

**HOUSE . . . . . No. 3226**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Paul Brodeur***

*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 relative to timely care and saving lives.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>	<i>1/20/2017</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>	
<i>Chris Walsh</i>	<i>6th Middlesex</i>	

**HOUSE . . . . . No. 3226**

By Mr. Brodeur of Melrose, a 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. Public Health.

**The Commonwealth of Massachusetts**

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

An Act relative to timely care and saving lives.

*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  
2 Edition, is hereby amended, after section 51J, by inserting the following new section:-

3 “Section 51K. All regional EMS councils, as defined in chapter 111C, §1, shall establish,  
4 in collaboration with the department, pre-hospital care protocols, related to the assessment,  
5 treatment and transport of stroke patients by licensed emergency medical services providers in  
6 this state. Such protocols shall include point of entry criteria and plans for the triage and  
7 transport of stroke patients who may have an emergent large vessel occlusion, to the closest  
8 facility that offers advanced neuroendovascular treatment within a specified timeframe of onset  
9 of symptoms.

10 In determining such protocols for the assessment, treatment and transport of stroke  
11 patients by licensed emergency medical services providers in this state, the following should be  
12 considered:

13 (i) The capability of an emergency-receiving facility that does not provide  
14 neuroendovascular care to stabilize a patient suspected, based on clinical severity, of having an  
15 emergent large vessel occlusion stroke before initiating a transfer directly to a stroke center that  
16 provides neuroendovascular treatment;

17 (ii) The distance and duration of transport by EMS, including consideration of  
18 crossing state lines, with the understanding that the direct transport of a patient suspected of  
19 having an emergent large vessel occlusion to a neuroendovascular center should be prioritized.

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21 If direct transport of a patient suspected of having an emergent large vessel occlusion  
22 involves aircraft to take the patient out of their local region, the preferred destination should be a  
23 facility that offers neuroendovascular treatment. If the patient is initially taken by EMS to a  
24 facility that does not offer neuroendovascular treatment, and computed tomography angiograph  
25 confirms an emergent large vessel occlusion, the patient shall be transferred to a facility offering  
26 neuroendovascular treatment. If the facility where the patient is initially taken by EMS does not  
27 have a computed tomography angiography available, the patient shall be transported to a facility  
28 offering neuroendovascular treatment.

29 For purposes of this section, hospitals offering neuroendovascular treatment shall mean  
30 “facilities with the capabilities to properly assess, diagnose using advanced imaging devices, and  
31 treat stroke patients with complex cases of ischemic stroke, including emergent large vessel  
32 occlusion caused by the loss of blood supply to a part of the brain, or hemorrhagic stroke, caused  
33 by bleeding into a part of the brain, and requiring immediate treatment at a facility with a trained  
34 team of neurointerventional surgeons, vascular neurologists and assisting medical personnel, and

35 the ability to perform a mechanical thrombectomy 24 hours per day, seven days per week to treat  
36 the stroke.” The department shall identify facilities that meet the criteria set forth in this act as  
37 facilities that offer neuroendovascular treatment.

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