26:2H-12.28a; 27:5F-27.1 & 27:5F-27.2 et al

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2019 **CHAPTER:** 476

NJSA: **26:2H-12.28a; 27:5F-27.1 & 27:5F-27.2 et al** (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.)

BILL NO: A3670 (Substituted for S995)

SPONSOR(S) Daniel R. Benson and others

DATE INTRODUCED: 3/13/2018

COMMITTEE: **ASSEMBLY:** Appropriations

SENATE: Health, Human Services & Senior Citizens
Budget & Appropriations

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** 1/13/2020

SENATE: 1/13/2020

DATE OF APPROVAL: 1/21/2020

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Third Reprint enacted) Yes

A3670

SPONSOR'S STATEMENT: (Begins on page 6 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY**: Yes Appropriations

SENATE: Yes Health, Human Services & Senior Citizens

Budget & Approp.

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes 5/16/2019
6/20/2019
12/19/2019
1/15/2020

S995

SPONSOR'S STATEMENT: (Begins on page 6 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY**: No

SENATE: Yes Health, Human Services & Senior Citizens

Budget & Approp.

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT:

LEGISLATIVE FISCAL ESTIMATE: Yes 12/19/2019
1/15/2020

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

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REPORTS: No

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RWH/JA

§2 –
C.26:2H-12.28a
§§3,4 -
C.27:5F-27.1 &
27:5F-27.2
§5 - Repealer

P.L. 2019, CHAPTER 476, ***approved January 21, 2020***
Assembly, No. 3670 ***(Third Reprint)***

1 **AN ACT** concerning stroke care, amending [2]and supplementing[2]
2 P.L.2004, c.136, [2]supplementing Title 27 of the Revised
3 Statutes, and[2] repealing sections 3 and 4 of P.L.2004, c.136 [2]**[**,
4 and supplementing various parts of the statutory law**]**[2].
5
6 **BE IT ENACTED** *by the Senate and General Assembly of the State*
7 *of New Jersey:*
8
9 1. Section 2 of P.L.2004, c.136 (C.26:2H-12.28) is amended to
10 read as follows:
11 2. The Commissioner of Health shall designate hospitals that
12 meet the criteria set forth in this **[**act**]** section as primary [1],
13 thrombectomy-capable,[1] or comprehensive stroke centers or acute
14 stroke ready hospitals.
15 a. A hospital shall apply to the commissioner for designation
16 and shall demonstrate to the satisfaction of the commissioner that
17 the hospital **[**meets the criteria set forth in section 3 or 4 of this act
18 for**]** has been certified as a primary [1], thrombectomy-capable,[1] or
19 comprehensive stroke center or as an acute stroke ready hospital,
20 respectively, by the Joint Commission, the American Heart
21 Association, [3]**[**the Healthcare Facilities Accreditation Program,**]**[3]
22 DNV GL, or another organization that provides such certifications
23 as may be approved by the commissioner. A facility designated as
24 a primary or comprehensive stroke center prior to the effective date
25 of P.L. , c. [3](C.)[3] (pending before the Legislature as this
26 bill) shall retain such designation by obtaining, and providing the
27 commissioner with documentation of, the appropriate certification
28 by the Joint Commission, the American Heart Association, [3]**[**the
29 Healthcare Facilities Accreditation Program,**]**[3] DNV GL, or
30 [3]**[**another**]** other[3] approved organization within three years of the
31 effective date of P.L. , c. [3](C.)[3] (pending before the
32 Legislature as this bill), except that the commissioner may grant the
33 facility up to two one-year extensions to obtain the appropriate
34 certification, provided the facility certifies that the additional time

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Assembly AAP committee amendments adopted June 13, 2019.
[2]Senate SHH committee amendments adopted November 14, 2019.
[3]Senate SBA committee amendments adopted January 6, 2020.

1 is necessary to obtain the appropriate certification. [2]Failure to meet
2 the requirements of this subsection shall be deemed a voluntary
3 surrender of the hospital's prior designation as a primary or
4 comprehensive stroke center. A hospital that has its certification by
5 the Joint Commission, the American Heart Association, [3][the
6 Healthcare Facilities Accreditation Program,][3] DNV GL, or other
7 certifying organization revoked shall report the revocation to the
8 Department of Health no later than five days after the date the
9 hospital receives notice of the revocation from the certifying
10 entity.[2]
11 b. The commissioner shall designate as many hospitals as
12 primary stroke centers as apply for the designation, provided that
13 the hospital meets the [criteria set forth in section 3 of this act. In
14 addition to the criteria set forth in section 3 of this act, the
15 commissioner is encouraged to take into consideration whether the
16 hospital contracts with carriers that provide coverage through the
17 State Medicaid program, established pursuant to P.L.1968, c.413
18 (C.30:4D-1 et seq.) and the NJ FamilyCare Program, established
19 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.)] certification
20 requirements set forth in subsection a. of this section.
21 c. [1]The commissioner shall designate as many hospitals as
22 thrombectomy-capable stroke centers as apply for the designation,
23 provided that the hospital meets the certification requirements set
24 forth in subsection a. of this section.
25 d.[1] The commissioner shall designate as many hospitals as
26 comprehensive stroke centers as apply for the designation, provided
27 that the hospital meets the [criteria set forth in section 4 of this act]
28 certification requirements set forth in subsection a. of this section.
29 [1][d.] e.[1] The commissioner shall designate as many hospitals
30 as acute stroke ready hospitals as apply for the designation,
31 provided that the hospital meets the certification requirements set
32 forth in subsection a. of this section.
33 [1][e.] f.[1] The commissioner shall appropriately recognize stroke
34 centers that have attained a level of stroke care distinction
35 recognized by the Joint Commission, the American Heart
36 Association, [3][the Healthcare Facilities Accreditation Program,][3]
37 DNV GL, or another nationally-recognized, guidelines-based
38 organization that provides such distinctions and is approved by the
39 commissioner. Stroke centers that have attained a distinction that
40 shall be recognized pursuant to this subsection may include, but
41 shall not be not limited to, centers that offer mechanical
42 endovascular therapies.
43 [1][f.] g.[1] The commissioner may suspend or revoke a hospital's
44 designation as a stroke center or acute stroke ready hospital, after
45 notice and hearing, if the commissioner determines that the hospital
46 is not in compliance with the requirements of this act.

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

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

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

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

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

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

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

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

1 (2) Data submitted pursuant to paragraph (1) of this subsection
2 shall be compiled by the department into a Statewide stroke
3 database, which shall be made available on the department website.
4 (3) Data submitted pursuant to paragraph (1) of this subsection
5 shall not contain or be construed to require disclosure of
6 confidential or personal identifying information.
7 (cf: P.L.2012, c.17, s.193)
8
9 2. (New section) a. In order to ensure the implementation of a
10 strong Statewide system of stroke care, there is established in the
11 Department of Health the Stroke Care Advisory Panel, which,
12 subject to subsection c. of this section, shall consist of [2][13] 18[2]
13 members, as follows: the Commissioner of Health, or a designee,
14 who shall serve ex officio; the Director of the Office of Emergency
15 Medical Services in the Department of Health, or a designee, who
16 shall serve ex officio; and [2][11] 16[2] public members to be
17 appointed by the Governor. The public members shall include [2][a
18 nurse who is experienced in stroke care; a hospital physician who
19 has clinical experience] two nurses who provide stroke care at a
20 comprehensive stroke center; one nurse who provides stroke care at
21 a primary stroke center; three hospital physicians who are [3][board-
22 certified[2]] fellowship trained neuro-interventionalists[3] in
23 neurosurgical or neuroendovascular intervention for stroke and who
24 [2][serves] serve[2] as the director of a primary [1], thrombectomy-
25 capable,[1] or comprehensive stroke center; [2][and representatives of
26 the New Jersey First Aid Council, the American Stroke Association,
27 primary [1]thrombectomy-capable,[1] and comprehensive stroke
28 centers, acute stroke ready hospitals, hospitals located in urban and
29 rural areas of the State, physicians, and volunteer and non-volunteer
30 emergency medical services providers] two physicians who are
31 board-certified in neurology or neurosurgery who provide stroke
32 care, and who serve as the medical director of a primary [3]or
33 comprehensive[3] stroke center; a hospital physician who has clinical
34 experience in non-surgical intervention for stroke; a patient
35 advocate; a representative from a New Jersey facility that provides
36 rehabilitation services to stroke patients; two representatives from
37 emergency medical services providers that transport possible acute
38 stroke patients; a representative from the American Stroke
39 Association; a representative from the New Jersey Hospital
40 Association; and a representative from the Medical Society of New
41 Jersey[2] . Public members shall serve for a term of two years and
42 shall be eligible for reappointment.
43 b. The Stroke Care Advisory Panel established under this
44 section shall organize as soon as practicable but no later than 60
45 days after the effective date of [3][this act] P.L. , c. (C.)[3] ,
46 and, except as provided in subsection c. of this section, shall select
47 a chairperson and a vice-chairperson from among its members. The

1 chairperson shall appoint a secretary who need not be a member of
2 the panel. The panel shall meet no less than four times per year and
3 at such other times as may be necessary to discharge its duties.
4 Members shall serve without compensation but shall be reimbursed
5 for necessary expenses incurred in the performance of their duties
6 within the limits of funds appropriated for that purpose. The
7 Department of Health shall provide staff services to the panel.
8 c. The chairperson, vice-chairperson, and any public members
9 of the Stroke Advisory Panel constituted in the Department of
10 Health as of the effective date of P.L. , c. (C.) (pending
11 before the Legislature as this bill) may choose to remain on the
12 Stroke Care Advisory Panel for up to one year following the
13 effective date of P.L. , c. (C.) (pending before the
14 Legislature as this bill). Thereafter, the public members shall be
15 eligible for reappointment pursuant to subsection a. of this section,
16 and the chairperson and vice-chairperson shall be eligible for re-
17 selection for their positions pursuant to subsection b. of this section.
18 d. The Stroke Care Advisory Panel established pursuant to this
19 section shall continue any duties and responsibilities vested in the
20 Stroke Advisory Panel constituted in the Department of Health as of
21 the effective date of P.L. , c. (C.) (pending before the
22 Legislature as this bill). In addition, the Stroke Care Advisory
23 Panel shall be charged with assessing the stroke system of care in
24 New Jersey and identifying and recommending means of improving
25 the provision of stroke care. In addition to any other actions or
26 recommendations as it finds necessary and appropriate, the panel
27 shall:
28 (1) analyze the Statewide stroke database maintained pursuant
29 to paragraph (2) of subsection [3]**[**i.**]** k.[3] of section 2 of P.L.2004,
30 c.136 (C.26:2H-12.28) to identify potential interventions to improve
31 the provision of stroke care in the State, with a focus on identifying
32 and improving care in underserved regions and populations of the
33 State;
34 (2) encourage the sharing of information and data among health
35 care providers on ways to improve the quality of care provided to
36 stroke patients in the State;
37 (3) facilitate the communication and analysis of health
38 information and data among the health care professionals providing
39 care for stroke patients;
40 (4) enhance coordination and communication between hospitals,
41 primary [1], thrombectomy-capable,[1] and comprehensive stroke
42 centers, acute stroke ready hospitals, and other support services
43 necessary to assure access to effective and efficient stroke care [3],
44 particularly in time-sensitive cases including, but not limited to,
45 large vessel occlusion[3] ;
46 (5) develop [3]**[**evidence-based**]**[3] treatment [3]**[**guidelines**]**
47 protocols[3] regarding the transitioning of patients to community-

based follow-up care in hospital outpatient, physician office, and ambulatory clinic settings for ongoing care after hospital discharge following acute treatment for stroke;

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

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

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

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

3. (New section) a. [2][The Office of Emergency Medical Services in the Department] No later than June 1 of each year, the Commissioner[2] of Health shall adopt a nationally recognized standardized stroke triage assessment tool [2][, which shall be made available on the Department of Health website and shall be transmitted to each emergency medical services provider in the State no later than June 1 of each year] to be used by emergency medical services providers and protocols for the treatment and timely transport of acute stroke patients to the hospital with the most appropriate level of stroke care capability for the [3]effective and efficient treatment of the[3] patient's condition. No later than May 1 of each year, the Office of Emergency Medical Services in the Department of Health, in consultation with the Stroke Advisory Panel established pursuant to section 2 of P.L.   , c.   (C.   ) (pending before the Legislature as this bill), shall provide the commissioner with a non-binding list of recommendations to assist the commissioner in adopting a stroke triage assessment tool and protocols pursuant to this subsection[2].

b. Each emergency medical services provider in the State shall [2][develop and][2] implement [3][a stroke triage assessment tool that is substantially similar to][3] the [3]nationally-recognized[3] standardized

1 stroke triage assessment tool adopted pursuant to subsection a. of
2 this section. [3]Nothing in this section shall be construed to prevent
3 an emergency medical services provider from adopting, or require
4 an emergency medical services provider to adopt, additional stroke
5 assessment protocols.[3]
6 c. Each emergency medical services provider in the State shall
7 establish pre-hospital care protocols related to the assessment,
8 treatment, and transport of stroke patients, which shall include, but
9 not be limited to, plans for the triage and transport of acute stroke
10 patients to the most appropriate primary [1], thrombectomy-capable,[1]
11 or comprehensive stroke center or, when appropriate, acute stroke
12 ready hospital, [3]which is capable of providing the most effective
13 and efficient treatment[3] within a specified timeframe following the
14 onset of symptoms.
15 d. Each emergency medical services provider in the State shall
16 incorporate training on the assessment and treatment of stroke
17 patients in its training requirements for emergency medical services
18 personnel.
19 e. As used in this section, "emergency medical services
20 provider" means any association, organization, company,
21 department, agency, service, program, unit, or other entity that
22 provides pre-hospital emergency medical care to patients in this
23 State, including, but not limited to, a basic life support ambulance
24 service, a mobile intensive care program or mobile intensive care
25 unit, an air medical service, or a volunteer or non-volunteer first
26 aid, rescue and ambulance squad.
27
28 [1]4. The Commissioner of Health shall, pursuant to the
29 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),
30 promulgate rules and regulations as may be necessary to implement
31 this act.[1]
32
33 [1]5. The following sections are repealed:
34 Section 3 of P.L.2004, c.136 (C.26:2H-12.29); and
35 Section 4 of P.L.2004, c.136 (C.26:2H-12.30).[1]
36
37 [1]**[**4.**]** 6.[1] This act shall take effect immediately.
38
39
40
41
42 Provides for designation of acute stroke ready hospitals,
43 establishes Stroke Care Advisory Panel and Statewide stroke
44 database, and requires development of emergency medical services
45 stroke care protocols.

ASSEMBLY, No. 3670

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED MARCH 13, 2018

Sponsored by:
Assemblyman DANIEL R. BENSON
District 14 (Mercer and Middlesex)
Assemblyman THOMAS P. GIBLIN
District 34 (Essex and Passaic)
Assemblywoman CAROL A. MURPHY
District 7 (Burlington)

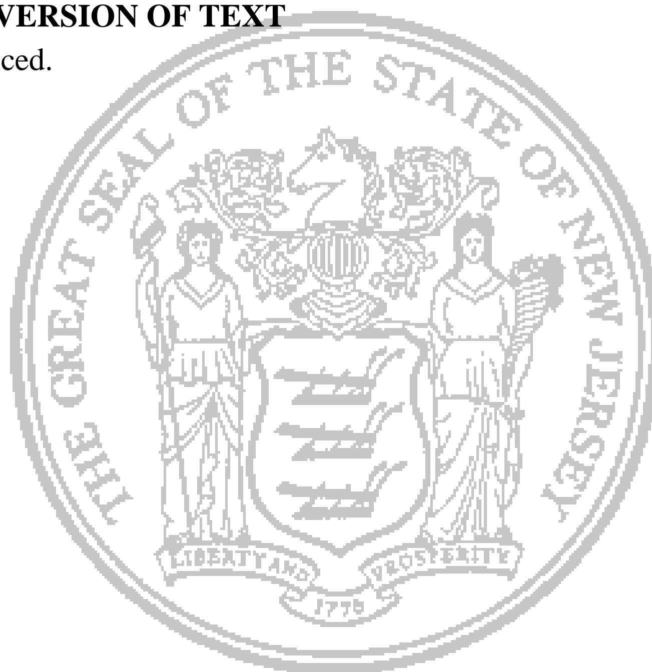
Co-Sponsored by:
Assemblywoman Reynolds-Jackson

SYNOPSIS

Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database, and requires development of emergency medical services stroke care protocols.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/30/2018)

AN ACT concerning stroke care, amending P.L.2004, c.136, repealing sections 3 and 4 of P.L.2004, c.136, and supplementing various parts of the statutory law.

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

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

2. The Commissioner of Health shall designate hospitals that meet the criteria set forth in this **[**act**]** section as primary or comprehensive stroke centers or acute stroke ready hospitals.

a. A hospital shall apply to the commissioner for designation and shall demonstrate to the satisfaction of the commissioner that the hospital **[**meets the criteria set forth in section 3 or 4 of this act for**]** has been certified as a primary or comprehensive stroke center or as an acute stroke ready hospital, respectively, by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization that provides such certifications as may be approved by the commissioner. A facility designated as a primary or comprehensive stroke center prior to the effective date of P.L. , c. (pending before the Legislature as this bill) shall retain such designation by obtaining, and providing the commissioner with documentation of, the appropriate certification by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another approved organization within three years of the effective date of P.L. , c. (pending before the Legislature as this bill), except that the commissioner may grant the facility up to two one-year extensions to obtain the appropriate certification, provided the facility certifies that the additional time is necessary to obtain the appropriate certification.

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

c. The commissioner shall designate as many hospitals as comprehensive stroke centers as apply for the designation, provided

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 that the hospital meets the [criteria set forth in section 4 of this act]
2 certification requirements set forth in subsection a. of this section.
3 d. The commissioner shall designate as many hospitals as acute
4 stroke ready hospitals as apply for the designation, provided that the
5 hospital meets the certification requirements set forth in subsection
6 a. of this section.
7 e. The commissioner shall appropriately recognize stroke
8 centers that have attained a level of stroke care distinction
9 recognized by the Joint Commission, the American Heart
10 Association, the Healthcare Facilities Accreditation Program, DNV
11 GL, or another organization approved by the commissioner as a
12 nationally-recognized, guidelines-based organization that provides
13 such distinctions. Stroke centers that have attained a distinction
14 that shall be recognized pursuant to this subsection may include, but
15 shall not be not limited to, centers that offer mechanical
16 endovascular therapies.
17 f. The commissioner may suspend or revoke a hospital's
18 designation as a stroke center or acute stroke ready hospital, after
19 notice and hearing, if the commissioner determines that the hospital
20 is not in compliance with the requirements of this act.
21 g. The commissioner shall encourage primary and
22 comprehensive stroke centers to coordinate, by written agreement,
23 with acute stroke ready hospitals throughout the State to provide
24 appropriate access to care for acute stroke patients. Agreements
25 made pursuant to this subsection shall include: (1) transfer
26 agreements for the transport to and acceptance of stroke patients by
27 stroke centers for the provision of stroke treatment therapies an
28 acute stroke ready hospital is unable to provide; and (2) any
29 communication criteria and protocols as shall be necessary to
30 effectuate the agreement.
31 h. The Commissioner of Health shall prepare, maintain, and
32 make available on the Department of Health website a list of
33 facilities designated as primary stroke centers, comprehensive
34 stroke centers, and acute stroke ready hospitals. A current copy of
35 the list shall be transmitted to each emergency medical services
36 provider, as defined in subsection e. of section 3 of P.L. ,
37 c. (C.) (pending before the Legislature as this bill), no later
38 than June 1 of each year.
39 i. (1) Primary and comprehensive stroke centers and acute
40 stroke ready hospitals shall, on a quarterly basis, submit to the
41 department data concerning stroke care that are deemed appropriate
42 by the Department of Health, and that, at a minimum, align with the
43 stroke consensus measures jointly supported by the Joint
44 Commission, the United States Centers for Disease Control and
45 Prevention's Paul Coverdell National Acute Stroke Registry,
46 American Heart Association, and the American Stroke Association.

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

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

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

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

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

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

1 d. The Stroke Care Advisory Panel established pursuant to this
2 section shall continue any duties and responsibilities vested in the
3 Stroke Advisory Panel constituted in the Department of Health as of
4 the effective date of P.L. , c. (C.) (pending before the
5 Legislature as this bill). In addition, the Stroke Care Advisory
6 Panel shall be charged with assessing the stroke system of care in
7 New Jersey and identifying and recommending means of improving
8 the provision of stroke care. In addition to any other actions or
9 recommendations as it finds necessary and appropriate, the panel
10 shall:
11 (1) analyze the Statewide stroke database maintained pursuant
12 to paragraph (2) of subsection i. of section 2 of P.L.2004, c.136
13 (C.26:2H-12.28) to identify potential interventions to improve the
14 provision of stroke care in the State, with a focus on identifying and
15 improving care in underserved regions and populations of the State;
16 (2) encourage the sharing of information and data among health
17 care providers on ways to improve the quality of care provided to
18 stroke patients in the State;
19 (3) facilitate the communication and analysis of health
20 information and data among the health care professionals providing
21 care for stroke patients;
22 (4) enhance coordination and communication between hospitals,
23 primary and comprehensive stroke centers, acute stroke ready
24 hospitals, and other support services necessary to assure access to
25 effective and efficient stroke care;
26 (5) develop evidence-based treatment guidelines regarding the
27 transitioning of patients to community-based follow-up care in
28 hospital outpatient, physician office, and ambulatory clinic settings
29 for ongoing care after hospital discharge following acute treatment
30 for stroke;
31 (6) establish a data oversight process and implement a plan for
32 achieving continuous quality improvement in the quality of care
33 provided under the Statewide stroke system of care; and
34 (7) develop model protocols for the assessment, treatment, and
35 transport of stroke patients for use by emergency medical services
36 providers, which shall include best practice standards for the triage
37 and transport of acute stroke patients.
38 e. No later than one year after the date of organization, and
39 annually thereafter, the Stroke Care Advisory Panel shall submit a
40 report to the Governor and, pursuant to section 2 of P.L.1991, c.164
41 (C.52:14-19.1), to the Legislature, detailing its activities, findings,
42 and proposals for legislative, executive, or other action to improve
43 and enhance the Statewide stroke system of care.
44
45 3. (New section) a. The Office of Emergency Medical
46 Services in the Department of Health shall adopt a nationally
47 recognized standardized stroke triage assessment tool, which shall
48 be made available on the Department of Health website and shall be

transmitted to each emergency medical services provider in the State no later than June 1 of each year.

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

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

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

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

4. This act shall take effect immediately.

STATEMENT

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

Specifically, the bill revises the requirements for designating primary and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals, by providing that the Commissioner of Health (“commissioner”) is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization approved by the commissioner that provides certifications for such facilities. Under current law, the commissioner is tasked with determining which facilities meet the requirements to be designated as a primary or comprehensive stroke

center in accordance with certain criteria set forth in statute; the bill repeals the provisions detailing these criteria. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification, if the facilities certifies the additional time is necessary to obtain the certification. The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions; stroke centers that have attained such distinction may include, but will not be not limited to, centers that offer mechanical endovascular therapies.

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

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

The bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 13-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 11 public members to be appointed by the Governor. The public members are to include a nurse who is experienced in stroke care; a hospital physician who has clinical experience in neurosurgical or neuroendovascular intervention for stroke, and who serves as the director of a primary or comprehensive stroke center; and representatives from the New Jersey First Aid Council,

the American Stroke Association, primary and comprehensive stroke centers, acute stroke ready hospitals, hospitals located in urban and rural areas of the State, physicians, and volunteer and non-volunteer emergency medical services providers. The public members will serve for a term of two years and will be eligible for reappointment. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel created under the bill for up to one year, and will be eligible for reappointment.

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

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care, including analyzing the Statewide stroke database established under the bill; encouraging information and data sharing among health care providers and facilities; developing evidence-based treatment guidelines for transitioning patients to community-based follow-up care; establishing a data oversight process and implementing a plan for achieving continuous quality improvement in the quality of care provided; developing model protocols for the assessment, treatment, and transport of stroke patients for use by emergency services providers; and proposing ways to enhance the provision of stroke care in regions and communities of the State that are underserved by the current system of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

The bill requires the Office of Emergency Medical Services in DOH to adopt a nationally recognized standardized stroke triage assessment tool, which is to be made available on the Department of Health website and transmitted to each emergency medical services provider no later than June 1 of each year. Emergency medical services providers are to develop and implement a stroke triage assessment tool that is substantially similar to the standardized

1 stroke triage assessment tool. Emergency medical services
2 providers are to additionally establish pre-hospital care protocols
3 related to the assessment, treatment, and transport of stroke
4 patients, which are to include, but not be limited to, plans for the
5 triage and transport of acute stroke patients to the most appropriate
6 primary or comprehensive stroke center or, when appropriate, acute
7 stroke ready hospital, within a specified timeframe following the
8 onset of symptoms. Emergency medical services providers will
9 additionally be required to incorporate training on the assessment
10 and treatment of stroke patients in their training requirements for
11 emergency services personnel. As used in the bill, "emergency
12 medical services provider" means any association, organization,
13 company, department, agency, service, program, unit, or other
14 entity that provides pre-hospital emergency medical care to patients
15 in this State, including, but not limited to, a basic life support
16 ambulance service, a mobile intensive care program or mobile
17 intensive care unit, an air medical service, or a volunteer or non-
18 volunteer first aid, rescue and ambulance squad.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3670

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 13, 2019

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 3670.

As amended by the committee, this bill establishes various requirements to revise and improve the Statewide system of stroke care by recognizing a new category of certified stroke care facilities, establishing a Statewide stroke care database, mandating stroke care standards and protocols for emergency medical services providers, and establishing a Stroke Care Advisory Panel.

Specifically, the amended bill revises the requirements for designating primary, thrombectomy-capable, and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals, by providing that the Commissioner of Health ("commissioner") is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization approved by the commissioner that provides certifications for such facilities. Under current law, the commissioner is tasked with determining which facilities meet the requirements to be designated as a primary, thrombectomy-capable, or comprehensive stroke center in accordance with certain criteria set forth in statute; the amended bill repeals the provisions detailing these criteria. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the amended bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification, if the facilities certifies the additional time is necessary to obtain the certification. The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions; stroke centers that have attained such distinction may include, but will not be not limited to, centers that offer mechanical endovascular therapies.

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

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

The amended bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 13-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 11 public members to be appointed by the Governor. The public members are to include a nurse who is experienced in stroke care; a hospital physician who has clinical experience in neurosurgical or neuroendovascular intervention for stroke, and who serves as the director of a primary, thrombectomy-capable, or comprehensive stroke center; and representatives from the New Jersey First Aid Council, the American Stroke Association, primary, thrombectomy-capable, and comprehensive stroke centers, acute stroke ready hospitals, hospitals located in urban and rural areas of the State, physicians, and volunteer and non-volunteer emergency medical services providers. The public members will serve for a term of two years and will be eligible for reappointment. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel created under the bill for up to one year, and will be eligible for reappointment.

The advisory panel is to organize as soon as practicable but no later than 60 days after the effective date of the amended bill, and is to select a chairperson and a vice-chairperson from among its members, except that the chairperson and vice-chairperson of the current DOH advisory panel will be authorized to continue in those roles on the advisory panel created under the amended bill for up to one year, and will be eligible for reappointment to those roles. The chairperson is to

appoint a secretary who need not be a member of the advisory panel. The advisory panel will be required to meet no less than four times per year and at such other times as may be necessary to discharge its duties. Members will serve without compensation but will be reimbursed for necessary expenses incurred in the performance of their duties within the limits of funds appropriated for that purpose. DOH will provide staff services to the panel.

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the amended bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care, including analyzing the Statewide stroke database established under the amended bill; encouraging information and data sharing among health care providers and facilities; developing evidence-based treatment guidelines for transitioning patients to community-based follow-up care; establishing a data oversight process and implementing a plan for achieving continuous quality improvement in the quality of care provided; developing model protocols for the assessment, treatment, and transport of stroke patients for use by emergency services providers; and proposing ways to enhance the provision of stroke care in regions and communities of the State that are underserved by the current system of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

The amended bill requires the Office of Emergency Medical Services in DOH to adopt a nationally recognized standardized stroke triage assessment tool, which is to be made available on the Department of Health website and transmitted to each emergency medical services provider no later than June 1 of each year. Emergency medical services providers are to develop and implement a stroke triage assessment tool that is substantially similar to the standardized stroke triage assessment tool. Emergency medical services providers are to additionally establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients, which are to include, but not be limited to, plans for the triage and transport of acute stroke patients to the most appropriate primary, thrombectomy-capable, or comprehensive stroke center or, when appropriate, acute stroke ready hospital, within a specified timeframe following the onset of symptoms. Emergency medical services providers will additionally be required to incorporate training on the assessment and treatment of stroke patients in their training requirements for emergency services personnel. As used in the bill, "emergency medical services provider" means any association, organization, company, department, agency, service, program, unit, or other entity that provides pre-hospital emergency medical care to patients in this State, including, but not limited to, a basic life support

ambulance service, a mobile intensive care program or mobile intensive care unit, an air medical service, or a volunteer or non-volunteer first aid, rescue and ambulance squad.

COMMITTEE AMENDMENTS:

The committee amendments update the bill to establish a fourth type of designation under the bill, "thrombectomy-capable stroke center," which describes a stroke center that provides a level of care that falls between that available at primary and comprehensive stroke centers.

The committee amendments restore a rulemaking provision and a repealer that were unintentionally omitted from the bill when reintroduced in the current session.

FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that provisions of the bill may both increase and decrease administrative and personnel costs for the State. The net impact of these changes is uncertain, but is likely to be minimal.

The OLS estimates that requiring certification for the designation of primary and comprehensive stroke centers, as well as acute stroke ready hospitals as permitted under the bill, may reduce the administrative costs of the Department of Health (DOH) in enforcing the existing stroke center statute.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure. The DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel.

The enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO

[First Reprint]
ASSEMBLY, No. 3670

with committee amendments

STATE OF NEW JERSEY

DATED: NOVEMBER 14, 2019

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Assembly Bill No. 3670 (1R).

As amended by the committee, this bill establishes various requirements to revise and improve the Statewide system of stroke care by recognizing a new category of certified stroke care facilities, establishing a Statewide stroke care database, mandating stroke care standards and protocols for emergency medical services providers, and establishing a Stroke Care Advisory Panel.

Specifically, the amended bill revises the requirements for designating primary, thrombectomy-capable, and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals, by providing that the Commissioner of Health ("commissioner") is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization that provides certifications for such facilities and is approved by the commissioner. Under current law, the commissioner is tasked with determining which facilities meet the requirements to be designated as a primary, thrombectomy-capable, or comprehensive stroke center in accordance with certain criteria set forth in statute; the amended bill repeals the provisions detailing these criteria. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the amended bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification, if the facilities certifies the additional time is necessary to obtain the certification. The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization

approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions; stroke centers that have attained such distinction may include, but will not be not limited to, centers that offer mechanical endovascular therapies.

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

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

As amended, the bill additionally requires all hospitals that are not comprehensive stroke centers to enter into an agreement with at least one State-designated comprehensive stroke center, which agreement is to include protocols for remote consultations, providing for the urgent transfer of stroke patients to the comprehensive stroke center when clinically appropriate, and provide the hospital with access to educational resources available from the comprehensive stroke center. The written agreement is to be filed with the DOH within 30 days.

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

The amended bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 18-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 16 public members to be appointed by the Governor. The public members are to include various health care professionals with experience in providing stroke care, two representatives from emergency medical services providers who provide transportation services to stroke patients, a patient advocate, a representative from a facility that provides rehabilitation services to stroke patients, a representative from the American Stroke Association, a representative from the Hospital Association of New Jersey, and a representative from the Medical Society of New Jersey. The public members will

serve for a term of two years and will be eligible for reappointment. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel created under the bill for up to one year, and will be eligible for reappointment.

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

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the amended bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care, including analyzing the Statewide stroke database established under the amended bill; encouraging information and data sharing among health care providers and facilities; developing evidence-based treatment guidelines for transitioning patients to community-based follow-up care; establishing a data oversight process and implementing a plan for achieving continuous quality improvement in the quality of care provided; developing model protocols for the assessment, treatment, and transport of stroke patients for use by emergency services providers; and proposing ways to enhance the provision of stroke care in regions and communities of the State that are underserved by the current system of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

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

The amended bill requires the DOH, no later than June 1 of each year, to adopt a standardized stroke triage assessment tool and protocols for the transport of stroke patients to clinically-appropriate hospitals. No later than May 1 of each year, the Office of Emergency Medical Services in the DOH is to provide, in consultation with the advisory panel, a nonbinding list of recommendations to assist the DOH in carrying out this duty. Emergency medical services providers are to additionally implement a stroke triage assessment tool and

develop pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients.

As reported by the committee with amendments, Assembly Bill No. 3670 (1R) is identical to Senate Bill No. 995(1R), which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments add language providing that the failure to submit documentation of certification as a designated stroke center under the bill will constitute voluntary surrender of that designation.

The committee amendments further require hospitals to report to the Department of Health (DOH) within five days of having a stroke certification revoked by a certifying agency.

The committee amendments require hospitals that are not designated comprehensive stroke centers to enter into an agreement with a comprehensive stroke center establishing protocols for remote consultations, patient transfers, and access to educational resources at the stroke center.

The committee amendments revise the public membership of the Stroke Care Advisory Panel to remove certain members and to include additional health care professionals, a patient advocate, a representative from a stroke rehabilitation facility, the Hospital Association of New Jersey, and the Medical Society of New Jersey.

The committee amendments require the DOH to assign a current employee to the advisory panel to facilitate the panel's various data collection, analysis, and reporting requirements, or to contract with a third party patient safety organization to carry out these duties on an at cost or no cost basis if the DOH does not have a current employee with the requisite skillset.

The committee amendments revise the requirements to adopt a stroke triage assessment tool to place responsibility for adopting the tool with the Commissioner of Health, rather than the Office of Emergency Medical Services (OEMS), and to additionally require the commissioner to develop treatment and transport protocols for stroke patients. The amendments require the commissioner to adopt the triage tool and develop the protocols by June 1 of each year, and the OEMS to assist the commissioner by issuing nonbinding recommendations by May 1 of each year.

The committee amendments revise the requirement for emergency medical services providers to develop and implement a stroke triage assessment tool to remove the term "develop"; as amended, the providers will only be required to implement an existing triage tool.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[Second Reprint]

ASSEMBLY, No. 3670

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 6, 2020

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 3670 (2R), with committee amendments.

As amended by the committee, this bill establishes various requirements to revise and improve the Statewide system of stroke care by recognizing a new category of certified stroke care facilities, establishing a Statewide stroke care database, mandating stroke care standards and protocols for emergency medical services providers, and establishing a Stroke Care Advisory Panel.

Specifically, the amended bill revises the requirements for designating primary, thrombectomy-capable, and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals, by providing that the Commissioner of Health ("commissioner") is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, DNV GL, or any other organization that provides certifications for such facilities and is approved by the commissioner. Under current law, the commissioner is tasked with determining which facilities meet the requirements to be designated as a primary, thrombectomy-capable, or comprehensive stroke center in accordance with certain criteria set forth in statute; the amended bill repeals the provisions detailing these criteria. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the amended bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification, if the facilities certifies the additional time is necessary to obtain the certification. The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions; stroke centers that have attained such distinction may

include, but will not be not limited to, centers that offer mechanical endovascular therapies.

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

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

As amended, the bill additionally requires all hospitals that are not comprehensive stroke centers to enter into an agreement with at least one State-designated comprehensive stroke center, which agreement is to include protocols for remote consultations, providing for the effective and efficient transfer of stroke patients to the comprehensive stroke center when clinically appropriate, particularly in time-sensitive cases such as large vessel occlusion, and provide the hospital with access to educational resources available from the comprehensive stroke center. The written agreement is to be filed with the DOH within 30 days.

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

The amended bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 18-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 16 public members to be appointed by the Governor. The public members are to include various health care professionals with experience in providing stroke care, two representatives from emergency medical services providers who provide transportation services to stroke patients, a patient advocate, a representative from a

facility that provides rehabilitation services to stroke patients, a representative from the American Stroke Association, a representative from the Hospital Association of New Jersey, and a representative from the Medical Society of New Jersey. The public members will serve for a term of two years and will be eligible for reappointment. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel created under the bill for up to one year, and will be eligible for reappointment.

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

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the amended bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care, including analyzing the Statewide stroke database established under the amended bill; encouraging information and data sharing among health care providers and facilities; developing treatment protocols for transitioning patients to community-based follow-up care; establishing a data oversight process and implementing a plan for achieving continuous quality improvement in the quality of care provided; developing model protocols for the assessment, treatment, and transport of stroke patients for use by emergency services providers; and proposing ways to enhance the provision of stroke care in regions and communities of the State that are underserved by the current system of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

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

The amended bill requires the DOH, no later than June 1 of each year, to adopt a standardized stroke triage assessment tool and protocols for the transport of stroke patients to clinically-appropriate hospitals. No later than May 1 of each year, the Office of Emergency Medical Services in the DOH is to provide, in consultation with the advisory panel, a nonbinding list of recommendations to assist the DOH in carrying out this duty. Emergency medical services providers are to implement the nationally-recognized stroke triage assessment tool and develop pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients. Nothing in the amended bill will prevent an emergency medical services provider from adopting, or require an emergency medical services provider to adopt, additional stroke assessment protocols.

As reported by the committee with amendments, Assembly Bill No. 3670 (2R) is identical to Senate Bill No. 995 (1R) which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments remove the Healthcare Facilities Accreditation Program from the enumerated, but nonexclusive, list of approved certifying organizations.

The committee amendments revise a provision concerning the transfer of patients needing services at a comprehensive stroke center to reference the "effective and efficient transfer" of the patient, rather than the "urgent transfer" of the patient; and to clarify that these transfers are particularly relevant to time-sensitive cases, including, but not limited to, large vessel occlusion. The amendments also revise a provision to clarify that time-sensitive cases are also particularly relevant to coordination and communication between hospitals and stroke centers in assuring access to effective and efficient care, and that the effective and efficient care standard applies to emergency medical services providers as well.

The committee amendments revise the requirements for certain public members of the Stroke Care Advisory Panel to provide that the membership is to include three physicians who are fellowship trained neuro-interventionalists in neurosurgical or neuroendovascular intervention for stroke, rather than being board-certified in neurosurgical or neuroendovascular intervention for stroke. The amendments additionally provide that the two public members who are physicians board-certified in neurology or neurosurgery who provide stroke care may be medical director of a primary or a comprehensive stroke center, rather than just a primary stroke center.

The committee amendments clarify that the Stroke Care Advisory Panel is to develop treatment protocols concerning transitioning patients to community-based follow-up care, rather than developing evidence-based treatment guidelines.

The committee amendments revise a requirement for emergency medical services providers to implement a stroke triage assessment tool to provide that the providers are to implement the nationally-recognized tool adopted by the Commissioner of Health each year, rather than developing and implementing a tool substantially similar to that tool. The amendments clarify that emergency medical services providers may, but are not required to, adopt additional stroke assessment protocols.

The committee amendments make various technical changes involving punctuation, references to certain entities, and internal citations.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals as permitted under the bill, may reduce the administrative burdens of the Department of Health (DOH) compared to the costs of enforcing the existing stroke center statute, which is repealed under the bill.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure. The DOH may also incur costs in: 1) providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel; and 2) contracting with a third party patient safety organization to help facilitate the advisory panel's work if an existing department staff member cannot perform this function.

The enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 3670
STATE OF NEW JERSEY
218th LEGISLATURE

DATED: MAY 16, 2019

SUMMARY

Synopsis: Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database and requires development of emergency services stroke care protocols.

Type of Impact: Indeterminate annual impact on State expenditures, General Fund.

Agencies Affected: Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Cost	Indeterminate impact

- The Office of Legislative Services (OLS) finds that provisions of the bill may both increase and decrease administrative and personnel costs for the State. The net impact of these changes is uncertain, but is likely to be minimal.

- The OLS estimates that requiring certification for the designation of primary and comprehensive stroke centers, as well as acute stroke ready hospitals as permitted under the bill, may reduce the administrative costs of the Department of Health (DOH) in enforcing the existing stroke center statute.

- The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure. The DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel.

- The enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation

Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

BILL DESCRIPTION

This bill recognizes a new category of certified stroke care facilities, establishes a Statewide stroke care database, mandates stroke care standards and protocols for emergency medical services providers, and establishes a Stroke Care Advisory Panel.

Specifically, the bill expands the requirements for designating primary and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals, by requiring the Commissioner of Health to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization approved by the commissioner that provides certifications for such facilities. Under current law, facilities must also meet additional criteria to be designated as a stroke center, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification if the facility certifies additional time is necessary for this.

The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions.

The bill requires the commissioner to encourage designated stroke centers to enter into written agreements with acute stroke ready hospitals to provide for the transfer of patients to stroke centers for care that is unavailable at an acute stroke ready hospital. The commissioner will be required to prepare, maintain, and make available on the DOH website a list of designated stroke care facilities, which is to be transmitted to each emergency medical services provider in the State by June 1 of each year.

Stroke centers and acute stroke ready hospitals will be required to submit to the DOH, on a quarterly basis, data concerning stroke care, to be compiled by the department and made available on its website.

The bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 13-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 11 public members to be appointed by the Governor. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel for up to one year following the bill's effective date, and will be eligible for reappointment. Members will serve without compensation, but will be reimbursed for necessary expenses incurred in performing their

duties within the limits of funds appropriated for that purpose. DOH will provide staff services to the panel.

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

The bill requires the Office of Emergency Medical Services in DOH to adopt a nationally recognized standardized stroke triage assessment tool, which is to be made available on the DOH website and transmitted to each emergency medical services provider by June 1 of each year.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that provisions of the bill may both increase and decrease administrative and personnel costs for the State. The net impact of these changes is uncertain, but is likely to be minimal.

The bill's provisions requiring certification for the designation of primary and comprehensive stroke centers, as well as acute stroke ready hospitals, may reduce the administrative costs of the department in enforcing the existing stroke center statute. Furthermore, to the extent the bill may cause more hospitals to seek designation as a primary or comprehensive stroke center, as well as an acute stroke ready hospital, there could be an increase in certain DOH administrative expenditures. According to the department website, there are currently 14 comprehensive stroke centers and 53 primary stroke centers. The OLS has no information on State funding dedicated to oversight of stroke centers.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure.

For example, the DOH maintains the existing New Jersey Acute Stroke Registry (NJASR). All hospitals currently designated as primary or comprehensive stroke centers are required to submit acute stroke data for patients 18 years or older to the DOH on a quarterly basis. The DOH then compiles these data in the NJASR. This existing infrastructure will minimize any expenses associated with maintaining a Statewide stroke database.

Finally, the DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel. It appears that the existing panel is inactive, except when called to support the department as necessary. Under the bill, the Stroke Care Advisory Panel would be the lead entity in the assessing the State's stroke system of care.

Outside of the department, the enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

Section: *Human Services*

Analyst: *Sarah Schmidt*
Senior Research Analyst

Approved: *Frank W. Haines III*
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 3670

STATE OF NEW JERSEY
218th LEGISLATURE

DATED: JUNE 20, 2019

SUMMARY

Synopsis: Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database, and requires development of emergency services stroke care protocols.

Type of Impact: Indeterminate annual impact on State expenditures, General Fund.

Agencies Affected: Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Cost	Indeterminate Impact.

- The Office of Legislative Services (OLS) estimates that requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals as permitted under the bill, may reduce the administrative burdens of the Department of Health (DOH) compared to the costs of enforcing the existing stroke center statute, which is repealed under the bill.

- The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure. The DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel.

- The enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation

Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

BILL DESCRIPTION

This bill recognizes a new category of certified stroke care facilities, establishes a Statewide stroke care database, mandates stroke care standards and protocols for emergency medical services providers, and establishes a Stroke Care Advisory Panel.

Specifically, the bill expands the requirements for designating primary and comprehensive stroke centers, and permits the designation of new thrombectomy-capable stroke centers and acute stroke ready hospitals, by requiring the Commissioner of Health to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization approved by the commissioner that provides certifications for such facilities. Under current law, facilities must also meet additional criteria to be designated as a stroke center, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification if the facility certifies additional time is necessary for this.

The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions.

The bill requires the commissioner to encourage designated stroke centers to enter into written agreements with acute stroke ready hospitals to provide for the transfer of patients to stroke centers for care that is unavailable at an acute stroke ready hospital. The commissioner will be required to prepare, maintain, and make available on the DOH website a list of designated stroke care facilities, which is to be transmitted to each emergency medical services provider in the State by June 1 of each year.

Stroke centers and acute stroke ready hospitals will be required to submit to the DOH, on a quarterly basis, data concerning stroke care, to be compiled by the department and made available on its website.

The bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 13-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 11 public members to be appointed by the Governor. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel for up to one year following the bill's effective date, and will be eligible for reappointment. Members will serve without compensation, but will be reimbursed for necessary expenses incurred in performing their

duties within the limits of funds appropriated for that purpose. DOH will provide staff services to the panel.

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

The bill requires the Office of Emergency Medical Services in DOH to adopt a nationally recognized standardized stroke triage assessment tool, which is to be made available on the DOH website and transmitted to each emergency medical services provider by June 1 of each year.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that provisions of the bill may both increase and decrease administrative and personnel costs for the State. The net impact of these changes is uncertain.

The bill's provisions requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals, may reduce the administrative burdens of the department compared to the costs of enforcing the existing stroke center statute, which are repealed under the bill. Under current law, the department is charged with monitoring the criteria which facilities must meet to obtain certification, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center, in order to be designated as a stroke center.

Furthermore, to the extent the bill may cause more hospitals to seek designation as a primary or comprehensive stroke center, as well as a thrombectomy-cabable stroke center and an acute stroke ready hospital, there could be an increase in certain DOH administrative expenditures. According to the department website, there are currently 14 comprehensive stroke centers and 53 primary stroke centers. The OLS has no information on State funding dedicated to oversight of stroke centers.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure.

For example, the DOH maintains the existing New Jersey Acute Stroke Registry (NJASR). All hospitals currently designated as primary or comprehensive stroke centers are required to submit acute stroke data for patients 18 years or older to the DOH on a quarterly basis. The

DOH then compiles these data in the NJASR. This existing infrastructure will minimize any expenses associated with maintaining a Statewide stroke database.

Finally, the DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel. It appears that the existing panel is inactive, except when called to support the department as necessary. Under the bill, the Stroke Care Advisory Panel would be the lead entity in the assessing the State's stroke system of care.

Outside of the department, the enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

Section: *Human Services*

Analyst: *Sarah Schmidt*
Senior Research Analyst

Approved: *Frank W. Haines III*
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 3670

STATE OF NEW JERSEY

218th LEGISLATURE

DATED: JUNE 20, 2019

SUMMARY

Synopsis: Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database, and requires development of emergency services stroke care protocols.

Type of Impact: Indeterminate annual impact on State expenditures, General Fund.

Agencies Affected: Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Cost	Indeterminate Impact.

- The Office of Legislative Services (OLS) estimates that requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals as permitted under the bill, may reduce the administrative burdens of the Department of Health (DOH) compared to the costs of enforcing the existing stroke center statute, which is repealed under the bill.

- The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure. The DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel.

- The enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation

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Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

BILL DESCRIPTION

This bill recognizes a new category of certified stroke care facilities, establishes a Statewide stroke care database, mandates stroke care standards and protocols for emergency medical services providers, and establishes a Stroke Care Advisory Panel.

Specifically, the bill expands the requirements for designating primary and comprehensive stroke centers, and permits the designation of new thrombectomy-capable stroke centers and acute stroke ready hospitals, by requiring the Commissioner of Health to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization approved by the commissioner that provides certifications for such facilities. Under current law, facilities must also meet additional criteria to be designated as a stroke center, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification if the facility certifies additional time is necessary for this.

The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions.

The bill requires the commissioner to encourage designated stroke centers to enter into written agreements with acute stroke ready hospitals to provide for the transfer of patients to stroke centers for care that is unavailable at an acute stroke ready hospital. The commissioner will be required to prepare, maintain, and make available on the DOH website a list of designated stroke care facilities, which is to be transmitted to each emergency medical services provider in the State by June 1 of each year.

Stroke centers and acute stroke ready hospitals will be required to submit to the DOH, on a quarterly basis, data concerning stroke care, to be compiled by the department and made available on its website.

The bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 13-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 11 public members to be appointed by the Governor. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel for up to one year following the bill's effective date, and will be eligible for reappointment. Members will serve without compensation, but will be reimbursed for necessary expenses incurred in performing their

duties within the limits of funds appropriated for that purpose. DOH will provide staff services to the panel.

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

The bill requires the Office of Emergency Medical Services in DOH to adopt a nationally recognized standardized stroke triage assessment tool, which is to be made available on the DOH website and transmitted to each emergency medical services provider by June 1 of each year.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that provisions of the bill may both increase and decrease administrative and personnel costs for the State. The net impact of these changes is uncertain.

The bill's provisions requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals, may reduce the administrative burdens of the department compared to the costs of enforcing the existing stroke center statute, which are repealed under the bill. Under current law, the department is charged with monitoring the criteria which facilities must meet to obtain certification, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center, in order to be designated as a stroke center.

Furthermore, to the extent the bill may cause more hospitals to seek designation as a primary or comprehensive stroke center, as well as a thrombectomy-cabable stroke center and an acute stroke ready hospital, there could be an increase in certain DOH administrative expenditures. According to the department website, there are currently 14 comprehensive stroke centers and 53 primary stroke centers. The OLS has no information on State funding dedicated to oversight of stroke centers.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure.

For example, the DOH maintains the existing New Jersey Acute Stroke Registry (NJASR). All hospitals currently designated as primary or comprehensive stroke centers are required to submit acute stroke data for patients 18 years or older to the DOH on a quarterly basis. The

DOH then compiles these data in the NJASR. This existing infrastructure will minimize any expenses associated with maintaining a Statewide stroke database.

Finally, the DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel. It appears that the existing panel is inactive, except when called to support the department as necessary. Under the bill, the Stroke Care Advisory Panel would be the lead entity in the assessing the State's stroke system of care.

Outside of the department, the enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

Section:	*Human Services*
Analyst:	*Sarah Schmidt* *Senior Research Analyst*
Approved:	*Frank W. Haines III* *Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

ASSEMBLY, No. 3670

STATE OF NEW JERSEY

218th LEGISLATURE

DATED: DECEMBER 19, 2019

SUMMARY

Synopsis: Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database, and requires development of emergency services stroke care protocols.

Type of Impact: Indeterminate annual impact on State expenditures, General Fund.

Agencies Affected: Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Cost	Indeterminate Impact.

- The Office of Legislative Services (OLS) estimates that requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals as permitted under the bill, may reduce the administrative burdens of the Department of Health (DOH) compared to the costs of enforcing the existing stroke center statute, which is repealed under the bill.

- The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure. The DOH may also incur costs in: 1) providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel; and 2) contracting with a third party patient safety organization to help facilitate the advisory panel's work if an existing department staff member cannot perform this function.

- The enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint

Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

BILL DESCRIPTION

This bill recognizes a new category of certified stroke care facilities, establishes a Statewide stroke care database, mandates stroke care standards and protocols for emergency medical services providers, and establishes a Stroke Care Advisory Panel.

Specifically, the bill expands the requirements for designating primary and comprehensive stroke centers, and permits the designation of new thrombectomy-capable stroke centers and acute stroke ready hospitals, by requiring the Commissioner of Health to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization approved by the commissioner that provides certifications for such facilities. Under current law, facilities must also meet additional criteria to be designated as a stroke center, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification if the facility certifies additional time is necessary for this.

The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions.

The bill requires the commissioner to encourage designated stroke centers to enter into written agreements with acute stroke ready hospitals to provide for the transfer of patients to stroke centers for care that is unavailable at an acute stroke ready hospital. The commissioner will be required to prepare, maintain, and make available on the DOH website a list of designated stroke care facilities, which is to be transmitted to each emergency medical services provider in the State by June 1 of each year.

Stroke centers and acute stroke ready hospitals will be required to submit to the DOH, on a quarterly basis, data concerning stroke care, to be compiled by the department and made available on its website.

The bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 18-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 16 public members to be appointed by the Governor. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel for up to one year following the bill's effective date, and will be eligible for reappointment. Members will serve without compensation, but will be reimbursed for

necessary expenses incurred in performing their duties within the limits of funds appropriated for that purpose. The DOH will provide staff services to the panel.

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care. The DOH is also required to assign an employee to the advisory panel to facilitate the panel's various data collection, analysis, and reporting requirements, or to contract with a third party patient safety organization to carry out these duties on an at cost or no cost basis if the DOH does not have an existing employee with the requisite skillset. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

The bill requires the DOH, no later than June 1 of each year, to adopt a nationally recognized standardized stroke triage assessment tool to be used by emergency medical services providers and protocols for the treatment and timely transport of acute stroke patients to the hospital with the most appropriate level of stroke care capability for the patient's condition. No later than May 1 of each year, the Office of Emergency Medical Services in the DOH, in consultation with the Stroke Advisory Panel established under the bill, is required to provide the commissioner with a non-binding list of recommendations to assist the commissioner in adopting a stroke triage assessment tool and protocols.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that provisions of the bill may both increase and decrease administrative and personnel costs for the State. The net impact of these changes is uncertain.

The bill's provisions requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals, may reduce the administrative burdens of the department compared to the costs of enforcing the existing stroke center statute, which are repealed under the bill. Under current law, the department is charged with monitoring the criteria which facilities must meet to obtain certification, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center, in order to be designated as a stroke center.

Furthermore, to the extent the bill may cause more hospitals to seek designation as a primary or comprehensive stroke center, as well as a thrombectomy-cabable stroke center and an acute stroke ready hospital, there could be an increase in certain DOH administrative expenditures. According to the department website, there are currently 14 comprehensive stroke centers and 53 primary stroke centers. The OLS has no information on State funding dedicated to oversight of stroke centers.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a

Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure.

For example, the DOH maintains the existing New Jersey Acute Stroke Registry (NJASR). All hospitals currently designated as primary or comprehensive stroke centers are required to submit acute stroke data for patients 18 years or older to the DOH on a quarterly basis. The DOH then compiles these data in the NJASR. This existing infrastructure will minimize any expenses associated with maintaining a Statewide stroke database.

Finally, the DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel. It appears that the existing panel is inactive, except when called to support the department as necessary. Under the bill, the Stroke Care Advisory Panel would be the lead entity in the assessing the State's stroke system of care. The department may realize further costs in contracting with a third party patient safety organization to help facilitate the advisory panel's work, if an existing department staff member cannot perform this function.

Outside of the department, the enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

Section: *Human Services*

Analyst: *Sarah Schmidt*
Senior Research Analyst

Approved: *Frank W. Haines III*
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Third Reprint]

ASSEMBLY, No. 3670

STATE OF NEW JERSEY

218th LEGISLATURE

DATED: JANUARY 15, 2020

SUMMARY

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.

Type of Impact: Indeterminate annual impact on State expenditures, General Fund.

Agencies Affected: Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Expenditures	Indeterminate Impact

- The Office of Legislative Services (OLS) finds that provisions of the bill may both increase and decrease annual State expenditures with the net impact being uncertain. The magnitude of each State cost impact will depend on operating decisions to be made by the Department of Health (DOH), which the OLS cannot anticipate absent information from the department.

- In transferring the responsibility of determining which stroke care facilities meet the requirements for the different stroke care facility designations from the DOH to certain third-party organizations, the bill will reduce the related administrative responsibilities and expenditures of the department.

- The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities and may be carried out with minimal additional expenditure.

- The DOH may also incur costs in: 1) providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel's scope of responsibilities exceeds that of the

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existing Stroke Advisory Panel; and 2) if necessary, contracting with a third-party patient safety organization to help facilitate the advisory panel's work.

BILL DESCRIPTION

This bill revises the requirements for designating primary, thrombectomy-capable, and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals. Specifically, the DOH is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the DNV GL (Det Norske Veritas Germanischer Lloyd) Group, or any other organization that provides DOH-accepted certifications for such facilities. In doing so, the bill transfers the responsibility of determining which facilities meet the requirements for certification from the DOH to these third-party organizations.

Stroke care facilities designated pursuant to current law may retain that designation by submitting documentation of the appropriate third-party organization certification to the DOH within three years after the effective date of the bill, except that the DOH may grant certain extensions.

The bill also requires the DOH to: 1) encourage designated stroke centers to enter into written agreements with acute stroke ready hospitals to provide for the appropriate transfer of patients to stroke centers; 2) make available on the DOH website an up-to-date list of designated stroke care facilities that is also to be transmitted annually to each emergency medical services (EMS) provider in the State; 3) make available on the DOH website quarterly stroke care data that designated stroke facilities will have to submit to the department; and 4) adopt a nationally recognized standardized stroke triage assessment tool to be used by EMS providers and protocols for the treatment and timely transport of acute stroke patients.

The bill additionally reconstitutes the Stroke Advisory Panel in the DOH as the Stroke Care Advisory Panel. Its 18 members will serve without compensation, but will receive reimbursements for necessary expenses incurred in performing their duties. In addition to incorporating the duties and responsibilities of the current advisory panel, the reconstituted panel will be charged with assessing the State's system of stroke care and recommending means of improving such care via an annual report submitted to the Governor and the Legislature. The DOH will provide staff services to the panel generally but the bill specifies that the DOH is to either assign an employee to the advisory panel or contract with a third-party patient safety organization for the purpose of stroke care data management and analysis.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that provisions of the bill may both increase and decrease annual State expenditures with the net impact being uncertain. The magnitude of each State cost impact will depend on operating decisions to be made by the DOH, which the OLS cannot anticipate absent information from the department.

In transferring the responsibility of determining which stroke care facilities meet the requirements for the different stroke care facility designations from the DOH to certain third-party organizations, the bill will reduce the administrative responsibilities and related expenditures of the department. For example, under current law the department has to monitor that primary stroke centers comply with the certification requirement of maintaining acute stroke team availability to see a patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week.

Furthermore, to the extent the bill may cause more hospitals to seek designation as a primary or comprehensive stroke center, as well as a thrombectomy-capable stroke center and an acute stroke ready hospital, there could be an increase in certain DOH administrative expenditures. According to the department website, there are currently 14 comprehensive stroke centers and 53 primary stroke centers. The OLS has no information on DOH stroke center oversight expenditures.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each EMS provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities and may be carried out with minimal additional expenditure.

For example, the DOH maintains the existing New Jersey Acute Stroke Registry (NJASR). All hospitals currently designated as primary or comprehensive stroke centers are required to submit quarterly acute stroke data for patients 18 years or older to the DOH. The DOH then compiles these data in the NJASR. This existing infrastructure will minimize any expenses associated with maintaining a Statewide stroke database.

Finally, the DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities of the existing Stroke Advisory Panel. It appears that the existing panel is inactive, except when called to support the department as necessary. Under the bill, the Stroke Care Advisory Panel would be the lead entity in assessing the State's stroke system of care. The department may realize further costs in contracting with a third-party patient safety organization to help facilitate the advisory panel's work, if a department staff member cannot perform this function.

Outside of the department, the bill would affect University Hospital, a current comprehensive stroke center that is an independent instrumentality of the State located in Newark. Given that University Hospital is already certified as an advanced comprehensive stroke center by the Joint Commission, however, the OLS does not foresee that the hospital would have to make any changes to retain its current DOH designation.

Section: *Human Services*

Analyst: *Sarah Schmidt*
Senior Research Analyst

Approved: *Frank W. Haines III*
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE, No. 995

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED JANUARY 16, 2018

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)
Senator LORETTA WEINBERG
District 37 (Bergen)

Co-Sponsored by:
Senators Diegnan and Gill

SYNOPSIS

Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database and requires development of emergency services stroke care protocols.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 1/18/2019)

1 **AN ACT** concerning stroke care, amending P.L.2004, c.136,
2 repealing sections 3 and 4 of P.L.2004, c.136, and supplementing
3 various parts of the statutory law.
4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7
8 1. Section 2 of P.L.2004, c.136 (C.26:2H-12.28) is amended to
9 read as follows:
10 2. The Commissioner of Health shall designate hospitals that
11 meet the criteria set forth in this **[**act**]** section as primary or
12 comprehensive stroke centers or acute stroke ready hospitals.
13 a. A hospital shall apply to the commissioner for designation and
14 shall demonstrate to the satisfaction of the commissioner that the
15 hospital **[**meets the criteria set forth in section 3 or 4 of this act for**]**
16 has been certified as a primary or comprehensive stroke center or as an
17 acute stroke ready hospital, respectively, by the Joint Commission, the
18 American Heart Association, or another organization that provides
19 such certifications as may be approved by the commissioner. A
20 facility designated as a primary or comprehensive stroke center prior
21 to the effective date of P.L. , c. (C.) (pending before the
22 Legislature as this bill) shall retain such designation by obtaining, and
23 providing the commissioner with documentation of, the appropriate
24 certification within one year of the effective date of P.L. , c.
25 (pending before the Legislature as this bill).
26 b. The commissioner shall designate as many hospitals as primary
27 stroke centers as apply for the designation, provided that the hospital
28 meets the **[**criteria set forth in section 3 of this act. In addition to the
29 criteria set forth in section 3 of this act, the commissioner is
30 encouraged to take into consideration whether the hospital contracts
31 with carriers that provide coverage through the State Medicaid
32 program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.)
33 and the NJ FamilyCare Program, established pursuant to P.L.2005,
34 c.156 (C.30:4J-8 et al.)**]** certification requirements set forth in
35 subsection a. of this section.
36 c. The commissioner shall designate as many hospitals as
37 comprehensive stroke centers as apply for the designation, provided
38 that the hospital meets the **[**criteria set forth in section 4 of this act**]**
39 certification requirements set forth in subsection a. of this section.
40 d. The commissioner shall designate as many hospitals as acute
41 stroke ready hospitals as apply for the designation, provided that the
42 hospital meets the certification requirements set forth in subsection a.
43 of this section.
44 e. The commissioner may suspend or revoke a hospital's
45 designation as a stroke center or acute stroke ready hospital, after

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 notice and hearing, if the commissioner determines that the hospital is
2 not in compliance with the requirements of this act.
3 f. The commissioner shall encourage primary and comprehensive
4 stroke centers to coordinate, by written agreement, with acute stroke
5 ready hospitals throughout the State to provide appropriate access to
6 care for acute stroke patients. Agreements made pursuant to this
7 subsection shall include: (1) transfer agreements for the transport to
8 and acceptance of stroke patients by stroke centers for the provision of
9 stroke treatment therapies an acute stroke ready hospital is unable to
10 provide; and (2) any communication criteria and protocols as shall be
11 necessary to effectuate the agreement.
12 g. The Commissioner of Health shall prepare, maintain, and make
13 available on the Department of Health website a list of facilities
14 designated as primary stroke centers, comprehensive stroke centers,
15 and acute stroke ready hospitals. A current copy of the list shall be
16 transmitted to each emergency services provider, as defined in
17 subsection e. of section 3 of P.L. , c. (C.) (pending before the
18 Legislature as this bill), no later than June 1 of each year.
19 h. (1) Primary and comprehensive stroke centers and acute stroke
20 ready hospitals shall, on a quarterly basis, submit to the department
21 data concerning stroke care that are deemed appropriate by the
22 Department of Health, and that, at a minimum, align with the stroke
23 consensus measures jointly supported by the Joint Commission, the
24 United States Centers for Disease Control and Prevention's Paul
25 Coverdell National Acute Stroke Registry, and the American Heart
26 Association and American Stroke Association.
27 (2) Data submitted pursuant to paragraph (1) of this subsection
28 shall be compiled by the department into a Statewide stroke database,
29 which shall be made available on the department website.
30 (3) Data submitted pursuant to paragraph (1) of this subsection
31 shall not contain or be construed to require disclosure of confidential
32 or personal identifying information.
33 (cf: P.L.2012, c.17, s.193)
34
35 2. (New section) a. In order to ensure the implementation of a
36 strong Statewide system of stroke care, there is established in the
37 Department of Health the Stroke Care Advisory Panel, which,
38 subject to subsection c. of this section, shall consist of 13 members,
39 as follows: the Commissioner of Health, or a designee, who shall
40 serve ex officio; the Director of the Office of Emergency Medical
41 Services in the Department of Health, or a designee, who shall serve
42 ex officio; and 11 public members to be appointed by the Governor.
43 The public members shall include a nurse who is experienced in
44 stroke care; a hospital physician who has clinical experience in
45 neurosurgical or neuroendovascular intervention for stroke, and
46 who serves both as the director of a Comprehensive Stroke Center,
47 which has been certified by a recognized national accrediting body,
48 and as the director of a Primary Stroke Center; and representatives

1 of the New Jersey First Aid Council, the American Stroke
2 Association, primary and comprehensive stroke centers, acute
3 stroke ready hospitals, hospitals located in urban and rural areas of
4 the State, physicians, and volunteer and non-volunteer emergency
5 medical services providers. Public members shall serve for a term
6 of two years and shall be eligible for reappointment.
7 b. The Stroke Care Advisory Panel established under this
8 section shall organize as soon as practicable but no later than 60
9 days after the effective date of this act, and, except as provided in
10 subsection c. of this section, shall select a chairperson and a vice-
11 chairperson from among its members. The chairperson shall
12 appoint a secretary who need not be a member of the panel. The
13 panel shall meet no less than four times per year and at such other
14 times as may be necessary to discharge its duties. Members shall
15 serve without compensation but shall be reimbursed for necessary
16 expenses incurred in the performance of their duties within the
17 limits of funds appropriated for that purpose. The Department of
18 Health shall provide staff services to the panel.
19 c. The chairperson, vice-chairperson, and any public members
20 of the Stroke Advisory Panel constituted in the Department of
21 Health as of the effective date of P.L. , c. (C.) (pending
22 before the Legislature as this bill) may choose to remain on the
23 Stroke Care Advisory Panel for up to one year following the
24 effective date of P.L. , c. (C.) (pending before the
25 Legislature as this bill). Thereafter, the public members shall be
26 eligible for reappointment pursuant to subsection a. of this section,
27 and the chairperson and vice-chairperson shall be eligible for re-
28 selection for their positions pursuant to subsection b. of this section.
29 d. The Stroke Care Advisory Panel established pursuant to this
30 section shall continue any duties and responsibilities vested in the
31 Stroke Advisory Panel constituted in the Department of Health as of
32 the effective date of P.L. , c. (C.) (pending before the
33 Legislature as this bill). In addition, the Stroke Care Advisory
34 Panel shall be charged with assessing the stroke system of care in
35 New Jersey and identifying and recommending means of improving
36 the provision of stroke care. In addition to any other actions or
37 recommendations as it finds necessary and appropriate, the panel
38 shall:
39 (1) analyze the Statewide stroke database maintained pursuant
40 to paragraph (2) of subsection h. of section 2 of P.L.2004,
41 c.136 (C.26:2H-12.28) to identify potential interventions to improve
42 the provision of stroke care in the State, with a focus on identifying
43 and improving care in underserved regions and populations of the
44 State;
45 (2) encourage the sharing of information and data among health
46 care providers on ways to improve the quality of care provided to
47 stroke patients in the State;

1 (3) facilitate the communication and analysis of health
2 information and data among the health care professionals providing
3 care for stroke patients;
4 (4) enhance coordination and communication between hospitals,
5 primary and comprehensive stroke centers, acute stroke ready
6 hospitals, and other support services necessary to assure access to
7 effective and efficient stroke care;
8 (5) develop treatment protocols regarding the transitioning of
9 patients to community-based follow-up care in hospital outpatient,
10 physician office, and ambulatory clinic settings for ongoing care
11 after hospital discharge following acute treatment for stroke;
12 (6) establish a data oversight process and implement a plan for
13 achieving continuous quality improvement in the quality of care
14 provided under the Statewide stroke system of care; and
15 (7) develop model protocols for the assessment, treatment, and
16 transport of stroke patients for use by emergency services providers,
17 which shall include best practice standards for the triage and
18 transport of acute stroke patients.
19 e. No later than one year after the date of organization, and
20 annually thereafter, the Stroke Care Advisory Panel shall submit a
21 report to the Governor and, pursuant to section 2 of P.L.1991,
22 c.164 (C.52:14-19.1), to the Legislature, detailing its activities,
23 findings, and proposals for legislative, executive, or other action to
24 improve and enhance the Statewide stroke system of care.
25
26 3. (New section) a. The Office of Emergency Medical
27 Services in the Department of Health shall adopt a nationally
28 recognized standardized stroke triage assessment tool, which shall
29 be made available on the Department of Health website and shall be
30 transmitted to each emergency medical services provider in the
31 State no later than June 1 of each year.
32 b. Each emergency medical services provider in the State shall
33 develop and implement a stroke triage assessment tool that is
34 substantially similar to the standardized stroke triage assessment
35 tool adopted pursuant to subsection a. of this section.
36 c. Each emergency medical services provider in the State shall
37 establish pre-hospital care protocols related to the assessment,
38 treatment, and transport of stroke patients, which shall include, but
39 not be limited to, plans for the triage and transport of acute stroke
40 patients to the most appropriate primary or comprehensive stroke
41 center or, when appropriate, acute stroke ready hospital, within a
42 specified timeframe following the onset of symptoms.
43 d. Each emergency medical services provider in the State shall
44 incorporate training on the assessment and treatment of stroke
45 patients in its training requirements for emergency medical services
46 personnel.
47 e. As used in this section, "emergency medical services
48 provider" means any association, organization, company,

department, agency, service, program, unit, or other entity that provides pre-hospital emergency medical care to patients in this State, including, but not limited to, a basic life support ambulance service, a mobile intensive care program or mobile intensive care unit, an air medical service, or a volunteer or non-volunteer first aid, rescue and ambulance squad.

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

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

6. This act shall take effect immediately.

STATEMENT

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

Specifically, the bill revises the requirements for designating primary and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals, by providing that the Commissioner of Health ("commissioner") is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, or any other organization approved by the commissioner that provides certifications for such facilities. Under current law, the commissioner is tasked with determining which facilities meet the requirements to be designated as a primary or comprehensive stroke center in accordance with certain criteria set forth in statute; the bill repeals the provisions detailing these criteria. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within one year after the effective date of the bill.

The bill requires the commissioner to encourage designated stroke centers to enter into written agreements with acute stroke ready hospitals to provide for the transfer of patients to stroke centers for care that is unavailable at an acute stroke ready hospital. The commissioner will be required to prepare, maintain, and make

available on the Department of Health ("DOH") website a list of designated stroke care facilities, which is to be transmitted to each emergency medical services provider in the State no later than June 1 of each year.

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

The bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 13-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 11 public members to be appointed by the Governor. The public members are to include a nurse who is experienced in stroke care; a hospital physician who has clinical experience in neurosurgical or neuroendovascular intervention for stroke, and who serves both as the director of a Comprehensive Stroke Center, which has been certified by a recognized national accrediting body, and as the director of a Primary Stroke Center; and representatives from the New Jersey First Aid Council, the American Stroke Association, primary and comprehensive stroke centers, acute stroke ready hospitals, hospitals located in urban and rural areas of the State, physicians, and volunteer and non-volunteer emergency medical services providers. The public members will serve for a term of two years and will be eligible for reappointment. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel created under the bill for up to one year, and will be eligible for reappointment.

The advisory panel is to organize as soon as practicable but no later than 60 days after the effective date of the bill, and is to select a chairperson and a vice-chairperson from among its members, except that the chairperson and vice-chairperson of the current DOH advisory panel will be authorized to continue in those roles on the advisory panel created under the bill for up to one year, and will be eligible for reappointment to those roles. The chairperson is to appoint a secretary who need not be a member of the advisory panel. The advisory panel will be required to meet no less than four times per year and at such other times as may be necessary to discharge its duties. Members will serve without compensation but

will be reimbursed for necessary expenses incurred in the performance of their duties within the limits of funds appropriated for that purpose. DOH will provide staff services to the panel.

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care, including analyzing the Statewide stroke database established under the bill; encouraging information and data sharing among health care providers and facilities; developing treatment protocols for transitioning patients to community-based follow-up care; establishing a data oversight process and implementing a plan for achieving continuous quality improvement in the quality of care provided; developing model protocols for the assessment, treatment, and transport of stroke patients for use by emergency services providers; and proposing ways to enhance the provision of stroke care in regions and communities of the State that are underserved by the current system of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

The bill requires the Office of Emergency Medical Services in DOH to adopt a nationally recognized standardized stroke triage assessment tool, which is to be made available on the Department of Health website and transmitted to each emergency medical services provider no later than June 1 of each year. Emergency medical services providers are to develop and implement a stroke triage assessment tool that is substantially similar to the standardized stroke triage assessment tool. Emergency medical services providers are to additionally establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients, which are to include, but not be limited to, plans for the triage and transport of acute stroke patients to the most appropriate primary or comprehensive stroke center or, when appropriate, acute stroke ready hospital, within a specified timeframe following the onset of symptoms. Emergency medical services providers will additionally be required to incorporate training on the assessment and treatment of stroke patients in their training requirements for emergency services personnel. As used in the bill, "emergency medical services provider" means any association, organization, company, department, agency, service, program, unit, or other entity that provides pre-hospital emergency medical care to patients in this State, including, but not limited to, a basic life support ambulance service, a mobile intensive care program or mobile intensive care unit, an air medical service, or a volunteer or non-volunteer first aid, rescue and ambulance squad.

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 995

with committee amendments

STATE OF NEW JERSEY

DATED: NOVEMBER 14, 2019

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 995.

As amended by the committee, this bill establishes various requirements to revise and improve the Statewide system of stroke care by recognizing a new category of certified stroke care facilities, establishing a Statewide stroke care database, mandating stroke care standards and protocols for emergency medical services providers, and establishing a Stroke Care Advisory Panel.

Specifically, the amended bill revises the requirements for designating primary, thrombectomy-capable, and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals, by providing that the Commissioner of Health ("commissioner") is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization that provides certifications for such facilities and is approved by the commissioner. Under current law, the commissioner is tasked with determining which facilities meet the requirements to be designated as a primary, thrombectomy-capable, or comprehensive stroke center in accordance with certain criteria set forth in statute; the amended bill repeals the provisions detailing these criteria. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the amended bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification, if the facilities certifies the additional time is necessary to obtain the certification. The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-

based organization that provides such distinctions; stroke centers that have attained such distinction may include, but will not be not limited to, centers that offer mechanical endovascular therapies.

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

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

As amended, the bill additionally requires all hospitals that are not comprehensive stroke centers to enter into an agreement with at least one State-designated comprehensive stroke center, which agreement is to include protocols for remote consultations, providing for the urgent transfer of stroke patients to the comprehensive stroke center when clinically appropriate, and provide the hospital with access to educational resources available from the comprehensive stroke center. The written agreement is to be filed with the DOH within 30 days.

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

The amended bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 18-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 16 public members to be appointed by the Governor. The public members are to include various health care professionals with experience in providing stroke care, two representatives from emergency medical services providers who provide transportation services to stroke patients, a patient advocate, a representative from a facility that provides rehabilitation services to stroke patients, a

representative from the American Stroke Association, a representative from the Hospital Association of New Jersey, and a representative from the Medical Society of New Jersey. The public members will serve for a term of two years and will be eligible for reappointment. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel created under the bill for up to one year, and will be eligible for reappointment.

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

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the amended bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care, including analyzing the Statewide stroke database established under the amended bill; encouraging information and data sharing among health care providers and facilities; developing evidence-based treatment guidelines for transitioning patients to community-based follow-up care; establishing a data oversight process and implementing a plan for achieving continuous quality improvement in the quality of care provided; developing model protocols for the assessment, treatment, and transport of stroke patients for use by emergency services providers; and proposing ways to enhance the provision of stroke care in regions and communities of the State that are underserved by the current system of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

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

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

As reported by the committee with amendments, Senate Bill No. 995 is identical to Assembly Bill No. 3670 (1R) which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments provide for the designation of an additional category of stroke facility, thrombectomy-capable stroke centers.

The committee amendments revise the requirements for currently-designated stroke centers to retain that designation by including the Healthcare Facilities Accreditation Program and DNV GL as additional certifying entities, providing three years rather than one to submit the appropriate documentation, and allowing facilities to apply for up to two one-year extensions to submit the documentation.

The committee amendments add language providing that the failure to submit documentation of certification as a designated stroke center under the bill will constitute voluntary surrender of that designation.

The committee amendments further require hospitals to report to the Department of Health (DOH) within five days of having a stroke certification revoked by a certifying agency.

The committee amendments require hospitals that are not designated comprehensive stroke centers to enter into an agreement with a comprehensive stroke center establishing protocols for remote consultations, patient transfers, and access to educational resources at the stroke center.

The committee amendments revise the public membership of the Stroke Care Advisory Panel to remove certain members and to include additional health care professionals, a patient advocate, a representative from a stroke rehabilitation facility, the Hospital Association of New Jersey, and the Medical Society of New Jersey.

The committee amendments require the DOH to assign a current employee to the advisory panel to facilitate the panel's various data collection, analysis, and reporting requirements, or to contract with a third party patient safety organization to carry out these duties on an at cost or no cost basis if the DOH does not have a current employee with the requisite skillset.

The committee amendments revise the requirements to adopt a stroke triage assessment tool to place responsibility for adopting the tool with the Commissioner of Health, rather than the Office of Emergency Medical Services (OEMS), and to additionally require the commissioner to develop treatment and transport protocols for stroke patients. The amendments require the commissioner to adopt the triage tool and develop the protocols by June 1 of each year, and the OEMS to assist the commissioner by issuing nonbinding recommendations by May 1 of each year.

The committee amendments revise the requirement for emergency medical services providers to develop and implement a stroke triage assessment tool to remove the term "develop"; as amended, the providers will only be required to implement an existing triage tool.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 995

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 6, 2020

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 995 (1R), with committee amendments.

As amended by the committee, this bill establishes various requirements to revise and improve the Statewide system of stroke care by recognizing a new category of certified stroke care facilities, establishing a Statewide stroke care database, mandating stroke care standards and protocols for emergency medical services providers, and establishing a Stroke Care Advisory Panel.

Specifically, the amended bill revises the requirements for designating primary, thrombectomy-capable, and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals, by providing that the Commissioner of Health ("commissioner") is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, DNV GL, or any other organization that provides certifications for such facilities and is approved by the commissioner. Under current law, the commissioner is tasked with determining which facilities meet the requirements to be designated as a primary, thrombectomy-capable, or comprehensive stroke center in accordance with certain criteria set forth in statute; the amended bill repeals the provisions detailing these criteria. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the amended bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification, if the facilities certifies the additional time is necessary to obtain the certification. The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions; stroke centers that have attained such distinction may

include, but will not be not limited to, centers that offer mechanical endovascular therapies.

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

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

As amended, the bill additionally requires all hospitals that are not comprehensive stroke centers to enter into an agreement with at least one State-designated comprehensive stroke center, which agreement is to include protocols for remote consultations, providing for the effective and efficient transfer of stroke patients to the comprehensive stroke center when clinically appropriate, particularly in time-sensitive cases such as large vessel occlusion, and provide the hospital with access to educational resources available from the comprehensive stroke center. The written agreement is to be filed with the DOH within 30 days.

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

The amended bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 18-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 16 public members to be appointed by the Governor. The public members are to include various health care professionals with experience in providing stroke care, two representatives from emergency medical services providers who provide transportation services to stroke patients, a patient advocate, a representative from a

facility that provides rehabilitation services to stroke patients, a representative from the American Stroke Association, a representative from the Hospital Association of New Jersey, and a representative from the Medical Society of New Jersey. The public members will serve for a term of two years and will be eligible for reappointment. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel created under the bill for up to one year, and will be eligible for reappointment.

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

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the amended bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care, including analyzing the Statewide stroke database established under the amended bill; encouraging information and data sharing among health care providers and facilities; developing treatment protocols for transitioning patients to community-based follow-up care; establishing a data oversight process and implementing a plan for achieving continuous quality improvement in the quality of care provided; developing model protocols for the assessment, treatment, and transport of stroke patients for use by emergency services providers; and proposing ways to enhance the provision of stroke care in regions and communities of the State that are underserved by the current system of stroke care. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

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

The amended bill requires the DOH, no later than June 1 of each year, to adopt a standardized stroke triage assessment tool and protocols for the transport of stroke patients to clinically-appropriate hospitals. No later than May 1 of each year, the Office of Emergency Medical Services in the DOH is to provide, in consultation with the advisory panel, a nonbinding list of recommendations to assist the DOH in carrying out this duty. Emergency medical services providers are to implement the nationally-recognized stroke triage assessment tool and develop pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients. Nothing in the amended bill will prevent an emergency medical services provider from adopting, or require an emergency medical services provider to adopt, additional stroke assessment protocols.

As reported by the committee with amendments, Senate Bill No. 995 (1R) is identical to Assembly Bill No. 3670 (2R) which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments remove the Healthcare Facilities Accreditation Program from the enumerated, but nonexclusive, list of approved certifying organizations.

The committee amendments revise a provision concerning the transfer of patients needing services at a comprehensive stroke center to reference the "effective and efficient transfer" of the patient, rather than the "urgent transfer" of the patient; and to clarify that these transfers are particularly relevant to time-sensitive cases, including, but not limited to, large vessel occlusion. The amendments also revise a provision to clarify that time-sensitive cases are also particularly relevant to coordination and communication between hospitals and stroke centers in assuring access to effective and efficient care, and that the effective and efficient care standard applies to emergency medical services providers as well.

The committee amendments revise the requirements for certain public members of the Stroke Care Advisory Panel to provide that the membership is to include three physicians who are fellowship trained neuro-interventionalists in neurosurgical or neuroendovascular intervention for stroke, rather than being board-certified in neurosurgical or neuroendovascular intervention for stroke. The amendments additionally provide that the two public members who are physicians board-certified in neurology or neurosurgery who provide stroke care may be medical director of a primary or a comprehensive stroke center, rather than just a primary stroke center.

The committee amendments revise a requirement for emergency medical services providers to implement a stroke triage assessment tool to provide that the providers are to implement the nationally-recognized tool adopted by the Commissioner of Health each year, rather than developing and implementing a tool substantially similar to

that tool. The amendments clarify that emergency medical services providers may, but are not required to, adopt additional stroke assessment protocols.

The committee amendments make various technical changes involving punctuation, references to certain entities, and internal citations.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals as permitted under the bill, may reduce the administrative burdens of the Department of Health (DOH) compared to the costs of enforcing the existing stroke center statute, which is repealed under the bill.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure. The DOH may also incur costs in: 1) providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel; and 2) contracting with a third party patient safety organization to help facilitate the advisory panel's work if an existing department staff member cannot perform this function.

The enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 995

STATE OF NEW JERSEY
218th LEGISLATURE

DATED: DECEMBER 19, 2019

SUMMARY

Synopsis: Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database, and requires development of emergency services stroke care protocols.

Type of Impact: Indeterminate annual impact on State expenditures, General Fund.

Agencies Affected: Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Cost	Indeterminate Impact.

- The Office of Legislative Services (OLS) estimates that requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals as permitted under the bill, may reduce the administrative burdens of the Department of Health (DOH) compared to the costs of enforcing the existing stroke center statute, which is repealed under the bill.

- The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure. The DOH may also incur costs in: 1) providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel; and 2) contracting with a third party patient safety organization to help facilitate the advisory panel's work if an existing department staff member cannot perform this function.

- The enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an

instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

BILL DESCRIPTION

This bill recognizes a new category of certified stroke care facilities, establishes a Statewide stroke care database, mandates stroke care standards and protocols for emergency medical services providers, and establishes a Stroke Care Advisory Panel.

Specifically, the bill expands the requirements for designating primary and comprehensive stroke centers, and permits the designation of new thrombectomy-capable stroke centers and acute stroke ready hospitals, by requiring the Commissioner of Health to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or any other organization approved by the commissioner that provides certifications for such facilities. Under current law, facilities must also meet additional criteria to be designated as a stroke center, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center. Stroke care facilities designated pursuant to current law may retain that designation by obtaining and submitting documentation of the appropriate certification to the commissioner within three years after the effective date of the bill, except that the commissioner will be permitted to grant up to two one-year extensions to obtain the appropriate certification if the facility certifies additional time is necessary for this.

The commissioner is to additionally recognize stroke centers that have attained a level of stroke care distinction recognized by the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or another organization approved by the commissioner as a nationally-recognized, guidelines-based organization that provides such distinctions.

The bill requires the commissioner to encourage designated stroke centers to enter into written agreements with acute stroke ready hospitals to provide for the transfer of patients to stroke centers for care that is unavailable at an acute stroke ready hospital. The commissioner will be required to prepare, maintain, and make available on the DOH website a list of designated stroke care facilities, which is to be transmitted to each emergency medical services provider in the State by June 1 of each year.

Stroke centers and acute stroke ready hospitals will be required to submit to the DOH, on a quarterly basis, data concerning stroke care, to be compiled by the department and made available on its website.

The bill additionally establishes the Stroke Care Advisory Panel in the DOH. The advisory panel is to incorporate the duties, responsibilities, and membership of the Stroke Advisory Panel currently constituted in DOH. The 18-member panel will consist of the commissioner and the Director of the Office of Emergency Medical Services in DOH, or their designees, who will serve ex officio, and 16 public members to be appointed by the Governor. The public members serving on the current DOH advisory panel will be authorized to remain as public members on the panel for up to one year following the bill's effective date, and will be eligible for reappointment. Members will serve without compensation, but will be reimbursed for

necessary expenses incurred in performing their duties within the limits of funds appropriated for that purpose. The DOH will provide staff services to the panel.

In addition to the duties and responsibilities of the current DOH advisory panel, the panel created under the bill will be charged with assessing the system of stroke care in New Jersey and identifying and recommending means of improving the provision of stroke care. The DOH is also required to assign an employee to the advisory panel to facilitate the panel's various data collection, analysis, and reporting requirements, or to contract with a third party patient safety organization to carry out these duties on an at cost or no cost basis if the DOH does not have an existing employee with the requisite skillset. The advisory panel is to submit an annual report to the Governor and the Legislature detailing its activities, findings, and proposals to improve and enhance the Statewide stroke system of care.

The bill requires the DOH, no later than June 1 of each year, to adopt a nationally recognized standardized stroke triage assessment tool to be used by emergency medical services providers and protocols for the treatment and timely transport of acute stroke patients to the hospital with the most appropriate level of stroke care capability for the patient's condition. No later than May 1 of each year, the Office of Emergency Medical Services in the DOH, in consultation with the Stroke Advisory Panel established under the bill, is required to provide the commissioner with a non-binding list of recommendations to assist the commissioner in adopting a stroke triage assessment tool and protocols.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that provisions of the bill may both increase and decrease administrative and personnel costs for the State. The net impact of these changes is uncertain.

The bill's provisions requiring certification for the designation of primary and comprehensive stroke centers, as well as thrombectomy-cabable stroke centers and acute stroke ready hospitals, may reduce the administrative burdens of the department compared to the costs of enforcing the existing stroke center statute, which are repealed under the bill. Under current law, the department is charged with monitoring the criteria which facilities must meet to obtain certification, such as maintaining acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week for a primary stroke center and maintaining a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes for a comprehensive stroke center, in order to be designated as a stroke center.

Furthermore, to the extent the bill may cause more hospitals to seek designation as a primary or comprehensive stroke center, as well as a thrombectomy-cabable stroke center and an acute stroke ready hospital, there could be an increase in certain DOH administrative expenditures. According to the department website, there are currently 14 comprehensive stroke centers and 53 primary stroke centers. The OLS has no information on State funding dedicated to oversight of stroke centers.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke

triage assessment tool. All of these requirements are broadly in line with the DOH's current activities, and could likely be carried out with minimal additional expenditure.

For example, the DOH maintains the existing New Jersey Acute Stroke Registry (NJASR). All hospitals currently designated as primary or comprehensive stroke centers are required to submit acute stroke data for patients 18 years or older to the DOH on a quarterly basis. The DOH then compiles these data in the NJASR. This existing infrastructure will minimize any expenses associated with maintaining a Statewide stroke database.

Finally, the DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities charged to the existing Stroke Advisory Panel. It appears that the existing panel is inactive, except when called to support the department as necessary. Under the bill, the Stroke Care Advisory Panel would be the lead entity in the assessing the State's stroke system of care. The department may realize further costs in contracting with a third party patient safety organization to help facilitate the advisory panel's work, if an existing department staff member cannot perform this function.

Outside of the department, the enactment of the bill may result in an indeterminate cost for University Hospital, a current comprehensive stroke center and an independent non-profit legal entity that is an instrumentality of the State located in Newark, in securing certification from the Joint Commission, the American Heart Association, the Healthcare Facilities Accreditation Program, DNV GL, or other organization approved by the commissioner, in order to retain the hospital's comprehensive stroke center designation.

Section: *Human Services*

Analyst: *Sarah Schmidt*
Senior Research Analyst

Approved: *Frank W. Haines III*
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

SENATE, No. 995

STATE OF NEW JERSEY
218th LEGISLATURE

DATED: JANUARY 15, 2020

SUMMARY

Synopsis: Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database and requires development of emergency services stroke care protocols.

Type of Impact: Indeterminate annual impact on State expenditures, General Fund.

Agencies Affected: Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Expenditures	Indeterminate Impact

- The Office of Legislative Services (OLS) finds that provisions of the bill may both increase and decrease annual State expenditures with the net impact being uncertain. The magnitude of each State cost impact will depend on operating decisions to be made by the Department of Health (DOH), which the OLS cannot anticipate absent information from the department.

- In transferring the responsibility of determining which stroke care facilities meet the requirements for the different stroke care facility designations from the DOH to certain third-party organizations, the bill will reduce the related administrative responsibilities and expenditures of the department.

- The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each emergency medical service provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities and may be carried out with minimal additional expenditure.

- The DOH may also incur costs in: 1) providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel's scope of responsibilities exceeds that of the

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existing Stroke Advisory Panel; and 2) if necessary, contracting with a third-party patient safety organization to help facilitate the advisory panel's work.

BILL DESCRIPTION

This bill revises the requirements for designating primary, thrombectomy-capable, and comprehensive stroke centers, and permits the designation of new acute stroke ready hospitals. Specifically, the DOH is to designate any facility that has obtained the requisite certification from the Joint Commission, the American Heart Association, the DNV GL (Det Norske Veritas Germanischer Lloyd) Group, or any other organization that provides DOH-accepted certifications for such facilities. In doing so, the bill transfers the responsibility of determining which facilities meet the requirements for certification from the DOH to these third-party organizations.

Stroke care facilities designated pursuant to current law may retain that designation by submitting documentation of the appropriate third-party organization certification to the DOH within three years after the effective date of the bill, except that the DOH may grant certain extensions.

The bill also requires the DOH to: 1) encourage designated stroke centers to enter into written agreements with acute stroke ready hospitals to provide for the appropriate transfer of patients to stroke centers; 2) make available on the DOH website an up-to-date list of designated stroke care facilities that is also to be transmitted annually to each emergency medical services (EMS) provider in the State; 3) make available on the DOH website quarterly stroke care data that designated stroke facilities will have to submit to the department; and 4) adopt a nationally recognized standardized stroke triage assessment tool to be used by EMS providers and protocols for the treatment and timely transport of acute stroke patients.

The bill additionally reconstitutes the Stroke Advisory Panel in the DOH as the Stroke Care Advisory Panel. Its 18 members will serve without compensation, but will receive reimbursements for necessary expenses incurred in performing their duties. In addition to incorporating the duties and responsibilities of the current advisory panel, the reconstituted panel will be charged with assessing the State's system of stroke care and recommending means of improving such care via an annual report submitted to the Governor and the Legislature. The DOH will provide staff services to the panel generally but the bill specifies that the DOH is to either assign an employee to the advisory panel or contract with a third-party patient safety organization for the purpose of stroke care data management and analysis.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that provisions of the bill may both increase and decrease annual State expenditures with the net impact being uncertain. The magnitude of each State cost impact will depend on operating decisions to be made by the DOH, which the OLS cannot anticipate absent information from the department.

In transferring the responsibility of determining which stroke care facilities meet the requirements for the different stroke care facility designations from the DOH to certain third-party organizations, the bill will reduce the administrative responsibilities and related expenditures of the department. For example, under current law the department has to monitor that primary stroke centers comply with the certification requirement of maintaining acute stroke team availability to see a patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week.

Furthermore, to the extent the bill may cause more hospitals to seek designation as a primary or comprehensive stroke center, as well as a thrombectomy-capable stroke center and an acute stroke ready hospital, there could be an increase in certain DOH administrative expenditures. According to the department website, there are currently 14 comprehensive stroke centers and 53 primary stroke centers. The OLS has no information on DOH stroke center oversight expenditures.

The bill may increase DOH administrative costs in requiring the facilitation of coordinating agreements between stroke centers and acute stroke ready hospitals, the maintenance of a Statewide stroke database, and the regulation of each EMS provider's stroke triage assessment tool. All of these requirements are broadly in line with the DOH's current activities and may be carried out with minimal additional expenditure.

For example, the DOH maintains the existing New Jersey Acute Stroke Registry (NJASR). All hospitals currently designated as primary or comprehensive stroke centers are required to submit quarterly acute stroke data for patients 18 years or older to the DOH. The DOH then compiles these data in the NJASR. This existing infrastructure will minimize any expenses associated with maintaining a Statewide stroke database.

Finally, the DOH may also incur costs in providing staff services to the Stroke Care Advisory Panel established under the bill to the extent the panel expands the scope of responsibilities of the existing Stroke Advisory Panel. It appears that the existing panel is inactive, except when called to support the department as necessary. Under the bill, the Stroke Care Advisory Panel would be the lead entity in assessing the State's stroke system of care. The department may realize further costs in contracting with a third-party patient safety organization to help facilitate the advisory panel's work, if a department staff member cannot perform this function.

Outside of the department, the bill would affect University Hospital, a current comprehensive stroke center that is an independent instrumentality of the State located in Newark. Given that University Hospital is already certified as an advanced comprehensive stroke center by the Joint Commission, however, the OLS does not foresee that the hospital would have to make any changes to retain its current DOH designation.

Section: *Human Services*

Analyst: *Sarah Schmidt*
Senior Research Analyst

Approved: *Frank W. Haines III*
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

Governor Murphy Takes Action on Legislation

01/21/2020

TRENTON – Today, Governor Phil Murphy signed the following bills into law:

S-62/A-2478 (Singleton, Oroho/DeAngelo, Houghtaling, Space) – Requires certain contractors to register under "The Public Works Contractor Registration Act"

S-358/A-4587 (Rice/Sumter, Reynolds-Jackson) – Establishes database with certain information about individuals elected to public office in this State

S-376/A-3839 (Madden, Gopal/Moriarty, Lagana, Mukherji, Murphy) – Eliminates eligibility time limit on tuition benefits for spouses of certain public safety workers killed in performance of their duties

S-497/A-4626 (Vitale, Madden/Mosquera, McKnight, Vainieri Huttle) – Allows certain prior statements by children to be admitted into evidence in child abuse and termination of parental rights cases

S-498/ACS for A-3391 (Vitale, Oroho/DeCroce, Johnson, DiMaso) – Makes various changes to "Criminal Injuries Compensation Act of 1971"

S-521/A-4378 (T. Kean, C.A. Brown, Pou, Ruiz/Caputo, Mukherji, Vainieri Huttle) – Requires NJ State Council on Arts to establish "Artist District" designation and select certain municipalities or areas within municipalities for such designation

S-589/ACS for A-422 (Weinberg/Mosquera, Jones, Moriarty) – Requires Secretary of State to establish secure Internet website for online voter registration; authorizes use of digitized signatures from New Jersey Motor Vehicle Commission’s database

S-700/A-3836 (Ruiz, Cunningham/Schaer, Mukherji, Jasey) – "Higher Education Citizenship Equality Act"; defines domicile for dependent students for purpose of eligibility for State student grants and scholarships, and resident tuition rate

S-721/A-1751 (Greenstein, Cunningham, Diegnan/Quijano, Benson) – Authorizes use of certain electric school buses

S-758/A-1987 (Cunningham, Cruz-Perez/Sumter, Mukherji, Quijano) – Requires incarcerated individual from State to be counted at residential address for legislative redistricting purposes

S-765/A-541 (Cunningham, T. Kean, Ruiz/Mazzeo, Jasey, Vainieri Huttle, Sumter, Benson) – Prohibits Higher Education Student Assistance Authority from referring defaulted loans under New Jersey College Loans to Assist State Students (NJCLASS) Loan Program for certain actions if authority and borrower have entered into settlement agreement

S-782/A-1110 (Sarlo, Scutari/Downey, Houghtaling, Dancer) – Increases workers’ compensation for loss of hand or foot

S-834 wGR/A-4186 (Scutari, Greenstein/Jones, Pintor Marin) – Prohibits resale of non-prescription diabetes test devices by pharmacists

S-939/A-3331 (Pou/Vainieri Huttle, Lopez, McKnight) – Requires forms and materials for individuals with developmental disabilities to be available in languages other than English

S-974/A-3040 (Singleton, T. Kean/Vainieri Huttle, Timberlake, Mosquera) – Requires newborn infants be screened for spinal muscular atrophy

S-1032/A-2389 (Vitale, Gopal/Schaer, Benson, Verrelli) – Concerns expansion of services provided by DHS mental health screening services

S-1146/A-2365 (Codey, Rice/Vainieri Huttle, Mukherji, Downey) – Requires hospital patient's medical record to include notation if patient is at increased risk of confusion, agitation, behavioral problems, and wandering due to dementia related disorder

S-1298/ACS for A-2972 (A.M. Bucco, Singleton/Mazzeo, Dunn, Space) – Permits municipalities to provide information on property tax bills concerning amount of local tax dollars saved through shared services

S-1318/A-3156 (Ruiz, Scutari/Lampitt, Mosquera) – Permits counties and non-governmental, community-based agencies to establish family justice centers which provide coordinated, multi-agency governmental and non-governmental assistance to victims of certain crimes and offenses, including domestic violence, and their family members

S-1505/A-1707 (Vitale/Vainieri Huttle, Lampitt, Benson, Mosquera) – Expands membership of NJ Task Force on Child Abuse and Neglect

S-1647/A-3181 (Diegnan, Codey/Conaway, Vainieri Huttle, Benson, Murphy) – Prohibits use of coupons, price rebates, and price reduction promotions in sales of tobacco and vapor products

S-1683/A-4267 (Smith, Greenstein/McKeon, Space, Wirths) – Concerns regulation of solid waste, hazardous waste, and soil and fill recycling industries

S-1703/A-715 (Connors, Holzapfel/Gove, Rumpf, DiMaso) – Exempts disabled veterans from beach buggy permit fees

S-1791/A-3414 (Weinberg/Johnson, Vainieri Huttle, Houghtaling) – Requires employers to disclose certain wage information to employees

S-1796/A-4693 (Addiego, Sweeney/Murphy) – Permits school district of residence to provide aid in-lieu-of transportation to pupil attending Marine Academy of Science and Technology provided certain conditions are met

S-1832/A-211 (Ruiz, Sarlo/Chiaravalloti, Zwicker, Pintor Marin) – Establishes loan redemption program and tuition reimbursement program for certain teachers of science, technology, engineering, and mathematics

S-2267/A-3616 (Sweeney, Corrado/Burzichelli, Holley, Calabrese) – Gives State lottery winners option of remaining anonymous indefinitely

S-2303/A-4843 (Sweeney, Ruiz, Cunningham/Wimberly, Karabinchak, Calabrese) – Requires establishment of Work and Learn Consortiums by certain educational institutions to establish certificate and degree programs identified in high labor-demand industries

S-2389 wGR/A-5449 (Singleton/Quijano, Downey, Houghtaling, Moriarty) – Requires New Jersey State Board of Pharmacy to establish prescription drug pricing disclosure website and certain pharmaceutical manufacturing companies to provide prescription drug price information

S-2428/A-4965 (Scutari/Quijano, Vainieri Huttle) – Requires that massage and bodywork therapists and employers carry professional liability insurance

S-2469/A-3745 (Singleton, Oroho/Wirths, Mazzeo, Space) – Prohibits person from contracting for public work if person is federally debarred from receiving federal contract

S-2511/A-4020 (Madden/Mazzeo, Murphy, Johnson) – Changes title of DEP "conservation officer" to "conservation police officer"

S-2521/A-4087 (Cryan, Greenstein/Vainieri Huttle, Lopez, Timberlake) – Requires reporting of inmate abuse by employees of State correctional facilities and establishes reporting and investigation program

S-2522/A-4090 (Cryan, Greenstein/Vainieri Huttle, Lopez, Timberlake) – Limits cross gender strip searches in

State correctional facilities

S-2532/A-4086 (Greenstein, Cruz-Perez/Vainieri Huttle, Lopez, Timberlake) – Requires correctional police officers receive 20 hours in-service training, including four hours in prevention of sexual misconduct, non-fraternization, and manipulation

S-2555/A-3990 (Gopal, Ruiz/Mukherji, Benson, Karabinchak) – Allows dependent students whose parents or guardians hold H-1B visas to qualify for in-State tuition at public institutions of higher education provided they meet certain criteria

S-2564/A-3519 (Turner, Singleton/Benson, McKnight, Jasey) – Establishes "Restorative Justice in Education Pilot Program" in Department of Education

SCS for S-2599/ACS for A-1268 (Bateman, Beach/Tucker, Conaway, Lampitt, Quijano) – Authorizes veterans' property tax exemption and veterans' property tax deduction for honorably discharged veterans of United States Armed Forces who did not serve in time of war or other emergency

S-2826/A-3274 (Greenstein/Vainieri Huttle, Dancer, Benson) – Requires institutions of higher education to offer cats and dogs no longer used for educational, research, or scientific purposes for adoption; designated the "Homes for Animal Heroes Act"

S-2849/A-4590 (A.M. Bucco/DiMaio, Caputo, Dunn) – Designates Seeing Eye® dog as State Dog

S-3036/A-1697 (Lagana, Scutari/Dancer, Downey) – Prohibits medical providers from reporting certain workers' compensation medical charges to collection and credit reporting agencies

S-3061/A-4603 (Ruiz, Greenstein/Lampitt, Mukherji, Benson) – Provides corporation business tax and gross income tax credits for businesses that participate in DOL registered apprenticeship programs; establishes grant program for tax-exempt organizations participating in DOL registered apprenticeship programs

S-3065/A-4657 (Ruiz, Singleton/Armato, Benson, Timberlake) – Establishes youth apprenticeship pilot program in Department of Education

S-3067/A-4602 (Ruiz, Singleton/Lampitt, Reynolds-Jackson, Sumter) – Establishes five year Apprentice Assistance and Support Services Pilot Program

S-3116/A-4683 (Ruiz/Speight, Munoz, Tucker) – Requires certain medical facilities to undertake end-of-life planning and training

S-3117/A-4685 (Ruiz/Speight, Pinkin, Munoz) – Requires emergency departments to take certain measures concerning palliative care for patients

S-3126/A-4107 (Gopal/Benson, DeCroce, Chiaravalloti) – Requires drivers to stop at railroad crossing when on-track equipment is approaching railroad crossing

S-3170/A-5145 (Cryan, Pou/Quijano, Milam, Land) – Increases prenotification time and requires severance pay in certain plant closings, transfers, and mass layoffs

S-3227/A-5261 (Gopal/Tully, Pinkin, Swain) – Requires restaurants to post signs advising customers to notify servers of food allergies; requires restaurant managers to complete food allergen training

S-3265/A-3178 (Turner, Codey, Vitale/Conaway, Murphy, Vainieri Huttle) – Prohibits sale or distribution of flavored vapor products

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S-3330 wGR/A-5066 (Addiego, Singleton/Jones, Vainieri Huttle, Lampitt, Murphy) – Establishes pilot program in DCF to study impact of child care services provided by community providers operating in public school facilities; requires community providers to meet certain criteria

S-3422/A-6056 (Singer, T. Kean/Houghtaling, Downey, Vainieri Huttle) – Requires declaration of Code Blue

alert when National Weather Service predicts temperatures of 32 degrees Fahrenheit or lower

S-3468/A-5105 (Sweeney, Singleton/Murphy, Karabinchak, Vainieri Huttle) – Establishes Task Force on Maximizing Employment for People with Disabilities

S-3511/A-5298 (Singer, T. Kean/Mukherji, Vainieri Huttle, Downey) – Authorizes certain health care and social service resources to be made available during Code Blue alert

S-3581/A-5963 (Singleton/Lopez, Quijano) – Prohibits certain business financing contracts that contain judgment by confession provisions

S-3685/A-5345 (Sarlo, Singleton/Mukherji, Conaway, McKnight) – Establishes program to increase participation of underrepresented students in New Jersey's science and engineering workforce

S-3756/A-6115 (Ruiz, Sarlo, O'Scanlon/Jasey, Jones, Wirths) – Requires limited purpose regional school districts to coordinate with constituent districts regarding school calendar and curriculum

S-3763/A-6116 (Addiego, Bateman, Sarlo/DeAngelo, Dancer, Space) – Renames joint meetings as regional service agencies; grandfathers existing joint meetings

S-3869/A-5561 (Sarlo/Burzichelli, Houghtaling) – Prohibits local governments from imposing fines on alarm companies in certain circumstances

S-3871/A-5427 (Bateman, Scutari/DePhillips, McKeon) – Adds member from Retired Judges Association of New Jersey to State Investment Council

SCS for S-3878/ACS for A-5394 (Ruiz, Weinberg, Cunningham/Moriarty, McKnight, Pinkin) – Reaffirms and clarifies that Attorney General and Division on Civil Rights may initiate actions in Superior Court to enforce "Law Against Discrimination"

S-3920 wGR/A-5552 (Pou/Wimberly, Sumter) – Concerns provision of energy to certain manufacturing facilities by providing exemptions to certain energy related taxes

S-3923/A-5680 (Madden, Singleton/Giblin, Timberlake, Murphy) – Concerns labor harmony agreements for hospitality projects

SCS for S-3939 and 3944/ACS for A-5681 and 5682 (Smith, Greenstein, Bateman, Codey/Pinkin, Lopez, McKeon) – Establishes Recycling Market Development Council

S-3985/A-5663 (Smith/McKeon, Pinkin, Vainieri Huttle) – Amends "Electric Discount and Energy Competition Act" to add definition of "open access offshore wind transmission facility" and revises law concerning "qualified offshore wind projects"

S-4025/A-5695 (Pou/Wimberly, Sumter) – Makes FY 2020 language allocation of $1,000,000 appropriated to Grants for Urban Parks to Hinchliffe Stadium in Paterson

S-4162/A-6014 (Smith, Greenstein/Vainieri Huttle, Pinkin, Houghtaling) – Establishes NJ Climate Change Resource Center at Rutgers University; appropriates up to $500,000

S-4165/A-4364 (Rice/Giblin, Caputo, Tucker) – Expands University Hospital board of directors membership from 11 to 13 members

S-4188/A-6075 (Beach/Murphy, Dancer, Lampitt) – "Lindsay's Law"; provides tax benefits to organ and bone marrow donors and their employers, and provides paid time off to donors who are State or local government employees

S-4200/A-5855 (Ruiz, Turner/Coughlin, Lampitt, Holley) – Requires State to pay difference between federal allocation and total cost of reduced price breakfast or lunch; appropriates $4.5 million

S-4247/A-6049 (Gopal, O'Scanlon/Conaway, Houghtaling, Downey) – Establishes criteria for distribution of Fiscal Year 2020 funding to Community Food Bank of New Jersey and partner organizations

S-4264/A-5962 (Pou/Wimberly, Sumter, Calabrese) – Designates State Highway Route 19 as "William J. Pascrell Jr. Highway"

S-4275/A-6088 (Smith, Greenstein/Burzichelli) – Allows BPU to increase cost to customers of Class I renewable energy requirement for energy years 2022 through 2024, under certain conditions

S-4276/A-6109 (Corrado, Bateman/Armato, Calabrese, Land) – Appropriates $32,153,936 to State Agriculture Development Committee, and amends 2017 appropriations for stewardship activities, for farmland preservation purposes

S-4277/A-6112 (Greenstein, Bateman/Freiman, Danielsen, Downey) – Appropriates $5,000,000 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for municipal planning incentive grants for farmland preservation purposes

S-4278/A-6108 (Greenstein, Bateman/Taliaferro, Karabinchak, Kennedy) – Appropriates $21 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for county planning incentive grants for farmland preservation purposes

S-4279/A-6106 (Smith, Bateman/Houghtaling, Reynolds-Jackson, Pinkin) – Appropriates $1,350,000 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for grants to certain nonprofit organizations for farmland preservation purposes

S-4286/A-5890 (Vitale/Swain, Jones) – Clarifies procedures concerning collection of child support on behalf of child over age 19 when court has ordered such support

S-4309/A-6107 (Turner, Cruz-Perez/Mejia, Vainieri Huttle, Zwicker) – Appropriates $13,902,723 from constitutionally dedicated CBT revenues to NJ Historic Trust for grants for certain historic preservation projects and associated administrative expenses

S-4310/A-6114 (Codey, Bateman/Carter, Murphy, Lopez) – Appropriates $8,872,682 to DEP from constitutionally dedicated CBT revenues for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes

S-4311/A-6113 (Greenstein, Bateman/Speight, Mukherji, Verrelli) – Appropriates $77,450,448 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects

S-4312/A-6111 (Smith, Bateman/Giblin, Mazzeo, Land) – Appropriates $36.143 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects

S-4313/A-6110 (Corrado, Bateman/Moriarty, McKeon, Swain) – Appropriates $33.915 million from constitutionally dedicated CBT revenues to DEP for State acquisition of lands for recreation and conservation purposes, including Blue Acres projects

SCS for S-4315/ACS for A-6063 (Beach, Turner/Jones, Zwicker) – Creates fund to reimburse local units of government for cost of certain mail-in ballot procedures; appropriates $3,000,000

SJR-51/AJR-189 (Rice, Turner/Verrelli, Reynolds-Jackson, Sumter) – Establishes the "New Jersey State Commission on Urban Violence"

SJR-65/AJR-90 (Weinberg, Addiego/DiMaso, Vainieri Huttle, Schepisi) – Designates March 19th "Women in Public Office Day" in New Jersey

SJR-80/AJR-121 (Lagana, Weinberg/Jones, Benson, Chiaravalloti, DeCroce) – Urges federal government to adhere to commitment to improve Northeast Corridor rail infrastructure by providing funding to complete Gateway Program

SJR-125/AJR-169 (Gopal, Codey/Wolfe, Pinkin) – Designates the second week of October of each year as "Obesity Care Week" in NJ

A-344/S-1575 (Murphy, McKeon, Timberlake/Cruz-Perez, Singleton) – Revises certain aspects of the New Jersey Individual Development Account Program

A-1040/S-3928 (Houghtaling, Taliaferro/Andrzejczak) – Establishes NJ "Landowner of the Year" award program

A-1146/S-4330 (Wimberly, Holley/Pou, Singleton) – Establishes "New Jersey Investing in You Promise Neighborhood Commission"

A-1277/S-2629 (Tucker, Holley, Lopez/Singleton, Gopal) – Requires hospitals and homeless shelters to provide information on services and resources to individuals who are homeless or military veterans

A-1449/S-3168 (Benson, DeAngelo/Greenstein, Turner) – Provides job security to certain organ and bone marrow donors

A-1477/S-3228 (Chaparro, Vainieri Huttle, Benson, Jimenez, Mukherji, Downey/Gopal, Scutari) – Establishes Statewide Hit and Run Advisory Program to facilitate apprehension of persons fleeing motor vehicle accident scene; designated as "Zackhary's Law"

A-1478/S-1648 (Chaparro, Vainieri Huttle/Diegnan, T. Kean) – Revises law governing theater liquor licenses

A-1604/S-2734 (Conaway, Murphy, Jimenez/Singleton) – "Recreational Therapists Licensing Act"

A-1796/S-2609 (McKeon, Downey/Lagana, Gopal) – Prevents criminal defendant from asserting "gay and transgender panic" defense to murder charge in order to reduce charge to manslaughter committed in heat of passion

A-1924/S-2930 (Mukherji, A.M. Bucco, DeAngelo, DeCroce/Beach) – Exempts certain honorably discharged United States military veterans from initial insurance producer licensing fee

A-1992/S-1780 (Sumter, Benson, Vainieri Huttle, Houghtaling, Wimberly/Diegnan, Turner) – "New Jersey Call Center Jobs Act"

A-2183/S-1687 (Land, Johnson/Cruz-Perez, Andrzejczak) – "Music Therapist Licensing Act"

ACS for A-2431 wGR/SCS for S-1865 (Benson, Jimenez, DeCroce/Weinberg, T. Kean) – Requires health insurers to provide plans that limit patient cost-sharing concerning certain prescription drug coverage

ACS for A-2444 and S-2656/S-2081 (Benson, Lampitt, Pinkin, Mukherji/Turner, Singleton) – Provides for coverage of comprehensive tobacco cessation benefits in Medicaid

A-2767/S-2924 (Greenwald, Mosquera, McKnight/Greenstein, Singleton) – Amends certain provisions of sexual assault statute to clarify elements necessary for conviction

A-3312/S-1972 (Murphy, Lagana, Downey, Sumter/Gopal, Corrado) – Requires Legislature to adopt and distribute policy prohibiting sexual harassment; requires members, officers, and employees of Legislature to complete online training on policy once every two years

A-3670/S-995 (Benson, Giblin, Murphy/Vitale, Weinberg) – 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

ACS for A-4136/SCS for S-2675 (Land, Milam/Andrzejczak, Van Drew) – Establishes Possession In Excess of Daily Limit Vessel License for black sea bass and summer flounder; dedicates fees therefrom to marine fisheries programs

A-4147/S-2744 (Lampitt, Houghtaling, Zwicker/Ruiz, Corrado) – Requires school districts and nonpublic schools to conduct audit of security features of buildings, grounds, and communication systems and to submit audit to NJ Office of Homeland Security and Preparedness and DOE

A-4150/S-2742 (Lampitt, Jones, Timberlake/Ruiz, Corrado) – Requires meeting between student and appropriate school personnel after multiple suspensions or proposed expulsion from public school to identify behavior or health difficulties

A-4151/S-2745 (Swain, Tully, Jasey/Ruiz, Corrado) – Requires school security training for persons employed by public and nonpublic schools in substitute capacity and for employees and volunteers of youth programs operated in school buildings

A-4260/S-4335 (Timberlake, Giblin, Tucker, Caputo/Pou, Scutari) – Prohibits sale of certain toy guns and imitation firearms

A-4370/S-2919 (Carroll/A.M. Bucco) – Increases membership of board of trustees of Washington Association of New Jersey

A-4377/S-2934 (Benson, Land, DeCroce/Greenstein) – Requires DOT and OIT to develop materials concerning capabilities of airports in NJ and establishes "Public Use Airports Task Force"

A-4517/S-4341 (Wimberly, Speight, Reynolds-Jackson/Singleton, Cunningham) – Establishes "New Jersey Eviction Crisis Task Force"

A-4529/S-3191 (Mazzeo, Armato/Gopal, Andrezejczak) – Concerns reimbursements to Superstorm Sandy-impacted homeowners subjected to contractor fraud

A-4563/S-3096 (Zwicker, Benson/Greenstein, Gill) – Prohibits use of bots to deceive person about origin and content of communication for certain commercial or election purposes

A-4564/S-3087 (Zwicker, Freiman/Greenstein) – Establishes "Voting Precinct Transparency Act;" requires filing of election district, county district, and municipal ward boundary data with Secretary of State for posting and download on official website with matching election results data

A-4699/S-2938 (Moriarty, Burzichelli, Bramnick/Turner) – Regulates annual report filing services

A-4803/S-4211 (Greenwald, Johnson, Pintor Marin/Cryan, Vitale) – Authorizes certain entities to directly bill Victims of Crime Compensation Office for counseling services provided to victims of firearm and stabbing crimes

A-4822/S-3408 (Wimberly, Tully, Swain/Singleton, Greenstein) – Permits municipalities to lease vacant municipal land for tiny home occupancy; directs DCA to enhance regulatory guidance on acceptable tiny home construction and use

A-4904 wGR/S-3347 (Mukherji, Quijano, Mazzeo/Cryan, Sweeney) – Concerns property taxes due and owing on real property owned by certain federal employees or contractors under certain circumstances

A-4954/S-3368 (Quijano, Murphy, Carter/Singleton, Greenstein) – Revises requirements for provision of counseling and support services to emergency services personnel

ACS for A-4972/SCS for S-1490 (Moriarty/Beach, Scutari) – Establishes certain consumer protections related to arbitration organizations

A-4978 wGR/S-3498 (Timberlake, Zwicker, Vainieri Huttle/Greenstein, Cryan) – Prohibits online education services from using and disclosing certain information, engaging in targeted advertising, and requires deletion of certain information in certain circumstances

A-5023/S-3467 (McKnight, Mukherji, Chaparro, Chiaravalloti/Cunningham) – Exempts from DOT permitting requirements certain signs not located in protected areas that have been approved by municipality

A-5028/S-3523 (Mukherji, Conaway, Pintor Marin/Vitale, Diegnan) – Establishes "James Nicholas Rentas's Law," revises "New Jersey SmokeFree Air Act"

A-5029/S-3522 (Sumter, Reynolds-Jackson, Johnson/Rice, T. Kean) – Requires New Jersey Office on Minority and Multicultural Health to study racial disparities on sexual and reproductive health of African-American women

A-5031/S-3455 (Speight, McKnight, Timberlake/Ruiz) – Requires hospital emergency departments to ask person of childbearing age about recent pregnancy history

A-5314/S-3692 (Zwicker, Milam, Mazzeo/Cryan, Ruiz) – Requires DHS to study social isolation occurring in certain population groups

A-5344/S-3833 (Mukherji, Vainieri Huttle, Milam/Gopal, Corrado) – Establishes uniform standard for acceptable proof of veteran status for veteran's ID cards and various State and local programs

A-5388/S-3895 (Speight, Pintor Marin, Greenwald/Greenstein, Ruiz) – Requires specialized in-service training regarding crime victims for police departments in certain high-crime areas

A-5389/S-3896 (Speight, Pintor Marin, Greenwald/Greenstein, Ruiz) – Requires training or experience in crime victims' rights for certain members of Victims of Crime Compensation Review Board

A-5432/S-3796 (Milam, Land/Andrzejczak) – Requires DEP Commissioner to establish individual transferable quota system for menhaden purse seine fishery

A-5445/S-3909 (Swain, Tully, Spearman/T. Kean, Corrado) – Requires AG to establish program to detect fentanyl in State's illegal drug supply and make information related to presence of fentanyl available in database accessible by law enforcement

A-5511/S-1852 (Spearman, Jones, Reynolds-Jackson/Turner, Cruz-Perez) – Revises certain penalties for illegal operation of snowmobile, all-terrain vehicle, or dirt bike

A-5580/S-3842 (Johnson, Moriarty, Greenwald/Weinberg, Sarlo) – Extends availability period for tax credits for certain expenses incurred for production of certain film and digital media content, raises annual cap related to film production, and provides for annual administration of film tax credits

A-5583/S-3919 (Pinkin, Lopez, Mukherji/Smith, Bateman) – Prohibits sale, lease, rent, or installation of certain equipment or products containing hydrofluorocarbons or other greenhouse gases

A-5630/S-3981 (Pintor Marin, Munoz, Reynolds-Jackson/Weinberg, Corrado) – Requires Civil Service Commission to establish and maintain hotline for State employees to submit reports of workplace discrimination and harassment

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A-5667/S-3933 (Mukherji, Vainieri Huttle, Armato, DeCroce, Karabinchak/Singer, Scutari) – "Charlie's Law"; requires pharmacy practice sites and hospice programs to furnish patients with information and means to safely dispose of unused prescription drugs and medications

A-5801/S-4064 (Coughlin, Houghtaling, Verrelli/Singleton, Sweeney) – Concerns responsibility of contractors for wage claims against subcontractors

A-5817/S-4263 (Mazzeo, Armato/Cunningham, Sweeney, C.A. Brown) – Allows certain persons to qualify for casino key employee license and casino employee registration

A-5916/S-4255 (Chiaravalloti, McKnight, Karabinchak/Cunningham, Weinberg) – Authorizes DOH to notify elected officials of financial distress of certain hospitals

A-5918/SCS for S-3741 and 4253 (Chiaravalloti, McKnight/Weinberg, Cunningham, Vitale) – Expands hospital reporting requirements

A-5970/S-4201 (Lopez, Speight, Chaparro/Codey) – Amends list of environmental infrastructure projects approved for long-term funding for FY2020 to include new projects, remove certain projects, and modify estimated loan amounts for certain projects

A-5971/S-4202 (Mukherji, Pintor Marin, Spearman/Bateman, Corrado) – Authorizes NJ Infrastructure Bank to expend additional sums to make loans for environmental infrastructure projects for FY2020

A-5972/S-4203 (Pinkin, Benson, Zwicker/Greenstein, Singleton) – Makes changes to New Jersey Infrastructure Bank's enabling act

A-5977/S-4282 (Greenwald, Downey, Vainieri Huttle/Vitale, Singleton) – Provides for establishment of Regional Health Hub Program as replacement to Accountable Care Organization Demonstration Project, and designates existing accountable care organizations and look-alike organizations as Regional Health Hubs

A-6119/S-4336 (Egan, Houghtaling/Madden) – Revises "The Public Works Contractor Registration Act" and amends definition of registered apprenticeship program

AJR-35/SJR-159 (McKnight, Chaparro, Chiaravalloti, DeCroce/Cunningham, Greenstein) – Designates third full week in March as "Domestic Violence Services Awareness Week" to bring awareness of services available to domestic violence victims

AJR-103/SJR-70 (Rooney, DePhillips, Murphy/Corrado) – Permanently designates January as "NUT Carcinoma Awareness Month" in New Jersey

AJR-118/SJR-157 (McKnight, Timberlake, McKeon/Pou, Madden) – Designates April of each year as "Financial Literacy Month" in New Jersey

AJR-180/SJR-112 (DeAngelo, McKnight, Murphy/Singleton, Corrado) –Designates February in each year as "Career and Technical Education Month" in New Jersey

Governor Murphy declined to sign the following bills, meaning they expire without becoming law:

S-691/A-657 (Ruiz, Pou/Jasey, Caputo, Pintor Marin, Sumter, Wimberly) – Requires that if a school district satisfies 80% or more of the required NJ Quality Single Accountability Continuum standards in an area of district effectiveness under State intervention, the State must return that area to local control

S-1083/A-544 (Cruz-Perez, Gopal/Mazzeo, Houghtaling, Holley, Dancer) – Establishes loan program and provides corporation business tax and gross income tax credits for establishment of new vineyards and wineries

S-2421/A-1030 (Smith, Bateman/Johnson, Kennedy, Benson, DeAngelo) – Concerns installation of electric vehicle charging stations in common interest communities

S-2425/A-3851 (Singleton, Andrzejczak/Conaway) – Revises law relating to common interest communities

S-2429/A-4028 (Scutari, Pou/Bramnick, Downey) – Requires automobile insurers to disclose policy limits upon request by an attorney under certain circumstances

S-2835/A-3926 (Singleton, Ruiz/Conaway, Lampitt, Murphy) – Requires public schools to administer written screenings for depression for students in certain grades

S-2897/A-1433 (Madden, Singer/Benson, Wimberly, Carter) – Requires DCA to establish procedures for inspection and abatement of mold hazards in residential buildings and school facilities, and certification programs for mold inspectors and mold hazard abatement workers

S-2957/A-4712 (Stack/Mukherji, Chaparro) – Establishes five-year moratorium on conversions of certain residential rental premises in qualified counties

S-2958/A-4535 (Sarlo, Oroho/Zwicker, DePhillips, DeCroce) – Establishes the "Energy Infrastructure Public-Private Partnership Act"

S-3062/A-2049 (Ruiz, Greenstein/Howarth, Benson, Murphy) – Provides corporation business tax and gross income tax credits for businesses that employ apprentices in DOL registered apprenticeships

S-3063/A-4655 (Ruiz/Armato, Vainieri Huttle, DeAngelo) – Provides tuition fee waiver apprenticeship courses

S-3137/A-1308 (Sweeney, Oroho, Singleton/Greenwald, Milam, Land) – The "Electronic Construction Procurement Act"

S-3252/A-4713 (Greenstein, Stack/DeAngelo, Quijano) – "New Townhouse Fire Safety Act"; requires automatic fire sprinkler systems in new townhomes

S-3263/A-4837 (T. Kean, Diegnan/Vainieri Huttle, Chiaravalloti, McKnight) – Revises and updates membership and purpose of Advisory Council on the Deaf and Hard of Hearing in DHS

S-3270/A-5095 (Pou/McKeon, Freiman, DeCroce) – Establishes certain requirements for stop loss insurance offered to small employers

S-3393/ACS for A-5384 and 5157 (Sarlo, Addiego/Mazzeo, Murphy, Houghtaling, Calabrese, Armato, Dancer) – Allows certain preserved farms to hold 14 special occasion events per year; imposes further event restrictions on residentially-exposed preserved farms

S-3770/A-6118 (Sarlo, Oroho, Sweeney/Greenwald, Jones) – Establishes "New Jersey Economic and Fiscal Policy Review Commission" to provide ongoing review of State and local tax structure, economic conditions, and related fiscal issues

S-3888/A-5585 (Ruiz/Dancer, Pintor Marin) – Extends document submission deadlines under Economic Redevelopment and Growth Grant program and Urban Transit Hub Tax Credit program

S-4035/A-5702 (Pou, Singleton/Wimberly, Reynolds-Jackson, Sumter) – Makes Fiscal Year 2020 supplemental appropriation of $1,700,000 for Thomas Edison State University

S-4281/A-6094 (Smith, Diegnan/Danielsen, Pinkin) – Requires State to sell and convey to Educational Services Commission of New Jersey certain land and improvements known as Piscataway Regional Day School

S-4331/A-4727 (Diegnan, Madden/Karabinchak, Holley, Jones) – Requires person taking written examination for permit to watch video of rights and responsibilities of driver stopped by law enforcement; requires testing on rights and responsibilities of driver stopped by law enforcement

A-491/S-4340 (Jimenez/Sacco, Stack) – Enhances PFRS accidental death pension for surviving spouse by providing for minimum of $50,000 annually

A-1044/S-1441 (Houghtaling, Downey, DiMaio, Space/Doherty, Madden) – Requires Director of Division of Taxation to examine feasibility of centralized property tax information system to verify property taxes paid by homestead property tax reimbursement claimants

A-1045/S-2856 (Houghtaling, Downey, Dancer/Gopal, Oroho) – Clarifies sales tax collection responsibilities of horse-boarding businesses in New Jersey

A-1526/S-1048 (Zwicker, Johnson/Vitale) – Concerns payment of independent contractors

A-2731/S-3407 (Taliaferro, Space/Sweeney, Oroho) – Removes statutory limitation on number of permits that may be issued by Division of Fish and Wildlife for the taking of beaver

A-4382/S-2815 (Pinkin, Lopez, Kennedy/Beach, Smith) – Requires paint producers to implement or participate in paint stewardship program

A-4463/S-3927 (Freiman, Egan, Karabinchak/Oroho, Andrzejczak) – Establishes "Electronic Permit Processing Review System"

A-4788/S-3880 (Karabinchak, Freiman, Calabrese/Diegnan) – Establishes expedited construction inspection program

A-5072/S-3496 (Karabinchak, Johnson, Mukherji/Greenstein, Cryan) – "Defense Against Porch Pirates Act"; creates new category of theft, with penalties including mandatory restitution and community service, for taking package delivered to residence by cargo carrier

A-5446/S-3907 (Land, Reynolds-Jackson, Verrelli/T. Kean, Lagana) – Requires reporting of opioid deaths

A-5629/S-3980 (Pintor Marin, Munoz/Weinberg, Corrado) – Clarifies provisions concerning disclosure of existence and content of discrimination or harassment complaints; requires certain disclosures to person against whom complaint is made

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ACS for A-5922 and 5923/SCS for S-4223 and 4224 (Conaway, Vainieri Huttle, Lopez, Pinkin/Vitale, Sweeney) – Revises requirements for sale of tobacco and vapor products; increases penalties for prohibited sales; increases fees for cigarette and vapor business licensure

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