

5771

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

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. COVERAGE FOR TELEMEDICINE SERVICES.

15 2899-I. USE OF DESIGNATION IN ADVERTISING.

16 2899-J. DISCLAIMER.

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

21 2. THE DEPARTMENT SHALL APPROVE ALL APPLICATIONS FOR DESIGNATION WHERE  
22 THE APPLICANT HOSPITAL HAS BEEN CERTIFIED AS A COMPREHENSIVE STROKE  
23 CENTER, PRIMARY STROKE CENTER OR ACUTE STROKE READY HOSPITAL BY THE  
24 AMERICAN HEART ASSOCIATION OR ANY OTHER DEPARTMENT APPROVED NATIONALLY  
25 RECOGNIZED GUIDELINES BASED ORGANIZATION THAT PROVIDES THE RESPECTIVE

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

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1 CERTIFICATION, PROVIDED THAT EACH APPLICANT CONTINUES TO MAINTAIN ITS  
2 CERTIFICATION.

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

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

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

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

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

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

27 2. THE DEPARTMENT SHALL CREATE A NATIONALLY RECOGNIZED STANDARDIZED  
28 STROKE ASSESSMENT TOOL. THE DEPARTMENT SHALL POST THE ASSESSMENT TOOL ON  
29 THEIR WEBSITE AND PROVIDE A COPY OF THE ASSESSMENT TOOL TO EACH LICENSED  
30 EMERGENCY MEDICAL SERVICES PROVIDER. EACH LICENSED EMERGENCY MEDICAL  
31 SERVICES PROVIDER SHALL USE A STROKE ASSESSMENT TOOL THAT IS SUBSTAN-  
32 Tially SIMILAR TO THE STROKE ASSESSMENT TOOL PROVIDED BY THE DEPARTMENT.

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

41 4. ALL EMERGENCY SERVICES AUTHORITIES IN THE STATE SHALL ESTABLISH AS  
42 PART OF CURRENT TRAINING REQUIREMENTS, PROTOCOLS TO ENSURE THAT LICENSED  
43 EMERGENCY MEDICAL SERVICES PROVIDERS AND EMERGENCY DISPATCH PERSONNEL  
44 RECEIVE REGULAR TRAINING ON THE ASSESSMENT AND TREATMENT OF STROKE  
45 PATIENTS.

46 5. ALL EMERGENCY MEDICAL SERVICES PROVIDERS MUST COMPLY WITH THE  
47 PROVISIONS OF THIS SECTION WITHIN ONE YEAR OF THE EFFECTIVE DATE OF THIS  
48 ARTICLE.

49 6. ALL DATA REPORTED UNDER THIS SECTION, WHICH IS NOT PROTECTED BY  
50 CONFIDENTIALITY, SHALL BE MADE AVAILABLE TO THE DEPARTMENT AND TO ANY  
51 AND ALL OTHER GOVERNMENT AGENCIES OR CONTRACTORS OF GOVERNMENT AGENCIES  
52 THAT HAVE RESPONSIBILITY FOR THE MANAGEMENT AND ADMINISTRATION OF EMER-  
53 GENCY MEDICAL SERVICES WITHIN THE STATE.

54 S 2899-G. CONTINUOUS IMPROVEMENT OF THE QUALITY OF CARE FOR INDIVID-  
55 UALS WITH STROKES. 1. THE DEPARTMENT SHALL ESTABLISH AND IMPLEMENT A  
56 PLAN FOR ACHIEVING CONTINUOUS QUALITY IMPROVEMENT OF THE QUALITY OF CARE

1 PROVIDED UNDER THE STATEWIDE SYSTEM FOR STROKE RESPONSE AND TREATMENT.  
2 IN IMPLEMENTING THIS PLAN THE DEPARTMENT SHALL:

3 (A) MAINTAIN A STATEWIDE STROKE DATABASE THAT COMPILES INFORMATION AND  
4 STATISTICS ON STROKE CARE THAT ALIGN WITH THE STROKE CONSENSUS METRICS  
5 DEVELOPED AND APPROVED BY THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE  
6 ASSOCIATION. THE DEPARTMENT SHALL UTILIZE "GET WITH THE GUIDELINES -  
7 STROKE" OR ANOTHER NATIONALLY RECOGNIZED DATA SET PLATFORM WITH CONFIDEN-  
8 TIALITY STANDARDS NO LESS SECURE, AS THE STROKE REGISTRY DATA PLAT-  
9 FORM. TO THE EXTENT POSSIBLE, THE DEPARTMENT SHALL COORDINATE WITH  
10 NATIONAL VOLUNTARY HEALTH ORGANIZATIONS INVOLVED IN STROKE QUALITY  
11 IMPROVEMENT TO AVOID DUPLICATION AND REDUNDANCY.

12 (B) REQUIRE COMPREHENSIVE STROKE CENTERS AND PRIMARY STROKE CENTERS  
13 AND ENCOURAGE ACUTE STROKE READY HOSPITALS AND EMERGENCY MEDICAL  
14 SERVICES AGENCIES TO REPORT DATA CONSISTENT WITH NATIONALLY RECOGNIZED  
15 GUIDELINES ON THE TREATMENT OF INDIVIDUALS WITH CONFIRMED STROKE WITHIN  
16 THE STATE.

17 (C) ENCOURAGE SHARING OF INFORMATION AND DATA AMONG HEALTH CARE  
18 PROVIDERS ON WAYS TO IMPROVE THE QUALITY OF CARE OF STROKE PATIENTS IN  
19 THIS STATE.

20 (D) FACILITATE THE COMMUNICATION AND ANALYSIS OF HEALTH INFORMATION  
21 AND DATA AMONG THE HEALTH CARE PROFESSIONALS PROVIDING CARE FOR INDIVID-  
22 UALS WITH STROKE.

23 (E) REQUIRE THE APPLICATION OF EVIDENCED-BASED TREATMENT GUIDELINES  
24 REGARDING THE TRANSITIONING OF PATIENTS TO COMMUNITY-BASED FOLLOW-UP  
25 CARE IN HOSPITAL OUTPATIENT, PHYSICIAN OFFICE AND AMBULATORY CLINIC  
26 SETTINGS FOR ONGOING CARE AFTER HOSPITAL DISCHARGE FOLLOWING ACUTE  
27 TREATMENT FOR STROKE.

28 (F) ESTABLISH A DATA OVERSIGHT PROCESS AND IMPLEMENT A PLAN FOR  
29 ACHIEVING CONTINUOUS QUALITY IMPROVEMENT IN THE QUALITY OF CARE PROVIDED  
30 UNDER THE STATEWIDE SYSTEM FOR STROKE RESPONSE AND TREATMENT WHICH SHALL  
31 DO ALL OF THE FOLLOWING:

32 (I) ANALYZE DATA GENERATED BY THE REGISTRY ON STROKE RESPONSE AND  
33 TREATMENT;

34 (II) IDENTIFY POTENTIAL INTERVENTIONS TO IMPROVE STROKE CARE IN  
35 GEOGRAPHIC AREAS OR REGIONS OF THE STATE; AND

36 (III) PROVIDE RECOMMENDATIONS TO THE DEPARTMENT AND THE LEGISLATURE  
37 FOR THE IMPROVEMENT OF STROKE CARE AND DELIVERY IN THE STATE.

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

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

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

51 S 2899-H. COVERAGE FOR TELEMEDICINE SERVICES. 1. EACH INSURER, CORPO-  
52 RATION OR HEALTH MAINTENANCE ORGANIZATION PROVIDING A HEALTH CARE PLAN  
53 SHALL PROVIDE COVERAGE FOR TELEMEDICINE SERVICES FOR THE TREATMENT OF  
54 ACUTE STROKE.

1 2. AS USED IN THIS SECTION, "TELEMEDICINE SERVICES", SHALL MEAN THE  
2 USE OF INTERACTIVE AUDIO, VIDEO AND OTHER ELECTRONIC MEDIA USED FOR THE  
3 PURPOSE OF DIAGNOSIS, CONSULTATION, OR TREATMENT OF ACUTE STROKE.

4 3. AN INSURER, CORPORATION, OR HEALTH MAINTENANCE ORGANIZATION SHALL  
5 REIMBURSE THE TREATING PROVIDER OR THE CONSULTING PROVIDER FOR THE DIAG-  
6 NOSIS, CONSULTATION, OR TREATMENT OF THE INSURED DELIVERED THROUGH TELE-  
7 MEDICINE SERVICES ON THE SAME BASIS THAT THE INSURER, CORPORATION, OR  
8 HEALTH MAINTENANCE ORGANIZATION IS RESPONSIBLE FOR COVERAGE FOR THE  
9 PROVISION OF THE SAME SERVICE THROUGH FACE-TO-FACE CONSULTATION OR  
10 CONTACT.

11 4. THE REQUIREMENTS OF THIS SECTION SHALL APPLY TO ALL INSURANCE POLI-  
12 CIES, CONTRACTS, AND PLANS DELIVERED, ISSUED FOR DELIVERY, REISSUED, OR  
13 EXTENDED WITHIN THE STATE ON AND AFTER ONE HUNDRED EIGHTY DAYS AFTER THE  
14 EFFECTIVE DATE OF THIS ARTICLE, OR AT ANY TIME THEREAFTER WHEN ANY TERM  
15 OF THE POLICY, CONTRACT, OR PLAN IS CHANGED OR ANY PREMIUM ADJUSTMENT IS  
16 MADE.

17 S 2899-I. USE OF DESIGNATION IN ADVERTISING. NO PERSON OR ENTITY MAY  
18 ADVERTISE TO THE PUBLIC THAT A HOSPITAL IS A COMPREHENSIVE STROKE CENTER  
19 OR A PRIMARY STROKE CENTER UNLESS THE HOSPITAL HAS BEEN DESIGNATED AS  
20 SUCH BY THE DEPARTMENT PURSUANT TO THIS ARTICLE.

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

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