

HOUSE No. 2109

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act provide written requiring the public reporting of potentially preventable hospital readmissions..

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. Section 16K of chapter 6A of the General Laws is hereby amended by
2 deleting in subsection (e)(iv) in its entirety and inserting in place thereof the following section:-

3 (iv) data concerning healthcare-acquired infections, serious reportable events, and
4 potentially preventable readmissions reported under section 51H of chapter 111.

5 SECTION 2. Section 51H of chapter 111 of the General Laws is hereby amended by
6 inserting in section (a) the following definition:-

7 “Potentially preventable readmission”, an admission to an acute care facility that follows
8 a prior acute care admission within a specific time interval to be defined by the Division of
9 Health Care Finance and Policy that is (1) clinically related to a prior admission; (2) potentially
10 preventable, if there was a reasonable expectation that it could have been prevented by one or
11 more of the following: (a) the provision of quality care in the initial hospitalization, (b) adequate
12 discharge planning, (c) adequate post-discharge follow up, or (d) improved coordination between
13 inpatient and outpatient health care teams.

SECTION 3. the Division of Health Care Finance and Policy will promulgate regulations further defining “potentially preventable readmission”, including where appropriate the specific time interval(s) to be applied in Section 2.

SECTION 4. Section 51H of chapter 111 of the General Laws is further amended in by eliminating section (b) in its entirety and inserting the following section:-

(b) A facility shall report data and information about healthcare-associated infections, serious reportable events, and potentially preventable readmissions. A serious reportable event shall be reported by a facility no later than 15 working days after its discovery. Reports shall be made in the manner and form established by the department in its regulations. The department may require facilities to register in and report to nationally recognized quality and safety organizations.

SECTION 5 Section 51H of chapter 111 of the General Laws is further amended in by eliminating section (b) in its entirety and inserting the following section:-

A facility shall report data and information about healthcare-associated infections, serious reportable events, potentially preventable readmissions, and serious adverse drug events. A serious reportable event shall be reported by a facility no later than 15 working days after its discovery. Reports shall be made in the manner and form established by the department in its regulations. The department may require facilities to register in and report to nationally recognized quality and safety organizations.

SECTION 6. Notwithstanding the provisions of any general or special law to the contrary, there is hereby established a special task force to study the driving factors leading to potentially preventable readmissions in the Commonwealth, including patient care settings,

36 patient care transfers, and post-hospitalization follow-up care. The task force shall investigate
37 and report on recent trends in potentially preventable readmissions, the systems analyses related
38 to these trends, and the impact of these trends on the health care delivery system. The task force
39 shall also develop and recommend strategies to eliminate potentially preventable readmissions in
40 the Commonwealth and shall serve as a clearinghouse for initiatives being undertaken across the
41 state to eliminate potentially preventable readmissions.

42 The task force shall be comprised of 23 members, including the Commissioner of the
43 Division of Health Care Finance and Policy or his designee, who shall serve as the chair, the
44 House and Senate Chairs of the Joint Committee on Health Care or their designee, the
45 Commissioner of Public Health or his designee; the Coordinator of the Health Care Quality and
46 Cost Council or his designee, the Director of the Office of Medicaid Services or his designee, the
47 Director of the Board of Registration in Nursing or his designee; the Director of the Board of
48 Registration in Medicine or his designee; and one representative from each of the following
49 organizations: the Massachusetts Hospital Association, the Massachusetts Medical Society, the
50 Massachusetts Extended Care Federation, the Home Care Alliance of Massachusetts, Blue Cross
51 Blue Shield of Massachusetts, Tufts Health Plan, Harvard Pilgrim Health Plan, the
52 Massachusetts Association of Health Plans, Partners Health Care, the Massachusetts Coalition
53 for the Prevention of Medical Errors, the Betsy Lehman Center for Patient Safety and Medical
54 Error Reduction, Health Care For All, MassPro, the Institute for Healthcare Improvement and the
55 Associated Industries of Massachusetts. The task force shall file a report of its study, including
56 its recommendations and drafts of any legislation, if necessary, with the clerks of the Senate and
57 House of Representatives by December 31, 2009.

58 SECTION 7. Section 4 shall take effect on July 1, 2009.

SECTION 8. Section 5 shall take effect on October 1, 2012.