ATTACHMENT V

July 28, 2022

To the Honorable Senate and House of Representatives:

Pursuant to Article LVI, as amended by Article XC, Section 3 of the Amendments to the Constitution of the Commonwealth of Massachusetts, I am returning to you for amendment Section 143 of House Bill No. 5050, “An Act Making Appropriations for the Fiscal Year 2023 for the Maintenance of the Departments, Boards, Commissions, Institutions and Certain Activities of the Commonwealth, for Interest, Sinking Fund and Serial Bond Requirements and for Certain Permanent Improvements.”

Together with Section 42, Section 143 represents an important effort to ensure that all stroke patients in Massachusetts are able to get to a hospital that can provide them with timely, appropriate treatment. Key to this effort are the experts the Department of Public Health (DPH) is required to convene from the American Stroke Association along with neurologists, emergency physicians, and a representative of a regional EMS council, as well as others, to advise DPH on the development of the stroke system of care for the Commonwealth. I support this vital effort and recognize the importance of developing a system that establishes criteria and timeframes for transporting suspected stroke patients, including the patients of the most serious strokes. I support the Legislature’s directive to DPH to promulgate regulations that establish a statewide standard prehospital care protocol related to the assessment, treatment, and transport of stroke patients by emergency medical services providers to an appropriate facility, and I also support requiring DPH to develop recommended national evidence-based quality measures.

However, I do not support the section’s prescriptive requirement that DPH develop and assign hospitals to a tiered system. This requirement may result in unnecessary routing of stroke patients, which would produce an unmanageable burden for certain hospitals and unreasonable delays in accessing care for certain patients. DPH, in consultation with the expert advisory group created by Section 42, should be free to promulgate regulations that reflect a Massachusetts-specific model of care.

For these reasons, I recommend that Section 143 be amended by striking out the section and inserting in place thereof the following section:-

SECTION 143. Notwithstanding any general or special law to the contrary, not later than 180 days after the effective date of this act, the department of public health shall promulgate regulations that create: (i) a statewide standard prehospital care protocol related to the assessment, treatment and transport of stroke patients by emergency medical services providers to a hospital designated by the department to care for stroke patients; provided, however, that the protocol shall be based on national evidence-based guidelines for transport of stroke patients, consider transport that crosses state lines and include plans for the triage and transport of suspected stroke patients including, but not limited to, those who may have an emergent large vessel occlusion, to an appropriate facility within a specified timeframe following the onset of symptoms and additional criteria to determine which level of care is the most appropriate destination; provided further, that the department shall develop said protocol in consultation with the expert stroke advisory taskforce established pursuant to subsection (c) of section 51L of chapter 111 of the General Laws; and (ii) recommended national evidence-based quality and utilization measure sets for stroke care for use by the center for health information and analysis pursuant to section 14 of chapter 12C of the General Laws; provided, however, that the department shall consider measures in current use in national quality improvement programs including, but not limited to, the Centers for Medicare and Medicaid Services, the National Quality Forum, the Paul Coverdell National Acute Stroke Program or other nationally-recognized data platforms.

Respectfully submitted,

Charles D. Baker

 Governor