

5771--A

2015-2016 Regular Sessions

I N S E N A T E

June 2, 2015

Introduced by Sen. MURPHY -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to stroke centers

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. The public health law is amended by adding a new article  
2 28-F to read as follows:

3 ARTICLE 28-F

4 STROKE CENTERS

5 SECTION 2899-D. DESIGNATION OF COMPREHENSIVE STROKE CENTERS, PRIMARY  
6 STROKE CENTERS AND ACUTE STROKE READY HOSPITALS.

7 2899-E. COMMUNICATION BETWEEN CENTERS.

8 2899-F. EMERGENCY SERVICES PROVIDERS; ASSESSMENT AND TRANSPORTA-  
9 TION OF STROKE PATIENTS TO A COMPREHENSIVE STROKE  
10 CENTER, PRIMARY STROKE CENTER OR ACUTE STROKE READY  
11 HOSPITAL.

12 2899-G. CONTINUOUS IMPROVEMENT OF THE QUALITY OF CARE FOR INDI-  
13 VIDUALS WITH STROKES.

14 2899-H. USE OF DESIGNATION IN ADVERTISING.

15 2899-I. DISCLAIMER.

16 S 2899-D. DESIGNATION OF COMPREHENSIVE STROKE CENTERS, PRIMARY STROKE  
17 CENTERS AND ACUTE STROKE READY HOSPITALS. 1. HOSPITALS MAY APPLY TO THE  
18 DEPARTMENT FOR A DESIGNATION AS A COMPREHENSIVE STROKE CENTER, PRIMARY  
19 STROKE CENTER OR ACUTE STROKE READY HOSPITAL.

20 2. THE DEPARTMENT SHALL APPROVE ALL APPLICATIONS FOR DESIGNATION WHERE  
21 THE APPLICANT HOSPITAL HAS BEEN CERTIFIED AS A COMPREHENSIVE STROKE  
22 CENTER, PRIMARY STROKE CENTER OR ACUTE STROKE READY HOSPITAL BY THE  
23 AMERICAN HEART ASSOCIATION, THE JOINT COMMISSION, OR ANY OTHER DEPART-

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets  
[ ] is old law to be omitted.

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1 MENT APPROVED NATIONALLY RECOGNIZED GUIDELINES BASED ORGANIZATION THAT  
2 PROVIDES THE RESPECTIVE CERTIFICATION, PROVIDED THAT EACH APPLICANT  
3 CONTINUES TO MAINTAIN ITS CERTIFICATION.

4 3. THE DEPARTMENT MAY SUSPEND OR REVOKE A HOSPITAL'S DESIGNATION AS A  
5 COMPREHENSIVE STROKE CENTER, PRIMARY STROKE CENTER OR ACUTE STROKE READY  
6 HOSPITAL AFTER NOTICE AND A HEARING IF THE DEPARTMENT DETERMINES THAT  
7 THE HOSPITAL NO LONGER MEETS THE CRITERIA FOR DESIGNATION.

8 S 2899-E. COMMUNICATION BETWEEN CENTERS. 1. COMPREHENSIVE STROKE  
9 CENTERS AND PRIMARY STROKE CENTERS ARE ENCOURAGED TO COORDINATE, THROUGH  
10 AGREEMENT, WITH ACUTE STROKE READY HOSPITALS THROUGHOUT THE STATE TO  
11 PROVIDE APPROPRIATE ACCESS TO CARE FOR ACUTE STROKE PATIENTS.

12 2. THE COORDINATING STROKE CARE AGREEMENT SHALL BE IN WRITING AND  
13 INCLUDE:

14 (A) PROVISIONS FOR THE TRANSPORTATION AND ACCEPTANCE OF STROKE  
15 PATIENTS SEEN BY THE ACUTE STROKE READY HOSPITALS FOR STROKE TREATMENT  
16 THERAPIES WHICH THE REMOTE TREATMENT STROKE CENTER IS NOT CAPABLE OF  
17 PROVIDING; AND

18 (B) CRITERIA AND PROTOCOLS FOR COMMUNICATIONS WITH THE ACUTE STROKE  
19 READY HOSPITALS.

20 S 2899-F. EMERGENCY SERVICES PROVIDERS; ASSESSMENT AND TRANSPORTATION  
21 OF STROKE PATIENTS TO A COMPREHENSIVE STROKE CENTER, PRIMARY STROKE  
22 CENTER OR ACUTE STROKE READY HOSPITAL. 1. BY JUNE FIRST OF EACH YEAR THE  
23 DEPARTMENT SHALL SEND A LIST OF COMPREHENSIVE STROKE CENTERS, PRIMARY  
24 STROKE CENTERS AND ACUTE STROKE READY HOSPITALS TO THE MEDICAL DIRECTOR  
25 OF EACH CERTIFIED EMERGENCY MEDICAL SERVICES PROVIDER IN THIS STATE. THE  
26 DEPARTMENT SHALL MAINTAIN A COPY OF THE LIST AND SHALL POST THE LIST TO  
27 THE DEPARTMENT'S WEBSITE.

28 2. THE DEPARTMENT SHALL MAINTAIN A NATIONALLY RECOGNIZED STANDARDIZED  
29 STROKE ASSESSMENT TOOL. THE DEPARTMENT SHALL POST THE ASSESSMENT TOOL ON  
30 THEIR WEBSITE AND PROVIDE A COPY OF THE ASSESSMENT TOOL TO EACH CERTI-  
31 FIED EMERGENCY MEDICAL SERVICES PROVIDER. EACH CERTIFIED EMERGENCY  
32 MEDICAL SERVICES PROVIDER SHALL USE A STROKE ASSESSMENT TOOL THAT IS  
33 SUBSTANTIALLY SIMILAR TO THE STROKE ASSESSMENT TOOL PROVIDED BY THE  
34 DEPARTMENT.

35 3. ALL EMERGENCY MEDICAL SERVICES COUNCILS IN THE STATE SHALL ESTAB-  
36 LISH PRE-HOSPITAL CARE PROTOCOLS RELATED TO THE ASSESSMENT, TREATMENT  
37 AND TRANSPORT OF STROKE PATIENTS BY CERTIFIED EMERGENCY MEDICAL SERVICES  
38 PROVIDERS IN THE STATE. SUCH PROTOCOLS SHALL INCLUDE THE DEVELOPMENT AND  
39 IMPLEMENTATION OF PLANS FOR THE TRIAGE AND TRANSPORT OF ACUTE STROKE  
40 PATIENTS TO THE CLOSEST COMPREHENSIVE STROKE CENTER, PRIMARY STROKE  
41 CENTER OR ACUTE STROKE READY HOSPITAL, WITHIN A SPECIFIED TIMEFRAME OF  
42 THE ONSET OF SYMPTOMS.

43 4. ALL EMERGENCY MEDICAL SERVICES PROVIDERS MUST COMPLY WITH THE  
44 PROVISIONS OF THIS SECTION WITHIN ONE YEAR OF THE EFFECTIVE DATE OF THIS  
45 ARTICLE.

46 S 2899-G. CONTINUOUS IMPROVEMENT OF THE QUALITY OF CARE FOR INDIVID-  
47 UALS WITH STROKES. 1. THE DEPARTMENT SHALL ESTABLISH A DATA OVERSIGHT  
48 PROCESS WHICH SHALL INCLUDE:

49 (A) A STATEWIDE STROKE REGISTRY DATABASE THAT COMPILES INFORMATION AND  
50 STATISTICS ON STROKE CARE WHICH ALIGN WITH NATIONALLY RECOGNIZED STROKE  
51 TREATMENT METRICS.

52 (B) HOSPITALS DESIGNATED BY THE DEPARTMENT PURSUANT TO SECTION TWEN-  
53 TY-EIGHT HUNDRED NINETY-NINE-D OF THIS ARTICLE AS COMPREHENSIVE STROKE  
54 CENTERS, PRIMARY STROKE CENTERS AND ACUTE STROKE READY, SHALL UTILIZE A  
55 NATIONALLY RECOGNIZED DATA PLATFORM SUCH AS "GET WITH THE GUIDELINES" TO

1 COLLECT DATA WHICH WILL BE SUBMITTED TO THE DEPARTMENT FOR INCLUSION IN  
2 THE STATEWIDE STROKE DATABASE.

3 (C) HOSPITALS DESIGNATED AS COMPREHENSIVE AND PRIMARY STROKE CENTERS  
4 PURSUANT TO SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-D OF THIS ARTICLE  
5 ARE REQUIRED TO REPORT DATA TO THE STATEWIDE STROKE DATABASE.

6 (D) ALL HOSPITALS, INCLUDING THOSE DESIGNATED PURSUANT TO SECTION  
7 TWENTY-EIGHT HUNDRED NINETY-NINE-D OF THIS ARTICLE AS ACUTE STROKE READY  
8 HOSPITALS ARE ENCOURAGED TO REPORT DATA TO THE STATEWIDE STROKE DATA-  
9 BASE.

10 (E) THE DATA OVERSIGHT PROCESS SHALL TRACK CARE AT INDIVIDUAL HOSPI-  
11 TALS AS WELL AS THE COORDINATION OF CARE ACROSS THE SYSTEM.

12 (F) IN DEVELOPING THE DATA OVERSIGHT PROCESS, THE DEPARTMENT SHALL  
13 CONSULT WITH EXPERTS IN THE FIELD OF STROKE TREATMENT SUCH AS A STATE  
14 STROKE PHYSICIAN ADVISORY COMMITTEE.

15 2. ALL DATA REPORTED UNDER THIS SECTION SHALL BE MADE AVAILABLE TO THE  
16 DEPARTMENT AND ALL OTHER GOVERNMENT AGENCIES OR CONTRACTORS OF GOVERN-  
17 MENT AGENCIES THAT HAVE RESPONSIBILITY FOR THE MANAGEMENT AND ADMINIS-  
18 TRATION OF EMERGENCY MEDICAL SERVICES THROUGHOUT THE STATE.

19 3. BY JUNE FIRST EACH YEAR THE DEPARTMENT SHALL PROVIDE A SUMMARY  
20 REPORT OF THE DATA COLLECTED PURSUANT TO THIS SECTION. ALL DATA SHALL BE  
21 REPORTED IN THE AGGREGATE FORM AND SHALL BE POSTED ON THE DEPARTMENT'S  
22 WEBSITE AND PRESENTED TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE  
23 SENATE AND THE SPEAKER OF THE ASSEMBLY TO SHOW STATEWIDE PROGRESS TOWARD  
24 IMPROVING QUALITY OF CARE AND PATIENT OUTCOMES.

25 4. THIS SECTION DOES NOT REQUIRE THE DISCLOSURE OF ANY CONFIDENTIAL  
26 INFORMATION OR OTHER DATA IN VIOLATION OF THE FEDERAL HEALTH INSURANCE  
27 PORTABILITY AND ACCOUNTABILITY ACT OF 1996, P.L. 104-191.

28 S 2899-H. USE OF DESIGNATION IN ADVERTISING. NO PERSON OR ENTITY MAY  
29 ADVERTISE TO THE PUBLIC THAT A HOSPITAL IS A COMPREHENSIVE STROKE  
30 CENTER, PRIMARY STROKE CENTER, OR AN ACUTE STROKE READY HOSPITAL UNLESS  
31 THE HOSPITAL HAS BEEN DESIGNATED AS SUCH BY THE DEPARTMENT PURSUANT TO  
32 THIS ARTICLE.

33 S 2899-I. DISCLAIMER. THIS ARTICLE IS NOT A MEDICAL PRACTICE GUIDELINE  
34 AND SHALL NOT BE USED TO RESTRICT THE AUTHORITY OF A HOSPITAL TO PROVIDE  
35 SERVICES FOR WHICH IT HAS RECEIVED A LICENSE UNDER STATE LAW. THE LEGIS-  
36 LATURE INTENDS THAT ALL PATIENTS BE TREATED INDIVIDUALLY BASED ON EACH  
37 PATIENT'S NEEDS AND CIRCUMSTANCES.

38 S 2. This act shall take effect on the one hundred eightieth day after  
39 it shall have become a law; provided that the addition, amendment and/or  
40 repeal of any rule or regulation necessary for the implementation of  
41 this act on its effective date are authorized and directed to be made  
42 and completed before such effective date.