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**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** No

(continued)

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** No

RH/CL

P.L. 2021, CHAPTER 18, *approved February 22, 2021*  
Assembly Committee Substitute for  
Assembly, No. 1176

1 AN ACT concerning hospital licensure to perform certain cardiac  
2 procedures, amending P.L.1992, c.160, and supplementing Title  
3 26 of the Revised Statutes.

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

7  
8 1. (New section) As used in P.L. , c. (C. ) (pending  
9 before the Legislature as this bill):

10 “Angioplasty” or “percutaneous coronary intervention” means  
11 the mechanical reopening of an occluded vessel in the heart or  
12 corona using a balloon-tipped catheter.

13 “Applicant hospital” means a general hospital that has entered  
14 into a collaboration agreement with a cardiac surgery center  
15 licensed in New Jersey.

16 “Application” means all information required by the  
17 commissioner of an applicant hospital to determine compliance with  
18 P.L. , c. (C. ) (pending before the Legislature as this bill).

19 “C-PORT-E study” means the Atlantic Cardiovascular Patient  
20 Outcomes Research Team Elective Angioplasty Study clinical trial.

21 “Collaboration agreement” means an agreement between a  
22 licensed cardiac surgery center and a general hospital that includes:

23 (1) written protocols for enrolled patients who require transfer  
24 to, and receipt at, a cardiac surgery center’s operating room within  
25 one hour of the determination of the need for such transfer,  
26 including the emergency transfer of patients who require an intra-  
27 aortic balloon pump;

28 (2) regular consultation between the two hospitals on individual  
29 cases, including use of technology to share case information in a  
30 rapid manner; and

31 (3) evidence of adequate cardiac surgery on-call backup.

32 “Commissioner” means the Commissioner of Health.

33 “Department” means the Department of Health.

34 “Elective angioplasty” means an angioplasty or percutaneous  
35 coronary intervention performed on a non-emergent basis.

36 “Full service adult diagnostic cardiac catheterization facility”  
37 means an acute care general hospital that provides invasive cardiac  
38 diagnostic services to adult patients without cardiac surgery backup,

**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 is equipped with laboratories, and performs at least 250 cardiac  
2 catheterizations each year.

3 “Primary angioplasty” means an angioplasty or percutaneous  
4 coronary intervention performed on an acute or emergent basis.

5

6 2. (New section) a. An applicant hospital may apply to the  
7 commissioner for a license to provide full service adult diagnostic  
8 cardiac catheterization services. The commissioner shall issue a  
9 license pursuant to such application to any hospital that:

10 (1) is not licensed as a cardiac surgery center;

11 (2) demonstrates the ability to provide full service adult  
12 diagnostic catheterization services consistent with national  
13 standards of care and current best practices;

14 (3) commencing in the second year of licensure pursuant to this  
15 subsection, and in each year thereafter, performs at least 250  
16 catheterizations per year, with each interventional cardiologist  
17 performing at least 50 catheterizations per year; and

18 (4) meets such other requirements as the commissioner may  
19 establish by regulation including, but not limited to, participation in  
20 the department’s data collection programs and in national registries  
21 such as the National Cardiovascular Data Registry to monitor  
22 quality, outcomes, and compliance with State regulations.

23 b. An applicant hospital may apply to the commissioner for a  
24 license to provide primary angioplasty services. The commissioner  
25 shall issue a license pursuant to such application to any hospital  
26 that:

27 (1) is not licensed as a cardiac surgery center;

28 (2) has been licensed for at least six months pursuant to  
29 subsection a. of this section to provide full service adult diagnostic  
30 catheterization services;

31 (3) demonstrates the ability to consistently provide primary  
32 angioplasty services 24 hour per day and seven days per week,  
33 consistent with national standards of care and current best practices;  
34 and

35 (4) meets such other requirements as the commissioner may  
36 establish by regulation.

37 c. An applicant hospital may apply to the commissioner for a  
38 license to provide elective angioplasty services. The commissioner  
39 shall issue a license pursuant to such application to any hospital  
40 that:

41 (1) is not licensed as a cardiac surgery center;

42 (2) holds licensure to participate in the C-PORT-E study or the  
43 Elective Angioplasty Demonstration Project, or is an applicant  
44 hospital licensed by the department to provide primary angioplasty  
45 services pursuant to subsection b. of this section;

46 (3) demonstrates the ability to provide elective angioplasty  
47 services consistent with the provisions of N.J.A.C.8:33-3.11 or any  
48 successor regulation, as well as national standards of care and

1 current best practices, including ensuring that all patients  
2 considered for elective angioplasty undergo careful selection,  
3 screening, and risk stratification pursuant to requirements  
4 promulgated by the department by regulation, and ensuring that  
5 patients who do not meet such screening criteria are transferred to  
6 an appropriate cardiac surgery facility for elective angioplasty;

7 (4) commencing in the second year of licensure pursuant to this  
8 subsection, and in each year thereafter, performs a minimum of 200  
9 angioplasty procedures per year, with each interventional  
10 cardiologist performing at least 50 angioplasty procedures per year;  
11 and

12 (5) meets such other requirements as the commissioner may  
13 establish by regulation.

14 d. (1) A hospital issued a license pursuant to subsection a. or  
15 b. of this section that fails to meet the qualification requirements for  
16 that license shall be subject to corrective administrative action or  
17 other remedial action as the commissioner may establish by  
18 regulation, including, but not limited to, submitting a corrective  
19 action plan to the department for approval and meeting any  
20 benchmarks or deadlines for compliance as may be required by the  
21 department.

22 (2) A hospital issued a license pursuant to subsection c. of this  
23 section shall have two years to meet the volume requirements set  
24 forth in paragraph (4) of subsection c. of this section. A hospital  
25 that fails to meet or maintain the qualification requirements for that  
26 license, including the volume requirements set forth in paragraph  
27 (4) of subsection c. of this section, shall be subject to corrective  
28 administrative action or other remedial action as the commissioner  
29 may establish by regulation, including, but not limited to,  
30 submitting a corrective action plan to the department for approval  
31 and meeting any benchmarks or deadlines for compliance as may be  
32 required by the department. If a hospital that has entered into a  
33 corrective action plan pursuant to this subsection fails to meet and  
34 maintain the qualification requirements for a license issued pursuant  
35 to subsection c. of this section, including attaining the volume  
36 requirements set forth in paragraph (4) of subsection c. of this  
37 subsection, within two years after the hospital enters into a  
38 corrective action plan, the hospital's license issued pursuant to  
39 subsection c. of this section shall be revoked.

40 e. The department may impose fines, suspend or revoke a  
41 license, require corrective administrative action or other remedial  
42 action, including requiring submission of a corrective action plan,  
43 or impose other lawful remedies against any entity issued a license  
44 pursuant to this section that violates any of the requirements of this  
45 section. Subject to the provisions of subsection d. of this section,  
46 the department may revoke the license of a hospital authorized to  
47 provide any cardiac service, including elective angioplasty, which  
48 fails to comply with the licensing requirements set forth in this

1 section related to that license, including facility volume  
2 requirements, within two years after the date of licensure.

3 f. (1) Diagnostic cardiac catheterization and angioplasty  
4 programs in all cardiac surgery facilities shall meet such other  
5 requirements as the commissioner may establish by regulation  
6 including, but not limited to, participation in the department's data  
7 collection programs and in national registries such as the National  
8 Cardiovascular Data Registry to monitor quality, outcomes, and  
9 compliance with State regulations.

10 (2) A licensed cardiac surgery facility may request a waiver  
11 based on documented and continued accreditation by the  
12 Accreditation for Cardiovascular Excellence or by a national  
13 organization or association that meets similar standards specific to  
14 cardiac catheterization and percutaneous coronary intervention.  
15 Licensed facilities that seek accreditation shall provide the  
16 department with access to reports, site visits, site visit reviews, any  
17 notice related to compliance standards, and notices related to  
18 change of accreditation status.

19 g. The commissioner shall establish by regulation the  
20 application and renewal fees for licenses issued pursuant to this  
21 section, including a nonrefundable fee for initial licensure in the  
22 amount of at least \$5,000.

23

24 3. (New section) Prior to performing any procedure authorized  
25 under a license issued pursuant to section 2 of P.L. , c. (C. )  
26 (pending before the Legislature as this bill), the applicant hospital  
27 shall furnish the following information to the patient and afford the  
28 patient the opportunity to review and consider such information  
29 before being asked to consent in writing to the procedure:

30 a. notice included with the informed consent form that the  
31 procedure is not being performed at a licensed cardiac surgery  
32 center, and in the event that the patient requires emergency cardiac  
33 surgery, the patient will be transferred to a licensed cardiac surgery  
34 center; and

35 b. details concerning the applicant hospital's plan and protocols  
36 for transferring patients who require emergency cardiac surgery,  
37 including the name and location of the cardiac surgery center with  
38 which the applicant hospital has entered into a collaboration  
39 agreement.

40 The applicant hospital shall, upon request, furnish the patient  
41 with a written copy of the hospital's transfer protocols, including  
42 transportation and associated charges for transportation, and a  
43 summary of the collaboration agreement.

44

45 4. Section 19 of P.L.1992, c.160 (C.26:2H-7a) is amended to  
46 read as follows:

1 19. Notwithstanding the provisions of section 7 of P.L.1971,  
2 c.136 (C.26:2H-7) to the contrary, the following are exempt from  
3 the certificate of need requirement:  
4 Community-based primary care centers;  
5 Outpatient drug and alcohol services;  
6 Hospital-based medical detoxification for drugs and alcohol;  
7 Ambulance and invalid coach services;  
8 Mental health services which are non-bed related outpatient  
9 services;  
10 Full service diagnostic catheterization services, primary  
11 angioplasty services, and elective angioplasty services in  
12 accordance with a license issued under section 2 of  
13 P.L. , c. (C. ) (pending before the Legislature as this bill);  
14 Residential health care facility services;  
15 Dementia care homes;  
16 Capital improvements and renovations to health care facilities;  
17 Additions of medical/surgical, adult intensive care and adult  
18 critical care beds in hospitals;  
19 Inpatient special psychiatric beds used solely for services for  
20 patients with co-occurring mental health and substance use  
21 disorders;  
22 Replacement of existing major moveable equipment;  
23 Inpatient operating rooms;  
24 Alternate family care programs;  
25 Hospital-based subacute care;  
26 Ambulatory care facilities;  
27 Comprehensive outpatient rehabilitation services;  
28 Special child health clinics;  
29 New technology in accordance with the provisions of section 18  
30 of P.L.1998, c.43 (C.26:2H-7d);  
31 Transfer of ownership interest except in the case of an acute care  
32 hospital;  
33 Change of site for approved certificate of need within the same  
34 county;  
35 Additions to vehicles or hours of operation of a mobile intensive  
36 care unit;  
37 Relocation or replacement of a health care facility within the  
38 same county, except for an acute care hospital;  
39 Continuing care retirement communities authorized pursuant to  
40 P.L.1986, c.103 (C.52:27D-330 et seq.);  
41 Magnetic resonance imaging;  
42 Adult day health care facilities;  
43 Pediatric day health care facilities;  
44 Chronic or acute renal dialysis facilities; and  
45 Transfer of ownership of a hospital to an authority in accordance  
46 with P.L.2006, c.46 (C.30:9-23.15 et al.).  
47 (cf: P.L.2017, c.94, s.1)

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

5

6       6. This act shall take effect on the 90th day after the date of  
7 enactment, except that the Commissioner of Health may take  
8 anticipatory administrative action in advance as shall be necessary  
9 for the implementation of the provisions of this act.

10

11

12

13

14       Requires DOH to license certain qualifying hospitals to provide  
15 full service adult diagnostic cardiac catheterization, primary  
16 angioplasty, and elective angioplasty services.



# ASSEMBLY, No. 1176

## STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Assemblyman ANDREW ZWICKER**

**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**

**Assemblyman ROY FREIMAN**

**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**

**Assemblywoman VERLINA REYNOLDS-JACKSON**

**District 15 (Hunterdon and Mercer)**

**SYNOPSIS**

Establishes requirements for DOH to issue licenses to certain hospitals to perform elective angioplasty procedures.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



**(Sponsorship Updated As Of: 1/27/2020)**

1 AN ACT concerning elective angioplasty procedures and  
2 supplementing Title 26 of the Revised Statutes.

3

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

6

7 1. A general hospital may apply to the Commissioner of Health  
8 for a license to provide elective angioplasty services in the State.  
9 The commissioner shall issue a license to any applicant that:

10 a. is located in a county of the third class having a population  
11 of not less than 50,000 but not more than 200,000, except such  
12 counties bordering on the Atlantic ocean;

13 b. is not currently licensed as a cardiac surgery facility;

14 c. demonstrates the ability to offer a high quality program for  
15 the provision of elective angioplasty services;

16 d. demonstrates the ability to perform a minimum of 200  
17 elective angioplasty procedures per year, with each interventionist  
18 performing at least 75 elective angioplasty procedures per year;

19 e. demonstrates the ability to provide patient selection from  
20 among a community that is representative of the State's diverse  
21 regions and populations;

22 f. demonstrates the ability to increase access to care for the  
23 medically underserved;

24 g. establishes a transportation plan and protocol, which has  
25 been approved by the commissioner, for patients who require  
26 transportation to, and receipt at, a licensed cardiac surgery center in  
27 the event the patient experiences a cardiac emergency or procedure-  
28 related complications; and

29 h. meets such other requirements as the commissioner may  
30 establish by regulation.

31

32 2. An elective angioplasty procedure may not be performed on  
33 any patient at a general hospital that is licensed to provide elective  
34 angioplasty procedures pursuant to section 1 of P.L. , c. (C. )  
35 (pending before the Legislature as this bill) unless the patient has  
36 provided written informed consent to the procedure, which shall  
37 include, at a minimum:

38 a. an acknowledgment that angioplasty is a cardiac procedure,  
39 and that the procedure is to be performed at a facility that is not  
40 licensed as a cardiac surgery facility;

41 b. notice that procedure-related complications may require  
42 treatment at a licensed cardiac surgery facility; and

43 c. notice of the facility's transportation plan and protocol  
44 established pursuant to subsection g. of section 1 of  
45 P.L. , c. (C.) (pending before the Legislature as this bill).

46

47 3. The Commissioner of Health shall adopt such rules and  
48 regulations, in accordance with the "Administrative Procedure Act,"

1 P.L.1968, c.410 (C.52:14B-1 et seq.), as the commissioner deems  
2 necessary to effectuate the purposes of this act.

3

4 4. This act shall take effect immediately.

5

6

7

#### STATEMENT

8

9 This bill requires the Commissioner of Health to issue a license  
10 to certain general hospitals to perform elective angioplasty  
11 procedures. Specifically, a hospital that applies will be licensed  
12 under the bill if: (1) it is located in a county of the third class  
13 having a population of not less than 50,000 but not more than  
14 200,000, except such counties bordering on the Atlantic ocean; (2)  
15 is not currently licensed as a cardiac surgery facility; (3)  
16 demonstrates the ability to offer a high quality program for the  
17 provision of elective angioplasty services; (4) demonstrates the  
18 ability to perform a minimum of 200 elective angioplasty  
19 procedures per year, with each interventionist performing at least 75  
20 elective angioplasty procedures per year; (5) demonstrates the  
21 ability to provide patient selection from among a community that is  
22 representative of the State's diverse regions and populations; (6)  
23 demonstrates the ability to increase access to care for the medically  
24 underserved; (7) establishes a transportation plan and protocol,  
25 which has been approved by the commissioner, for patients who  
26 require transportation to, and receipt at, a licensed cardiac surgery  
27 center in the event the patient experiences a cardiac emergency or  
28 procedure-related complications; and (8) meets such other  
29 requirements as the commissioner may establish by regulation.

30 An elective angioplasty procedure may not be performed on any  
31 patient at a hospital licensed to perform elective angioplasty  
32 procedures under the bill unless the patient provides written  
33 informed consent to the procedure, which is to include, at a  
34 minimum: an acknowledgment that angioplasty is a cardiac  
35 procedure and that the facility that will perform the angioplasty is  
36 not a licensed cardiac surgery facility; notice that procedure-related  
37 complications may require treatment at a licensed cardiac surgery  
38 facility; and notice of the facility's transportation plan and protocol.

39 Angioplasty is a procedure used to widen clogged arteries and  
40 help remove blockages, restoring blood flow and potentially  
41 reducing the risk of an adverse cardiac event. In 2012, the  
42 Cardiovascular Patient Outcomes Research Team Elective  
43 Angioplasty (C-PORT-E) study concluded that there is no increased  
44 risk of death or complications from an elective angioplasty  
45 performed at a facility that does not have cardiac surgery  
46 capabilities, as compared with a licensed cardiac surgery facility.  
47 Although elective angioplasties may currently be performed at any  
48 of the 11 facilities that participated in the C-PORT-E study, as well

**A1176 ZWICKER, FREIMAN**

4

1 as ay any of the 18 licensed cardiac surgery centers located in the  
2 State, there are currently seven counties that do not have any  
3 facilities licensed to perform elective angioplasties, and an  
4 additional six counties that contain only one authorized facility.

5 This bill would allow qualifying facilities located in  
6 Cumberland, Hunterdon, Salem, Sussex, and Warren Counties to  
7 apply for licensure to perform elective angioplasty procedures.

# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

### ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 1176

# STATE OF NEW JERSEY

DATED: JANUARY 27, 2020

The Assembly Health reports favorably an Assembly Committee Substitute for Assembly Bill No. 1176.

This bill requires the Department of Health (DOH) to license certain hospitals to provide full service adult diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services.

Specifically, the bill provides that a hospital that is not a licensed cardiac surgery center may apply to the Commissioner of Health (commissioner):

- For a license to provide full service diagnostic cardiac catheterization services, provided that, commencing in the second year of licensure, and in each year thereafter, the hospital performs at least 250 catheterizations per year, with each interventional cardiologist performing at least 50 catheterizations per year. In addition, the hospital will be required to participate in the DOH's data collection programs and in national registries to monitor quality, outcomes, and compliance with State regulations;
- For a license to provide primary angioplasty services, which are angioplasty procedures performed on an acute or emergency basis, provided the hospital has been licensed to provide full service adult diagnostic catheterization services under the bill for at least six months; and
- For a license to provide elective angioplasty services, provided the hospital is licensed to provide primary angioplasty services under the bill or was licensed to participate in the Atlantic Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study (C-PORT-E) clinical trial or the State Elective Angioplasty Demonstration Project, and, commencing in the second year of licensure, and in each year thereafter, performs a minimum of 200 elective angioplasty procedures per year, with each interventional cardiologist performing at least 50 elective angioplasty procedures per year. The hospital will additionally be required to ensure all prospective elective angioplasty patients undergo careful selection, screening, and risk stratification.

A hospital applying for licensure under the bill will be required to enter into a collaboration agreement with a licensed cardiac surgery center; the agreement is to include written protocols for transferring

patients requiring emergency cardiac surgery to the licensed cardiac surgery center, regular consultation between the hospitals on individual cases, and evidence of adequate cardiac surgery on-call backup. Applicant hospitals will further be required to demonstrate the ability to provide services consistent with national standards of care and current best practices and to meet any other requirements established by the commissioner by regulation. The commissioner will be permitted to waive any requirement for licensure based on the applicant hospital's special experience with cardiac and endovascular catheterizations.

A hospital issued a license to provide elective angioplasty procedures will have two years to meet the volume requirements for that license as specified in the bill.

Any facility issued a license under the bill that fails to comply with the qualification requirements for that license will be required to submit a corrective action plan to the DOH and comply with any benchmarks or deadline for compliance as the DOH may require. In the case of a hospital issued a license to provide elective angioplasty services that is subject to a corrective action plan, the hospital will have two years to meet the requirements for licensure, including the volume requirements set forth in the bill, or the hospital's license to provide elective angioplasty services will be revoked. The DOH will also be authorized to impose fines, suspend or revoke a license, or impose other lawful remedies against a hospital issued any license under the bill for a violation of the requirements of the bill.

Before providing services authorized pursuant to a license issued under the bill or requesting written consent for the procedures, a hospital will be required to ensure that patients receive, and have an opportunity to review, written notice providing that the procedure is not being performed at a licensed cardiac surgery center, the patient will be transferred to a licensed cardiac surgery center in the event of an emergency, and the name and location of the cardiac surgery center with which the applicant hospital has entered into a collaboration agreement. The hospital is to additionally provide patients, upon request, with a written copy of the hospital's transfer protocols, including transportation and associated charges for transportation, and a summary of the collaboration agreement. The bill provides an exception from the certificate of need requirement for diagnostic catheterization and angioplasty services authorized by a license issued under the bill.

Angioplasty, which is also known as percutaneous coronary intervention, is a procedure used to widen clogged arteries and help remove blockages, restoring blood flow and potentially reducing the risk of an adverse cardiac event.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR  
ASSEMBLY, No. 1176

**STATE OF NEW JERSEY**

DATED: DECEMBER 7, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably Assembly Bill No. 1176 ACS.

This bill requires the Department of Health (DOH) to license certain hospitals to provide full service adult diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services.

Specifically, the bill provides that a hospital that is not a licensed cardiac surgery center may apply to the Commissioner of Health (commissioner):

- For a license to provide full service diagnostic cardiac catheterization services, provided that, commencing in the second year of licensure, and in each year thereafter, the hospital performs at least 250 catheterizations per year, with each interventional cardiologist performing at least 50 catheterizations per year. In addition, the hospital will be required to participate in the DOH's data collection programs and in national registries to monitor quality, outcomes, and compliance with State regulations;
- For a license to provide primary angioplasty services, which are angioplasty procedures performed on an acute or emergency basis, provided the hospital has been licensed to provide full service adult diagnostic catheterization services under the bill for at least six months; and
- For a license to provide elective angioplasty services, provided the hospital is licensed to provide primary angioplasty services under the bill or was licensed to participate in the Atlantic Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study (C-PORT-E) clinical trial or the State Elective Angioplasty Demonstration Project, and, commencing in the second year of licensure, and in each year thereafter, performs a minimum of 200 elective angioplasty procedures per year, with each interventional cardiologist performing at least 50 elective angioplasty procedures per year. The hospital will additionally be required to ensure all prospective elective angioplasty patients undergo careful selection, screening, and risk stratification.

A hospital applying for licensure under the bill will be required to enter into a collaboration agreement with a licensed cardiac surgery center; the agreement is to include written protocols for transferring patients requiring emergency cardiac surgery to the licensed cardiac surgery center, regular consultation between the hospitals on individual cases, and evidence of adequate cardiac surgery on-call backup. Applicant hospitals will further be required to demonstrate the ability to provide services consistent with national standards of care and current best practices and to meet any other requirements established by the commissioner by regulation. The commissioner will be permitted to waive any requirement for licensure based on the applicant hospital's special experience with cardiac and endovascular catheterizations.

A hospital issued a license to provide elective angioplasty procedures will have two years to meet the volume requirements for that license as specified in the bill.

Any facility issued a license under the bill that fails to comply with the qualification requirements for that license will be required to submit a corrective action plan to the DOH and comply with any benchmarks or deadline for compliance as the DOH may require. In the case of a hospital issued a license to provide elective angioplasty services that is subject to a corrective action plan, the hospital will have two years to meet the requirements for licensure, including the volume requirements set forth in the bill, or the hospital's license to provide elective angioplasty services will be revoked. The DOH will also be authorized to impose fines, suspend or revoke a license, or impose other lawful remedies against a hospital issued any license under the bill for a violation of the requirements of the bill.

Before providing services authorized pursuant to a license issued under the bill or requesting written consent for the procedures, a hospital will be required to ensure that patients receive, and have an opportunity to review, written notice providing that the procedure is not being performed at a licensed cardiac surgery center, the patient will be transferred to a licensed cardiac surgery center in the event of an emergency, and the name and location of the cardiac surgery center with which the applicant hospital has entered into a collaboration agreement. The hospital is to additionally provide patients, upon request, with a written copy of the hospital's transfer protocols, including transportation and associated charges for transportation, and a summary of the collaboration agreement. The bill provides an exception from the certificate of need requirement for diagnostic catheterization and angioplasty services authorized by a license issued under the bill.

Angioplasty, which is also known as percutaneous coronary intervention, is a procedure used to widen clogged arteries and help remove blockages, restoring blood flow and potentially reducing the risk of an adverse cardiac event.



As reported by the committee, Assembly Bill No. 1176 (ACS) is identical to Senate Bill No. 515, which the committee also reported on this date, with amendments.

# SENATE, No. 515

## STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator VIN GOPAL**

**District 11 (Monmouth)**

**Senator PAUL A. SARLO**

**District 36 (Bergen and Passaic)**

**Co-Sponsored by:**

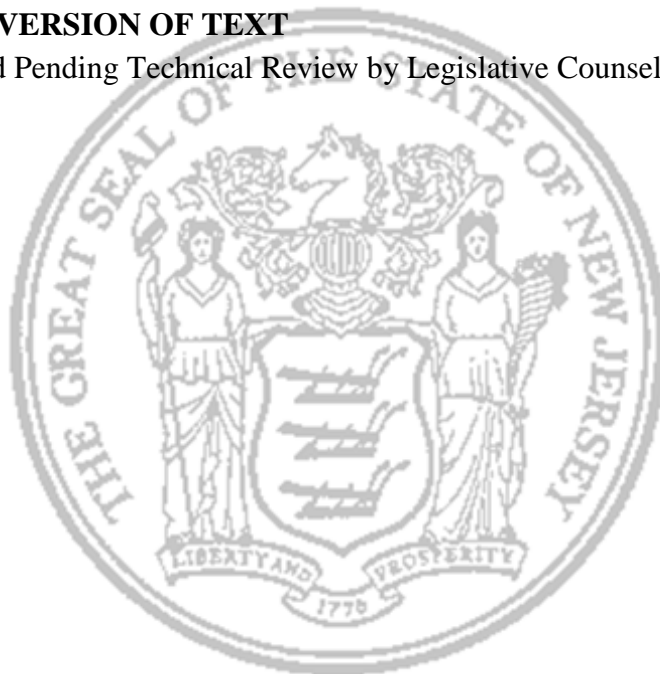
**Senators Doherty and Bateman**

**SYNOPSIS**

Requires DOH to license certain qualifying hospitals to provide full service adult diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning hospital licensure to perform certain cardiac  
2 procedures, amending P.L.1992, c.160, and supplementing Title  
3 26 of the Revised Statutes.

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

7  
8 1. (New section) As used in this act:

9 “Angioplasty” or “percutaneous coronary intervention” means  
10 the mechanical reopening of an occluded vessel in the heart or  
11 corona using a balloon-tipped catheter.

12 “Applicant hospital” means a general hospital that has entered  
13 into a collaboration agreement with a cardiac surgery center  
14 licensed in New Jersey.

15 “Application” means all information required by the  
16 commissioner of an applicant hospital to determine compliance with  
17 this act.

18 “C-PORT-E study” means the Atlantic Cardiovascular Patient  
19 Outcomes Research Team Elective Angioplasty Study clinical trial.

20 “Collaboration agreement” means an agreement between a  
21 licensed cardiac surgery center and a general hospital that includes:

22 (1) written protocols for enrolled patients who require transfer  
23 to, and receipt at, a cardiac surgery center’s operating room within  
24 one hour of the determination of the need for such transfer,  
25 including the emergency transfer of patients who require an intra-  
26 aortic balloon pump;

27 (2) regular consultation between the two hospitals on individual  
28 cases, including use of technology to share case information in a  
29 rapid manner; and

30 (3) evidence of adequate cardiac surgery on-call backup.

31 “Commissioner” means the Commissioner of Health.

32 “Department” means the Department of Health.

33 “Elective angioplasty” means an angioplasty or percutaneous  
34 coronary intervention performed on a non-emergent basis.

35 “Full service adult diagnostic cardiac catheterization facility”  
36 means an acute care general hospital that provides invasive cardiac  
37 diagnostic services to adult patients without cardiac surgery backup,  
38 is equipped with laboratories, and performs at least 250 cardiac  
39 catheterizations each year.

40 “Primary angioplasty” means an angioplasty or percutaneous  
41 coronary intervention performed on an acute or emergent basis.

42  
43 2. (New section) a. An applicant hospital may apply to the  
44 commissioner for a license to provide full service adult diagnostic  
45 cardiac catheterization services. The commissioner shall issue a  
46 license pursuant to such application to any hospital that:

47 (1) is not licensed as a cardiac surgery center;

**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 (2) demonstrates the ability to provide full service adult  
2 diagnostic catheterization services consistent with national  
3 standards of care and current best practices;
- 4 (3) commencing in the second year of licensure pursuant to this  
5 subsection, and in each year thereafter, performs at least 250  
6 catheterizations per year, with each interventional cardiologist  
7 performing at least 50 catheterizations per year; and
- 8 (4) meets such other requirements as the commissioner may  
9 establish by regulation including, but not limited to, participating in  
10 the department's data collection programs and in national registries  
11 such as the National Cardiovascular Data Registry to monitor  
12 quality, outcomes, and compliance with State regulations.
- 13 b. An applicant hospital may apply to the commissioner for a  
14 license to provide primary angioplasty services. The commissioner  
15 shall issue a license pursuant to such application to any hospital  
16 that:
- 17 (1) is not licensed as a cardiac surgery center;
- 18 (2) has been licensed for at least six months pursuant to  
19 subsection a. of this section to provide full service adult diagnostic  
20 catheterization services;
- 21 (3) demonstrates the ability to consistently provide primary  
22 angioplasty services 24 hour per day and seven days per week,  
23 consistent with national standards of care and current best practices;  
24 and
- 25 (4) meets such other requirements as the commissioner may  
26 establish by regulation.
- 27 c. An applicant hospital may apply to the commissioner for a  
28 license to provide elective angioplasty services. The commissioner  
29 shall issue a license pursuant to such application to any hospital  
30 that:
- 31 (1) is not licensed as a cardiac surgery center;
- 32 (2) holds licensure to participate in the C-PORT-E study or the  
33 Elective Angioplasty Demonstration Project, or is an applicant  
34 hospital licensed by the department to provide primary angioplasty  
35 services pursuant to subsection b. of this section;
- 36 (3) demonstrates the ability to provide elective angioplasty  
37 services consistent with the provisions of N.J.A.C.8:33-3.11 or any  
38 successor regulation, as well as national standards of care and  
39 current best practices, including ensuring that all patients  
40 considered for elective angioplasty undergo careful selection,  
41 screening, and risk stratification pursuant to requirements  
42 promulgated by the department by regulation, and ensuring that  
43 patients who do not meet such screening criteria are transferred to  
44 an appropriate surgery facility for elective angioplasty;
- 45 (4) commencing in the second year of licensure pursuant to this  
46 subsection, and in each year thereafter, performs a minimum of 200  
47 angioplasty procedures per year, with each interventional

1 cardiologist performing at least 50 angioplasty procedures per year;  
2 and

3 (5) meets such other requirements as the commissioner may  
4 establish by regulation.

5 d. (1) A hospital issued a license pursuant to subsection a. or  
6 b. of this section that fails to meet the qualification requirements for  
7 that license shall be subject to corrective administrative action or  
8 other remedial action as the commissioner may establish by  
9 regulation, including, but not limited to, submitted a corrective  
10 action plan to the department for approval and meeting any  
11 benchmarks or deadlines for compliance as may be required by the  
12 department.

13 (2) A hospital issued a license pursuant to subsection c. of this  
14 section shall have two years to meet the volume requirements set  
15 forth in paragraph (4) of subsection c. of this section. A hospital  
16 that fails to meet or maintain the qualification requirements for that  
17 license, including the volume requirements set forth in paragraph  
18 (4) of subsection c. of this section, shall be subject to corrective  
19 administrative action or other remedial action as the commissioner  
20 may establish by regulation, including, but not limited to,  
21 submitting a corrective action plan to the department for approval  
22 and meeting any benchmarks or deadlines for compliance as may be  
23 required by the department. If a hospital that has entered into a  
24 corrective action plan pursuant to this subsection fails to meet and  
25 maintain the qualification requirements for a license issued pursuant  
26 to subsection c. of this section, including attaining the volume  
27 requirements set forth in paragraph (4) of subsection c. of this  
28 subsection, within two years after the hospital enters into a  
29 corrective action plan, the hospital's license issued pursuant to  
30 subsection c. of this section shall be revoked.

31 e. The department may impose fines, suspend or revoke a  
32 license, or impose other lawful remedies against any entity issued a  
33 license pursuant to this section that violates any of the requirements  
34 of this section. Subject to the provisions of subsection d. of this  
35 section, the department may revoke the license of a hospital  
36 authorized to provide any cardiac service, including elective  
37 angioplasty, which fails to comply with the licensing requirements  
38 set forth in this section related to that license, including facility  
39 volume requirements, within two years after the date of licensure.

40 f. (1) Diagnostic cardiac catheterization and angioplasty  
41 programs in all cardiac surgery facilities shall meet such other  
42 requirements as the commissioner may establish by regulation  
43 including, but not limited to, participation in department data  
44 collection programs and in national registries such as the National  
45 Cardiovascular Data Registry to monitor quality, outcomes, and  
46 compliance with State regulations.

47 (2) A licensed cardiac surgery facility may request a waiver  
48 based on documented and continued accreditation by the

1 Accreditation for Cardiovascular Excellence or by a national  
2 organization or association that meets similar standards specific to  
3 cardiac catheterization and percutaneous coronary intervention.  
4 Licensed facilities that seek accreditation shall provide the  
5 department with access to reports, site visits, site visit reviews, any  
6 notice related to compliance standards and notices related to change  
7 of accreditation status.

8 g. The commissioner shall establish by regulation the  
9 application and renewal fees for licenses issued pursuant to this  
10 section, including a nonrefundable fee for initial licensure in the  
11 amount of at least \$5,000.

12

13 3. (New section) Prior to performing any procedure authorized  
14 under a license issued pursuant to section 2 of P.L. , c. (C. )  
15 (pending before the Legislature as this bill), the applicant hospital  
16 shall furnish the following information to the patient and afford the  
17 patient the opportunity to review and consider such information  
18 before being asked to consent in writing to the procedure:

19 a. notice included with the informed consent form that the  
20 procedure is not being performed at a licensed cardiac surgery  
21 center, and in the event that the patient requires emergency cardiac  
22 surgery, the patient will be transferred to a licensed cardiac surgery  
23 center; and

24 b. details concerning the applicant hospital's plan and protocols  
25 for transferring patients who require emergency cardiac surgery,  
26 including the name and location of the cardiac surgery center with  
27 which the applicant hospital has entered into a collaboration  
28 agreement.

29 The applicant hospital shall, upon request, furnish the patient  
30 with a written copy of the hospital's transfer protocols, including  
31 transportation and associated charges for transportation, and a  
32 summary of the collaboration agreement.

33

34 4. Section 19 of P.L.1992, c.160 (C.26:2H-7a) is amended to  
35 read as follows:

36 19. Notwithstanding the provisions of section 7 of  
37 P.L.1971, c.136 (C.26:2H-7) to the contrary, the following are  
38 exempt from the certificate of need requirement:

- 39 Community-based primary care centers;
- 40 Outpatient drug and alcohol services;
- 41 Hospital-based medical detoxification for drugs and alcohol;
- 42 Ambulance and invalid coach services;
- 43 Mental health services which are non-bed related outpatient  
44 services;

45 Full service diagnostic catheterization services, primary  
46 angioplasty services, and elective angioplasty services in

1 accordance with a license issued under section 2 of P.L. , c. (C.)  
2 (pending before the Legislature as this bill);  
3 Residential health care facility services;  
4 Dementia care homes;  
5 Capital improvements and renovations to health care facilities;  
6 Additions of medical/surgical, adult intensive care and adult  
7 critical care beds in hospitals;  
8 Inpatient special psychiatric beds used solely for services for  
9 patients with co-occurring mental health and substance use  
10 disorders;  
11 Replacement of existing major moveable equipment;  
12 Inpatient operating rooms;  
13 Alternate family care programs;  
14 Hospital-based subacute care;  
15 Ambulatory care facilities;  
16 Comprehensive outpatient rehabilitation services;  
17 Special child health clinics;  
18 New technology in accordance with the provisions of section 18  
19 of P.L.1998, c.43 (C.26:2H-7d);  
20 Transfer of ownership interest except in the case of an acute care  
21 hospital;  
22 Change of site for approved certificate of need within the same  
23 county;  
24 Additions to vehicles or hours of operation of a mobile intensive  
25 care unit;  
26 Relocation or replacement of a health care facility within the  
27 same county, except for an acute care hospital;  
28 Continuing care retirement communities authorized pursuant to  
29 P.L.1986, c.103 (C.52:27D-330 et seq.);  
30 Magnetic resonance imaging;  
31 Adult day health care facilities;  
32 Pediatric day health care facilities;  
33 Chronic or acute renal dialysis facilities; and  
34 Transfer of ownership of a hospital to an authority in accordance  
35 with P.L.2006, c.46 (C.30:9-23.15 et al.).  
36 (cf: P.L.2017, c.94, s.1)

37  
38 5. The Commissioner of Health may, pursuant to the  
39 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et  
40 seq.), adopt such rules and regulations as shall be necessary to  
41 implement the provisions of this act.

42  
43 6. This act shall take effect on the 90th day after the date of  
44 enactment, except that the Commissioner of Health may take  
45 anticipatory administrative action in advance as shall be necessary  
46 for the implementation of the provisions of this act.

STATEMENT

1  
2  
3 This bill requires the Department of Health (DOH) to license  
4 certain hospitals to provide full service adult diagnostic cardiac  
5 catheterization, primary angioplasty, and elective angioplasty services.

6 Specifically, the bill provides that a hospital that is not a licensed  
7 cardiac surgery center may apply to the Commissioner of Health:

8 • For a license to provide full service diagnostic cardiac  
9 catheterization services, provided that, commencing in the second year  
10 of licensure, and in each year thereafter, the hospital performs at least  
11 250 catheterizations per year, with each interventional cardiologist  
12 performing at least 50 catheterizations per year. In addition, the  
13 hospital will be required to participate in the DOH's data collection  
14 programs and in national registries to monitor quality, outcomes, and  
15 compliance with State regulations;

16 • For a license to provide primary angioplasty services, which are  
17 angioplasty procedures performed on an acute or emergency basis,  
18 provided the hospital has been licensed to provide full service adult  
19 diagnostic catheterization services under the bill for at least six  
20 months; and

21 • For a license to provide elective angioplasty services, provided the  
22 hospital is licensed to provide primary angioplasty services under the  
23 bill or was licensed to participate in the Atlantic Cardiovascular  
24 Patient Outcomes Research Team Elective Angioplasty Study (C-  
25 PORT-E) clinical trial or the State Elective Angioplasty  
26 Demonstration Project, and, commencing in the second year of  
27 licensure, and in each year thereafter, performs a minimum of 200  
28 elective angioplasty procedures per year, with each interventional  
29 cardiologist performing at least 50 elective angioplasty procedures per  
30 year. The hospital will additionally be required to ensure all  
31 prospective elective angioplasty patients undergo careful selection,  
32 screening, and risk stratification.

33 A hospital applying for licensure under the bill will be required to  
34 enter into a collaboration agreement with a licensed cardiac surgery  
35 center; the agreement is to include written protocols for transferring  
36 patients requiring emergency cardiac surgery to the licensed cardiac  
37 surgery center, regular consultation between the hospitals on  
38 individual cases, and evidence of adequate cardiac surgery on-call  
39 backup. Applicant hospitals will further be required to demonstrate  
40 the ability to provide services consistent with national standards of  
41 care and current best practices and to meet any other requirements  
42 established by the commissioner by regulation. The commissioner  
43 will be permitted to waive any requirement for licensure based on the  
44 applicant hospital's special experience with cardiac and endovascular  
45 catheterizations.

46 A hospital issued a license to provide elective angioplasty  
47 procedures will have two years to meet the volume requirements for  
48 that license as specified in the bill.



1 Any facility issued a license under the bill that fails to comply with  
2 the qualification requirements for that license will be required to  
3 submit a corrective action plan to the DOH and comply with any  
4 benchmarks or deadline for compliance as the DOH may require. In  
5 the case of a hospital issued a license to provide elective angioplasty  
6 services that is subject to a corrective action plan, the hospital will  
7 have two years to meet the requirements for licensure, including the  
8 volume requirements set forth in the bill, or the hospital's license to  
9 provide elective angioplasty services will be revoked. The DOH will  
10 also be authorized to impose fines, suspend or revoke a license, or  
11 impose other lawful remedies against a hospital issued any license  
12 under the bill for a violation of the requirements of the bill.

13 Before providing services authorized pursuant to a license issued  
14 under the bill or requesting written consent for the procedures, a  
15 hospital will be required to ensure that patients receive, and have an  
16 opportunity to review, written notice providing that the procedure is  
17 not being performed at a licensed cardiac surgery center, the patient  
18 will be transferred to a licensed cardiac surgery center in the event of  
19 an emergency, and the name and location of the cardiac surgery center  
20 with which the applicant hospital has entered into a collaboration  
21 agreement. The hospital is to additionally provide patients, upon  
22 request, with a written copy of the hospital's transfer protocols,  
23 including transportation and associated charges for transportation, and  
24 a summary of the collaboration agreement. The bill provides an  
25 exception from the certificate of need requirement for diagnostic  
26 catheterization and angioplasty services authorized by a license issued  
27 under the bill.

28 Angioplasty, which is also known as percutaneous coronary  
29 intervention, is a procedure used to widen clogged arteries and help  
30 remove blockages, restoring blood flow and potentially reducing the  
31 risk of an adverse cardiac event.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 515**

with committee amendments

**STATE OF NEW JERSEY**

DATED: DECEMBER 7, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 515.

This bill requires the Department of Health (DOH) to license certain hospitals to provide full service adult diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services.

Specifically, the bill provides that a hospital that is not a licensed cardiac surgery center may apply to the Commissioner of Health (commissioner):

- For a license to provide full service diagnostic cardiac catheterization services, provided that, commencing in the second year of licensure, and in each year thereafter, the hospital performs at least 250 catheterizations per year, with each interventional cardiologist performing at least 50 catheterizations per year. In addition, the hospital will be required to participate in the DOH's data collection programs and in national registries to monitor quality, outcomes, and compliance with State regulations;
- For a license to provide primary angioplasty services, which are angioplasty procedures performed on an acute or emergency basis, provided the hospital has been licensed to provide full service adult diagnostic catheterization services under the bill for at least six months; and
- For a license to provide elective angioplasty services, provided the hospital is licensed to provide primary angioplasty services under the bill or was licensed to participate in the Atlantic Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study (C-PORT-E) clinical trial or the State Elective Angioplasty Demonstration Project, and, commencing in the second year of licensure, and in each year thereafter, performs a minimum of 200 elective angioplasty procedures per year, with each interventional cardiologist performing at least 50 elective angioplasty procedures per year. The hospital will additionally be required to ensure all prospective elective angioplasty patients undergo careful selection, screening, and risk stratification.

A hospital applying for licensure under the bill will be required to enter into a collaboration agreement with a licensed cardiac surgery center; the agreement is to include written protocols for transferring patients requiring emergency cardiac surgery to the licensed cardiac surgery center, regular consultation between the hospitals on individual cases, and evidence of adequate cardiac surgery on-call backup. Applicant hospitals will further be required to demonstrate the ability to provide services consistent with national standards of care and current best practices and to meet any other requirements established by the commissioner by regulation. The commissioner will be permitted to waive any requirement for licensure based on the applicant hospital's special experience with cardiac and endovascular catheterizations.

A hospital issued a license to provide elective angioplasty procedures will have two years to meet the volume requirements for that license as specified in the bill.

Any facility issued a license under the bill that fails to comply with the qualification requirements for that license will be required to submit a corrective action plan to the DOH and comply with any benchmarks or deadline for compliance as the DOH may require. In the case of a hospital issued a license to provide elective angioplasty services that is subject to a corrective action plan, the hospital will have two years to meet the requirements for licensure, including the volume requirements set forth in the bill, or the hospital's license to provide elective angioplasty services will be revoked. The DOH will also be authorized to impose fines, suspend or revoke a license, or impose other lawful remedies against a hospital issued any license under the bill for a violation of the requirements of the bill.

Before providing services authorized pursuant to a license issued under the bill or requesting written consent for the procedures, a hospital will be required to ensure that patients receive, and have an opportunity to review, written notice providing that the procedure is not being performed at a licensed cardiac surgery center, the patient will be transferred to a licensed cardiac surgery center in the event of an emergency, and the name and location of the cardiac surgery center with which the applicant hospital has entered into a collaboration agreement. The hospital is to additionally provide patients, upon request, with a written copy of the hospital's transfer protocols, including transportation and associated charges for transportation, and a summary of the collaboration agreement. The bill provides an exception from the certificate of need requirement for diagnostic catheterization and angioplasty services authorized by a license issued under the bill.

Angioplasty, which is also known as percutaneous coronary intervention, is a procedure used to widen clogged arteries and help remove blockages, restoring blood flow and potentially reducing the risk of an adverse cardiac event.

As reported by the committee with amendments, Senate Bill No. 515 is identical to Assembly Bill No. 1176 (ACS), which the committee also reported on this date.

This bill was pre-filed for introduction in the 2020-2021 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS:

The committee amendments add language providing that the actions the Department of Health may take in response to a facility issued a license under the bill that violates the requirements of the bill include requiring corrective or other remedial action.

The committee amendments make various technical changes to the bill involving internal citations and certain terminology.

# Governor Murphy Signs Legislation Expanding Access to Angioplasty Procedures

02/22/2021

**TRENTON** – Governor Phil Murphy today signed legislation (A1176) which requires the Department of Health to license certain hospitals to provide full-service diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services. This will expand access to these critical preventative measures and put them within reach of more New Jerseyans.

“All New Jerseyans deserve easy access to procedures that can prevent serious illness or death, no matter where they live,” **said Governor Murphy**. “This law will allow for more hospitals to provide angioplasty services and ensure that those living in lesser populated areas of state are still able to take advantage of these preventative measures.”

A1176 addresses a longstanding lack of licensed angioplasty facilities in several counties in the state. Under the legislation, hospitals that are not currently licensed surgery centers will be able to apply to the Department of Health to provide the following:

- Full-service diagnostic cardiac catheterization services, provided the hospital thereafter performs at least 250 catheterizations per year, with each interventional cardiologist performing at least 50 catheterizations per year. The hospital must also participate in the DOH’s data collection programs and in national registries to monitor quality, outcomes, and compliance with State regulations;
- Primary (emergency/acute) angioplasty services, provided the hospital has been licensed to provide full-service adult diagnostic catheterization services under the bill for at least six months; and
- Elective angioplasty services, provided the hospital is licensed to provide primary angioplasty services under the bill or was licensed to participate in the C-PORT-E clinical trial or the State Elective Angioplasty Demonstration Project, and, thereafter, performs a minimum of 200 elective angioplasty procedures per year, with each interventional cardiologist performing at least 50 elective angioplasty procedures per year. The hospital must also ensure all prospective elective angioplasty patients undergo careful selection, screening, and risk stratification.

“Heart disease can be a very treatable illness when the right health measures are able to be taken by a patient in consultation with their medical professional,” **said Assembly primary sponsors Andrew Zwicker, Roy Freiman, and Verlina Reynolds-Jackson, in a joint statement**. “Angioplasty saves lives every day, but far too often they are performed only in emergencies. Elective Angioplasty as a preventive measure can lessen symptoms, improve quality of life, and reduce mortality rates. Ensuring more medical centers are licensed for full-service elective angioplasty and its linked care will increase access to safe and preventative healthcare measures for residents combatting heart disease.”

“Life-saving cardiac procedures have been modernized and made far safer over the last decade, so it is only fair and pragmatic for those seeking these critical surgeries to have every opportunity to access them with the greatest convenience possible,” **said Senator Joseph Vitale, chair of the Senate Health, Human Services and Senior Citizens Committee**.

“Right now there are only 29 hospitals in New Jersey licensed to provide elective angioplasty. That may sound like a lot, but the problem is that most of those hospitals are clustered in only 14 counties,” **said Senator Vin Gopal**. “This law is a way to give more opportunity to more residents who might seek out these services.”

“Eleven New Jersey hospitals without on-site cardiac surgery units are now authorized to provide elective angioplasty and continue to do so,” **said Senator Paul Sarlo.** “This law will expand access to this procedure more widely, to more facilities, so that all those who seek to benefit from such surgeries and procedures are not hampered by logistical obstacles.”