October 28, 2024

Commissioner Robbie Goldstein, MD

c/o William Anderson

Office of the General Counsel

Department of Public Health

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**“Healthcare Facility Licensure Regulations” 105 CMR 130.000: *Hospital Licensure* regarding tiering of stroke services**

Dear Commissioner Goldstein:

On behalf of the Society of NeuroInterventional Surgery (SNIS), thank you for the opportunity to submit a comment related to the Department of Public Health’s update to 105 CMR 130.000: *Hospital Licensure*, in accordance with Section 90 of the Massachusetts FY2024 Budget, signed by Governor Healey in August 2023, which requires the department to promulgate regulations to establish statewide criteria for designating hospitals as stroke centers within a tiered system. This is a positive step in the right direction toward improving the Commonwealth’s system of stroke care.

Over the last decade, advances in medical technology have revolutionized treatment for critical cases of ischemic stroke, such as those involving a large vessel occlusion (LVO). The most effective treatment for LVO is mechanical thrombectomy, a noninvasive procedure performed by highly trained neurointerventional care teams at hospitals designated as Comprehensive and Thrombectomy Capable Stroke Centers. In the last eight years, SNIS has helped lead a nationwide effort to update regulations that govern state stroke systems of care to align with the latest advancements in treatment and ensure the best outcomes for patients.

When it comes to an ischemic stroke involving LVO, my colleagues and I often say, “Time is brain,” as up to two million brain cells die every minute until the patient is treated. Ensuring the patient is transported to a hospital capable of treating him or her as quickly as possible is vital to his or her recovery from stroke. Recognizing different hospital capabilities in treating stroke is an important step for the Commonwealth and is a critical element in developing an updated point-of-entry protocol.

A four-tiered stroke system of care that includes Acute Stroke Ready, Primary, Thrombectomy Capable and Comprehensive Stroke Centers should be considered by the department as these levels are commonly recognized by national accrediting agencies such as the Joint Commission. Additionally, in instances where both Thrombectomy Capable and Comprehensive Stroke Centers are similar in distance from the patient, the higher-level stroke center would generally be prioritized in transporting the patient – an important distinction that should be referenced in the final draft regulation and within an updated point-of-entry protocol.

I also encourage the department to consider updating the protocol language in reference to patient transfers, “as clinically appropriate,” and transfer agreements. As currently written, the proposed regulation does not offer specific guidance as to where the patient should be transported, particularly if the patient is experiencing an LVO. For helpful reference, Michigan adopted an updated stroke protocol through an [administrative rule](https://council.legislature.mi.gov/JCAR/File?path=/JCARFiles/2023%20Documents%20Received/Final%20JCAR%20Packages/2023-002%20HS%20(JCAR%2023-75)%20Statewide%20Stroke%20System/2023-002%20HS%20Statewide%20Stroke%20System_DraftRuleVersion_7.htm) last year that includes guidance on patient transfer. Specifically, R330.262 (*Stroke patient inter-facility transfer protocols*) directs lower-level stroke centers to develop and implement policies for the transfer of patients who need care at a high-level stroke center.

I appreciate your consideration of my comment and the recommendations I’ve outlined. Again, the Proposed Amended Regulation 105 CMR 130 is a positive step in the right direction for stroke patients throughout the Commonwealth and I commend the department for its dedication to this effort. If you have any questions, please do not hesitate to contact me. Thank you again for your consideration.

Sincerely,

**Mahesh Jayaraman, MD**

Member, Stroke Advisory Committee

Immediate Past President, Society of NeuroInterventional Surgery