FILED ON: 3/18/2014

SENATE . . . . . No. 2075

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

An Act relative to Acute-care hospitals.

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

SECTION 1. Chapter 111 of the General laws, as appearing in the 2012 official edition is hereby amended by inserting after Section 51J the following sections:-

Section 51K. Designation of Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke Capable Centers

The Department of Public health shall identify hospitals that meet the criteria set forth in this Act as Comprehensive Stroke Centers, Primary Stroke Center or Acute Stroke Capable Centers.

A hospital shall apply to the Department of Public Health for such designation and shall demonstrate to the satisfaction of the Department that the hospital meets the applicable criteria set forth in this Act.

The Department of Public Health shall recognize as many accredited acute care hospitals as Primary Stroke Centers as apply and are certified as a Primary Stroke Center by The Joint Commission (TJC) or another cabinet-approved nationally recognized organization that provides primary stroke center certification for stroke care, provided that each applicant continues to maintain its certification.

The Department of Public Health shall recognize as many accredited Comprehensive Stroke Centers as apply and are certified as a Comprehensive Stroke Center by The Joint Commission (TJC) or another cabinet-approved nationally recognized organization that provides comprehensive stroke center certification for stroke care, provided that each applicant continues to maintain its certification.

As nationally recognized Acute Stroke Capable Center accreditation programs, which use evidence-based guidelines, become available, the Department may adopt a process by which to recognize those facilities as State Acute Stroke Capable Centers

Comprehensive Stroke Centers and Primary Stroke Centers are encouraged to coordinate, through agreement, with Acute Stroke Capable Centers throughout the state to provide appropriate access to care for acute stroke patients. The coordinating stroke care agreements shall be in writing and include at a minimum:

Transfer agreements for the transport and acceptance of stroke patients seen by the Acute Stroke Capable Center for stroke treatment therapies which the remote treatment stroke center is not capable of providing; and Communication criteria and protocols with the Acute Stroke Capable Centers.

The Department of Public Health may suspend or revoke a hospital's designation as a Comprehensive Stroke Center, Primary Stroke Center or Acute Stroke Capable Center, after notice and hearing, if the Department of Public Health determines that the hospital is not in compliance with the requirements of this Act.

Section 51JL. Emergency Medical Services Providers; Assessment and Transportation of Stroke Patients to a Comprehensive Stroke Center, Primary Stroke Center or Acute Stroke Capable Center.

By June 1 of each year, the Department of Public Health shall send the list of Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke Capable Centers to the medical director of each licensed emergency medical services provider in this state, shall maintain a copy of the list in the office designated with the department to oversee emergency medical services, and shall post a list of Stroke Centers to the Department of Public Health’s website.

The Department of Public Health and Department of Emergency Medical Services shall adopt and distribute a nationally recognized standardized stroke triage assessment tool. The Department of Public Health and Department of Emergency Medical Services must post this stroke assessment tool on their respective websites and provide a copy of the assessment tool to each licensed emergency medical services provider no later than July 1, 2016. Each licensed emergency medical services provider must use a stroke-triage assessment tool that is substantially similar to the sample stroke-triage assessment tool provided by the Department of Public Health and Department of Emergency Medical Services.

The Department of Emergency Medical Services shall establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients by licensed emergency medical services providers in this state. Such protocols shall include plans for the triage and transport of acute stroke patients to the closest Comprehensive Stoke Center, Primary

Stroke Center or when appropriate to an Acute Stroke Capable Center, within a specified timeframe of onset of symptoms.

The Department of Emergency Medical Services shall establish, as part of current training requirements, protocols to assure that licensed Emergency Medical Services providers and 911 dispatch personnel receive regular training on the assessment and treatment of stroke patients.

Each emergency medical services provider must comply with all sections of this act by July 1, 2016.

Section 51M. Continuous Improvement of Quality of Care for Individuals with Stroke

The Department of Public Health shall establish and implement a plan for achieving continuous quality improvement in the quality of care provided under the statewide system for stroke response and treatment. In implementing this plan, the Department of Public Health shall:

1) Maintain a statewide stroke database that compiles information and statistics on stroke care that align with the stroke consensus metrics developed and approved by American Heart Association/American Stroke Association, Centers for Disease Control and Prevention and The Joint Commission. The Department of Health shall utilize Get with the Guidelines – Stroke or another nationally recognized data set platform with confidentiality standards no less secure, as the stroke registry data platform. To every extent possible, the Department of Health shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy.

2) Require Comprehensive Stroke Centers, Primary Stroke Center and Acute Stroke Capable hospitals and Emergency Medical Services agencies to report data consistent with nationally recognized guidelines on the treatment of individuals with confirmed stroke within the state.

3) Encourage sharing of information and data among health care providers on ways to improve the quality of care of stroke patients in this state.

4) Facilitate the communication and analysis of health information and data among the health care professionals providing care for individuals with stroke.

5) Require the application of evidenced-based treatment guidelines regarding the transitioning of patients to community-based follow-up care in hospital outpatient, physician office and ambulatory clinic settings for ongoing care after hospital discharge following acute treatment for stroke.

6) (a) Establish a data oversight process and implement a plan for achieving continuous quality improvement in the quality of care provided under the statewide system for stroke response and treatment which shall do all of the following:

Analyze data generated by the registry on stroke response and treatment.

Identify potential interventions to improve stroke care in geographic areas or regions of the state.

Provide recommendations to the Department of Public Health, Department of Emergency Medical Services and the Legislature for the improvement of stroke care and delivery in the state.

b) All data reported under section above shall be made available to the Department of Public Health and to any and all other government agencies or contractors of government agencies that have responsibility for the management and administration of emergency medical services throughout the state.

c) On July 1 after passage of this Act and annually thereafter, the Department of Public Health shall provide a summary report of those data collected pursuant to section (a)1. All 51M data shall be reported in the aggregate form and shall be posted on the Department of Public Health's website and presented to the Governor, the President of the Senate and the Speaker of the House of Representatives to show statewide progress toward improving quality of care and patient outcomes.

d) In no way shall this act be construed to require disclosure of any confidential information or other data in violation of the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191.

Section 51N. Coverage for Telemedicine Services

Each insurer, corporation or health maintenance organization providing a health care plan for health care services shall provide coverage for the cost of such health care services provided through telemedicine services, as provided in this section.

As used in this section, "telemedicine services," as it pertains to the delivery of health care services, means the use of interactive audio, video and other electronic media used for the purpose of diagnosis, consultation, or treatment of acute stroke.

An insurer, corporation, or health maintenance organization shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis that the insurer, corporation, or health maintenance organization is responsible for coverage for the provision of the same service through face-to-face consultation or contact.

The requirements of this section shall apply to all insurance policies, contracts, and plans delivered, issued for delivery, reissued, or extended in the State on and after July 1, 2016, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

Section 51O. Stroke System of Care Task Force

In order to ensure the implementation of a strong statewide stroke system of care, a stroke system of care task force may be created within the Department of Public Health to address matters of triage, treatment and transport of possible acute stroke patients. This task force shall be charged with implementing the regulations necessary to establish an effective stroke system of care in the State, particularly in rural areas. The regulations shall include protocols for the assessment, stabilization and appropriate routing of stroke patients by Emergency Medical Service providers, particularly in rural areas, coordination and communication between hospitals and Primary Stroke Centers and other support services necessary to assure that all residents have access to effective and efficient stroke care.

This task force shall include representation from the Department of Public Health, the Office of Emergency Medical Services, the American Heart/American Stroke Association, the Massachusetts Hospital Association, Acute Capable Stroke Centers, Primary Stroke Centers, Comprehensive Stroke Centers (if applicable), community hospitals, rural hospitals, physicians and emergency medical service providers.

The task force shall make recommendations to the Department of Public Health by July 1 after the passage of this act. Upon receiving such recommendations, the Commissioner of the Department of Public Health shall promulgate final rules implementing those recommendations by July 1, 2016.

This Act is not a medical practice guideline and shall not be used to restrict the authority of a hospital to provide services for which it has received a license under state law. The Legislature intends that all patients be treated individually based on each patient's needs and circumstances.

A person or entity may not advertise to the public, by way of any medium whatsoever, that a hospital is a primary stroke center unless the hospital has been designated as such by the Department as required by this Act.

The Department of Public Health shall have the authority to promulgate rules and regulations to carry out the purposes of this Act.