

**SENATE . . . . . No. 1477**

**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>Adam J. Scanlon</i>	<i>14th Bristol</i>	
<i>Michael O. Moore</i>	<i>Second Worcester</i>	
<i>Carole A. Fiola</i>	<i>6th Bristol</i>	
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	
<i>Marc R. Pacheco</i>	<i>First Plymouth and Bristol</i>	
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>	
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>	
<i>John Barrett, III</i>	<i>1st Berkshire</i>	<i>2/23/2021</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>2/24/2021</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>2/24/2021</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>2/24/2021</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>2/25/2021</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>	<i>2/26/2021</i>

<i>Brian M. Ashe</i>	<i>2nd Hampden</i>	<i>3/1/2021</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>	<i>3/1/2021</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>3/9/2021</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>3/15/2021</i>
<i>Eric P. Lesser</i>	<i>First Hampden and Hampshire</i>	<i>3/16/2021</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>8/16/2021</i>

**SENATE . . . . . No. 1477**

---

---

By Mr. Montigny, a petition (accompanied by bill, Senate, No. 1477) of Mark C. Montigny, Adam J. Scanlon, Michael O. Moore, Carole A. Fiola 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. 1306 OF 2019-2020.]

**The Commonwealth of Massachusetts**

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

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.