

**SENATE . . . . . No. 1083**

---

**The Commonwealth of Massachusetts**

\_\_\_\_\_

PRESENTED BY:

***Katherine M. Clark***

\_\_\_\_\_

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to premature infant hospital discharge and quality improvement.

\_\_\_\_\_

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Katherine M. Clark</i>	<i>Fifth Middlesex</i>
<i>David M. Torrisi</i>	<i>14th Essex</i>
<i>Eugene L. O'Flaherty</i>	<i>2nd Suffolk</i>
<i>Michael J. Rodrigues</i>	

**SENATE . . . . . No. 1083**

---

---

By Ms. Clark, petition (accompanied by bill, Senate, No. 1083) of Katherine M. Clark, David M. Torrasi, Eugene L. O'Flaherty and Michael J. Rodrigues for legislation relative to premature infant hospital discharge and quality improvement [Joint Committee on Public Health].

---

---

**The Commonwealth of Massachusetts**

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

An Act relative to premature infant hospital discharge and quality improvement.

*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 is hereby amended by inserting after  
2 section 67C the following new section: -

3           Section 67C ½ (a) the department in consultation with statewide organizations focused  
4 on improved premature infant healthcare shall; develop standardized procedures for hospital  
5 discharge and follow up care for premature infants born less than 37 weeks gestational age and  
6 shall ensure standardized and coordinated processes are followed as premature infants leave the  
7 hospital from either a well baby nursery, step down or transitional nursery or neonatal intensive  
8 care unit and transition to follow-up care by a health care or homecare provider, provided further  
9 hospitals serving infants eligible for medical assistance and child health assistance shall report to  
10 the department the causes and incidence of all re-hospitalizations of infants that were born  
11 premature at less than 37 weeks gestational age and who are within their first six months of life.  
12 Said hospitals shall annually report to the department re-hospitalizations and costs for all infants  
13 less than 37 weeks gestational age and the reason for the readmission; the department shall

14 utilize guidance, if available from the Centers for Medicare and Medicaid Services' Neonatal  
15 Outcomes Improvement Project to implement programs to improve new born outcomes, reduce  
16 newborn health costs and establish ongoing quality improvement for newborns, including  
17 hospital discharge and follow-up care

18 (b) the department shall submit a report to the general court annually on October 1st of  
19 each year that provides information about; the progress in implementing the provisions of this  
20 section; the incidence and cause of re-hospitalizations of infants born premature at less than 37  
21 weeks gestational age within their first six months of life; and make recommendations to  
22 improve newborn outcomes and ensure ongoing health quality improvement, including  
23 technological needs to improve surveillance of premature infants as they are discharged from the  
24 hospital and transition to a health care provider.