

HOUSE No. 4623

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, June 18, 2018.

The committee on Public Health to whom were referred the petition (accompanied by bill, House, No. 2442) of Mark J. Cusack and others for legislation to establish safeguards to prevent death and disability from stroke, and the petition (accompanied by bill, House, No. 3226) of Paul Brodeur, Barbara A. L'Italien and Chris Walsh relative to pre-hospital care protocols related to the assessment, treatment and transport of stroke patients, reports recommending the accompanying bill (House, No. 4623) ought to pass.

For the committee,

KATE HOGAN.

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**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act to create a stroke continuum of care.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 111 of the General Laws, as appearing in the 2016 Official Edition,
2 is hereby amended by adding the following section:—

3 Section 238. (a) There shall be a stroke continuum of care advisory committee,
4 hereinafter referred to as “the advisory committee”, to advise the department of public health
5 and other state agencies on the development of coordinated stroke continuum of care including,
6 but not limited to, designation of stroke facilities, development of emergency medical services
7 point of entry protocols for stroke patients, improvements to data reporting of stroke level
8 services for quality improvement activities, and post-acute care of patients who have had a
9 stroke. The advisory committee shall consist of the commissioner of public health or a designee,
10 who shall serve as chair, and 11 additional members, with one representative from each of the
11 following types of organizations designated by the commissioner: an organization representing
12 Massachusetts hospitals, an organization representing Massachusetts community hospitals, a
13 Massachusetts for-profit hospital system that is not a member of another hospital advocacy
14 group, an organization representing Massachusetts physicians, an organization representing

15 Massachusetts emergency physicians, an organization representing neurointerventional
16 surgeons, an organization that represents cardiac and stroke conditions, an organization
17 representing ambulance services, an organization representing senior care in Massachusetts, an
18 organization representing Massachusetts nurses, and an organization representing Massachusetts
19 emergency nursing services.

20 (b) The advisory committee shall meet no less than once each calendar year to review the
21 stroke continuum of care in the commonwealth and any laws, regulations, or administrative
22 requirements relevant to the continuum of stroke care. Any recommendation adopted by the
23 advisory committee that recommends a change in law, regulation or administrative requirement
24 shall be submitted to the entity with jurisdiction over such law, regulation or administrative
25 requirement in the form of a report from the advisory committee within 90 days of adoption,
26 detailing the recommended action and the reasons such action is warranted.

27 SECTION 2. Within nine months of the effective date of this act, the stroke continuum of
28 care advisory committee, established in section 1 of this act, shall issue a report to the
29 department of public health, the betsy lehman center for patient safety and medical error
30 reduction, the emergency medical care advisory board, and the statewide quality advisory
31 committee. The report shall include, but not be limited to, recommendations for:

32 a) A statewide standard pre-hospital care protocol related to the assessment,
33 treatment, and transport of stroke patients by emergency medical services providers to a hospital
34 designated to care for stroke patients. Such protocol shall be based on national evidence-based
35 guidelines for transport of stroke patients, consider crossing state lines, and include plans for the
36 triage and transport of suspected stroke patients, including, but not limited to, those who may

37 have an emergent large vessel occlusion, to an appropriate facility within a specified timeframe
38 of onset of symptoms and additional criteria to determine which level of care is the most
39 appropriate destination.

40 b) Statewide criteria for designating hospitals in a tiered system to treat stroke level
41 patients based on patient acuity. In developing such criteria, the committee shall consider:

42 (i) Designation models and criteria developed by The Joint Commission, DNV GL
43 Healthcare, and any other national certifying body recognized by the federal Centers for
44 Medicare and Medicaid Services;

45 (ii) Designation models and criteria adopted by other states, and the differences in
46 geography and health care resources of such other states; and

47 (iii) the clinical and operational capability of a facility to provide stroke services,
48 including emergency and ancillary stroke services.

49 c) Incorporation of national evidence-based quality and utilization metrics for stroke
50 care into the standard quality measure established under section 14 of chapter 12C of the General
51 Laws. The committee shall consider current stroke data that is reported to the department of
52 public health and other nationally recognized data platforms.

53 SECTION 3. Not later than 3 months after the date the stroke continuum of care advisory
54 committee, established in section 1 of this act, issues its report and recommendations, as
55 specified in section 2 of this act, the department of public health shall promulgate regulations
56 implementing such recommendations.