

HOUSE No. 5127

Section 143 contained in the engrossed Bill making appropriations for the fiscal year 2023 (see House, No. 5050), which had been returned by His Excellency the Governor with recommendation of amendment (for message, see Attachment V of House, No. 5132). July 28, 2022.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act relative to the development of the stroke system of care for the Commonwealth.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to develop stroke system of care for the Commonwealth, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.

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. Notwithstanding any general or special law to the contrary, not later than
2 180 days after the effective date of this act, the department of public health shall promulgate
3 regulations that create: (i) a statewide standard prehospital care protocol related to the
4 assessment, treatment and transport of stroke patients by emergency medical services providers
5 to a hospital designated by the department to care for stroke patients; provided, however, that the
6 protocol shall be based on national evidence-based guidelines for transport of stroke patients,
7 consider transport that crosses state lines and include plans for the triage and transport of
8 suspected stroke patients including, but not limited to, those who may have an emergent large
9 vessel occlusion, to an appropriate facility within a specified timeframe following the onset of
10 symptoms and additional criteria to determine which level of care is the most appropriate

11 destination; (ii) statewide criteria for designating hospitals in a tiered system, featuring advanced
12 designations in addition to primary stroke services, to treat stroke patients based on patient
13 acuity; provided, however, that the tiers shall be based on criteria from at least 1 nationally-
14 recognized program and shall not permit self-designation; provided further, that in developing
15 such criteria, the department shall consider: (A) designation models and criteria developed by the
16 Joint Commission, DNV GL Healthcare USA, Inc. or another national certifying body
17 recognized by the Centers for Medicare and Medicaid Services in the United States Department
18 of Health and Human Services; (B) designation models and criteria adopted by other states and
19 the differences in geography and health care resources of such other states; (C) the clinical and
20 operational capability of a facility to provide stroke services, including emergency and ancillary
21 stroke services; (D) limiting the routing of stroke patients to thrombectomy-capable facilities
22 whenever a comprehensive stroke center is within a recommended timeframe to maximize
23 technical competency and patient outcomes; and (E) procedures to suspend or revoke a facility's
24 designation if the department determines the facility is not in compliance with designation
25 requirements and procedures to notify emergency medical services providers of any such
26 suspension or revocation; and (iii) recommended national evidence-based quality and utilization
27 measure sets for stroke care for use by the center for health information and analysis pursuant to
28 section 14 of chapter 12C of the General Laws; provided, however, that the department shall
29 consider measures in current use in national quality improvement programs including, but not
30 limited to, the Centers for Medicare and Medicaid Services, the National Quality Forum, the
31 Paul Coverdell National Acute Stroke Program or other nationally-recognized data platforms.

32 SECTION 2. This act shall take effect on July 1, 2022.