

SENATE No. 2835

The Commonwealth of Massachusetts

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

SENATE, July 23, 2020.

The committee on Senate Ways and Means to whom was referred the Senate Bill to prevent death and disability from stroke (Senate, No. 1306) (also based on Senate, No. 2768), - reports, recommending that the same ought to pass with an amendment substituting a new draft with the same title (Senate, No. 2835).

For the committee,
Michael J. Rodrigues

SENATE No. 2835

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 is hereby amended by inserting after
2 section 51K the following section:-

3 Section 51L. (a) The department and regional EMS councils created pursuant to section 4
4 of chapter 111C shall annually review and update, if appropriate, their pre-hospital care
5 protocols and point-of-entry plans to ensure stroke patients are transported to the most
6 appropriate facility in accordance with this section.

7 (b) The department shall make available the list of designated stroke facilities on its
8 website and to the medical director of each licensed emergency medical services provider. The
9 department shall maintain the list in the office designated within the department to oversee
10 emergency medical services and update the list not less than annually.

11 (c) The department shall convene a group of experts, including, but not limited to, a
12 representative from the American Stroke Association, a representative from The Massachusetts
13 Neurologic Association, Inc., a representative from the Society of Neurointerventional Surgery, a

14 representative from Massachusetts College of Emergency Physicians, Inc. and a representative of
15 a regional EMS council created pursuant to said section 4 of said chapter 111C, with input from
16 key stroke stakeholders and professional societies, to form a stroke advisory taskforce that shall
17 assist with data oversight, program management and advice regarding the stroke system of care.
18 The task force shall meet not less than biannually to review data and provide advice.

19 SECTION 2. Notwithstanding any general or special law to the contrary and not later
20 than 180 days after the effective date of this act, the department of public health shall promulgate
21 regulations that create: (i) a statewide standard pre-hospital care protocol related to the
22 assessment, treatment and transport of stroke patients by emergency medical services providers
23 to a hospital designated by the department to care for stroke patients; provided, however, that the
24 protocol shall be based on national evidence-based guidelines for transport of stroke patients,
25 consider transport that crosses state lines and include plans for the triage and transport of
26 suspected stroke patients, including, but not limited to, those who may have an emergent large
27 vessel occlusion, to an appropriate facility within a specified timeframe following the onset of
28 symptoms and additional criteria to determine which level of care is the most appropriate
29 destination; (ii) statewide criteria for designating hospitals in a tiered system, featuring advanced
30 designations in addition to primary stroke services, to treat stroke patients based on patient
31 acuity; provided, however, that the tiers shall be based on criteria from at least 1 nationally-
32 recognized program and shall not permit self-designation; provided further, that in developing
33 such criteria, the department shall consider: (A) designation models and criteria developed by the
34 Joint Commission, DNV GL Healthcare USA, Inc. or another national certifying body
35 recognized by the United States Centers for Medicare and Medicaid Services; (B) designation
36 models and criteria adopted by other states and the differences in geography and health care

37 resources of such other states; (C) the clinical and operational capability of a facility to provide
38 stroke services, including emergency and ancillary stroke services; (D) limiting the routing of
39 stroke patients to thrombectomy-capable facilities whenever a comprehensive stroke center is
40 within a recommended timeframe to maximize technical competency and patient outcomes; and
41 (E) procedures to suspend or revoke a facility's designation if the department determines the
42 facility is not in compliance with designation requirements and procedures to notify emergency
43 medical services providers of any such suspension or revocation; and (iii) recommended national
44 evidence-based quality and utilization measure sets for stroke care for use by the center for
45 health information and analysis pursuant to section 14 of chapter 12C of the General Laws;
46 provided, however, that the department shall consider measures in current use in national quality
47 improvement programs including, but not limited to, the United States Centers for Medicare and
48 Medicaid Services, the National Quality Forum, the Paul Coverdell National Acute Stroke
49 Program or other nationally-recognized data platforms.