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

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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

providing care previously denoted in regulations as primary stroke service care. The department
shall promulgate such rules and regulations within 180 days of passage of this Act.

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

Section 51L. Emergency medical services providers; assessment and transportation of
 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.

The department shall make available the list of designated stroke centers to the medical
 director of each licensed emergency medical services provider, shall maintain a copy of the list

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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.