

HOUSE No. 3491

The Commonwealth of Massachusetts

PRESENTED BY:

Mark J. Cusack

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>Louis L. Kafka</i> | <i>8th Norfolk</i> |
| <i>Joseph W. McGonagle, Jr.</i> | <i>28th Middlesex</i> |
| <i>Angelo J. Puppolo, Jr.</i> | <i>12th Hampden</i> |
| <i>Danielle W. Gregoire</i> | <i>4th Middlesex</i> |
| <i>David M. Rogers</i> | <i>24th Middlesex</i> |
| <i>Thomas M. Stanley</i> | <i>9th Middlesex</i> |
| <i>John J. Lawn, Jr.</i> | <i>10th Middlesex</i> |
| <i>Thomas A. Golden, Jr.</i> | <i>16th Middlesex</i> |
| <i>John J. Mahoney</i> | <i>13th Worcester</i> |
| <i>Kay Khan</i> | <i>11th Middlesex</i> |
| <i>Jack Patrick Lewis</i> | <i>7th Middlesex</i> |
| <i>Harold P. Naughton, Jr.</i> | <i>12th Worcester</i> |
| <i>Daniel J. Ryan</i> | <i>2nd Suffolk</i> |
| <i>Sean Garballey</i> | <i>23rd Middlesex</i> |
| <i>John C. Velis</i> | <i>4th Hampden</i> |
| <i>James Arciero</i> | <i>2nd Middlesex</i> |
| <i>Marjorie C. Decker</i> | <i>25th Middlesex</i> |

Brian M. Ashe

2nd Hampden

James B. Eldridge

Middlesex and Worcester

William C. Galvin

6th Norfolk

HOUSE No. 3491

By Mr. Cusack of Braintree, a petition (accompanied by bill, House, No. 3491) 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 Ninety-First General Court
(2019-2020)**

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
2 Edition, is hereby amended by inserting after section 51K the following sections:-

3 Section 51L. The department shall designate a hospital as an acute stroke ready hospital,
4 a primary stroke center or a comprehensive stroke center if: (i) the hospital has applied to the
5 department for a designation; and (ii) the hospital has been certified by The Joint Commission,
6 the American Heart Association or any other department-approved, nationally-recognized
7 certifying body as an acute stroke ready hospital, primary stroke center or comprehensive stroke
8 center.

9 Section 51M. The department and regional EMS councils, as defined in section 1 of
10 chapter 111C, shall establish prehospital care protocols related to the assessment, treatment,
11 transport and rerouting of stroke patients by licensed emergency medical services providers to
12 acute stroke ready hospitals, primary stroke centers and comprehensive stroke centers. The

13 protocols shall include plans for the triage and transport of suspected stroke patients including,
14 but not limited to, those patients who may have an emergent large vessel occlusion, to an
15 appropriate facility within a specified timeframe of onset of symptoms. The protocols shall
16 include any additional criteria necessary to determine the level of care that is the most
17 appropriate for a suspected stroke patient. The protocols shall be based on nationally-recognized
18 guidelines for the transport of acute stroke patients. The protocols shall also consider the
19 capability of an emergency receiving facility to improve outcomes for those patients suspected,
20 based on clinical severity, of having an emergent large vessel occlusion. Each regional EMS
21 council shall establish a prehospital point of entry plan for stroke-related patients for their own
22 respective region.

23 The department shall: (i) make available the list of designated stroke centers, including
24 the identification of hospitals with continuous neurointerventional coverage, to the medical
25 director of each licensed emergency medical services provider; (ii) maintain a copy of the list in
26 the office designated within the department to oversee emergency medical services; and (iii) post
27 a list of all designated stroke centers and the level of care to the department website. The
28 department shall update the list of designated stroke centers at least annually.

29 Section 51N. The department shall establish and maintain a data oversight process to
30 improve the quality of care for stroke patients. The process shall include a stroke registry
31 database that compiles information and statistics on stroke care that align with nationally-
32 recognized stroke measures.

33 A hospital designated by the department as an acute stroke ready hospital, a primary
34 stroke center or a comprehensive stroke center shall utilize a nationally-recognized data platform

35 to collect the stroke data set that shall be required by the department. The data elements shall be
36 collected through the data registry platform and transmitted to the department for inclusion in the
37 stroke registry.

38 The department shall convene a group of experts including, but not limited to, a
39 representative from the American Stroke Association, a representative from The Massachusetts
40 Neurologic Association, Inc., a representative from Society of Neurointerventional Surgery, a
41 representative from Massachusetts Health and Hospital Association, a representative from
42 Massachusetts Council of Community Hospitals, Inc., a representative from Massachusetts
43 College of Emergency Physicians, Inc. and a representative of a regional EMS council, with
44 input from key stroke stakeholders and professional societies, to form a stroke advisory taskforce
45 that shall assist with data oversight, program management and advice regarding the stroke
46 system of care. The task force shall meet not less than quarterly to review data and provide
47 advice.

48 SECTION 2. Notwithstanding any general or special law to the contrary, until hospitals
49 have been designated pursuant to section 51N of chapter 111 of the General Laws, the
50 department of public health shall designate primary stroke service hospitals as acute stroke ready
51 hospitals capable of providing care previously designated in regulations as primary stroke service
52 care.

53 At the time that the department begins the designation of 3 tiers of stroke facilities
54 pursuant to said section 51N of said chapter 111, hospitals may maintain primary stroke service
55 designation utilizing the existing processes and criteria for a 6-month period. At the time that the
56 department begins the designation process, primary stroke service hospitals shall be recognized

57 as acute stroke ready hospitals. After the department has begun the designation process, all
58 primary stroke service hospitals shall be considered acute stroke ready hospitals, regardless of
59 additional capacity, until they receive a higher designation of primary stroke center or
60 comprehensive stroke center.

61 SECTION 3. The department shall designate hospitals pursuant to section 51L of chapter
62 111 of the General Laws not later than 180 days after the effective date of this act.

63 SECTION 4. The department shall establish protocols pursuant to section 51M of chapter
64 111 of the General Laws not later than 90 days after the effective date of this act.

65 SECTION 5. The department shall establish the data oversight process pursuant to
66 section 51N of chapter 111 of the General Laws not later than 180 days after the effective date of
67 this act.