

7410--A

2015-2016 Regular Sessions

I N   A S S E M B L Y

May 8, 2015

---

Introduced by M. of A. SIMANOWITZ, RIVERA, HEVESI, SANTABARBARA, QUART, ORTIZ, STIRPE, KEARNS, CYMBROWITZ, OTIS, RAIA, LUPARDO, SIMON, O'DONNELL, TITONE, ROSENTHAL, MONTESANO, RA, RICHARDSON -- Multi-Sponsored by -- M. of A. BLAKE, GLICK, McKEVITT, McLAUGHLIN, SCHIMEL -- read once and referred to the Committee on Housing -- reference changed to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- 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.

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

LBD10750-10-6

1 2. THE DEPARTMENT SHALL APPROVE ALL APPLICATIONS FOR DESIGNATION WHERE  
2 THE APPLICANT HOSPITAL HAS BEEN CERTIFIED AS A COMPREHENSIVE STROKE  
3 CENTER, PRIMARY STROKE CENTER OR ACUTE STROKE READY HOSPITAL BY THE  
4 AMERICAN HEART ASSOCIATION, THE JOINT COMMISSION, OR ANY OTHER DEPART-  
5 MENT APPROVED NATIONALLY RECOGNIZED GUIDELINES BASED ORGANIZATION THAT  
6 PROVIDES THE RESPECTIVE CERTIFICATION, PROVIDED THAT EACH APPLICANT  
7 CONTINUES TO MAINTAIN ITS CERTIFICATION.

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

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

16 2. THE COORDINATING STROKE CARE AGREEMENT SHALL BE IN WRITING AND  
17 INCLUDE:

18 (A) PROVISIONS FOR THE TRANSPORTATION AND ACCEPTANCE OF STROKE  
19 PATIENTS SEEN BY THE ACUTE STROKE READY HOSPITALS FOR STROKE TREATMENT  
20 THERAPIES WHICH THE REMOTE TREATMENT STROKE CENTER IS NOT CAPABLE OF  
21 PROVIDING; AND

22 (B) CRITERIA AND PROTOCOLS FOR COMMUNICATIONS WITH THE ACUTE STROKE  
23 READY HOSPITALS.

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

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

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

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

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

53 (A) A STATEWIDE STROKE REGISTRY DATABASE THAT COMPILES INFORMATION AND  
54 STATISTICS ON STROKE CARE WHICH ALIGN WITH NATIONALLY RECOGNIZED STROKE  
55 TREATMENT METRICS.

(B) HOSPITALS DESIGNATED BY THE DEPARTMENT PURSUANT TO SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-D OF THIS ARTICLE AS COMPREHENSIVE STROKE CENTERS, PRIMARY STROKE CENTERS AND ACUTE STROKE READY, SHALL UTILIZE A NATIONALLY RECOGNIZED DATA PLATFORM SUCH AS "GET WITH THE GUIDELINES" TO COLLECT DATA WHICH WILL BE SUBMITTED TO THE DEPARTMENT FOR INCLUSION IN THE STATEWIDE STROKE DATABASE.

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

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

(E) THE DATA OVERSIGHT PROCESS SHALL TRACK CARE AT INDIVIDUAL HOSPITALS AS WELL AS THE COORDINATION OF CARE ACROSS THE SYSTEM.

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

2. ALL DATA REPORTED UNDER THIS SECTION SHALL BE MADE AVAILABLE TO THE DEPARTMENT AND ALL OTHER GOVERNMENT AGENCIES OR CONTRACTORS OF GOVERNMENT AGENCIES THAT HAVE RESPONSIBILITY FOR THE MANAGEMENT AND ADMINISTRATION OF EMERGENCY MEDICAL SERVICES THROUGHOUT THE STATE.

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

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

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

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

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