

SENATE No. 1237

The Commonwealth of Massachusetts

PRESENTED BY:

Mark C. Montigny

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to prevent death and disability from stroke.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Mark C. Montigny</i>	<i>Second Bristol and Plymouth</i>	
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>1/26/2017</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>1/31/2017</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>	<i>1/31/2017</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>	<i>2/2/2017</i>
<i>Alice Hanlon Peisch</i>	<i>14th Norfolk</i>	<i>2/3/2017</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/3/2017</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>2/7/2017</i>
<i>Jennifer L. Flanagan</i>	<i>Worcester and Middlesex</i>	<i>2/8/2017</i>

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By Mr. Montigny, a petition (accompanied by bill, Senate, No. 1237) of Mark C. Montigny, Jason M. Lewis, Angelo J. Puppolo, Jr., Danielle W. Gregoire and other members of the General Court for legislation to create designated stroke centers. Public Health.

The Commonwealth of Massachusetts

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

An Act to prevent death and disability from stroke.

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 inserting after Section 51J the following 3 sections:-

3 Section 51K. Designation of acute stroke ready hospitals, primary stroke centers and
4 comprehensive stroke centers.

5 The department shall designate hospitals that meet the criteria set forth in this Act as an
6 acute stroke ready hospital, primary stroke center or comprehensive stroke center.

7 A hospital shall apply to the department for designation provided the hospital has been
8 certified by The Joint Commission, American Heart Association or other department-approved,
9 nationally recognized certifying body as an acute stroke ready hospital, primary stroke center or
10 comprehensive stroke center.

11 Until the adoption of rules and regulations authorized by this subsection, the department
12 shall designate primary stroke service hospitals as acute stroke ready hospitals capable of
13 providing care previously denoted in regulations as primary stroke service care. The department
14 shall promulgate such rules and regulations within 180 days of passage of this Act.

15 Until the department begins the designation of all three tiers of stroke facilities, hospitals
16 may maintain primary stroke service designation utilizing the existing processes and criteria for a
17 6-month period. Primary stroke service hospitals at the time that the department begins the
18 designation process shall be recognized as acute stroke-ready hospitals. After that time, all
19 primary stroke service hospitals will be considered acute stroke-ready hospitals, regardless of
20 additional capacity, until they apply for and receive a higher designation of primary stroke center
21 or comprehensive stroke center.

22 Section 51L. Emergency medical services providers; assessment and transportation of
23 stroke patients to designated stroke center.

24 All EMS authorities across the state shall establish pre-hospital care protocols related to
25 the assessment, treatment, transport and rerouting of stroke patients by licensed emergency
26 medical services providers in this state to acute stroke ready hospitals, primary stroke centers and
27 comprehensive stroke centers facilities. Such protocols shall include plans for the triage and
28 transport of suspected stroke patients to an appropriate facility, within a specified timeframe of
29 onset of symptoms and additional criteria to determine which level of care is the most
30 appropriate destination. EMS authorities will base their protocols on national recognized
31 guidelines for transport of acute stroke patients. The department shall promulgate regulations to
32 address rerouting protocols within 180 days of passage of this Act.

33 The department shall make available the list of designated stroke centers to the medical
34 director of each licensed emergency medical services provider, shall maintain a copy of the list
35 in the office designated within the department to oversee emergency medical services, and shall
36 post a list of all designated stroke centers and the level of care to the department website. The
37 department shall update the list of designated stroke centers at least annually.

38 Section 51M Continuous improvement of quality of care for stroke patients.

39 The department shall maintain a data oversight process which shall include:

40 (a) A Massachusetts stroke registry database that compiles information and statistics on
41 stroke care which align with nationally recognized stroke measures

42 (b) Hospitals designated by the department as acute stroke ready hospitals, primary stroke
43 centers or comprehensive stroke centers shall utilize a nationally recognized data platform to
44 collect the stroke data set which is required by the state and by the acute stroke ready hospitals,
45 primary stroke centers or comprehensive stroke centers designating body.

46 (c) These data elements will be collected via the data registry platform and transmitted to
47 the State for inclusion in the Massachusetts stroke registry.

48 (d) The department will convene a group of experts with input from key stroke
49 stakeholders and professional societies to form a state stroke advisory taskforce that will assist
50 with data oversight, program management and advice regarding the stroke system of care. This
51 task force will meet at least quarterly to review data and provide advice.