

**SENATE . . . . . No. 869**

---

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the Year Two Thousand Nine**  
\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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