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IS 6/4/08

P.L. 2007, CHAPTER 270, *approved January 13, 2008*
Senate, No. 967

1 AN ACT concerning requirements for primary stroke centers and
2 amending P.L.2004, c.136.

3

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

6

7 1. Section 3 of P.L.2004, c.136 (C.26:2H-12.29) is amended to
8 read as follows:

9 3 A hospital designated as a primary stroke center shall, at a
10 minimum, meet the following criteria:

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

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

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

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

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

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

26 (6) provide acute care rehabilitation services; and

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

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

32 (1) demonstrate an institutional commitment and support of a
33 stroke center, including having a designated physician stroke center
34 director with special training and experience in caring for patients
35 with stroke;

36 (2) maintain neuro-imaging services capability that is available
37 24 hours a day, seven days a week, which shall include
38 computerized tomography scanning or magnetic resonance imaging
39 **[and interpretation of the image, that is available 24 hours a day,**
40 **seven days a week,]** that can be performed within 25 minutes of
41 order entry and interpreted within 20 minutes of completion of the
42 scan or image;

43 (3) maintain laboratory services capability, which shall include
44 blood testing, electrocardiography and X-ray services that are
45 available 24 hours a day, seven days a week, within 45 minutes of

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 order entry;

2 (4) develop and maintain outcomes and quality improvement
3 activities, which include a database or registry to track patient
4 outcomes. These data shall include, at a minimum: (a) the number
5 of patients evaluated; (b) the number of patients receiving acute
6 interventional therapy; (c) the amount of time from patient
7 presentation to delivery of acute interventional therapy; (d) patient
8 length of stay; (e) patient functional outcome; and (f) patient
9 morbidity. A primary stroke center may share these data with its
10 affiliated comprehensive stroke center for the purposes of quality
11 improvement and research;

12 (5) provide annual continuing education on stroke to support and
13 emergency services personnel regarding stroke diagnosis and
14 treatment, which will be the responsibility of the stroke center
15 director;

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

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

22 (cf: P.L.2004, c .136, s.3)

23

24 2. This act shall take effect immediately.

25

26

STATEMENT

27

28 This bill amends P.L.2004, c.136, which provides for the
29 designation of stroke centers by the Commissioner of Health and
30 Senior Services.

31 Specifically, the bill amends N.J.S.A.26:2H-12.29 to clarify the
32 criteria for primary stroke centers regarding neuro-imaging
33 capability. The bill provides that the primary stroke center must
34 have the capability for performing computerized tomography
35 scanning or magnetic resonance imaging within 25 minutes of order
36 entry, and must have the capability for interpreting the scan or
37 image within 20 minutes of its completion. This clarifying
38 amendment should provide sufficient time for a medical
39 professional to interpret the scan or image upon its completion.

40 The provisions of this bill conform the State's neuro-imaging
41 criteria for primary stroke centers to the recommendation
42 concerning these centers published in the *Journal of the American*
43 *Medical Association (JAMA)* on June 21, 2000.

44

45

46

47 Clarifies neuro-imaging criteria for primary stroke centers.

SENATE, No. 967

STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED JANUARY 17, 2006

Sponsored by:

Senator BARBARA BUONO

District 18 (Middlesex)

Assemblyman PATRICK J. DIEGNAN, JR.

District 18 (Middlesex)

Assemblyman UPENDRA J. CHIVUKULA

District 17 (Middlesex and Somerset)

Assemblyman NEIL M. COHEN

District 20 (Union)

Co-Sponsored by:

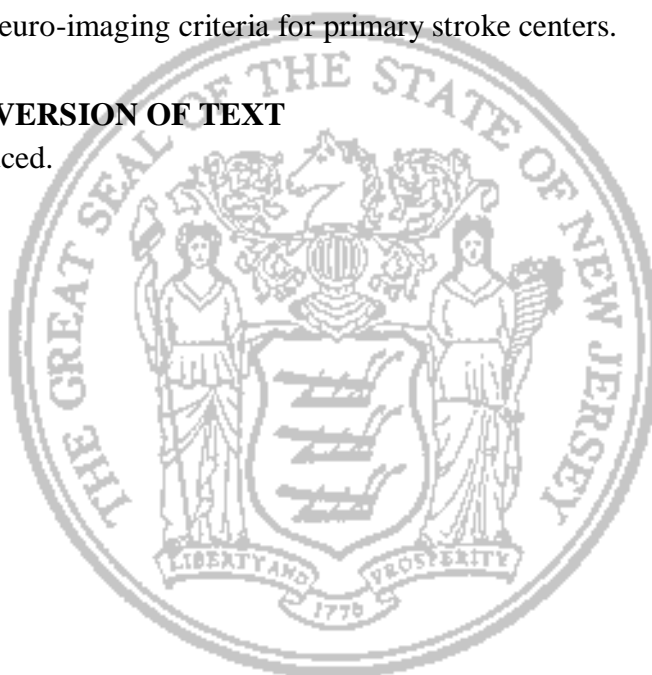
Assemblywoman Evans

SYNOPSIS

Clarifies neuro-imaging criteria for primary stroke centers.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/8/2008)

1 AN ACT concerning requirements for primary stroke centers and
2 amending P.L.2004, c.136.

3

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5 of New Jersey:

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20 and nurses who are trained and experienced in caring for acute
21 stroke patients;

22 (5) provide for neurosurgical services, including operating room
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24 comprehensive stroke center, within two hours, 24 hours a day,
25 seven days a week;

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27 (7) enter into and maintain a written transfer agreement with a
28 comprehensive stroke center so that patients with complex strokes
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30 clinically warranted.

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12 (5) provide annual continuing education on stroke to support and
13 emergency services personnel regarding stroke diagnosis and
14 treatment, which will be the responsibility of the stroke center
15 director;

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

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

22 (cf: P.L.2004, c .136, s.3)

23

24 2. This act shall take effect immediately.

25

26

27

STATEMENT

28

29 This bill amends P.L.2004, c.136, which provides for the
30 designation of stroke centers by the Commissioner of Health and
31 Senior Services.

32 Specifically, the bill amends N.J.S.A.26:2H-12.29 to clarify the
33 criteria for primary stroke centers regarding neuro-imaging
34 capability. The bill provides that the primary stroke center must
35 have the capability for performing computerized tomography
36 scanning or magnetic resonance imaging within 25 minutes of order
37 entry, and must have the capability for interpreting the scan or
38 image within 20 minutes of its completion. This clarifying
39 amendment should provide sufficient time for a medical
40 professional to interpret the scan or image upon its completion.

41 The provisions of this bill conform the State's neuro-imaging
42 criteria for primary stroke centers to the recommendation
43 concerning these centers published in the *Journal of the American*
44 *Medical Association* (JAMA) on June 21, 2000.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 967

STATE OF NEW JERSEY

DATED: DECEMBER 10, 2007

The Assembly Health and Senior Services Committee reports favorably Senate Bill No. 967.

This bill amends P.L.2004, c.136, which provides for the designation of stroke centers by the Commissioner of Health and Senior Services.

Specifically, the bill amends N.J.S.A.26:2H-12.29 to clarify the criteria for primary stroke centers regarding neuro-imaging capability. The bill provides that the primary stroke center must have the capability of performing computerized tomography scanning or magnetic resonance imaging within 25 minutes of order entry, and must have the capability of interpreting the scan or image within 20 minutes of its completion. This clarifying amendment should provide sufficient time for a medical professional to interpret the scan or image upon its completion.

The provisions of this bill conform the State's neuro-imaging criteria for primary stroke centers to the recommendation concerning these centers published in the *Journal of the American Medical Association* (JAMA) on June 21, 2000.

This bill is identical to Assembly Bill No. 3284 (Diegnan/Chivukula), which the committee also reported on this date.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 967

STATE OF NEW JERSEY

DATED: MAY 11, 2006

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 967

This bill amends P.L.2004, c.136, which provides for the designation of stroke centers by the Commissioner of Health and Senior Services.

Specifically, the bill amends N.J.S.A.26:2H-12.29 to clarify the criteria for primary stroke centers regarding neuro-imaging capability. The bill provides that the primary stroke center must have the capability for performing computerized tomography scanning or magnetic resonance imaging within 25 minutes of order entry, and must have the capability for interpreting the scan or image within 20 minutes of its completion. This clarifying amendment should provide sufficient time for a medical professional to interpret the scan or image upon its completion.

The provisions of this bill conform the State's neuro-imaging criteria for primary stroke centers to the recommendation concerning these centers published in the *Journal of the American Medical Association* (JAMA) on June 21, 2000.

ASSEMBLY, No. 3284

STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED JUNE 12, 2006

Sponsored by:

Assemblyman PATRICK J. DIEGNAN, JR.

District 18 (Middlesex)

Assemblyman UPENDRA J. CHIVUKULA

District 17 (Middlesex and Somerset)

Assemblyman NEIL M. COHEN

District 20 (Union)

Co-Sponsored by:

Assemblywoman Evans

SYNOPSIS

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ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

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DATED: DECEMBER 10, 2007

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This bill is identical to Senate Bill No. 967 (Buono), which the committee also reported on this date.