

SENATE No. 2075

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

An Act relative to Acute-care hospitals.

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 2012 official edition is
2 hereby amended by inserting after Section 51J the following sections:-

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

5 The Department of Public health shall identify hospitals that meet the criteria set forth in
6 this Act as Comprehensive Stroke Centers, Primary Stroke Center or Acute Stroke Capable
7 Centers.

8 A hospital shall apply to the Department of Public Health for such designation and shall
9 demonstrate to the satisfaction of the Department that the hospital meets the applicable criteria
10 set forth in this Act.

11 The Department of Public Health shall recognize as many accredited acute care hospitals
12 as Primary Stroke Centers as apply and are certified as a Primary Stroke Center by The Joint
13 Commission (TJC) or another cabinet-approved nationally recognized organization that provides
14 primary stroke center certification for stroke care, provided that each applicant continues to
15 maintain its certification.

16 The Department of Public Health shall recognize as many accredited Comprehensive
17 Stroke Centers as apply and are certified as a Comprehensive Stroke Center by The Joint
18 Commission (TJC) or another cabinet-approved nationally recognized organization that provides
19 comprehensive stroke center certification for stroke care, provided that each applicant continues
20 to maintain its certification.

21 As nationally recognized Acute Stroke Capable Center accreditation programs, which use
22 evidence-based guidelines, become available, the Department may adopt a process by which to
23 recognize those facilities as State Acute Stroke Capable Centers

24 Comprehensive Stroke Centers and Primary Stroke Centers are encouraged to coordinate,
25 through agreement, with Acute Stroke Capable Centers throughout the state to provide
26 appropriate access to care for acute stroke patients. The coordinating stroke care agreements
27 shall be in writing and include at a minimum:

28 Transfer agreements for the transport and acceptance of stroke patients seen by the Acute
29 Stroke Capable Center for stroke treatment therapies which the remote treatment stroke center is
30 not capable of providing; and Communication criteria and protocols with the Acute Stroke
31 Capable Centers.

32 The Department of Public Health may suspend or revoke a hospital's designation as a
33 Comprehensive Stroke Center, Primary Stroke Center or Acute Stroke Capable Center, after
34 notice and hearing, if the Department of Public Health determines that the hospital is not in
35 compliance with the requirements of this Act.

36 Section 51JL. Emergency Medical Services Providers; Assessment and Transportation of
37 Stroke Patients to a Comprehensive Stroke Center, Primary Stroke Center or Acute Stroke
38 Capable Center.

39 By June 1 of each year, the Department of Public Health shall send the list of
40 Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke Capable Centers to the
41 medical director of each licensed emergency medical services provider in this state, shall
42 maintain a copy of the list in the office designated with the department to oversee emergency
43 medical services, and shall post a list of Stroke Centers to the Department of Public Health's
44 website.

45 The Department of Public Health and Department of Emergency Medical Services shall
46 adopt and distribute a nationally recognized standardized stroke triage assessment tool. The
47 Department of Public Health and Department of Emergency Medical Services must post this
48 stroke assessment tool on their respective websites and provide a copy of the assessment tool to
49 each licensed emergency medical services provider no later than July 1, 2016. Each licensed
50 emergency medical services provider must use a stroke-triage assessment tool that is
51 substantially similar to the sample stroke-triage assessment tool provided by the Department of
52 Public Health and Department of Emergency Medical Services.

53 The Department of Emergency Medical Services shall establish pre-hospital care
54 protocols related to the assessment, treatment, and transport of stroke patients by licensed
55 emergency medical services providers in this state. Such protocols shall include plans for the
56 triage and transport of acute stroke patients to the closest Comprehensive Stoke Center, Primary

57 Stroke Center or when appropriate to an Acute Stroke Capable Center, within a specified
58 timeframe of onset of symptoms.

59 The Department of Emergency Medical Services shall establish, as part of current
60 training requirements, protocols to assure that licensed Emergency Medical Services providers
61 and 911 dispatch personnel receive regular training on the assessment and treatment of stroke
62 patients.

63 Each emergency medical services provider must comply with all sections of this act by
64 July 1, 2016.

65 Section 51M. Continuous Improvement of Quality of Care for Individuals with Stroke

66 The Department of Public Health shall establish and implement a plan for achieving
67 continuous quality improvement in the quality of care provided under the statewide system for
68 stroke response and treatment. In implementing this plan, the Department of Public Health shall:

69 1) Maintain a statewide stroke database that compiles information and statistics on
70 stroke care that align with the stroke consensus metrics developed and approved by American
71 Heart Association/American Stroke Association, Centers for Disease Control and Prevention and
72 The Joint Commission. The Department of Health shall utilize Get with the Guidelines – Stroke
73 or another nationally recognized data set platform with confidentiality standards no less secure,
74 as the stroke registry data platform. To every extent possible, the Department of Health shall
75 coordinate with national voluntary health organizations involved in stroke quality improvement
76 to avoid duplication and redundancy.

77 2) Require Comprehensive Stroke Centers, Primary Stroke Center and Acute Stroke
78 Capable hospitals and Emergency Medical Services agencies to report data consistent with
79 nationally recognized guidelines on the treatment of individuals with confirmed stroke within the
80 state.

81 3) Encourage sharing of information and data among health care providers on ways
82 to improve the quality of care of stroke patients in this state.

83 4) Facilitate the communication and analysis of health information and data among
84 the health care professionals providing care for individuals with stroke.

85 5) Require the application of evidenced-based treatment guidelines regarding the
86 transitioning of patients to community-based follow-up care in hospital outpatient, physician
87 office and ambulatory clinic settings for ongoing care after hospital discharge following acute
88 treatment for stroke.

89 6) (a) Establish a data oversight process and implement a plan for achieving
90 continuous quality improvement in the quality of care provided under the statewide system for
91 stroke response and treatment which shall do all of the following:

92 Analyze data generated by the registry on stroke response and treatment.

93 Identify potential interventions to improve stroke care in geographic areas or regions of
94 the state.

95 Provide recommendations to the Department of Public Health, Department of Emergency
96 Medical Services and the Legislature for the improvement of stroke care and delivery in the
97 state.

98 b) All data reported under section above shall be made available to the Department of
99 Public Health and to any and all other government agencies or contractors of government
100 agencies that have responsibility for the management and administration of emergency medical
101 services throughout the state.

102 c) On July 1 after passage of this Act and annually thereafter, the Department of Public
103 Health shall provide a summary report of those data collected pursuant to section (a)1. All 51M
104 data shall be reported in the aggregate form and shall be posted on the Department of Public
105 Health's website and presented to the Governor, the President of the Senate and the Speaker of
106 the House of Representatives to show statewide progress toward improving quality of care and
107 patient outcomes.

108 d) In no way shall this act be construed to require disclosure of any confidential
109 information or other data in violation of the federal Health Insurance Portability and
110 Accountability Act of 1996, P.L. 104-191.

111 Section 51N. Coverage for Telemedicine Services

112 Each insurer, corporation or health maintenance organization providing a health care plan
113 for health care services shall provide coverage for the cost of such health care services provided
114 through telemedicine services, as provided in this section.

115 As used in this section, "telemedicine services," as it pertains to the delivery of health
116 care services, means the use of interactive audio, video and other electronic media used for the
117 purpose of diagnosis, consultation, or treatment of acute stroke.

118 An insurer, corporation, or health maintenance organization shall reimburse the treating
119 provider or the consulting provider for the diagnosis, consultation, or treatment of the insured
120 delivered through telemedicine services on the same basis that the insurer, corporation, or health
121 maintenance organization is responsible for coverage for the provision of the same service
122 through face-to-face consultation or contact.

123 The requirements of this section shall apply to all insurance policies, contracts, and plans
124 delivered, issued for delivery, reissued, or extended in the State on and after July 1, 2016, or at
125 any time thereafter when any term of the policy, contract, or plan is changed or any premium
126 adjustment is made.

127 Section 51O. Stroke System of Care Task Force

128 In order to ensure the implementation of a strong statewide stroke system of care, a stroke
129 system of care task force may be created within the Department of Public Health to address
130 matters of triage, treatment and transport of possible acute stroke patients. This task force shall
131 be charged with implementing the regulations necessary to establish an effective stroke system
132 of care in the State, particularly in rural areas. The regulations shall include protocols for the
133 assessment, stabilization and appropriate routing of stroke patients by Emergency Medical
134 Service providers, particularly in rural areas, coordination and communication between hospitals
135 and Primary Stroke Centers and other support services necessary to assure that all residents have
136 access to effective and efficient stroke care.

137 This task force shall include representation from the Department of Public Health, the
138 Office of Emergency Medical Services, the American Heart/American Stroke Association, the
139 Massachusetts Hospital Association, Acute Capable Stroke Centers, Primary Stroke Centers,
140 Comprehensive Stroke Centers (if applicable), community hospitals, rural hospitals, physicians
141 and emergency medical service providers.

142 The task force shall make recommendations to the Department of Public Health by July 1
143 after the passage of this act. Upon receiving such recommendations, the Commissioner of the
144 Department of Public Health shall promulgate final rules implementing those recommendations
145 by July 1, 2016.

146 This Act is not a medical practice guideline and shall not be used to restrict the authority
147 of a hospital to provide services for which it has received a license under state law. The
148 Legislature intends that all patients be treated individually based on each patient's needs and
149 circumstances.

150 A person or entity may not advertise to the public, by way of any medium whatsoever,
151 that a hospital is a primary stroke center unless the hospital has been designated as such by the
152 Department as required by this Act.

153 The Department of Public Health shall have the authority to promulgate rules and
154 regulations to carry out the purposes of this Act.