

**SENATE . . . . . No. 1589**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Michael O. Moore***

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*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 relative to improving outcomes for sudden cardiac arrest.

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PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Michael O. Moore</i>	<i>Second Worcester</i>	
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>3/3/2025</i>

**SENATE . . . . . No. 1589**

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By Mr. Moore, a petition (accompanied by bill, Senate, No. 1589) of Michael O. Moore and James B. Eldridge for legislation to improve outcomes for sudden cardiac arrest. Public Health.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1427 OF 2023-2024.]

**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
\_\_\_\_\_

An Act relative to improving outcomes for sudden cardiac arrest.

*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. Subsection (b) of section 18B of chapter 6A, as appearing in the 2022  
2 Official Edition, is hereby amended by striking out the figure "13" and inserting in place thereof  
3 the following figure:- "15"; and,

4           Said subsection is hereby further amended by inserting after the words "Massachusetts  
5 Ambulance Association, Inc.", in line 42, the following words:- " , 1 of whom shall be a  
6 physician with a specialty in emergency medicine,"; and,

7           Said subsection is hereby further amended by striking out, in lines 42 through 44, the  
8 words "and 1 of whom shall be a manager or supervisor of a PSAP and a nominated  
9 representative of the Massachusetts Communication Supervisors Association, Inc." and inserting  
10 in place thereof the following words:-

11           “1 of whom shall be a manager or supervisor of a PSAP serving a population of less than  
12 50,000 people and a nominated representative of the Massachusetts Communication Supervisors  
13 Association, Inc. and 1 of whom shall be a manager or supervisor of a PSAP serving a  
14 population of more than 50,000 people and a nominated representative of the Massachusetts  
15 Communication Supervisors Association, Inc..”

16           SECTION 2. Subsection (g) of said section 18B of said chapter 6A, as so appearing, is  
17 hereby amended by adding the following paragraphs:-

18           The State 911 Department is hereby directed, pursuant to the provisions of chapter 30A  
19 of the General Laws, to adopt, amend, and enforce regulations to ensure ongoing Quality  
20 assurance and Improvement (QA/QI) for all emergency calls in which a cardiac arrest is  
21 confirmed by Emergency Medical Services (EMS) personnel and resuscitation is attempted. The  
22 regulations shall include, but are not be limited to, the following requirements:

23           Audit of Dispatch Calls: Within 60 days following the date of receipt of all 911 or  
24 emergency calls received at any PSAP in which resuscitation for cardiac arrest is indicated or  
25 attempted or 60 days from the date on which an EMS agency notifies a PSAP of a qualifying  
26 incident, whichever is shorter, the dispatch call shall undergo a review and assessment for  
27 Quality Assurance and Improvement purposes. An analysis and explanation for reasons for the  
28 non-recognition of cardiac arrest and any delays shall be documented as part of the assessment.  
29 PSAPs shall submit all complete reviews to the State 911 Department within 10 days of  
30 completing the Quality Assurance and Improvement review in a form and manner prescribed by  
31 the State 911 Department. The State 911 Department shall develop an electronic portal system

32 to accept submissions of qualifying calls from PSAPs and provide status and feedback regarding  
33 the Department's review.

34 Data Collection: The call taking and Quality Assurance and Improvement process must  
35 collect key data, as defined by the department, including, but limited to, time intervals from call  
36 receipt to "hands on chest", attempted 911 directed or assisted defibrillation, and EMS arrival.

37 Individual Review: Each cardiac arrest call shall undergo an individual Quality  
38 Assurance and Improvement review by the PSAP Director or a designated Quality Assurance  
39 and Improvement professional, and shall include appropriate feedback and recommendations .

40 Review by the State 911 Department: The State 911 Department shall conduct a review  
41 of all reported cardiac arrest calls in accordance with AEMPDS certification standards.

42 The State 911 Department shall develop remediation and enforcement policies to address  
43 PSAP non-compliance.

44 Annual Reporting: The State 911 Department shall compile, summarize and make  
45 publicly available on a Statewide and PSAP level, on their website Quality Assurance and  
46 Improvement reports annually. The reports shall highlight trends and areas for improvement.  
47 PSAPs shall be listed by name.

48 Training and Improvement: Quality Assurance and Improvement Reports shall be used to  
49 identify and address training needs for emergency dispatch personnel and ensure PSAP  
50 compliance with regulatory requirements to provide telephone, 911-assisted CPR, and  
51 Emergency Medical Dispatch. The department shall establish, and from time to time amend, a

52 list of required trainings and implement appropriate mechanisms to ensure compliance with  
53 training requirements.

54           The Department of Public Health shall promulgate regulations to require that all EMS  
55 agencies report all instances of cardiac arrest, including those where resuscitation is attempted, to  
56 the State 911 Department. This reporting shall include relevant data as determined necessary for  
57 Quality Assurance and Improvement and statistical analysis, including but not limited, to patient  
58 condition upon first contact with EMS, number of defibrillation attempts, whether or not  
59 bystander CPR was in progress, patient status upon arrival at the definitive care facility/ER if  
60 transported or indication of pronouncement on scene, if applicable. All reports of incidents  
61 reported by EMS agencies shall be forwarded to the PSAP of jurisdiction and, when available, be  
62 published in the required portal system.

63           The State 911 Department, in collaboration with the Department of Public Health, shall  
64 ensure that data collection and reporting protocols respect the privacy and dignity of individuals  
65 and comply with applicable laws and regulations.

66           The State 911 Department shall develop an annual award for up to 3 individuals  
67 employed by a PSAP for superior performance of duties that substantially contributed to the  
68 survival of victims of out-of-hospital cardiac arrests in the Commonwealth. The State 911  
69 Department shall further develop an annual award to be awarded to the PSAP on the basis of  
70 high performance and contribution to the survival of victims of out-of-hospital cardiac arrests in  
71 the Commonwealth.

72           SECTION 3. Section 12V ½ of chapter 112, as so appearing, is hereby amended by  
73 adding the following in subsections:-

74 (d) Notwithstanding any general or special law to the contrary, an AED registry shall be  
75 established for the purpose of allowing local 911 telecommunicator to locate accessible AEDs.  
76 Any AED used in a public access defibrillation program shall register the device through the  
77 PSAP medical control director (MCD).

78 (e) Notwithstanding any general or special law to the contrary, signage located  
79 throughout buildings shall clearly indicate AED locations.

80 SECTION 4. Notwithstanding any general or special law to the contrary, the department  
81 of public health shall help communities determine standardized outcome measures for out-of-  
82 hospital cardiac arrest allowing for quality improvement efforts and benchmarking capability to  
83 improve care and increase survival by participating in the Centers for Disease Control and  
84 Prevention (CDC) Cardiac Arrest Registry to Enhance Survival (CARES). This registry will

85 (a) Monitor performance in terms of both success and failure, identify problems, and  
86 track progress.

87 (b) Enhance performance of EMS systems with emphasis on dispatcher-assisted CPR and  
88 high-performance CPR.

89 (c) Develop strategies to improve systems of care within hospital settings and special  
90 resuscitation circumstances.

91 (d) Expand basic, clinical, translational, and health services research in cardiac arrest  
92 resuscitation and promote innovative technologies and treatments.

93 (e) Educate and train the public in CPR, use of automated external defibrillators, and  
94 EMS-system activation

95           SECTION 5. The State 911 Department and the Department of Public Health shall report  
96 to the Joint Committee on Public Health and Public Safety regarding the implementation of  
97 regulations under this section and their impact on emergency response to cardiac arrest cases not  
98 later than one year after the promulgation of said regulations.

99           SECTION 6. This act shall take effect 180 days after its passage.