

SENATE No. 1396

The Commonwealth of Massachusetts

PRESENTED BY:

Brendan P. Crighton

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 develop a coordinated stroke care system.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Brendan P. Crighton</i>	<i>Third Essex</i>	
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>3/5/2021</i>

SENATE No. 1396

By Mr. Crighton, a petition (accompanied by bill, Senate, No. 1396) of Brendan P. Crighton and Patrick M. O'Connor for legislation to develop a coordinated stroke care system. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act to develop a coordinated stroke care system.

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

1 Chapter 111C of the General Laws, as appearing in the 2018 Official Edition, is hereby
2 amended by inserting the following new section:-

3 Section 11A. (a) The department shall develop a statewide coordinated stroke care
4 system. At a minimum, the department, by regulation and guidance, shall provide for (1) training
5 in the FAST-ED stroke scale for EMS personnel; (2) in consultation with the Office of
6 Emergency Medical Services and the EMS system advisory board established in section 13 of
7 chapter 111C, regular reviews of data collected in the Primary Stroke Service Stroke Patient
8 Management Tool and the Massachusetts Ambulance Trip Record Information System and
9 recommended changes to collected data in alignment with best-practices and to strengthen
10 patient access to stroke care; (3) annual validations of Primary Stroke Service hospitals and offer
11 follow-up with said hospitals to ensure quality care; (4) an ongoing public education campaign to
12 improve awareness of stroke symptoms.

13 (b) The department shall develop recommendations to augment data collected by the
14 Primary Stroke Services Stroke patient Management Tool data to include, but not be limited to,
15 discharge time upon a patient's transfer from an emergency department to a tertiary hospital,
16 capturing advance notification made by EMS of a patient's stroke screening prior to said
17 patient's arrival at a hospital and the time elapsed between a patient's arrival at a hospital and
18 receipt of stroke treatment.

19 (c) The department shall develop recommendations for Primary Stroke Services
20 designated hospitals to improve documentation of a stroke patient's last known well time,
21 symptom onset time, brain imaging date and time and date and time of alteplase initiation.

22 (d) Upon provision of relevant regulations and guidance pursuant to subsection (a) and
23 the development of recommendations pursuant to subsections (b) and (c), the department may
24 amend its point of entry plan to enable direct transport to an endovascular thrombectomy capable
25 facility under conditions including, but not limited to, travel time as aligned with evidence-based
26 and best practices, last known well documentation and the FAST-ED screening tool score.

27 (e) The department shall provide for EMS personnel user-friendly access to all statewide
28 collected stroke metrics.

29 (f) The department shall provide hospital specific stroke data reports to all Primary
30 Stroke Service designated hospitals.