction of the commissioner that the hospital meets the applicable patient care and support services criteria set forth in the bill for a primary or comprehensive stroke center. The commissioner shall designate as many hospitals as primary and comprehensive stroke centers as apply for the designation provided that the hospital meets the criteria set forth in the bill. The commissioner may suspend or revoke a hospital's designation as a stroke center, after notice and hearing, if the commissioner determines that the hospital is not in compliance with the requirements of the bill.

The bill also provides for a \$14 million matching grant program to encourage and ensure the establishment of stroke centers throughout the State. The commissioner may award a matching grant to a hospital that seeks designation as a stroke center and demonstrates a need for financial assistance to develop the necessary infrastructure, including

personnel and equipment, in order to satisfy the criteria for designation. The matching grant shall not exceed \$250,000 or 50% of the hospital's cost for developing the necessary infrastructure, whichever is less. The bill provides that the commissioner may provide matching grants to as many hospitals as the commissioner deems appropriate, except that no more than 20% of the funds appropriated for this purpose shall be allocated to hospitals that seek designation as comprehensive stroke centers.

The bill appropriates \$14 million from the General Fund to the Department of Health and Senior Services for the matching grants to hospitals seeking designation as a stroke center. The bill takes effect on the 60th day after enactment.

The committee amended the bill to delete language that provided that the State's designated Level I trauma centers, while encouraged to apply for designation, shall not be eligible for a matching grant. The committee also amended the bill to provide that in designating hospitals as primary stroke centers, the commissioner is encouraged to take into consideration whether the hospital contracts with carriers that provide coverage through the State Medicaid and NJ FamilyCare programs.

This bill was pre-filed for introduction in the 2004-2005 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 477**

STATE OF NEW JERSEY

DATED: MAY 20, 2004

The Senate Budget and Appropriations Committee reports favorably a committee substitute for Senate Bill No. 477.

This substitute bill would provide recognition and financial assistance for the development of, and establish standards for, dedicated stroke centers in acute care hospitals throughout the State.

The bill directs the Commissioner of Health and Senior Services to designate qualified hospitals as primary or comprehensive stroke centers. Primary stroke centers would evaluate, stabilize and provide emergency care to patients with acute stroke and then, depending on the patient's needs and the center's capabilities, either admit the patient and provide inpatient care or transfer the patient to a comprehensive stroke center. Comprehensive stroke centers would provide complete and specialized care to patients who experience the most complex strokes, which require specialized testing, highly technical procedures and other interventions. Also, these centers would provide education and guidance to affiliated primary stroke centers.

The bill provides that a hospital shall apply to the commissioner for designation as a primary or comprehensive stroke center, and shall demonstrate to the satisfaction of the commissioner that the hospital meets the applicable patient care and support services criteria set forth in the bill necessary to receive such a designation. The commissioner shall designate as many hospitals as primary and comprehensive stroke centers as apply for the designation and meet the criteria. The commissioner may suspend or revoke a hospital's designation as a stroke center, after notice and hearing, if the commissioner determines that the hospital is not in compliance with the requirements of the bill.

The bill provides for a \$3 million matching grant program to encourage and ensure the establishment of stroke centers throughout the State. The commissioner is directed to award a matching grant to a hospital that seeks designation as a stroke center and demonstrates a need for financial assistance to develop the necessary infrastructure, including personnel and equipment, in order to satisfy the criteria for designation. The matching grant shall not exceed \$250,000 or 50% of the hospital's cost for developing the necessary infrastructure, whichever is less. The bill provides that the commissioner may provide

matching grants to as many hospitals as the commissioner deems appropriate, except that (i) at least two applicant hospitals in each of the three regions of the State (northern, central, and southern) would have to receive a matching grant, provided that in each case the hospitals must be eligible for such a grant, and (ii) no more than 20% of the funds appropriated for this purpose are to be allocated to hospitals that seek designation as comprehensive stroke centers.

The commissioner is required under the bill to report to the Governor and Legislature, not later than September 1, 2005, on applications for, and awards of, funding under the grant program.

The bill takes effect on the 60th day after enactment.

FISCAL IMPACT

The bill appropriates \$3 million from the General Fund to the Department of Health and Senior Services for the matching grants to hospitals seeking designation as a stroke center.

ASSEMBLY, No. 3126

STATE OF NEW JERSEY 211th LEGISLATURE

INTRODUCED JUNE 17, 2004

Sponsored by:

Assemblyman JOSEPH J. ROBERTS, JR.

District 5 (Camden and Gloucester)

Assemblywoman LORETTA WEINBERG

District 37 (Bergen)

Assemblywoman CHARLOTTE VANDERVALK

District 39 (Bergen)

Co-Sponsored by:

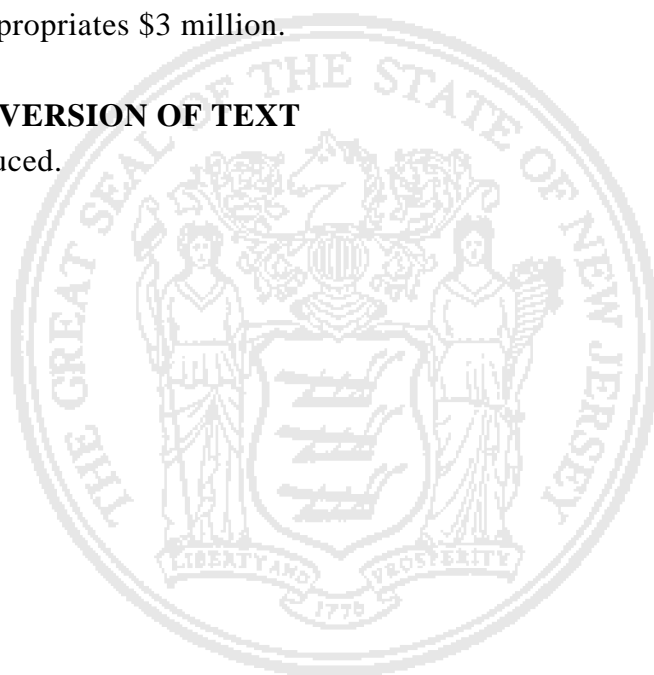
Assemblyman Vas and Assemblywoman Previte

SYNOPSIS

Provides for primary and comprehensive stroke centers at acute care hospitals; appropriates \$3 million.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/25/2004)

1 AN ACT concerning the designation of stroke centers, supplementing
2 P.L.1971, c.136 (C.26:2H-1 et seq.) and making an appropriation.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. The Legislature finds and declares that:

8 a. Despite significant advances in diagnosis, treatment and
9 prevention, stroke remains a common disorder; an estimated 700,000
10 to 750,000 new and recurrent strokes occur each year in this country;
11 and with the aging of the population, the number of persons who have
12 strokes is projected to increase;

13 b. Although new treatments are available to improve the clinical
14 outcomes of stroke, many acute care hospitals lack the necessary staff
15 and equipment to optimally triage and treat stroke patients, including
16 the provision of optimal, safe and effective emergency care for these
17 patients;

18 c. Two levels of stroke centers should be established for the
19 treatment of acute stroke. Primary stroke centers should be established
20 in as many acute care hospitals as possible. These centers would
21 evaluate, stabilize and provide emergency care to patients with acute
22 stroke and then, depending on the patient's needs and the center's
23 capabilities, either admit the patient and provide inpatient care or
24 transfer the patient to a comprehensive stroke center. Comprehensive
25 stroke centers should be established in hospitals that meet the criteria
26 set forth in this act, to ensure coverage for all patients throughout the
27 State who require this level of care. These centers would provide
28 complete and specialized care to patients who experience the most
29 complex strokes, which require specialized testing, highly technical
30 procedures and other interventions. Also, these centers would provide
31 education and guidance to affiliated primary stroke centers;

32 d. There is a public health need for acute care hospitals in this
33 State to establish stroke centers to ensure the rapid triage, diagnostic
34 evaluation and treatment of patients suffering a stroke. This should
35 result in increased survival and a decrease in the disabilities associated
36 with stroke; and

37 e. Therefore, it is in the best interest of the residents of this State
38 to establish a program to designate stroke centers throughout the
39 State, to provide specific patient care and support services criteria that
40 stroke centers must meet in order to ensure that stroke patients receive
41 safe and effective care, and to provide financial support to acute care
42 hospitals to encourage them to develop stroke centers in all areas of
43 the State.

44
45 2. The Commissioner of Health and Senior Services shall designate
46 hospitals that meet the criteria set forth in this act as primary or

1 comprehensive stroke centers.

2 a. A hospital shall apply to the commissioner for designation and
3 shall demonstrate to the satisfaction of the commissioner that the
4 hospital meets the criteria set forth in sections 3 or 4 of this act for a
5 primary or comprehensive stroke center, respectively.

6 b. The commissioner shall designate as many hospitals as primary
7 stroke centers as apply for the designation, provided that the hospital
8 meets the criteria set forth in section 3 of this act. In addition to the
9 criteria set forth in section 3 of this act, the commissioner is
10 encouraged to take into consideration whether the hospital contracts
11 with carriers that provide coverage through the State Medicaid
12 program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.),
13 the Children's Health Care Coverage Program, established pursuant to
14 P.L.1997, c.272 (C.30:4I-1 et seq.), and the FamilyCare Health
15 Coverage Program, established pursuant to P.L.2000, c.71 (C.30:4J-1
16 et seq.).

17 c. 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 act.

20 d. The commissioner may suspend or revoke a hospital's
21 designation as a stroke center, after notice and hearing, if the
22 commissioner determines that the hospital is not in compliance with
23 the requirements of this act.

24

25 3. A hospital designated as a primary stroke center shall, at a
26 minimum, meet the following criteria:

27 a. With respect to patient care, the hospital shall:

28 (1) maintain acute stroke team availability to see an emergency
29 department patient within 15 minutes of arrival at the emergency
30 department, 24 hours a day, seven days a week;

31 (2) maintain written care protocols and standing orders for
32 emergency care of stroke patients;

33 (3) maintain neurology and emergency department personnel
34 trained in the diagnosis and treatment of acute stroke;

35 (4) maintain telemetry or critical care beds staffed by physicians
36 and nurses who are trained and experienced in caring for acute stroke
37 patients;

38 (5) provide for neurosurgical services, including operating room
39 availability either at the hospital or under agreement with a
40 comprehensive stroke center, within two hours, 24 hours a day, seven
41 days a week;

42 (6) provide acute care rehabilitation services; and

43 (7) enter into and maintain a written transfer agreement with a
44 comprehensive stroke center so that patients with complex strokes can
45 be transported to the comprehensive center for care when clinically
46 warranted.

- 1 b. With respect to support services, the hospital shall:
- 2 (1) demonstrate an institutional commitment and support of a
3 stroke center, including having a designated physician stroke center
4 director with special training and experience in caring for patients with
5 stroke;
- 6 (2) maintain neuro-imaging services capability, which shall include
7 computerized tomography scanning or magnetic resonance imaging
8 and interpretation of the image, that is available 24 hours a day, seven
9 days a week, within 25 minutes of order entry;
- 10 (3) maintain laboratory services capability, which shall include
11 blood testing, electrocardiography and X-ray services that are
12 available 24 hours a day, seven days a week, within 45 minutes of
13 order entry;
- 14 (4) develop and maintain outcomes and quality improvement
15 activities, which include a database or registry to track patient
16 outcomes. These data shall include, at a minimum: (a) the number of
17 patients evaluated; (b) the number of patients receiving acute
18 interventional therapy; (c) the amount of time from patient
19 presentation to delivery of acute interventional therapy; (d) patient
20 length of stay; (e) patient functional outcome; and (f) patient
21 morbidity. A primary stroke center may share these data with its
22 affiliated comprehensive stroke center for the purposes of quality
23 improvement and research;
- 24 (5) provide annual continuing education on stroke to support and
25 emergency services personnel regarding stroke diagnosis and
26 treatment, which will be the responsibility of the stroke center
27 director;
- 28 (6) require the stroke center director to obtain a minimum of eight
29 hours of continuing education on stroke each year; and
- 30 (7) demonstrate a continuing commitment to ongoing education to
31 the general public about stroke, which includes conducting at least two
32 programs annually for the general public on the prevention,
33 recognition, diagnosis and treatment of stroke.
- 34
- 35 4. A hospital designated as a comprehensive stroke center shall use
36 proven state-of-the-art technology and medical techniques and, at a
37 minimum, meet the criteria set forth in this section.
- 38 a. The hospital shall meet all of the criteria required for a primary
39 stroke center pursuant to section 3 of this act.
- 40 b. With respect to patient care, the hospital shall:
- 41 (1) maintain a neurosurgical team that is capable of assessing and
42 treating complex stroke and stroke-like syndromes;
- 43 (2) maintain on staff a neuro-radiologist with Certificate of Added
44 Qualifications and a physician with neuro-interventional angiographic
45 training and skills;
- 46 (3) provide comprehensive rehabilitation services either on site or

1 by transfer agreement with another health care facility; and
2 (4) enter into and maintain written transfer agreements with
3 primary stroke centers to accept transfer of patients with complex
4 strokes when clinically warranted.

5 c. With respect to support services, the hospital shall:

6 (1) have magnetic resonance imaging and computed tomography
7 angiography capabilities;

8 (2) have digital subtraction angiography and a suite equipped for
9 neuro-interventional procedures;

10 (3) develop and maintain sophisticated outcomes assessment and
11 performance improvement capability that incorporates data from
12 affiliated primary stroke centers and integrates regional, State and
13 national data;

14 (4) provide guidance and continuing medical education to primary
15 stroke centers;

16 (5) provide graduate medical education in stroke; and

17 (6) conduct research on stroke-related topics.

18 d. If the Commissioner of Health and Senior Services determines
19 that a new drug, device, technique or technology has become available
20 for the treatment of stroke that provides a diagnostic or therapeutic
21 advantage over existing elements included in the criteria established in
22 this section or in section 3 of this act, the commissioner may, by
23 regulation, revise or update the criteria accordingly.

24
25 5. a. In order to encourage and ensure the establishment of stroke
26 centers throughout the State, the Commissioner of Health and Senior
27 Services shall award matching grants to hospitals that seek designation
28 as stroke centers and demonstrate a need for financial assistance to
29 develop the necessary infrastructure, including personnel and
30 equipment, in order to satisfy the criteria for designation provided
31 pursuant to this act. The matching grants shall not exceed \$250,000 or
32 50% of the hospital's cost for developing the necessary infrastructure,
33 whichever is less.

34 b. A hospital seeking designation as a stroke center shall apply to
35 the commissioner for a matching grant, in a manner and on a form
36 required by the commissioner, and provide such information as the
37 commissioner deems necessary to determine if the hospital is eligible
38 for the grant.

39 c. The commissioner may provide matching grants to as many
40 hospitals as the commissioner deems appropriate, except that:

41 (1) Matching grant awards shall be made to at least two applicant
42 hospitals in the northern region of this State (comprising Bergen,
43 Hudson, Essex, Passaic, Morris, Sussex, and Warren counties), at least
44 two applicant hospitals in the central region of this State (comprising
45 Union, Somerset, Hunterdon, Mercer, Middlesex, and Monmouth
46 counties) and at least two applicant hospitals in the southern region of

1 this State (comprising Burlington, Camden, Gloucester, Salem,
2 Cumberland, Cape May, Atlantic, and Ocean counties), provided in the
3 case of each region that the applicant hospitals receiving the awards
4 must be eligible therefor under the provisions of this act; and

5 (2) No more than 20% of the funds appropriated pursuant to this
6 act shall be allocated to hospitals that seek designation as
7 comprehensive stroke centers.

8

9 6. The Commissioner of Health and Senior Services shall, not later
10 than September 1, 2005, prepare and submit to the Governor, the
11 President of the Senate, and the Speaker of the General Assembly a
12 report indicating, as of June 30, 2005, the total number of hospitals
13 that shall have applied for grants under section 5 of this act and the
14 number of those applicants that shall have been found to be eligible for
15 such grants, the total number of grants awarded, the name and address
16 of each grantee hospital and the amount of the award to each, and the
17 amount of each award that shall have been paid to the grantee.

18

19 7. The Commissioner of Health and Senior Services shall adopt
20 regulations pursuant to the "Administrative Procedure Act," P.L.1968,
21 c.410 (C.52:14B-1 et seq.) to carry out the purposes of this act.

22

23 8. There is appropriated \$3,000,000 from the General Fund to the
24 Department of Health and Senior Services for the purpose of
25 awarding grants to acute care hospitals in the State to establish stroke
26 centers.

27

28 9. This act shall take effect on the 60th day after the date of
29 enactment.

30

31

32

STATEMENT

33

34 This bill would provide recognition and financial assistance for the
35 development of, and establish standards for, dedicated stroke centers
36 in acute care hospitals throughout the State.

37 The bill directs the Commissioner of Health and Senior Services to
38 designate qualified hospitals as primary or comprehensive stroke
39 centers. Primary stroke centers would evaluate, stabilize and provide
40 emergency care to patients with acute stroke and then, depending on
41 the patient's needs and the center's capabilities, either admit the patient
42 and provide inpatient care or transfer the patient to a comprehensive
43 stroke center. Comprehensive stroke centers would provide complete
44 and specialized care to patients who experience the most complex
45 strokes, which require specialized testing, highly technical procedures
46 and other interventions. Also, these centers would provide education

1 and guidance to affiliated primary stroke centers.

2 The bill provides that a hospital shall apply to the commissioner for
3 designation as a primary or comprehensive stroke center, and shall
4 demonstrate to the satisfaction of the commissioner that the hospital
5 meets the applicable patient care and support services criteria set forth
6 in the bill necessary to receive such a designation. The commissioner
7 shall designate as many hospitals as primary and comprehensive stroke
8 centers as apply for the designation and meet the criteria. The
9 commissioner may suspend or revoke a hospital's designation as a
10 stroke center, after notice and hearing, if the commissioner determines
11 that the hospital is not in compliance with the requirements of the bill.

12 The bill provides for a \$3 million matching grant program to
13 encourage and ensure the establishment of stroke centers throughout
14 the State. The commissioner is directed to award a matching grant to
15 a hospital that seeks designation as a stroke center and demonstrates
16 a need for financial assistance to develop the necessary infrastructure,
17 including personnel and equipment, in order to satisfy the criteria for
18 designation. The matching grant shall not exceed \$250,000 or 50% of
19 the hospital's cost for developing the necessary infrastructure,
20 whichever is less. The bill provides that the commissioner may provide
21 matching grants to as many hospitals as the commissioner deems
22 appropriate, except that (i) at least two applicant hospitals in each of
23 the three regions of the State (northern, central, and southern) would
24 have to receive a matching grant, provided that in each case the
25 hospitals must be eligible for such a grant, and (ii) no more than 20%
26 of the funds appropriated for this purpose are to be allocated to
27 hospitals that seek designation as comprehensive stroke centers.

28 The commissioner is required under the bill to report to the
29 Governor and Legislature, not later than September 1, 2005, on
30 applications for, and awards of, funding under the grant program.

31 The bill takes effect on the 60th day after enactment.

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3126

STATE OF NEW JERSEY

DATED: JUNE 22, 2004

The Assembly Budget Committee reports favorably Assembly Bill No. 3126.

Assembly Bill No. 3126 provides recognition and financial assistance for the development of, and establish standards for, dedicated stroke centers in acute care hospitals throughout the State.

The bill directs the Commissioner of Health and Senior Services to designate qualified hospitals as primary or comprehensive stroke centers. Primary stroke centers would evaluate, stabilize and provide emergency care to patients with acute stroke and then, depending on the patient's needs and the center's capabilities, either admit the patient and provide inpatient care or transfer the patient to a comprehensive stroke center. Comprehensive stroke centers would provide complete and specialized care to patients who experience the most complex strokes, which require specialized testing, highly technical procedures and other interventions. Also, these centers would provide education and guidance to affiliated primary stroke centers.

The bill provides that a hospital shall apply to the commissioner for designation as a primary or comprehensive stroke center, and shall demonstrate to the satisfaction of the commissioner that the hospital meets the applicable patient care and support services criteria set forth in the bill necessary to receive such a designation. The commissioner shall designate as many hospitals as primary and comprehensive stroke centers as apply for the designation and meet the criteria. The commissioner may suspend or revoke a hospital's designation as a stroke center, after notice and hearing, if the commissioner determines that the hospital is not in compliance with the requirements of the bill.

The bill provides for a \$3 million matching grant program to encourage and ensure the establishment of stroke centers throughout the State. The commissioner is directed to award a matching grant to a hospital that seeks designation as a stroke center and demonstrates a need for financial assistance to develop the necessary infrastructure, including personnel and equipment, in order to satisfy the criteria for designation. The matching grant shall not exceed \$250,000 or 50% of the hospital's cost for developing the necessary infrastructure, whichever is less. The bill provides that the commissioner may provide matching grants to as many hospitals as the commissioner deems appropriate, except that (i) at least two applicant hospitals in each of

the three regions of the State (northern, central, and southern) would have to receive a matching grant, provided that in each case the hospitals must be eligible for such a grant, and (ii) no more than 20% of the funds appropriated for this purpose are to be allocated to hospitals that seek designation as comprehensive stroke centers.

The commissioner is required under the bill to report to the Governor and Legislature, not later than September 1, 2005, on applications for, and awards of, funding under the grant program.

The bill takes effect on the 60th day after enactment.

FISCAL IMPACT

The bill appropriates \$3 million from the General Fund to the Department of Health and Senior Services for the matching grants to hospitals seeking designation as a stroke center.