HOUSE No. 2220

The Commonwealth of Massachusetts

PRESENTED BY:

John J. Lawn, Jr.

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 develop a coordinated stroke care system.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
John J. Lawn, Jr.	10th Middlesex	1/18/2023
Smitty Pignatelli	3rd Berkshire	1/31/2023
Christopher Hendricks	11th Bristol	1/31/2023
Lindsay N. Sabadosa	1st Hampshire	2/2/2023
Vanna Howard	17th Middlesex	2/2/2023
Brian M. Ashe	2nd Hampden	2/7/2023
Paul McMurtry	11th Norfolk	2/16/2023

By Representative Lawn of Watertown, a petition (accompanied by bill, House, No. 2220) of John J. Lawn, Jr., and others relative to the Department of Public Health establishing a statewide coordinated stroke care system. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE HOUSE, NO. 2345 OF 2021-2022.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court (2023-2024)

An Act to develop a coordinated stroke care system.

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 111C of the General Laws, as appearing in the 2018 Official
- 2 Edition, is hereby amended by inserting the following new section:-

3 Section 11A. (a) The department shall develop a statewide coordinated stroke care 4 system. At a minimum, the department, by regulation and guidance, shall provide for (1) training 5 in the FAST-ED stroke scale for EMS personnel; (2) in consultation with the Office of 6 Emergency Medical Services and the EMS system advisory board established in section 13 of 7 chapter 111C, regular reviews of data collected in the Primary Stroke Service Stroke Patient 8 Management Tool and the Massachusetts Ambulance Trip Record Information System and 9 recommended changes to collected data in alignment with best-practices and to strengthen 10 patient access to stroke care; (3) annual validations of Primary Stroke Service hospitals and offer

follow-up with said hospitals to ensure quality care; (4) an ongoing public education campaign to
improve awareness of stroke symptoms.

(b) The department shall develop recommendations to augment data collected by the Primary Stroke Services Stroke patient Management Tool data to include, but not be limited to, discharge time upon a patient's transfer from an emergency department to a tertiary hospital, capturing advance notification made by EMS of a patient's stroke screening prior to said patient's arrival at a hospital and the time elapsed between a patient's arrival at a hospital and receipt of stroke treatment.

(c) The department shall develop recommendations for Primary Stroke Services
designated hospitals to improve documentation of a stroke patient's last known well time,
symptom onset time, brain imaging date and time and date and time of alteplase initiation.

(d) Upon provision of relevant regulations and guidance pursuant to subsection (a) and the development of recommendations pursuant to subsections (b) and (c), the department may amend its point of entry plan to enable direct transport to an endovascular thrombectomy capable facility under conditions including, but not limited to, travel time as aligned with evidence-based and best practices, last known well documentation and the FAST-ED screening tool score.

27 (e) The department shall provide for EMS personnel user-friendly access to all statewide28 collected stroke metrics.

29 (f) The department shall provide hospital specific stroke data reports to all Primary
30 Stroke Service designated hospitals.

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