

**HOUSE . . . . . No. 2442**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Mark J. Cusack***

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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 to create a stroke system of care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Mark J. Cusack</i>	<i>5th Norfolk</i>
<i>Timothy R. Whelan</i>	<i>1st Barnstable</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>
<i>Kate Hogan</i>	<i>3rd Middlesex</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>
<i>Kimberly N. Ferguson</i>	<i>1st Worcester</i>
<i>John J. Mahoney</i>	<i>13th Worcester</i>
<i>Kathleen O'Connor Ives</i>	<i>First Essex</i>
<i>John C. Velis</i>	<i>4th Hampden</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>

**HOUSE . . . . . No. 2442**

By Mr. Cusack of Braintree, a petition (accompanied by bill, House, No. 2442) of Mark J. Cusack and others for legislation to establish safeguards to prevent death and disability from stroke. Public Health.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninetieth General Court  
(2017-2018)**

An Act to create a stroke system of care.

*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, as appearing in the 2016 official edition is  
2 hereby amended by inserting after Section 51J the following sections:-

3 Section 51K. Designation of Acute Stroke Ready Hospitals, Primary Stroke Centers and  
4 Comprehensive Stroke Centers

5 The Department of Public health shall designate hospitals that meet the criteria set forth  
6 in this act as acute stroke ready hospital, primary stroke center or comprehensive stroke center .

7 A hospital shall apply to the Department of Public Health for designation provided the  
8 hospital has been certified by The Joint Commission, American Heart Association or another  
9 department-approved, nationally recognized certifying body as acute stroke ready hospital,  
10 primary stroke center or comprehensive stroke center.

11           Until the adoption of rules authorized by this subsection, the Department shall designate  
12 Primary Stroke Service Hospitals as Acute Stroke Ready hospitals capable of providing care  
13 previously denoted in regulations as primary stroke service care. The Department shall  
14 promulgate rules by XX/YY/ZZZZ authorized by this subsection.

15           Until the Department begins the designation of all three tiers of stroke facilities, hospitals  
16 may maintain Primary Stroke Service designation utilizing the existing processes and criteria for  
17 a 12-month period. Primary Stroke Service Hospitals at the time that the Department begins the  
18 designation process shall be recognized as Acute Stroke-Ready Hospitals. After that time, all  
19 Primary Stroke Service hospitals will be considered Acute Stroke-Ready Hospitals regardless of  
20 additional capacity until they apply for and receive a higher designation of Primary Stroke  
21 Center or Comprehensive Stroke Center.

22           Section 51L. Emergency Medical Services Providers; Assessment and Transportation of  
23 Stroke Patients to Designated Stroke Center.

24           All EMS Authorities across the state shall establish pre-hospital care protocols related to  
25 the assessment, treatment, transport and rerouting of stroke patients by licensed emergency  
26 medical services providers in this state to Acute Stroke Ready Hospitals, Primary Stroke Centers  
27 and Comprehensive Stroke Centers facilities. Such protocols shall include plans for the triage  
28 and transport of suspected stroke patients to an appropriate facility, within a specified timeframe  
29 of onset of symptoms and additional criteria to determine which level of care is the most  
30 appropriate destination. EMS authorities will base their protocols on national recognized  
31 guidelines for transport of acute stroke patients. The department of public health shall  
32 promulgate regulations to address rerouting protocols

33           The Department of Public Health shall make available the list of designated stroke  
34 centers to the medical director of each licensed emergency medical services provider in this  
35 state, shall maintain a copy of the list in the office designated within the department to oversee  
36 emergency medical services, and shall post a list of all Designated Stroke Centers and the level  
37 of care to the Department of Public Health website.

38           Section 51M Continuous Improvement of Quality of Care for Stroke Patients

39           The Department shall maintain a data oversight process which shall include

40           (a)     A Massachusetts stroke registry database that compiles information and statistics  
41 on stroke care which align with nationally recognized stroke measures

42           (b)     Hospitals designated by the Department of Public Health as Acute Stroke Ready  
43 Hospitals, Primary Stroke Centers or Comprehensive Stroke Centers shall utilize a nationally  
44 recognized data platform to collect the stroke data set which is required by the state and by the  
45 Acute Stroke Ready Hospitals, Primary Stroke Centers or Comprehensive Stroke Centers  
46 designating body.

47           (c)     These data elements will be collected via the data registry platform and  
48 transmitted to the State for inclusion in the Massachusetts stroke registry.

49           (d)     The department of public health will convene a group of experts with input from  
50 key stroke stakeholders and professional societies to form a state stroke advisory taskforce that  
51 will assist with data oversight, program management and advice regarding the stroke system of  
52 care. This task force will meet at least quarterly to review data and provide advice.