

SENATE No. 1416

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>Patrick M. O'Connor</i>	<i>First Plymouth and Norfolk</i>	<i>2/1/2023</i>
<i>Anne M. Gobi</i>	<i>Worcester and Hampshire</i>	<i>2/2/2023</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>	<i>3/2/2023</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>3/6/2023</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>3/6/2023</i>

SENATE No. 1416

By Mr. Montigny, a petition (accompanied by bill, Senate, No. 1416) of Mark C. Montigny, Patrick M. O'Connor, Anne M. Gobi, Patricia D. Jehlen and other members of the Senate for legislation to prevent death and disability from stroke. Public Health.

The Commonwealth of Massachusetts

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

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. Notwithstanding any general or special law to the contrary and not later
2 than 180 days after the effective date of this act, the department of public health shall promulgate
3 regulations that create: (i) a statewide standard pre-hospital care protocol related to the
4 assessment, treatment and transport of stroke patients by emergency medical services providers
5 to a hospital designated by the department to care for stroke patients; provided, however, that the
6 protocol shall be based on national evidence-based guidelines for transport of stroke patients,
7 consider transport that crosses state lines and include plans for the triage and transport of
8 suspected stroke patients, including, but not limited to, those who may have an emergent large
9 vessel occlusion, to an appropriate facility within a specified timeframe following the onset of
10 symptoms and additional criteria to determine which level of care is the most appropriate
11 destination; (ii) statewide criteria for designating hospitals in a tiered system, featuring advanced
12 designations in addition to primary stroke services, to treat stroke patients based on patient
13 acuity; provided, however, that the tiers shall be based on criteria from at least 1 nationally-

14 recognized program and shall not permit self-designation; provided further, that in developing
15 such criteria, the department shall consider: (A) designation models and criteria developed by the
16 Joint Commission, DNV GL Healthcare USA, Inc. or another national certifying body
17 recognized by the United States Centers for Medicare and Medicaid Services; (B) designation
18 models and criteria adopted by other states and the differences in geography and health care
19 resources of such other states; (C) the clinical and operational capability of a facility to provide
20 stroke services, including emergency and ancillary stroke services; (D) limiting the routing of
21 stroke patients to thrombectomy-capable facilities whenever a comprehensive stroke center is
22 within a recommended timeframe to maximize technical competency and patient outcomes; and
23 (E) procedures to suspend or revoke a facility's designation if the department determines the
24 facility is not in compliance with designation requirements and procedures to notify emergency
25 medical services providers of any such suspension or revocation; and (iii) recommended national
26 evidence-based quality and utilization measure sets for stroke care for use by the center for
27 health information and analysis pursuant to section 14 of chapter 12C of the General Laws;
28 provided, however, that the department shall consider measures in current use in national quality
29 improvement programs including, but not limited to, the United States Centers for Medicare and
30 Medicaid Services, the National Quality Forum, the Paul Coverdell National Acute Stroke
31 Program or other nationally-recognized data platforms. The department shall develop said
32 regulations in consultation with the expert stroke advisory taskforce established pursuant to
33 section 51L of chapter 111.