

# SENATE . . . . . No. 1189

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## 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>Michael F. Rush</i>	<i>Norfolk and Suffolk</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>

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By Mr. Montigny, a petition (accompanied by bill, Senate, No. 1189) of Mark C. Montigny, Michael F. Rush, James B. Eldridge, John J. Lawn, Jr. and others for legislation relative to Acute-care hospitals. Public Health.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1048 OF 2013-2014.]

## The Commonwealth of Massachusetts

\_\_\_\_\_  
In the One Hundred and Eighty-Ninth General Court  
(2015-2016)  
\_\_\_\_\_

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 2014 official edition is  
2 hereby amended by inserting after Section 51J the following sections:-

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

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

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

11 The Department of Public Health shall recognize as many accredited acute care hospitals  
12 as Primary Stroke Centers as apply and are certified as a Primary Stroke Center by the American  
13 Heart Association, the Joint Commission or other nationally recognized organizations that  
14 provide that provides primary stroke center certification for stroke care, provided that each  
15 applicant continues to maintain its certification.

16 The Department of Public Health shall recognize as many accredited Comprehensive  
17 Stroke Centers as apply and are certified as a Comprehensive Stroke Center by the American  
18 Heart Association, the Joint Commission or other nationally recognized organizations that  
19 provide n that provides comprehensive stroke center certification for stroke care, provided that  
20 each applicant continues to maintain its certification.

21 The Department of Public Health shall recognize as many accredited Acute Stroke  
22 Capable Centers as apply and are certified as an Acute Stroke Capable Stroke Center by the  
23 American Heart Association, the Joint Commission or other nationally recognized organizations  
24 that provide n that provides comprehensive stroke center certification for stroke care, provided  
25 that each applicant continues to maintain its certification.

26 Comprehensive Stroke Centers and Primary Stroke Centers are encouraged to coordinate,  
27 through agreement, with Acute Stroke Capable Centers throughout the state to provide  
28 appropriate access to care for acute stroke patients. The coordinating stroke care agreements  
29 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.

All EMS Authorities across the state 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 Stroke Center, Primary Stroke Center or when appropriate to an Acute Stroke Ready Center, within a specified timeframe of onset of symptoms.

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

51 medical services, and shall post a list of Stroke Centers to the Department of Public Health's  
52 website.

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

61 The Department of Emergency Medical Services shall establish pre-hospital care  
62 protocols related to the assessment, treatment, and transport of stroke patients by licensed  
63 emergency medical services providers in this state. Such protocols shall include plans for the  
64 triage and transport of acute stroke patients to the closest Comprehensive Stroke Center, Primary  
65 Stroke Center or when appropriate to an Acute Stroke Capable Center, within a specified  
66 timeframe of onset of symptoms.

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

71 Each emergency medical services provider must comply with all sections of this act by  
72 July 1, 2017.

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 centralized, statewide stroke database that collects at a minimum the ten 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.

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

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

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

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

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

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