

STATE OF NEW YORK

290

2017-2018 Regular Sessions

IN SENATE

(Prefiled)

January 4, 2017

Introduced by Sens. MURPHY, GRIFFO -- 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:

ARTICLE 28-F

STROKE CENTERS

3
4
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 § 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-
24 ment approved nationally recognized guidelines based organization that

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

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1 provides the respective certification, provided that each applicant
2 continues to maintain its 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 § 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 § 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 certified 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 maintain 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 certi-
30 fied emergency medical services provider. Each certified emergency
31 medical services provider shall use a stroke assessment tool that is
32 substantially similar to the stroke assessment tool provided by the
33 department.

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

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

45 § 2899-g. Continuous improvement of the quality of care for individ-
46 uals with strokes. 1. The department shall establish a data oversight
47 process which shall include:

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

51 (b) Hospitals designated by the department pursuant to section twen-
52 ty-eight hundred ninety-nine-d of this article as comprehensive stroke
53 centers, primary stroke centers and acute stroke ready, shall utilize a
54 nationally recognized data platform such as "Get With The Guidelines" to
55 collect data which will be submitted to the department for inclusion in
56 the statewide stroke database.

1 (c) Hospitals designated as comprehensive and primary stroke centers
2 pursuant to section twenty-eight hundred ninety-nine-d of this article
3 are required to report data to the statewide stroke database.

4 (d) All hospitals, including those designated pursuant to section
5 twenty-eight hundred ninety-nine-d of this article as acute stroke ready
6 hospitals are encouraged to report data to the statewide stroke data-
7 base.

8 (e) The data oversight process shall track care at individual hospi-
9 tals as well as the coordination of care across the system.

10 (f) In developing the data oversight process, the department shall
11 consult with experts in the field of stroke treatment such as a state
12 stroke physician advisory committee.

13 2. All data reported under this section shall be made available to the
14 department and all other government agencies or contractors of govern-
15 ment agencies that have responsibility for the management and adminis-
16 tration of emergency medical services throughout the state.

17 3. By June first each year the department shall provide a summary
18 report of the data collected pursuant to this section. All data shall be
19 reported in the aggregate form and shall be posted on the department's
20 website and presented to the governor, the temporary president of the
21 senate and the speaker of the assembly to show statewide progress toward
22 improving quality of care and patient outcomes.

23 4. This section does not require the disclosure of any confidential
24 information or other data in violation of the federal Health Insurance
25 Portability and Accountability Act of 1996, P.L. 104-191.

26 § 2899-h. Use of designation in advertising. No person or entity may
27 advertise to the public that a hospital is a comprehensive stroke
28 center, primary stroke center, or an acute stroke ready hospital unless
29 the hospital has been designated as such by the department pursuant to
30 this article.

31 § 2899-i. Disclaimer. This article is not a medical practice guideline
32 and shall not be used to restrict the authority of a hospital to provide
33 services for which it has received a license under state law. The legis-
34 lature intends that all patients be treated individually based on each
35 patient's needs and circumstances.

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