

STATE OF NEW YORK

1319

2017-2018 Regular Sessions

IN ASSEMBLY

January 11, 2017

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, McDONALD, FAHY, WOERNER, SOLAGES, WILLIAMS, CAHILL -- Multi-Sponsored by -- M. of A. BLAKE, BUTLER, GLICK, McKEVITT, McLAUGHLIN -- read once and referred 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:

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

ARTICLE 28-F STROKE CENTERS

Section 2899-d. Designation of comprehensive stroke centers, primary stroke centers and acute stroke ready hospitals.

2899-e. Communication between centers.

2899-f. Emergency services providers; assessment and transportation of stroke patients to a comprehensive stroke center, primary stroke center or acute stroke ready hospital.

2899-g. Continuous improvement of the quality of care for individuals with strokes.

2899-h. Use of designation in advertising.

2899-i. Disclaimer.

§ 2899-d. Designation of comprehensive stroke centers, primary stroke centers and acute stroke ready hospitals. 1. Hospitals may apply to the department for a designation as a comprehensive stroke center, primary stroke center or acute stroke ready hospital.

2. The department shall approve all applications for designation where the applicant hospital has been certified as a comprehensive stroke center, primary stroke center or acute stroke ready hospital by the

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

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1 American Heart Association, The Joint Commission, or any other depart-
2 ment approved nationally recognized guidelines based organization that
3 provides the respective certification, provided that each applicant
4 continues to maintain its certification.

5 3. The department may suspend or revoke a hospital's designation as a
6 comprehensive stroke center, primary stroke center or acute stroke ready
7 hospital after notice and a hearing if the department determines that
8 the hospital no longer meets the criteria for designation.

9 § 2899-e. Communication between centers. 1. Comprehensive stroke
10 centers and primary stroke centers are encouraged to coordinate, through
11 agreement, with acute stroke ready hospitals throughout the state to
12 provide appropriate access to care for acute stroke patients.

13 2. The coordinating stroke care agreement shall be in writing and
14 include:

15 (a) provisions for the transportation and acceptance of stroke
16 patients seen by the acute stroke ready hospitals for stroke treatment
17 therapies which the remote treatment stroke center is not capable of
18 providing; and

19 (b) criteria and protocols for communications with the acute stroke
20 ready hospitals.

21 § 2899-f. Emergency services providers; assessment and transportation
22 of stroke patients to a comprehensive stroke center, primary stroke
23 center or acute stroke ready hospital. 1. By June first of each year the
24 department shall send a list of comprehensive stroke centers, primary
25 stroke centers and acute stroke ready hospitals to the medical director
26 of each certified emergency medical services provider in this state. The
27 department shall maintain a copy of the list and shall post the list to
28 the department's website.

29 2. The department shall maintain a nationally recognized standardized
30 stroke assessment tool. The department shall post the assessment tool on
31 their website and provide a copy of the assessment tool to each certi-
32 fied emergency medical services provider. Each certified emergency
33 medical services provider shall use a stroke assessment tool that is
34 substantially similar to the stroke assessment tool provided by the
35 department.

36 3. All emergency medical services councils in the state shall estab-
37 lish pre-hospital care protocols related to the assessment, treatment
38 and transport of stroke patients by certified emergency medical services
39 providers in the state. Such protocols shall include the development and
40 implementation of plans for the triage and transport of acute stroke
41 patients to the closest comprehensive stroke center, primary stroke
42 center or acute stroke ready hospital, within a specified timeframe of
43 the onset of symptoms.

44 4. All emergency medical services providers must comply with the
45 provisions of this section within one year of the effective date of this
46 article.

47 § 2899-g. Continuous improvement of the quality of care for individ-
48 uals with strokes. 1. The department shall establish a data oversight
49 process which shall include:

50 (a) A statewide stroke registry database that compiles information and
51 statistics on stroke care which align with nationally recognized stroke
52 treatment metrics.

53 (b) Hospitals designated by the department pursuant to section twen-
54 ty-eight hundred ninety-nine-d of this article as comprehensive stroke
55 centers, primary stroke centers and acute stroke ready, shall utilize a
56 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 § 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 § 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 § 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.