

**SENATE . . . . . No. 1306**

---

**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>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>1/24/2019</i>
<i>Michael F. Rush</i>	<i>Norfolk and Suffolk</i>	<i>1/24/2019</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>	<i>1/28/2019</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>1/29/2019</i>
<i>Marc R. Pacheco</i>	<i>First Plymouth and Bristol</i>	<i>1/30/2019</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>1/30/2019</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>	<i>1/30/2019</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>1/31/2019</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>	<i>1/31/2019</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>	<i>1/31/2019</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>2/1/2019</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>2/1/2019</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/8/2019</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>	<i>2/8/2019</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>5/28/2019</i>

**SENATE . . . . . No. 1306**

---

---

By Mr. Montigny, a petition (accompanied by bill, Senate, No. 1306) of Mark C. Montigny, Angelo J. Puppolo, Jr., Michael F. Rush, Brian M. Ashe and other members of the General Court for legislation to create designated stroke centers. Public Health.

---

---

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1237 OF 2017-2018.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
\_\_\_\_\_

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 51K the following 3 sections:-

3           Section 51L. The department shall designate a hospital as an acute stroke ready hospital,  
4 a primary stroke center or a comprehensive stroke center if: (i) the hospital has applied to the  
5 department for a designation; and (ii) the hospital has been certified by The Joint Commission,  
6 the American Heart Association or any other department-approved, nationally-recognized  
7 certifying body as an acute stroke ready hospital, primary stroke center or comprehensive stroke  
8 center.

9           Section 51M. The department and regional EMS councils as defined in section 1 of  
10 chapter 111C shall establish prehospital care protocols related to the assessment, treatment,  
11 transport and rerouting of stroke patients by licensed emergency medical services providers to  
12 acute stroke ready hospitals, primary stroke centers and comprehensive stroke centers. The  
13 protocols shall include plans for the triage and transport of suspected stroke patients including,  
14 but not limited to, those patients who may have an emergent large vessel occlusion, to an  
15 appropriate facility within a specified timeframe of onset of symptoms. The protocols shall also  
16 include any additional criteria necessary to determine the level of care that is the most  
17 appropriate for suspected stroke patients. The protocols shall be based on nationally-recognized  
18 guidelines for the transport of acute stroke patients. The protocols shall also consider the  
19 capability of an emergency receiving facility to improve outcomes for those patients suspected,  
20 based on clinical severity, of having an emergent large vessel occlusion. Each regional EMS  
21 council shall establish a prehospital point of entry plan for stroke-related patients for their own  
22 respective region.

23           The department shall: (i) make available the list of designated stroke centers, including  
24 the identification of hospitals with continuous neurointerventional coverage, to the medical  
25 director of each licensed emergency medical services provider; (ii) maintain a copy of the list in  
26 the office designated within the department to oversee emergency medical services; and (iii) post  
27 a list of all designated stroke centers and the level of care to the department website. The  
28 department shall update the list of designated stroke centers at least annually.

29           Section 51N. The department shall establish and maintain a data oversight process to  
30 improve the quality of care for stroke patients. The process shall include a stroke registry

31 database that compiles information and statistics on stroke care that align with nationally-  
32 recognized stroke measures.

33 A hospital designated by the department as an acute stroke ready hospital, a primary  
34 stroke center or a comprehensive stroke center shall utilize a nationally-recognized data platform  
35 to collect the stroke data set that shall be required by the department. The data elements shall be  
36 collected through the data registry platform and transmitted to the department for inclusion in the  
37 stroke registry.

38 The department shall convene a group of experts including, but not limited to, a  
39 representative from the American Stroke Association, a representative from The Massachusetts  
40 Neurologic Association, Inc., a representative from Society of Neurointerventional Surgery, a  
41 representative from Massachusetts Council of Community Hospitals, Inc., a representative from  
42 Massachusetts College of Emergency Physicians, Inc. and a representative of a regional EMS  
43 council, with input from key stroke stakeholders and professional societies, to form a stroke  
44 advisory taskforce that shall assist with data oversight, program management and advice  
45 regarding the stroke system of care. The task force shall meet not less than quarterly to review  
46 data and provide advice.

47 SECTION 2. Notwithstanding any general or special law to the contrary, until hospitals  
48 have been designated pursuant to section 51L of chapter 111 of the General Laws, the  
49 department of public health shall designate primary stroke service hospitals as acute stroke ready  
50 hospitals capable of providing care previously designated in regulations as primary stroke service  
51 care.

52           At the time that the department begins the designation of 3 tiers of stroke facilities  
53 pursuant to said section 51L of said chapter 111, hospitals may maintain primary stroke service  
54 designation utilizing the existing processes and criteria for a 6-month period. At the time that the  
55 department begins the designation process, primary stroke service hospitals shall be recognized  
56 as acute stroke ready hospitals. After the department has begun the designation process, all  
57 primary stroke service hospitals shall be considered acute stroke ready hospitals, regardless of  
58 additional capacity, until they receive a higher designation of primary stroke center or  
59 comprehensive stroke center.

60           SECTION 3. The department shall designate hospitals pursuant to section 51L of chapter  
61 111 of the General Laws not later than 180 days after the effective date of this act.

62           SECTION 4. The department shall establish protocols pursuant to section 51M of chapter  
63 111 of the General Laws not later than 90 days after the effective date of this act.

64           SECTION 5. The department shall establish the data oversight process pursuant to  
65 section 51N of chapter 111 of the General Laws not later than 180 days after the effective date of  
66 this act.